

***“They are here to stay”?* Foreign Nurses on Temporary Work Permits in  
Nova Scotia, Canada**

by

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## **ABSTRACT**

Foreign nurses are moving to Canada on temporary permits, and gaining employment in the Nova Scotian healthcare sector. In this dissertation, I argue that their experiences of movement and work are conditioned by a complex array of intersecting policy contexts on labour, migration and healthcare. Using ethnographic research methods, I demonstrate how these policy contexts regulate and monitor the transition of temporary foreign nurses into permanent Canadian residents, and ultimately, citizens. Throughout this complex transition, my research shows how different policy contexts operate in disjointed, unpredictable ways, creating an element of “riskiness” and ambiguity for the nurses subject to them. The decision-making processes of these nurses regarding movement and work are consistently presented in terms of chance, risk, luck, (mis)fortune and similar idioms. Leading from this riskiness are certain sentiments and dispositions produced systematically through engagement with policies. These dispositions mark the relationships of the foreign nurses with employers, colleagues, union officials, patients and clients, often but not always, to the detriment of foreign workers. These dispositions can potentially impact labour protection and solidarity, as well as career development prospects, and the impacts are gendered, classed and racialized, affecting men and women of different class and ethnic backgrounds differently.

## LIST OF ABBREVIATIONS USED

Alberta Federation of Labour	AFL
Canadian Bureau for International Education	CBIE
Canadian Experience Class	CEC
Canadian Registered Nurse Examination	CNRE
Canadian Union of Public Employees	CUPE
Citizenship Immigration Canada	CIC
College of Registered Nurses of Nova Scotia	CRNNS
Congress of Progressive Filipino Canadians	CPFC
Continuing Care Assistant	CCA
Employment and Skills Development Canada	ESDC
Federal Skilled Worker Program	FSWP
Immigration and Refugee Citizenship Canada	IRCC
International Consultants for Education and Fair	ICEF
Internationally Educated Nurse	IEN
International English Language Testing System	IELTS
International Labour Organization	ILO
International Mobility Program	IMP
Labour Market Impact Assessment	LMIA
Labour Market Opinion	LMO



Law Commission of Ontario	LCO
Licensed Practical Nurse	LPN
Live-in Caregiver Program	LCP
National Alliance of Philippine Women in Canada	NAPWC
National Nursing Assessment Service	NNAS
National Occupation Classification	NOC
Nova Scotia Office of Immigration	NSOI
Organization for Economic Cooperation and Development	OECD
Personal Care Work(er)	PCW
Personal Support Work(er)	PSW
Philippines Women’s Centre	PWC
Prince Edward Island	PEI
Provincial Nominee Program	PNP
Registered Nurse	RN
Seasonal Agricultural Work Program	SAWP
Temporary Foreign Worker	TFW
Temporary Foreign Work Program	TFWP
World Health Organization	WHO

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## CHAPTER ONE: INTRODUCTION

### 1.1 *"THIS IS THE STORY... FOR A NUMBER OF US; A LARGE COMMUNITY OF US..."*

“Saam”, an articulate man in his early thirties, is a foreign nurse whom I met in Halifax in April 2015. He entered Canada on a study visa, later received a temporary work permit, and still later applied for Permanent Residence in Canada. He was a Registered Nurse in India, his country of origin, but had to work for several years as a Personal Care Worker in Canada, that is at a lower salary and skill level, before he obtained the credentials to work as a Registered Nurse in Canada. He is one of the first nurses out of the 29 I interviewed for this study, and the only one who ever responded to the hundreds of recruitment posters I had distributed to healthcare facilities across the province of Nova Scotia. His experience of moving to, and working in Nova Scotia is typical of most (but not all) of the nurses interviewed for this study, and is consistent with accounts provided in the literature on nurse migrants, discussed below. However his account is presented from the male perspective, an interesting distinction given that the academic literature on nurses, a highly feminized sector, generally covers women.

Saam’s story describes several types of geographical and work-related movements. Geographically, he has moved several times internally both in his home country and in his migration country of Canada. He has also crossed international borders several times. In terms of work, he has been employed at different skill levels corresponding to different economic and occupational positions, moving up and down the career ladder as necessitated by the requirements of his visas and credentials.

Saam has been on the move since he was sixteen, moving from his village to a boarding high school in Bangalore, the “big city” in his province in India.

When I started from home I had no idea where I was going. I’m gonna start a new life and life is gonna be good. I knew that I’m not gonna make anything at home, so I knew have to move SOMEWHERE (emphasis Saam’s)<sup>1</sup>.

He graduated with a nursing degree from a nursing school in Kerala and obtained his Indian Registered Nurse licence in 2008. He continued:

-[Saam]: So you spend a whole lot of money on your education, and you’re working for peanuts, [your] parents may have taken out a huge loan...

-[Shiva]: is that your case?

-[Saam]: In my case I didn’t have to take a loan, because my family supported me a lot, but many of my friends had to take a loss. I took three-year diploma in nursing, then I looked for a job. I was one of the brightest students in my college, so I knew that- I knew by the time I was in third year, it would be hard to find a job. Most of the nurses in my province, want to leave the province and go abroad and make some money, because they know that, when they take nursing they know that they are not gonna make anything back home... You might not even make rent, with your monthly salary, [let alone] meet all your expenses.

He settled on Canada:

Primarily, I was looking out for where I can go. Everywhere you have to have the IELTS. [And you need] a score of 7 or more in all the modules. I didn’t make one module, writing... we have to take the IELTS, and if we don’t make it, we don’t go. So I wanted to go to Ireland because my sister was living there, [working as a] nurse. But I didn’t have enough IELTS score to go there. So I was looking, where can I go now? No way I am staying back home and doing this job. So I ended up knowing about Canada, because then Canada had a lower English standard because they didn’t have to have 7 in all the modules. Because writing was my weakness. And I will say that- the whole IELTS is propaganda- only there to extract money... So I knew with my score, I could only go to Canada.

In other words: “When I got my test results, then I knew I was going to Canada”.

In discussions on the motivations of immigrants, there is scant mention of the International English Language Testing System, commonly referred to as the “IELTS”, as

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<sup>1</sup> All quotes from Saam are from our interview which took place in Halifax, on 15 April 2015, unless otherwise noted. All names are pseudonyms.

being a significant factor in decision-making for migration. Language skills are frequently mentioned as barriers to integration and professional recognition for foreign-trained professionals, including for nurses (for example see Kolawole, 2009), however they are not generally considered as a determinant of migratory pathways. For the nurses interviewed for this study, the IELTS looms large and plays a key role. It is described not in terms of its ostensible purpose of determining the language skills of participants, but rather as a definitive event playing an important role in subsequent decisions about movement, careers, and destinations, as well as a psychological and financial hurdle on the migration course which needs to be successfully cleared. Later, Saam describes it as “his worst nightmare”.

Despite obtaining the IELTS score required by Canada at that time (2008), Saam’s initial attempts at migration met with failure:

Then I come across this agency... through a friend of mine. They were doing a big campaign... And the agent guided me... and he gave me some info about nursing in Canada- and then he cheated me. He told me to forward my application to him. He took my application and he took my money, and he didn’t pay the fees....

So I was how old? Twenty-four or five, and enthusiastic and I’m gonna conquer the world... and this is what I find out, he didn’t pay the fees, so they didn’t process my application, I push and push, until he finally pays and my processing starts. I send all my documents, and then they change the rules.

“*And then they change the rules*”. This phrase echoes throughout the interviews, as the nurses describe how at considerable personal and financial expense, they prepare documents and submit them to qualify for a particular phase of migration or work, only to find the rules have changed and where they used to be eligible, they no longer are. In Saam’s case, he had applied for a visitor visa in 2009 to come to Canada and take an assessment to see if he was eligible to write the Canadian Registered Nurse Examination (replaced in 2015).

Before, if all your documents are ok, you can write the licensing exam, you know, the CNRE. [But the rules changed and] Now they want you to come for an assessment to Canada. Just for an assessment... I thought ok, *I'll take the risk*, I'll come to Canada on a visit, take the assessment and see if I can write the exam (italics all mine, unless otherwise noted).

Saam's visitor visa was denied, which he attributed to faulty advice from the unreliable agent and bad timing regarding the CNRE policy and its requirement at that time for applicants to travel to Canada for the assessment. He gave up on the Canada project, but not on his plans to move out of his home country.

So to make a long story short, I ended up in the Middle East [working as a nurse], but Canada was still one of my dreams. I was fed up with the Middle East, quite a racist place... and I was not happy. *Canada was my dream, I was so fixated on that*. And when I ended up in the Middle East, I was like oh no this is not where I wanted to be. Everything had gone so badly...

With more savings and better information, by 2012 he was ready to return to his Canadian dream. This time he was successful.

[I came to Canada in] January 2012 on a student visa. I was studying in Toronto. I was taking Personal Care Work (PCW) program in [a vocational college in] Ontario. We were not allowed to work for the first six months. But I didn't respect that rule. Because I was not stealing, I was working! ... I worked in a pizza store for \$6 an hour, just some survival jobs...

And then:

Exactly after one year I completed the PCW program, but I want to be a RN. I looked for a PCW job, for me, it was absolutely essential to do that job, because my visa was running out. So what happens you have to have a permanent job then you can extend your visa. But getting an RN may take longer than that. And number two, you have to work for so long so you can become a permanent resident, and that is your other goal.

Here, the juggling of personal, residential and professional aspirations began. He was no longer an international student with a study visa, but a temporary worker on an open temporary work permit. He took on a lower-skilled job as a PCW, which has a National

Occupation Classification<sup>2</sup> (NOC) C, in order to keep his work permit valid. In pursuit of his goal of becoming a permanent resident he knew he had to clock up so many hours of full-time work. But he also wanted to work towards obtaining his “goal two”- becoming a Registered Nurse (RN), (skill level NOC A), which he had been in India. He considered a compromise by becoming a Licensed Practical Nurse (LPN) (NOC B), but once again, the IELTS language test played a decisive role in his story:

-[Saam]: I took my LPN exam- I passed but by then my IELTS had expired, and I was scared to take it again. *I was scared to take my exam- it was never a fair exam.* I had kinda given up. Then I get eligibility to write the RN exam- so I write the RN exam...

-[Shiva]: But don't you need IELTS for RN?

-[Saam]: I was hoping that I don't have to do it again. I wrote the exam in New Brunswick- there you didn't have to give your IELTS. So now I'm in Halifax, my visa is expiring next month, I'm looking for an RN job... I have my RN licence from New Brunswick.

At this point in the interview the provincial licensing boards emerged as key characters in the story. The IELTS took on nightmarish proportions which threatened to derail the interview as Saam recalled the agitation and frustration he experienced. His visa was due to expire. He was “shopping around” different provincial boards for licensing procedure which requires a lower IELTS score for Registered Nurse credential recognition application. And he was trying to find employment in a province with the fastest pathway to permanent residence.

Our conversation moves back in time, to 2009, New Brunswick and the provincial licensing board:

I [applied to the New Brunswick provincial board] for the first time when I was in the Middle East. It took two years. It didn't go well. Before I [had] put my nursing application with British Columbia and Alberta. *But I cancelled those applications after I*

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<sup>2</sup> “The NOC is a system used by the Government of Canada to classify jobs (occupations). Jobs are grouped based on the type of work a person does and the types of job duties”. (Government of Canada, 2017)

*was denied a visa. I ended up paying a lot of money- application fees- that was huge money...*

After his arrival in Canada, he was still determined to (re)qualify as a Registered Nurse, even though he could only work in a low-skilled, NOC C position. He continued “shopping around”:

So I applied again to New Brunswick, because they didn't need as high IELTS scores and didn't need a preliminary assessment. But then they changed the rules! I had to do the assessment, and I was prescribed bridging courses, through Capital Health, here in Halifax. So I came to Halifax. And then I found a job here in Halifax, as a PCW in [a residential care facility]

He moved to Halifax in mid-2013, with a low-skilled job and determined still to “make the RN”. But he had one more move ahead of him:

I can't work as an RN yet in Halifax, because I applied to the College of Nursing here, and I need a fresh new IELTS. Which made me scared, that was my worst nightmare. I was getting stressed out. The only place I could get an RN job was PEI- it was easy to transfer my RN license from New Brunswick to PEI. Because you are licensed RN anywhere in Canada, they will accept you in PEI, but in Nova Scotia they ask for everything, all over again, everything, all your documents, from back home, which I have done a hundred times, they have their own red tape. But anyway. I went to PEI for a month. I didn't take a lot of stuff with me, because I knew if I had a chance, I would move back. This was October-November 2013.

By that time, it became clear to Saam that what he really wanted was to become an RN in Halifax: he had developed stronger professional and community/friendship networks in Halifax, and knew he had a better chance at obtaining permanent residence through the Nova Scotia provincial immigration policy. But for that, he needed to re-take the IELTS, despite all his fears and anxieties:

I took the IELTS- I wanted to return to Halifax - it's a better place I felt, my friends were here. And I knew that if I came back, [current workplace] would sponsor me- they had offered me ...a secure job until I got my Provincial Nomination. PEI couldn't guarantee me a secure job.

He took the IELTS and succeeded. Shortly after, he became an RN in one of Halifax's largest healthcare facilities.



If you combine everything together, I have applied to five different nursing boards. Gone through their red tape. You start your application, pay the money, go through the process, and then they change. *A different set- an entirely different set of policies each time... You heard they changed the system again recently?*

The day before this interview took place, Saam applied for his permanent residency, after his employer obtained a Labour Market Opinion (LMO) for him and nominated him through the Provincial Nominee Program. He works as an RN, and supervises twenty staff members. His wife, also a nurse from India, travelled from another Canadian province to be with him. A few months after this interview took place, their colleagues held a baby shower for them in their workplace: a typical example of friends from work replacing family and old friends for immigrants and mobile people.

-[Shiva]: So your story has a happy ending?

-[Saam laughs]: Who knows that?

-[Shiva]: Do you think you'll move again, from Halifax?

-[Saam]: *I don't like to move. Movement is painful. Every time you move, you leave something behind. It's stressful, because you are [moving] out of your comfort zone.... I'll probably stay here at [the current place of employment].*

Saam remains open to further movement, yet ends on a note of stability. One of his Canadian-born colleagues who was training me as a volunteer in the same workplace, remarked that three previous Farsi-speaking volunteers had left Halifax shortly after receiving training, draining precious time and resources from staff. In the context of the difficulty of retaining trained staff and volunteers in healthcare workplaces, she mentioned Saam: “We are so lucky to have him- he is amazing! *We will never let him leave, we are going to keep him here with us*”.

## **1.2 MAIN ARGUMENT AND RESEARCH OVERVIEW**

Foreign nurses like Saam are moving to Canada on temporary permits, and gaining employment in the Nova Scotian healthcare sector. In this dissertation, I argue that their experiences of movement and work are conditioned by a complex array of intersecting policy contexts on labour, migration and healthcare. Using ethnographic research methods, I demonstrate how these policy contexts regulate and monitor the transition of temporary foreign nurses into permanent Canadian residents, and ultimately, citizens. Throughout this complex transition, my research shows how different policy contexts operate in disjointed, unpredictable ways, creating an element of “riskiness” and ambiguity for the nurses subject to them. The decision-making processes of these nurses regarding movement and work are consistently presented in terms of chance, risk, luck, (mis)fortune and similar idioms. Leading from this riskiness are certain sentiments and dispositions produced systematically through engagement with policies, and which mark the relationships of the foreign nurses with employers, colleagues, union officials, patients and clients, often but not always, to the detriment of foreign workers. These dispositions can potentially impact labour protection and solidarity, as well as career development prospects, and the impacts are gendered, classed and racialized, affecting men and women of different class and ethnic backgrounds differently. Their sentiments and dispositions may run parallel, or sometimes challenge the official ideologies on immigration, healthcare and on mobile, global nurses. They may be barely articulated or find quite a strong expression, however, they are common among the nurses and reflected in the literature on nursing, as shall be discussed in detail.

In dealing with employers, colleagues, union officials, patients and clients, foreign nurses may experience skewed and imbalanced dynamics of power, leading to feelings of helplessness, uncertainty, and frustration. A pervasive element of risk-taking runs through the nurses' descriptions of migration projects, a continual weighing of options and uncertainties. They discuss how they are continuously and anxiously engaged in reading up and getting news on policy changes that affect their career and residence in Canada. As these policies are under constant review and change, foreign nurses too are constantly re-evaluating, adjusting, shifting, and tweaking their decision-making processes in order to ensure best possible outcomes for themselves and their families. The shifting dynamics are navigated and sometimes resisted by the nurses in agentic, nimble, and creative ways. The constant navigation and uncertainty may also lead to anxiety and distress. My research sheds new light on how those subjected to various policy regimes are affected, unpacking the various forms of feeling produced through these navigations and negotiations. Through juxtaposing detailed analysis of policy with an ethnographic description of the lived experiences of those policies, my research contributes to a deeper knowledge on temporary and permanent labour migration, nursing and the healthcare workplace, and the policy regimes governing these areas.

### **1.3 MAP OF DISSERTATION**

A variety of terms are used to refer to the geographical movements discussed in this dissertation. I primarily understand migration to refer to long-term movements which involve the intention or actual experience of permanent settlement in the destination country. Tim Cresswell (2006) likens the distinction between movement and mobility as that between space and place: the latter carries a social significance and

bundle of meanings which the former does not. Mavroudi and Nagel (2016), while using migration as an all-encompassing term for the variety of movements they cover in their recent text on global migration, acknowledge the importance of mobility in current scholarship. They concur that mobility usefully moves beyond state-imposed categories of borders and keeps attention on the movement of people, goods and capital through cities and neighbourhoods as well as international boundaries, whereas migration places focus on nation-states who manage the movement of people engaged in cross-border travel (p. 7). I note that state institutions maintain a sharp distinction between temporary and permanent migration, and further divide each form into several subcategories. The distinction between the Temporary Foreign Work Program, one of the policy categories or “streams” through which temporary migrants may enter Canada for work, and foreign workers on temporary work permits, which refers to a broader group of workers who may have entered Canada through one of several different streams is a significant one for this dissertation, and will be discussed at length in Chapter Seven. All the nurses interviewed for this study, with two exceptions, entered Canada as temporary residents. I include the interviews provided by the two people who were exceptionally able to enter as permanent residents in the thematic analysis, since their experience contributes an interesting counter-perspective and complements the important themes arising from the transition of temporary to permanent residence. I further note that while all the nurses interviewed expressed their intention of becoming permanent residents, some may in fact be unable to do so. As a matter of fact, many workers on temporary work permits are unable to ever gain permanent residency.

Following Cresswell (2006), I use the term movement, devoid of the sociopolitical implications of mobility and migration, when referring to the actual geographical movements of the nurses of this study and that of mobile/migrant workers in general. I also note that the nurses interviewed use the term “moving” and “movement”. However, in analysing the relevant literature, I will be guided by the preference and intentions of the scholars under discussion, and use “migration”, “mobility” and their related adjectives “migrant” and “mobile” as used in each particular piece. This is not even beginning to consider the variety of other terms which appear, albeit less frequently, in the literature, such as circulation (again referring to more temporary or short-term movements) or journeyings (used for more literary or poetic descriptions of movements).

A further note on terminology and definitions is necessary regarding foreign nurses. I have used the term “foreign nurses” to designate my research group, because as a matter of fact, that is what they are. All the people interviewed for this study had achieved the Registered Nurse (RN) qualification in their home country outside Canada (with one exception, whose professional trajectory was slightly different from the rest, and was working as a Licenced Practical Nurse at the time of our interview). All had at least one year (and in most cases many more) of experience working professionally as a nurse. Once in Canada, they worked in different capacities while struggling to re-obtain the RN designation through the Canadian credentialing process, a process explored subsequently in much greater detail. My research uses the language of higher-skill (in regard to RNs) and lower-skill (applied to nursing and care assistants), which is used in policy documents to designate the occupational group of workers. This skill division is also significant in shaping the nurses’ experience of work and career development.

Although I use this terminology of high and low skills, I do so in order to reflect on, and analyse its ramifications and implications for the nurses who are thus categorized. Using this terminology does not indicate uncritical acceptance of it.

The relevant policy and scholarly literature on the healthcare and nursing workforce uses the term “foreign-born” and “foreign-trained nurses”. The migration websites and articles examined also use the terminology of foreign worker / international student / resident / citizen. In the literature discussing issues of credential recognition, the most frequent term is Internationally Educated Nurses, or IENs. This label is the one used by regulatory bodies, who are charged with the duty of evaluating and recognizing the educational credentials of nurses, regardless of their nationality and residential status, and it appropriately emphasizes the educational provenance and training of these nurses. IENs and foreign nurses overlap but are not one and the same, not every IEN can necessarily be assumed to be a foreigner: a Canadian citizen who received their training in another country would have to undergo the same credentialing procedures in order to be able to practice in Canada; and not every foreign nurse is an IEN, for example a first generation immigrant to Canada who is a visible ethnic minority, and receives nurse training in Canada is not an IEN, although they may share some of the concerns and challenges affecting foreign nurses, and in fact may be considered a “foreign nurse” in the workplace. However, in the case of my research, all those interviewed were technically IENs as well as foreign-born and foreign-trained nurses. Hence the label “foreign nurse” seems to function effectively as a shorthand, while acknowledging that not all of them are working currently as nurses in Nova Scotia healthcare.

The 29 nurses interviewed for this study came primarily from India (46 percent) and the Philippines (36 percent). This accords with the statistics on immigration to Canada, which show that the Philippines and India are consistently among the top five source countries of both permanent immigrants and temporary residents during the period 2006-2015 (Government of Canada, 2015). In order to historically contextualize the movements of these nurses, and understand why they come from those particular countries, and why they travel to this particular province, in Chapter Two I provide a temporal outline of labour emigration from the Philippines and India, and that of labour migration into Canada. Colonialism has left an indelible mark on the histories of these sites, and its role in the formation of global labour migration circuits is emphasized. This study is situated in Nova Scotia, a province on the east coast of Canada, and accordingly I pay particular attention to the regional dynamics of immigration, and how certain local traits, themselves the result of broader and historical national processes, may mark the experience of foreigners who have moved to this province to work and perhaps to build “a better life”.

The experiences discussed in this dissertation are manifestations of the relationship between workers and the state institutions which determine the conditions of their work, including the conditions regulating the movements undertaken in order to do their work in the manner and the place they choose, via certain policy regimes. Chapter Three contains a synthesis of the theoretical literature on the relationship between states and the people under their governance. Developing a rich conceptual toolbox allows for understanding experiences such as those recounted by Saam not just as an example of individual choice taking place in a global arena shaped by supply and demand of labour,

but rather more complex processes, shaped by particular values and beliefs, and expressed in particular ideological terms. These processes, marked by unequal relationships of power, are implemented by various policies regimes which echo ideological values and beliefs regarding labour, care work, nursing, and migration.

Max Weber studies the modern relationship between states and societies, focusing on the role of the state in regulating capitalist societies through bureaucratic instruments (Weber, 1968). Noting contemporary critiques of Weber which unpack his assumptions about the “rationality” of Western societies (Steinmetz, 1999), his prescience on the increasingly technocratic, knowledge-based bias of modern life is however valuable. Expertise and bureaucracy are particularly relevant to a study of foreign nurses, as they strongly influence both their day-to-day experiences as well as their long-term migration and career trajectories. The idea of modern good governance based on science and technical expertise is further examined through the work of James Scott (1999) and Pierre Bourdieu (1999), who discuss the concept of “legibility”. This refers to the state’s attempts to order and control the populations under their governance through complicated feats of registration and identification made possible and desirable through modern technology. However, my research goes beyond an instrumentalist view of state action, which considers policy as a tool for the achievement of certain aims, and engages in analysis of the ideological dimension as well as the structural ramifications of policy development and implementation.

Why do people choose to work in the way they do? Why do they, as groups, make particular choices regarding their career and livelihoods which sets them off on risky, uncertain and challenging paths, in search of a promised “better life”? How is the



“manipulation of attitudes” through which the ordering of labour achieved take place? (Castles, 2000, p. 26). To understand the dominant system of values and beliefs which animate certain modes of action enabling the production and (re)production of labour systems, scholars of labour have considered ideology as a key concept in the state/society relationship. Ideology mediates this relationship and facilitates the management and governance of workers and migrants. This interpretation of ideology finds its early roots in Marx and Engel’s *The German Ideology* ([1845] 1970), to its later Gramscian iterations as expounded by Raymond Williams (1977) and Kate Crehan (2002). Louis Althusser’s neo-Marxist interpretation of labour and the state (1971), which emphasizes the role of the state in setting up and managing “ideological apparatus”, is also apposite to the kind of bureaucratic, managerial apparatuses navigated by the temporary foreign nurses. In his lectures from the 1970s, collected under the title “*Society Must be Defended*” Michel Foucault pushes these ideas further, developing the concept of governmentality to refer to the multiplicity of apparatuses employed by the state to dominate and rule society. He calls for a research agenda which looks at the effects of these techniques, the feelings, patterns, and behaviours produced by them.

In their quest to transition from temporary workers employed in low-skill jobs to permanent residents and ultimately citizens with high-skill jobs, foreign nurses are exposed to a particular set of ideological refrains reflective of dominant values and beliefs propagated and upheld by state institutions, informing their actions, choices, and decisions. These refrains are evident and clearly expressed through the websites of the state and state-backed agencies with which they deal, and are echoed throughout the interviews. The ideology of meritocratic individualism, marked by a relentless discourse

revolving round “hard work”, “secure jobs”, “pleasing the employer”, “integrating into the labour market”, “passing licencing exams”, “getting high IELTS scores” and so on, appears throughout in the interviews and policy documents analysed for this research. Such phrasing places the onus on individuals to succeed in their “risky” endeavours, and fails to address the structural barriers and shortfalls in the migration and healthcare labour policy systems, which are discussed in full detail throughout this dissertation. Raymond Williams’s (1970) concept of “structure of feelings” as a counterpoint to the more formal, articulated expressions of ideology is used in this dissertation as a way to conceptualize the intense swirl of barely-articulated sentiments experienced by the nurses as they encounter, negotiate, resist and otherwise deal with the challenges in their pathways.

Chapter Four is dedicated to discussing labour, class and global movements. Starting from a discussion of Marxian constructions of labour and class and their reproduction through the established arrangements of power, I examine the global movements of labour in modern societies, of which nurse migration is an instance. Marx and Engels once more set the stage for this discussion through their conceptualization of labour as a commodity to be bought and sold in supposedly free, but unequal relations of exchange. (Marx and Engels, 1962). The classed and gendered expressions of unequal labour exchange under capitalist political economy regimes is discussed reading from Resnick and Wolff (2006), Crehan (2002) and Carrier and Kalb (2015). Eric Wolf (1982) traces the historical development of labour migration under global capital. He describes how labour migration was accompanied by the splintering of labour along lines of ethnicity/race, leading to a fractured workforce employed across a variety of sectors. The ethnicization and racialization of workers was a phenomenon appropriated and reinforced

by the capitalist owners of production as a way to increase profits and better subordinate their workforce.

In Chapter Five I present the scholarly context on global nursing and temporary foreign workers, marking the relevant academic concerns in these areas. In particular, I discuss Nicola Yeates (2008) and Margaret Walton-Roberts (2012) and their examination of the political economy and historical development of global nursing utilizing the concept of “global care chains” to great benefit. Pauline Gardiner Barber (2004, 2008) and Peter Kelly (2012) present a critical transnationalist framework for the study of Filipino temporary foreign workers. They eschew celebratory accounts of globalization and the subsequent mobility entailed by it, and pay close attention to the transformation of the concept of class and its implications as these workers engage in this specific form of cross-border movement.

Chapters Six and Seven delineate the particular policy regimes governing immigration and nursing, at global, national and provincial levels. Guided by my interviews and the extant relevant literature, I focus on policies regulating temporary foreign workers, international students, healthcare workplaces and credential recognition, as those which most closely impact the nurses interviewed for this study. I attempt to follow both a temporal and spatial process, outlining recent changes to these policies while moving from the global level through to the national, and where possible, local. Through detailed policy analysis, and by unpacking the instruments used to by state agencies to communicate policy regimes to those engaging with them such as agency websites and reports, I elucidate the ideological framework which validates and normalizes the processes to which the temporary foreign nurses are subject.

Chapters Eight, Nine and Ten return to the ethnographic research on the experiences which form the heart of this research. Through the words of the nurses interviewed for this project, I discuss the main themes of riskiness, ambiguity, chance and the attendant sentiments and emotions, together with the musings on family issues and the gendered dimension of movements under such “risky” circumstances. The bureaucracy which is presented as eminently “rational” via the policy instruments mentioned above is represented in their words as unnecessarily complex, “difficult”, “unreasonable” and “arbitrary”. Anxiety and frustration are key terms marking their interactions with bureaucracy. And it is almost inevitably tied up with race. Racialized encounters and stereotyping at work and the consequence of such stereotyping is a further theme, discussed at length in Chapter Nine. Yet positive interactions and expressions are inherent in their descriptions of their workplace, and thus I develop a layered, nuanced dimension to their experiences and complicating simplified representations of temporary workers as victims.

Finally, I bring together the experiences of the nurses as relates to labour protection and solidarity between foreign and domestic workers, one of the key concerns of the literature on temporary foreign workers. I present a general discussion of the labour landscape in Canada, situating my research within the broader contemporary concerns of “precarity” which mark the conditions of movement and work for an increasing majority, both foreign and domestic. In doing so, I conclude that temporary foreign nurses are not a curious or unusual anomaly of labour and migration, rather their presence is indicative of tight, closely-monitored policy regimes which deliberately manufacture such flows based on particular, gendered, racialized and classed ideologies. These policy regimes produce

structures of feelings while disciplining workers, not just foreign but also domestic and Canadian-born, and this has serious implications for the labour rights of all workers.

#### **1.4 METHODOLOGY AND STUDY DESIGN**

I utilized ethnographic methods including in-depth interviews with foreign nurses and officials from stakeholder institutions, participation in consultations and events held by relevant agencies and analysis of key texts in order to conduct this study. While acknowledging the lively scholarly debate about what exactly constitutes ethnography, and what type of research may lay claim to the descriptor “ethnographic” (for example, see Troman et al, 2005; Fassin, 2013; Bernard, 2013), there are some common features across board which applies to my study. Ethnographic research calls for a study of “normal” every day activities and the meaning ascribed to such activities based on their social context (Geertz, 1973 in Bernard, 2013). Fassin (2013) also focuses on ethnography’s concern with “the ordinary” (p. 631). This is manifest in my attempt to document the lived, daily reality of the workplace experiences of temporary foreign nurses.

Neeve, Mollana and Parry (2009) explore at length the suitability of ethnographic methodology for understanding labour conditions. They assert that an “ethnographic perspective challenges some taken-for-granted assumptions of mainstream social theories” (p. xvi), referring particularly to standard core/periphery theories of globalization. Such theories primarily resting on a conceptualization of the world as the relations of domination between a few developed, technologically advanced and economically powerful countries and other, poorer countries trying to “catch up”. Such mainstream, and “orthodox” sociological explanations “fail to capture the social

embeddedness of capitalist forms of livelihood” (ibid), whereas “industrial ethnographies show the fragmented experience of work under capitalism and how these fragmented perceptions of work lead to different subjectivities and political consciousness” (ibid). These ideas touch on some of the key themes of this research: the complexity of the systems regulating the conditions of movement and work, the slippage between various skill levels, occupational categories and residency requirements, and the sentiments engendered by experiencing these systems, slippages and shifts. They further argue that ethnography creates space for a more positive understanding of labour than what is allowed by solely policy analysis:

Ethnographies of labour show the ‘other’ side of work –pluralistic, imaginative and human-centered- that is hidden underneath the bureaucratic, normative and alienating experience of work that prevails in most contemporary societies. In doing so, ethnographies open up new possibilities of alternative, imaginative and equalitarian forms of livelihood (p. xxv).

I conducted in-depth interviews with temporary foreign nurses in conjunction with an ongoing mapping of policies in migration and healthcare. This allowed me to approach my stated goal of understanding the impact of these policies on the situation of temporary foreign nurses in this particular sector, contextualized within the specific policy regime regulating and conditioning their situation.

Given the ethnographic approach of my study, in-depth interviews, guided by a series of targeted questions developed from the literature was an appropriate way to understand the issues under discussion. Ethnographic research provides the opportunity to reveal the diversity of experience under study, challenging narratives that perpetuate homogeneity and the “sameness of experience” (Barber, 2003, p. 46) often assumed for immigrants: “qualitative research reveals that this is decidedly not the case; immigrants

(regardless of their visa status) have distinctive personal histories and are as socially, economically, and politically differentiated as more longstanding Canadians” (Ibid).

My interviews were developed based on the following research questions:

- What are the migratory pathways of these nurses, in terms of their travel to Canada and their migration stream, and how do their pathways influence their work experience?
- What sort of professional and social relationships do temporary foreign nurses develop with their employers, colleagues, patients and clients, and how are these relationships shaped by labour and migration policies?
- How do these policies potentially support and/or hinder the professional trajectories and future aspirations of temporary foreign nurses?

To address these questions, I conducted an extensive and in-depth review of the labour and migration policies which regulate and condition the movement and work of these nurses. These policies were retrieved from the websites of the relevant state and state-sponsored agencies, which act as portals guiding migrants through their pathways, as well as reports and the secondary literature delineating policies and regulations. Concurrently, I reached out to long-term care and residential care facilities in Nova Scotia, which preliminary research suggested are the primary sites where foreign nurses are employed on temporary work permits. I employed a variety of techniques to recruit nurses for in-depth interviews regarding their experience of movement and work. In tandem with the nurse interviews, I arranged meetings with officials from relevant agencies involved with foreign nurses, to obtain their insight and perspective. I also took part in three formal events conducted by the government agency Immigration and

Refugee Citizenship Canada (formerly Citizenship Immigration Canada), as an invited guest. These events were framed as consultations with stakeholders and interested parties around the Express Entry immigration program.

In-depth interviews allowed nurses to express their immediate lived experiences of their work, their aspirations, and the challenges they face, providing the space to explore their agency in the process of their travel to Canada, and their work in Nova Scotian communities. My interviews were framed around their movement to Nova Scotia, with a strong focus on their labour experiences in this province. This covered initial training and recruitment, their motivation for travel and the familiar question “how did you end up here (in Nova Scotia)?” Following this, we talked about their day-to-day job experiences, interactions with clients, patients, colleagues and employers, career aspirations and trajectories, as well as the impact of their chosen means of livelihood and subsequent transnational movements on family and social lives.

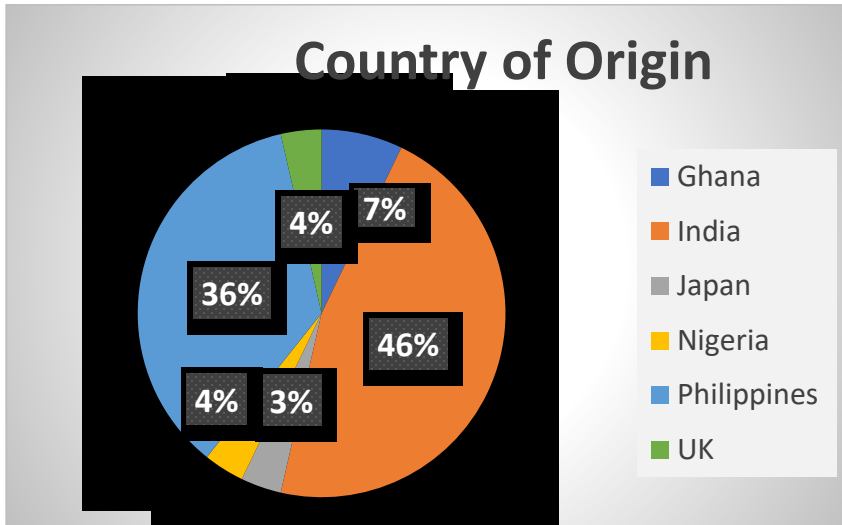
The number of interviews accord with research methods in social sciences. Bernard (2013) synthesizes various ethnographic studies which aim to gather information on cultural processes (as opposed to individual attributions such as age) all pointing to the conclusion that after 30 in-depth, narrative interviews, new concepts or themes surface rarely, and scholars are able to identify recurring patterns in their study group. Indeed, Bernard asserts that “There is growing evidence that 10-20 knowledgeable people are enough to uncover and understand the core categories in any well-defined cultural domain or lived experiences” (p. 175), before going on to specify “30-50 interviews for ethnographic studies” (p. 176).



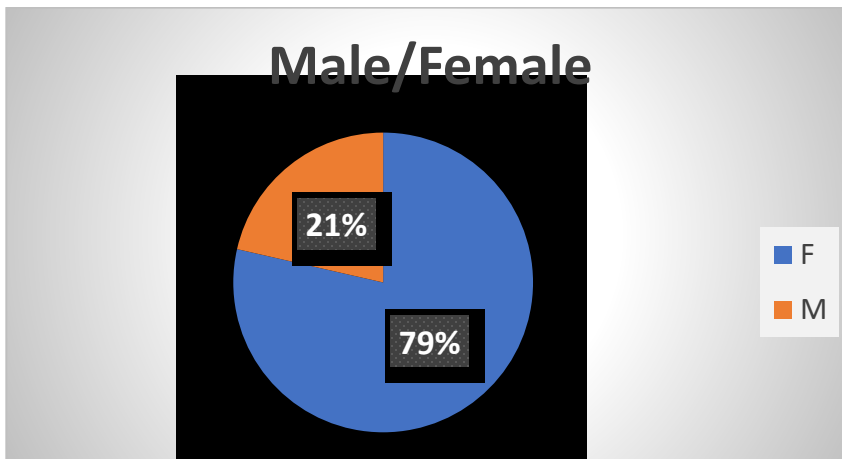
The topics covered in my interviews are developed in dialogue with the literature discussed above, and based on the Marxian insight which provides the theoretical base of this research. Labour is not, contrary to conventional or mainstream “common sense”, a commodity to be bought and sold by individuals under free conditions, but a manifestation of unequal social relations between worker and capitalist employer. I further recalled the Foucauldian emphasis on the relational nature of power, together with Althusserian insights regarding ideological states apparatus, Williams’s depictions of “structures of feelings” developed alongside, or counter to official ideologies, and Trouillot’s injunction to study manifestations of state-like processes and effects not necessarily in state institutions. These insights informed my analysis of the interviews and policy presented in the subsequent chapters.

The interviews were guided towards understanding relations as experienced by the worker, the sentiments and dispositions evoked by these relations, and the ideology-driven policies which animate them. Thus, we covered personal interactions with employers, clients, patients etc., but also with state-like institutions in regards to credential recognition, which the literature suggests is a prominent challenge faced by migrants from the global south to the north and subsequent deskilling. The nurses were further invited to discuss workplace policies and practices which they felt impacted their labour experience. Drawing from the literature, this could involve issues such as patient-to-nurse ratios, which have been the subject of labour unrest in Nova Scotia as recently as 2013, casualization, multicultural or anti-racism policies, and prospects for career development and further training. We also discussed their migratory pathways into Nova Scotia and their current situation, as well as their future aspiration with regards to

settlement, and career development. The figures 1.1-1.3 below provide a breakdown of the interviewees:



*Figure 1.1:  
Country of Origin  
Breakdown of  
Interviewees*



*Figure 1.2:  
Gender  
Breakdown of  
Interviewees*

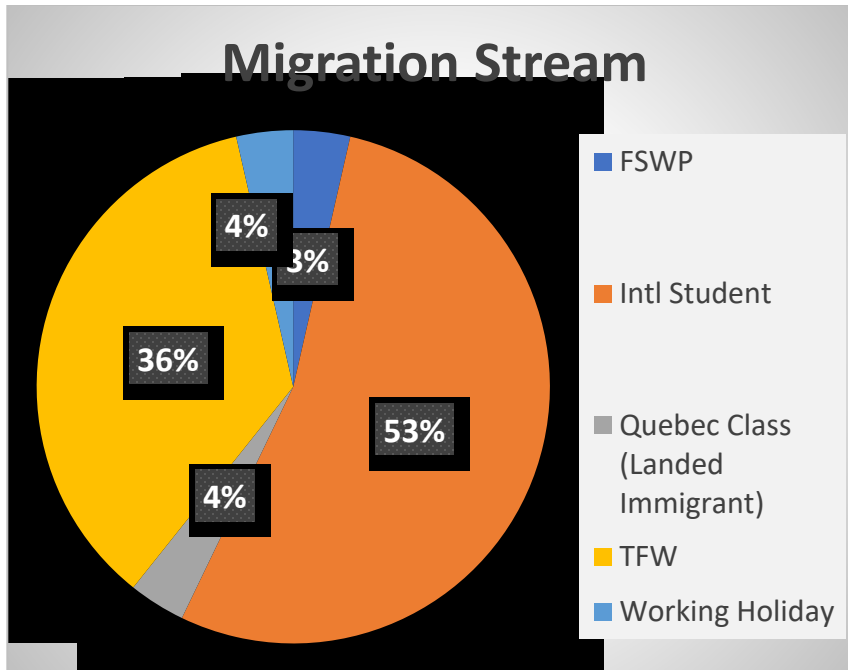


Figure 1.3:  
Migration Stream  
Breakdown of  
Interviewees

A further interesting finding which is not conveyed by these figures is that all those who entered as International Students came from India, and, with one exception, all Temporary Foreign Workers (TFWs) were Filipinos. The few nurses from Nigeria and Ghana also applied through the International Student stream. Why do Indians apply as International Students and Filipinos as TFWs? Both national groups describe these programs as the ones being available in their country and “what everyone does”. The scholarly literature on the history of labour migration from these countries, covered in Chapter Two, does not delve into the details of how specific migration streams became mainstream in one country and not another. It is clear however that different sorts of institutional infrastructures have evolved in each country which makes specific migration streams available in specific countries, discussed in further detail in Chapter Two.

“Donatello”, a nurse from the Philippines who entered as an International Student, agrees that he is quite an anomaly since “everyone knows” Filipinos usually move under the Temporary Foreign Work programs (TFWP). He explains that he deliberately chose the

International Student stream because it was “much easier- much less red-tape” than the TFWP. He only needed an admission from the college and the language requirements to apply for a Canadian visa, and as “luck” would have it, a Canadian college was running a recruitment fair in the hospital where he was working in the Philippines. TFWP, on the other hand, needs an employer and “all sorts of documents about work”. I will discuss the two programs and their differing policies in much greater detail in Chapter Six, on immigration pathways.

Furthermore, I interviewed agents and officers from the organizations as described in Table 1.1, below, in order to augment my understanding and knowledge from the interviews and policy analysis.

<b>No.</b>	<b>When?</b>	<b>Title</b>
1	23/9/2015	Canadian-born nurse (LPN)- Training to be RN
2	24/9/2015	Union Officer- Canadian Union of Public Employees 1259
3	29/10/2015	Labour Representative
4	17/10/2015	Director of Filipino Association of Nova Scotia
5	22/10/2015	Labour Representative- Nova Scotia Nursing Union (NSNU)
6	25/9/2015	Government Relations Advisor to NSNU
7	28/9/2015	Senior Nursing Policy Analyst, Government of NS
8	27/11/2015	Policy Consultant, College of Registered Nurses, Nova Scotia
9	29/05/2016	Director of Recruitment, A Vocational College in Ontario
10	28/08/2016	Policy Analyst, Nova Scotia Office of Immigration

*Table 1.1: List of Agency/Organization Interviews*

Recruitment and access proved to be an extremely challenging and time-consuming part of the research. I had no connections with healthcare facilities or temporary foreign nurses at the onset of the fieldwork which could facilitate access. My

first attempts at recruitment proved failures: circulating posters and letters to all residential and nursing care facilities across Nova Scotia asking for research participants. Of the 100+ letters and posters that I circulated, one person answered, and connected me to several more participants. However as regards the popular technique of “snowballing”, the exchange below following an interview is more typical of my recruitment attempts:

[Shiva]: So do you think you can please introduce me to any more of your colleagues and friends who are in a similar situation as yourself, to do an interview?

[“Meran”]: Actually no, because all my friends are so anxious with their migration and licensing that they do not have time for this kind of thing. (Halifax, 20 May 2015)

I participated in public community events held by local nursing homes and residential care facilities whom I later learned are always seeking volunteers to assist with their residents in various tasks such as social visits, assistance with games and circulating library books. I accordingly volunteered at two such local facilities, however taking care not to attempt recruitment during volunteering, which would not have been in line either with the Ethics Approval of this research, nor with my own ethical compass regarding respect for professional working hours (nor in fact would it have been possible, since the volunteering duties proved to be quite engrossing and compelling, leaving no time or energy for distractions).

Despite this discretion, volunteering regularly made me a familiar, known face at these facilities, and a few more nurses responded to the posters I had put up with the permission of the local research and ethics committees of the facilities. Finally, I became a regular attendant at the weekly basketball games held by the expat Filipino community, as well as various other events held by expat associations and used that to make connections. However, it still proved very difficult to move on from obtaining phone

numbers and contact information to scheduling interviews. The number of interviews I actually conducted was a fraction of the people who gave me contact information and told me they were willing to participate. As I quickly learned, healthcare work demands long hard hours and precious free time is left for either studying for exams, completing forms, socialising with family overseas, or simply resting. A few interviews were conducted during breaks before or during shifts, which meant our time was necessarily curtailed. Several times I was invited to the homes of the interviewees, and more than once it happened that the nurse had fallen asleep and was wakened by my calling. Basically, scheduling interviews proved to be a different issue from access and recruitment, which was an unexpected challenge for me, since in other fieldwork scenarios I was familiar with, once you gained access, you were able to recruit, and “scheduling” never became such an actual barrier.

In sum, it took about fifteen months of concentrated effort and hard work, including driving to nursing homes and various events regularly, sending letters, emails, trying to reach out via other social media such as Facebook, following up on initial promises and connections, consistent juggling of my own schedule to accommodate last-minute availability for interviews and so on, to approach my stated target of thirty interviews. This seems to be the case for modern ethnographic research in general, quite different from the “closed village” models of early ethnographies taught in classic and introductory anthropology courses. The challenges with “scheduling”, pinning people down to a particular time and place, and demanding their most precious commodity, their time, is itself testament to intensely mobile, hurried, “on-the-go” nature of our modern society. Contemporary workers are so exhausted that they fall asleep and have to be

wakened in order to be interviewed, or have to bring interviews to an end at strict times to accommodate their work breaks, all very different from the leisurely day-long conversations enjoyed by my disciplinary predecessors.

Scheduling interviews with the administrators, officers and other staff-members of relevant agencies proved to be easier in a way, since all the people had visible public profiles on the website of their organization, or could be reached by the publicly available contact information. I also used the contacts developed during my period of work as a Research Assistant with the “On the Move” project, a SSHRC Partnerships Grant which had provided the initial impetus and funding for this research. I further participated in relevant public or academic events which brought me in closer contact with officialdom, as was the case with the public fora and consultations held by Immigration Refugees Citizenship Canada. The main challenge in this scenario was that our subsequent meetings were often scheduled at very long intervals in advance. In the case of the College of Registered Nurses of Nova Scotia and the Nova Scotia Office of Immigration, I had to wait almost three months. Nevertheless, these meetings provided a useful alternative view to the interviews and strengthened my understanding of the policies I was studying.

A further limitation on this study is the loss of the ethnographic richness which occurs when writing down these pages. Above, I complained about how I was only able to interview a fraction of those who expressed interest in talking to me. However, a fraction of those interviews that did take place found their way in these pages. Although the general themes and patterns remain consistent among all the interviews, as subsequently described in this dissertation, each story was unique and fascinating, with

its own particular twists and turns. Each is a testament to the tenacity of human will and resourcefulness, and provides its own sharp insight into the common conditions and processes experienced by all. The interviews I chose to discuss typify the main themes in an articulate and vivid manner. However all the interviews deserve detailed discussion. Hopefully in future research projects, I will continue to draw upon this source of ethnographic insights, presenting fresh voices on the experience of temporary nursing labour and drawing out further nuances.



## **CHAPTER TWO: HISTORIES AND GEOGRAPHIES**

In order to historically contextualise the movements undertaken by the nurses of this study, this chapter provides a temporal outline of nurse migration from the Philippines and India, covering both emigration from countries of origin, and immigration into Nova Scotia, Canada, the site of this study. The migration history of the Philippines and India has structural similarities, having developed out of decolonization and retaining the baggage of colonial histories, but there are also interesting regional and cultural variations. Catherine Choy (2010) comments on the importance of such historical contextualization, for without it, it would be easy to make the superficial and erroneous assumption that it is a recent phenomenon and a knee-jerk response to labour shortages in the global North.

### **2.1 THE PHILIPPINES**

The Philippines, a former colony of Spain and later the United States, gained formal independence from the U.S. in 1946, and its history, including the history of its labour migrants, both temporary and permanent, is closely marked by this colonial involvement (Aguilar, 1999, 2015). The U.S. remains closely involved in the country as the Philippines represent a vital geo-political location for the U.S. regional interests (Tilghman, 2016). “The spectre of U.S. imperialism in the Philippines continues to haunt Filipina/o lives and livelihoods...” (McElhinny et al, 2013, p. 12).

The expansion and regularization of labour migration as a viable national policy has been traced to the 1970s (Rodriguez, 2008), and more specifically, to the presidency of Ferdinand Marcos (1917-1989, president 1965-1986), a kleptocratic, corrupt president

supportive of American regional interests, and thus fully supported by them (Aquino, 1982). Under the Marcos regime, corruption and nepotism ran rife, the country incurred massive debt to the World Bank and poverty increased as economic development faltered (Stasiulis and Bakan, 2005). The Labour Code, formulated in 1974, represented the “highest formulation” of promoting overseas employment (Batistella, 1999, p. 230) and was implemented by government agencies. Batistella argues that by the late seventies and early nineties, having created the infrastructure for labour export, the state began to divest itself of directly managing it, devolving it to private recruitment agencies and retaining for itself a regulatory and oversight role- an example of restructuring labour which was occurring, and continues to take place, globally and across sectors. Rodriguez (2008) has analysed of the role of the state of the Philippines in structuring and negotiating the global demand for female caregivers from that country. In doing so, he describes at length the setting up and operation of an extensive “transnational state apparatus” (p. 796) in order to identify global labour demands, and respond to them.

Marcos himself made efforts to develop a postcolonial sense of national identity and pride, remarking that “the nation’s colonial past created a ‘Filipino personality’ marked by ‘indolence, docility, passivity, a pervading consciousness of racial inferiority, shyness and resistance to being enlightened” (Marcos, 1980, in Espiritu, 2012). Ironic then, that the export of human labour across national borders became a cornerstone of his economic policy, a policy retaining its potency and significance to this day. The government agencies set up during the Marcos presidency assiduously set about correcting the undesirable “colonial” construction of Filipinos, developing a portrayal of Filipinos as friendly yet hard workers, who yet usefully retain their pre-independence

compliance and docility in international labour markets (Rodriguez, 2008; Tyner, 2000; McKay, 2007). Mavroudi and Nagel (2016) cite an example of how the state worked with labour agencies to create an image of Filipinos as “natural sea-farers with the innate qualities of pliability and passivity” (p. 69) as an instance of the state shaping the immigrant labour force, a process to be discussed in greater detail in subsequent chapters. Rodriguez (2008) discusses the application of the same concept to Filipina caregivers: “Filipinas’ construction as caring, docile, meticulous migrant care workers abroad is congruent with their construction as caring, docile, meticulous factory workers or workers in the tourism industry in the Philippines” (p. 799).

Eric (2012) further traces the Philippines state policy of human export, noting the controversies it entailed as to whether it was anything more than a “stop-gap” measure to provide a short-term boost to the flagging economy, or a sustainable path to economic development and growth. Regardless, the regimes following Marcos continued with this policy throughout the following decades, since “structural adjustment programs from the World Bank and the International Monetary Fund made the Philippines more dependent of foreign remittances to meet its financial obligations...From 1990 to 1999, remittances to the Philippines contributed 20.3 percent to the country’s export earnings... (pp. 125-6). A gender and occupational shift was noted in labour emigration, and by 2001, it was clear that a higher percentage of women were leaving the country to work (ibid).

The intersection of gender, migration and labour in conjunction with the parallel processes of the feminization of poverty and migration under capitalist global economies has been discussed by scholars using the lens of feminist political economy (for example, Piper, 2011; Hartsock, 2006). The gendered dimensions of Philippine labour migration,

and its expansion into care and nursing labour has further attracted the attention of scholars interested in analysing it from this perspective (Valiani, 2012; Yeates, 2008, Barber, 2004; 2008; Barber and Bryan, 2012). This scholarship tied together national labour regimes with a capitalist global economy which is quick to appropriate and exploit feminized, racialized and hence devalued care labour in various national contexts.

Choy discusses nursing movements from the Philippines as rooted in the colonial history outlined above, drawing attention to the cohorts of Filipina elite women who travelled to America in the early twentieth century to study nursing, and also to the nursing schools established by the Americans in the Philippines at that time:

Furthermore, although U.S. colonial projects of racial uplift and civilizing missions informed the establishment of nursing schools in the Philippines, they inadvertently prepared Filipino nurses to work abroad, especially in the United States, because they followed patterns of U.S. professional nursing education and included English language fluency in the curriculum (Choy, 2010, pp. 14-15).

Choy describes how the sojourns of the first generation of Filipina nurses in America and their subsequent careers as successful, professional women who were able to cross the gap between the third and first world entered into the public imagination. These journeys inspired next generations to undertake similar moves, creating the status of the nursing licence as a “second passport”. These imaginings and longings fused with the official infrastructure described above, set up to facilitate and manage labour export, cementing the status of the Philippines as the top exporter of migrant nurses (Choy, 2010, p. 13).

Choy reports that over 100,000 nurses from the Philippines have moved to work abroad since 1990s, and further notes the more recent trend of Filipino doctors retraining as nurses specifically for migration purposes. This trend, now becoming formalized through educational institutions offering courses to Philippines-trained doctors to re-train as nurses for the global labour market, has been discussed as a particularly egregious form

of self-deskilling, on at least one occasion leading to a public outcry and sparking national debate in the Philippines (Barber, 2008). It should be further noted that this exodus of healthcare professionals, including nurses, is taking place in a national context where a shortage of nurses and other healthcare professionals has been observed in Philippines hospitals (Choy, 2010; Barber 2008; Lumanog, 2010). Lumanog reports that patient-to-nurse ratios as high as 1:50 exist in some Philippines hospitals. However, hospitals refuse to hire more nurses, and nurse salaries in the Philippines is barely above the minimum wage, all factors contributing to what is termed the “health care decay” in the Philippines (Lumanog, 2010, para. 8). All these can be seen as forming part of the complex array of “push factors” which incentivizes nurses to move overseas. The desirability of nursing as a means to emigrate has also contributed to the rise of a multitude of nursing schools of uneven quality (ibid), lending credence and weight to the concerns regarding credential recognition more fully discussed in Chapter Seven.

Focusing on domestic care labour, which may also include professional nurses working in deliberately deskilled positions in Western households, Barber and Bryan (2012) discuss the history of care migration from the Philippines within the context of global inequality and the feminization of care labour. Global and regional inequality is “fuelled through the indelible expansion of capitalist modes of organization and accumulation” (Barber and Bryan, 2012, p. 213). Central to these processes of global capital generating inequality is the “continual adjustment and readjustment of the social production within both the Philippines and the labor markets to which care migrants travel” (p. 216). Historically, they trace the different types of care work undertaken in Philippines communities and household which set the stage for the care labour export

witnessed today. Barber's ethnographic research from the 1990s explores the historical class and racial divisions through which care labour was constituted in several different settings. Young daughters and sometimes children of both genders of specific racialized backgrounds were "born into" care work. In other scenarios, lower-class kinfolk were employed as domestic help by their middle-class relatives, in culturally-sanctioned relationships which may span generations. A more formalized version of this relationship existed in the employment of young women as live-in nannies and domestic workers. Many of these instances involved the regional migration of the female care provider from her native place of birth to the place of employment, and were accompanied by strong ideological underpinnings regarding the role of women to care and provide for family members, both their own, and for others. Barber and Bryan (2012) argue that these racialized, classed and gendered relationships provide the cultural template for socially reproductive, mobile care work, which as explored above, by the 1980s and 1990s had morphed into a full-blown state-sponsored policy of human labour export.

The history of social reproduction and specifically care work in Western countries is the other side of the equation which needs attention. Under capitalism, women in Europe and European colonies emerged as housewives, caregivers, or labor reservists "not because they are these things, but because they have been constituted as these things" (Barber and Bryan, 2012, p. 218). Meanwhile, by the late 1970s and 1980s, national governments became fully engaged in a process of privatization and defunding of care regimes, resulting in a "gap in care provisioning" (ibid). It is at this point that the discourse of "shortage" begins to surface in describing the nursing labour market, not

incidentally a strongly female-dominated sector (Valiani, 2012), and the history of Philippines emigration to Canada to work in this sector begins to take shape.

Damasco (2012) traces the emigration and recruitment of healthcare professionals to Canada as taking place as early as the 1960s, however arguing that these earlier instances of emigration are “difficult to envision”, since they are never discussed in the community, literature or media and thus are subject to a form of “collective amnesia”. Their histories run contrary to the “official ideology” of Philippines care migration (p. 115), which mostly revolves around popular depictions of vulnerable, deskilled Filipina nurses and nannies, vulnerable to exploitation by employers and recruiters.

Damasco thus distinguishes two eras of Filipina/o nurse emigration to Canada, one, largely forgotten, taking place earlier, in the 1960s, where despite the “racist and discriminatory” accreditation practices of the College of Nurses of Ontario, their skills and expertise were to some extent recognized (p. 117). This earlier group of emigrants were part of a cohort of professionals who arrived as landed immigrants, and research shows that in fact they often do not wish to be associated with the subsequent waves of caregivers and domestic workers who made up the later waves of Filipina/o emigrants to Canada (Pratt, 1999).

From the 1970s onward, the systematic deskilling and marginalization of Filipina migrant nurses through government temporary foreign work programs took place, with the controversial Live-in Caregiver program at the forefront. A strong class divide is further noted between the earlier and later cohorts of Filipina/o emigrants in Canada (Kelly, 2006). Eric (2012) observes that registered nurses arriving as landed immigrants in the 1960s had smoother pathways to economic integration and more successful career

trajectories, in contrast to the caregivers arriving through the later temporary foreign work programs. She attributes this to the precarious labour and migration status of the temporary workers: “Entry status is an important factor that contributes tremendously to the differences in their settlement and integration experiences” (p. 135).

In the Canadian context then, the feminization of care work, the lack of a stable, national care regime, and the fact that white, Canadian-born women can afford a certain degree of choice when entering the labour force, albeit conditional on their own class backgrounds, all contribute to leave a gap in the care work traditionally and ideologically associated with womanhood and femininity. The entrance of caregivers from the Philippines partially assuages this gap, however the policy regimes governing these movements impacts the experiences and trajectories of the workers.

## **2.2 INDIA**

In common with the Philippines, a modern history of colonial occupation and exploitation by a powerful imperial and expansionist state strongly marks the political economy of labour migration from India. In nursing, the impact of colonial institutions under British rule lingers on to the present day, reflected in the current labour hierarchy in this sector.

Geographical movements within and from India have taken place among primarily the merchant and trading classes from pre-modern, pre-colonial times (Curtin, 1984). However, it was with the establishment of the British empire in India that labour migration of Indian workers, in the form of “coolies” and indentured labour, became systematized (Varma and Seshan, 2003). Accordingly, modern Indian emigration has



been classified into two periods (Jayaram, 2003). The first phase lasted throughout the colonial period of the 19<sup>th</sup> century up to the 1940s. During this period, large numbers of Indians were moved as indentured labourers, referred to as a system of “half-slavery” (Maharaj, 2003) or “new slavery” (Tinker, 1974), by the British empire to various colonial outposts, not including Canada. With India gaining independence formally in 1947, the second phase began. In this post-colonial phase, Indians who were trained professionals or entrepreneurs emigrated, creating statistically small but distinctive and consistent “Indian diasporas” across the world, including western countries such as Canada (Maharaj, 2003). The United States and Canada passed various pieces of immigration legislation in during the 1960s and 1970s which removed official discriminations based on race and nationality, further encouraging a westward flow of emigration. Emigration to both these destinations was seen a “rational choice” for upwardly mobile Indians “to migrate where the money was” (Reddy, 2015, p. 14). Maharaj further notes that persistence of a strong “Indian” ethnic and cultural identity marking such diasporas, sometimes leading to accusations of “exclusivity”, “un-assimilability”, “separatism” and even racism against them in various socio-historical contexts. However, Indian emigrants in fact are diverse and heterogenous, coming from a variety of class, ethnic, linguistic, and religious backgrounds (p. 50).

The history of Indian nursing emigrants is similarly intertwined with British colonialism, followed by American imperialism and the Christian missionary movements of the nineteenth century (Reddy, 2015; Walton-Roberts, 2012). Both these scholars write of the extremely low social status of nursing, resulting from a patriarchal and caste-led Brahmin culture which stigmatized nursing as “body work”. Nursing was thus commonly

seen to be taken up by Christian families and converts, for despite the fact that Christianity also had its own forms of elitism and patriarchy, it still offered a release from the strict caste system of the Brahmins. Walton-Roberts argues:

Understanding the history of stigma and low status attached to nursing in India necessitates some appreciation of the role of the religious orders and colonial hierarchy, which arguably created a heavily feminized and subservient frame of reference for nursing, which continues into the present (2012, p. 180).

Reddy describes how Christian communities of various denominations were extant in Kerala since ancient times, and by the nineteenth century, with India firmly under colonial rule, Kerala was a significant destination for Protestant missionaries from both America and the UK (Reddy, 2015). Attached to these missionaries were medical personnel, segregated in a fairly rigid gendered manner, with nursing closely considered to be within the female domain, while physicians were primarily men (though historical records show exceptions). Colonial medicine as institutionalized by Protestant missionaries was considered as part of the civilizing, ideological arm of the colonial project, justifying the naked brutality and exploitation of Indian resources which were at the heart of imperialist ambitions. Female nurses were seen at the vanguard of women's liberation from Hindu traditions yet retaining the stereotypical essence of femininity as the gentle, patient caretaker *par excellence* – “the Nightingale-like qualities of the ‘lady’ nurse” (Walton-Roberts, 2012, p. 180).

Thus, nursing became closely associated with Christianity, in particular in the state of Kerala, in the south of India. Reddy notes that although unable to access statistics offering regional and religious breakdown of Indian nurse emigrants, the fact remains that the “Kerala Christian nurse” remains the archetype of the Indian nurse emigrant (2015, p. 15). Kerala was host to the first professional nursing schools in India set up by British

medical personnel, and emigration accordingly offered a way to escape the lowly status of nursing as an occupation. The geographical movement out of India produced to an upward career movement, with nursing becoming a respected profession (Reddy, 2015). Walton-Roberts describes how these British-led schools, established by the Colonial Nursing Service, replicated the ideology of British superiority over the indigenous population (2012). In 1943, the British government established the nursing assistant position via the Nurses' Act in Britain. The effect of this Act was to maintain the distinction between foreign and British nurses, while paving the way for a supply of trained foreign personnel to the British domestic market, already experiencing a nurse shortage as a result of World War II.

Colonialism, therefore, created and reinforced a relationship of inequality both at home and overseas within the Indian nursing profession. This relationship extended into the post-colonial period in the development of a nursing education model that was inappropriate to India's public health needs, and in the subjugation of Indian trained immigrant nurses who entered the British health system in the post independence period (p. 181).

Reddy argues that Kerala, which has experienced communist and generally left-leaning governance since the 1940s, encapsulates contradictions in that it has the highest health and literacy indicators among Indian states, coupled with low economic performance. These factors exacerbate the mass out-migration of its skilled healthcare personnel, including nurses:

These women workers, in particular, bore the stamp of a society that valued women in particular (and thus its high social indicators), even as their departure signaled its inability to retain key sectors of its workforce. Thus, we can begin to question how the Kerala model encapsulated contradictory and overlapping processes of decolonization and recolonization, and "the" Kerala nurse became an embodiment of these contradictions (p. 33).

At this point I have historically contextualised the phenomenon of global nursing emigration within the colonial enterprises of the nineteenth and early twentieth century,

and the “re-colonization” processes of the twenty-first. It is argued that the movement of foreign nurses trained in the global South to the North constitutes not just a “brain drain”, but is a perverse subsidy by poor countries of rich ones (Yeates, 2008). The key point to take from this section is the historical lineage of ideologies which have led to the construction of nursing as a mobile, feminized profession, providing a means for upward class and geographical mobility for women, including women of colour. It also historicizes the immigration of trained personnel from the global South to the North, within an ideological framework which casts these movements as based upon rational, individual decision-making regulated by more liberal immigration policies. The downskilling and devaluation of the knowledge of immigrants during this transition is also presented within a postcolonial context. These trends were realized through educational institutions and immigration policies. Such policies can thus be considered a result of deliberate long-term planning resting on global inequality and the exploitation of racialized and colonized people, rather than as ad hoc, aberrant trends, or simply a matter of individual choices. Historic continuities remain manifest in the current movements of nurses, and their experiences of these movements, as shall be further discussed.

### **2.3 NOVA SCOTIA, CANADA**

*“I’m desperate for a full-time RN. We have one who visits us [on an hourly basis], but it’s not enough. We haven’t had [a] full-time [RN] for a long time now” (manager of a residential care facility in rural Nova Scotia).*

I will consider the relevant policy context at the national, Canadian level in depth in Chapters Six and Seven. For now, in this section I highlight some features of the site of this study, the province of Nova Scotia, which shapes the immigration and work landscape.

Nova Scotia, a province on the east coast of Canada is similar to many other regions in developed countries in that it faces the challenges of a dwindling and ageing “baby-boom” population. It is traditionally considered a “have-not” province, with one of the slowest economy growths recorded during 2010-2014 among Canada’s provinces.

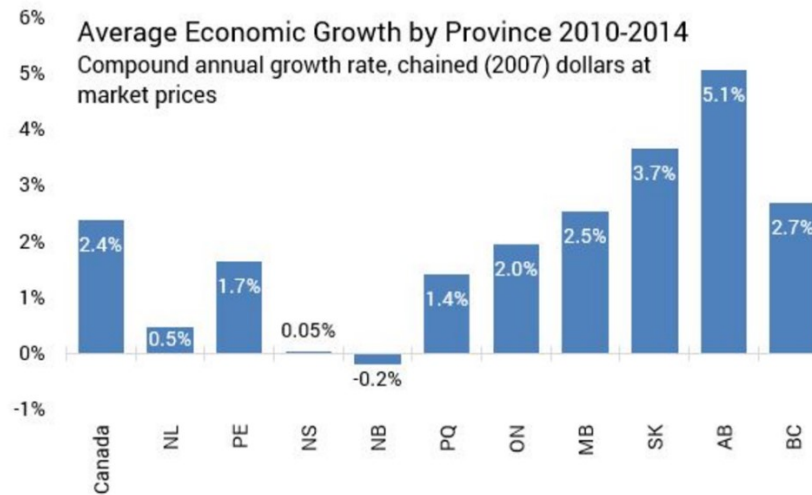


Figure: 2.1 Average Economic Growth by Province 2010-2014. Province of Nova Scotia, 2014. [http://www.novascotia.ca/finance/statistics/topic\\_news.asp?id=11779&fto=22v&rdval=2016-04](http://www.novascotia.ca/finance/statistics/topic_news.asp?id=11779&fto=22v&rdval=2016-04)

Nova Scotia, together with New Brunswick, not coincidentally another Atlantic province, is accordingly labelled “back of the pack” in terms of economic performance (The Conference Board of Canada, 2017, para. 2). This is linked to the demographic decline of the province, with one report claiming that out-migration alone is costing the province 1.2 billion a year (Morley, 2015). The reasons behind this endemic poverty are historical, dating back to the late 19<sup>th</sup> century and the “nation-building” attempts of the federal government leading to greater investments in manufacturing in Central and Western Canada. This was followed by systematic de-industrialization of the Eastern

provinces through the 20<sup>th</sup> century, processes which continue to mark Nova Scotian communities up to the present day (Tastsoglou, Dobrowolsky and Cottrell, 2015).

The aging, dwindling population and projected labour shortages impacts the workforce, felt in the health sector with particular intensity (Government of Nova Scotia, 2005). According to the Canadian Federation of Nurses Unions, Nova Scotia is “one of the first provinces to be hit by a nursing shortage”, which the president of Nova Scotia Nurses' Union, Janet Hazleton, attributes to a short-sighted nursing strategy that does not take account of retirements and absenteeism, rather relying on overtime by already-employed nurses (Doucette, 2015, paras. 1-3). Hazleton continues that it is no coincidence work absenteeism due to sickness and work-related injuries has increased during a period which has seen an increasing reliance of nurse overtime (ibid). The issue of policies manufacturing shortage, rather than considering shortages as inevitable results of demographic flows will be discussed in more detail in Chapter Seven. Rural areas are feeling the challenge of lack of healthcare professionals, including nurses more intensely, with “record-breaking” numbers of hours of Emergency Room closures reported in 2015-2016 in rural Nova Scotia (Laroche, 2016).

Both policymakers and academics consider migration as a solution to current and foreseen labour shortages (Haddow, 2011; Cassin, 2011; OneNS, 2014), and there are calls to “ramp up” immigration (Tutton, 2017). The recently-launched Atlantic Immigration Pilot Program is an example of a policy initiative promising to process 2000 applications for immigration to the region (Government of Canada (b), 2017). Nova Scotia has found both the attraction and the retention of immigrants challenging in the recent years, and has been called “the least diverse province” (Tutton, 2017, para. 8).

Although various government initiatives have succeeded in boosting immigration numbers, keeping immigrants in the province is a different matter (Thomson, 2017). The same report considers foreign students as an important investment for the province and a pathway immigrant settlement (ibid).

According to reports from the Nova Scotia Office of Immigration, 6872 migrants on temporary permits entered the province in 2012, much higher than the number of permanent residents in the same period, 2370. A similar pattern is observable in the preceding years where the data is provided, back to 2008 (Government of Nova Scotia (a), (b), 2013). As can be seen from the table below, the numbers of temporary residents present in the province are even higher:

**Temporary Residents Present in Nova Scotia 2008-2012**

<b>Yearly Status</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
International students	5,789	6,605	7,910	8,552	9,649
Foreign workers	2,511	3,241	3,622	4,254	4,364
Humanitarian	168	151	147	177	179
Other	1,100	1,100	1,165	1,271	1,290
<b>Total</b>	<b>9,568</b>	<b>11,097</b>	<b>12,844</b>	<b>14,254</b>	<b>15,482</b>

*Table 2.1 Temporary Residents Present in Nova Scotia 2008-2012.*

[https://immigration.novascotia.ca/sites/default/files/Immigration\\_Facts\\_Temp\\_Residents\\_Aug20.p](https://immigration.novascotia.ca/sites/default/files/Immigration_Facts_Temp_Residents_Aug20.p)

To clarify, temporary residents refers to migrants who are already present in the province on temporary permits, whereas temporary migrants refer to those who have entered the province in a particular year. The immigration stream of the nurses interviewed for this project roughly reflects this breakdown, being a combination of foreign workers and international students, with international students outnumbering the foreign workers. In terms of countries of origin, the Government of Nova Scotia noted

that the Philippines had replaced the USA as the top source country of temporary residents, with India gaining ascendancy and becoming one of the top five source countries (Government of Nova Scotia (b), 2013).

Speaking to the issue of increasing numbers of temporary foreign workers in the province, Dobrowolsky and Ramos (2014) critique the employer-driven focus of the Temporary Foreign Work Program, which leaves the practice and implementation of migration in the hands of third-party consultants and businesses. The scholars commend the regulation of recruitment agencies through the Worker Recruitment and Protection Act of May 2013 in Nova Scotia. This legislation also protects temporary foreign workers from wage and benefit elimination or reduction (Dobrowlosky and Ramos, 2014, p. 12). However, many temporary foreign workers may feel social isolation, as they are recruited to work in rural areas where the “labour shortage” is most acutely felt. In sum:

[temporary foreign workers] are appealing to the province and the business community because of their low cost, quick match of human capital to needs, their extreme “flexibility” (Fudge and McPhail 2009) as well as their presumed, more robust, “work ethic” (Gollom 2014) (ibid, p. 15).

Dobrowolsky and Ramos conclude that despite this appeal, temporary foreign workers are not a long-term solution to Nova Scotia’s demographic and labour challenges, where the attraction and retention of migrants has been amongst the lowest in the country for over a decade now. The same report also confirms the increase of temporary foreign workers hired in long-term care facilities, however, there exists no comprehensive information on where these positions are, what organizations or individuals are employing these workers, what type of healthcare workers are coming to Nova Scotia, and what their labour and livelihood experiences are. My research sheds light on these



issues, while contributing to the broader literature on labour mobility, temporary foreign workers and the healthcare sector.

Although the reports cited above all point to the necessity of “welcoming” immigrants to Nova Scotia, including hiring them, there are indications that immigrants struggle to settle in Nova Scotian communities due to local discrimination.

The historic development of Canada as a modern state has been marked throughout by a racialized ideology, in which people of particular ethnicity and ‘races’ are deemed more suitable or desirable for particular places (Walker, 2008). The effect of this on immigration and labour migration policy, including that pertaining to temporary workers, will be unpacked further. The site of this study, Nova Scotia, itself has a long history of well-documented racism towards local black and Indigenous communities (Stewart, 2009; Perreux, 2010). Immigrants and newcomers, both visible and ethnic minorities but also of white and European origins are also on the receiving end of acts which may be characterized as racist (Lightstone, 2015). This ties in with the fact that as mentioned above, Nova Scotia remains racially a fairly homogenous place with little diversity. In 2011, according to Statistics Canada census data, the visible minority population of Nova Scotia stood at 5.6 percent, compared 19.1 percent for all of Canada (ibid).

The struggles of immigrants and newcomers to find acceptance and belonging in the region has been documented extensively in the collected volume entitled *The Warmth of the Welcome: Is Atlantic Canada a Home Away from Home for Immigrants?* (Tastsoglou, Dobrowlosky and Cottrell, 2015). Sevgur (2015) writes of the “professional exclusion” and “ethnic exclusion” faced by educated Turkish professionals in Halifax, the

centre of Nova Scotia. A CBC article reports many foreign students in Nova Scotia feel they have experienced racism, further exacerbating challenges regarding retention and integration of newcomers (CBC, 2015). An official from the Nova Scotia Office of Immigration (NSOI) acknowledged that they receive many letters and complaints from people who feel frustrated by what they see as an extended government welcome to immigrants in an economic climate where native-born Nova Scotians are struggling with poverty and unemployment.

In sum, Nova Scotia is a historically impoverished and racially homogenous province in comparison to other Canadian provinces, with a declining, aging population. It also has a shrinking, aging workforce, very much apparent in the healthcare sector, including nursing. This “shortage” of skilled labour has led to intensified recruitment and attempts to attract foreigners to the province. However, the province is marked by a problematic background of racism, towards local black and Indigenous people as well as immigrants and newcomers. This may be experienced as everyday acts of discrimination and exclusion, and also broader structural and systematic issues of racial discrimination (Stewart, 2009). As I shall discuss below, the nurses interviewed for this project describe these racially charged interactions and their tactics for dealing with them in some details, vividly depicting what they experience as a contradictory push-and-pull. On the one hand they are needed, and once here, are absorbed into the workforce with little difficulty, albeit not at their desired skill-level. On the other, they continue to be treated with a certain hostility, unease and suspicion. This quote below, re-written from a discussion with the manager of a rural nursing home in Nova Scotia during the recruitment phase typifies some of these tensions:

We've stopped hiring foreign nurses. They use us as a stepping stone to the cities, once they've been here for a while and get their papers. They can't really settle in here. We've made an agreement with NSCC (Nova Scotia Community College) so they [are going to] come out and train 40 CCAs (Continuing Care Assistants) locally, there's a lot of interest, and I hope that will work better.

Of further interest is the impact of these racialized interactions and divisiveness between domestic and foreign workers on important professional issues, most significantly labour protection and solidarity, which will be unpacked at length.

## **2.4 CONCLUDING REMARKS**

Contemporary labour migration is thus seen to be marked by historic imperialism and the resulting inequalities, operating at global and regional levels. It is embedded with inherited inequalities of race, ethnicity and gender, varying across national contexts and different sectors. Global trends unravelling at national levels manifest themselves through a variety of policy permutations, creating labour “gaps” in one location, and a “surplus” in other, depending on global positioning and history. In the following chapters, I discuss the conceptual framework utilized in this dissertation for understanding and theorizing these processes before turning my attention to the policies and lived experiences of those policies.

## **CHAPTER THREE: SOCIETY MUST BE CARED FOR: THE ROLE OF STATE IN MANAGING SOCIETY**

State institutions have always maintained a sharp interest not just in the movements and work of the people living under their governance, but also that of the people living outside their borders and territories. The modern era, marked by the advent of capitalism as a major mode of production is considered a new phase of the relationship between state and societies. Below, I examine relevant scholarly thought on this relationship, in particular as it relates to the regulation of labour and geographic movement, the two key issues of this research.

### **3.1 MAX WEBER AND THE STATE/SOCIETY NEXUS**

I start my exegesis with Max Weber, one of the most significant theoreticians concerned with the nature of the state/society nexus, and in particular with the changing nature of the regulations imposed by states on the conditions of labour from premodern to modern times. I consider him particularly relevant in light of the central place occupied by the issue of bureaucracy, and encountering bureaucracy in this research. Bureaucracy provides the infrastructure through which policies are devised and implemented, and bureaucratic institutions become sites of negotiation and struggle for the nurses who are seeking to move to, and work in, countries other than their country of origin in an orderly, regulated manner. Bureaucracy is the format through which participants relate to, and encounter the state. Weber theorizes the role of bureaucracy and its connection with dominant economic modes of activity. He develops a detailed portrayal of bureaucracy as a highly significant instrument of the state in general, and modern capitalist states in particular.

Weber traces the historical lineage of ancient Egyptian and Roman bureaucracy, noting that “increasing bureaucratization is a function of the increasing possession of consumption goods, and of an increasingly sophisticated technique of fashioning external life...” (Weber, 1968, p. 348-9). As wealth increases and standards of living rise, there is an “increasing subjective indispensability of public, interlocal and thus bureaucratic provision for the most varied wants which previously were unknown or were satisfied locally or by the private economy” (p. 349). These demands and wants range from the judiciary and educational oversight to policing and the provision of public safety and stability, and most relevant for the purposes of this research, healthcare.

Although since ancient times states have utilized bureaucracy as an administrative tool, Weber studies how it changed in pace with the changes in the dominant forms of economy to become particularly useful to modern capitalism. The transition from an older feudal to money economy brought about several important changes in state organization: administrative powers became concentrated in the hands of trained, rational “experts” as opposed to “notables”. The honorific system of grace and patronage was done away with in favour of a technically superior, more efficient bureaucratic system. In this system, outcomes are always supposed to be rationally calculable, as it is effectively purged of “purely personal, irrational and emotional elements which escape calculation” (p. 350). This feature, Weber notes, is the “special virtue” of technical bureaucratic organization which is so prized by capitalist organizations. It is no coincidence that many capitalist private enterprises utilize strict bureaucratic structures, and as these enterprises gain more influence and power in society, public organizations also are modelled along the same lines. Furthermore, the withering of the feudal state and the spread of the

principles of equality and democracy, where “all are equal before the law” brought about a corresponding demand for formal and objective structures of administration freed from the old systems of patronage.

In this research, I document encounters with immigration agencies and policies, vocational colleges, professional licensing bodies and credential recognition agencies. In pursuing their respective mandates, all such agencies, as part of the Weberian model of modern statehood described above, would claim to operate by principles such as rationality, fairness, formality and objectivity. Tensions and struggles develop when something which is claimed to be rational or objective by one institution may be considered as overtly demanding, unreasonable and “unfair” by the individual who has to negotiate with that institution. Even amongst the institutions themselves, there may not always exist harmony and agreement on what exactly constitutes “rational and objective”. As I shall discuss accordingly, immigration policy might not always be aligned with professional recognition procedures, or may be fractured along provincial and federal lines. The unequal distribution of power between the agencies implementing policy, and those subject to it is also problematic and is considered to be one of the main themes of this research.

Weber acknowledges that: “The bureaucratic structure goes hand in hand with the concentration of the material means of management in the hands of the master... A corresponding process occurs in public organizations” (p. 351). Nevertheless, Weber’s conception of the modern, western state as a “rational” system evolving in opposition to feudal and non-Western systems has been subject to critique. Steinmetz (1999) acknowledges Weber’s influential concept of rationality and its linkage with the state.

However, he criticizes Weber's repeated descriptions of "the modern European style of state as technically superior and rational, with no qualifier" (Steinmetz, 1999, p. 16), noting that "One might also counter that formal or instrumental rationality is itself simply another form of culture" (ibid), and remarking further on the necessity of situating "social practices and objects such as states or state officials...in specific historic and cultural settings" (p. 23). Weber's binary of rational, non-cultural, modern and Western opposed to premodern or "Oriental" states has proved very pervasive in subsequent thought, and Steinmetz documents a significant body of neo-Weberian work which "reinforced this tendency to understand Western states as basically rational and non-Western states as embedded within exotic cultural systems" (Edelman 1995, in Steinmetz, 1999, p. 17). This same binary informs the entire credential recognition process which the nurses described in this project, and foreign-educated professionals in general have to undergo if they wish to practice their profession in Canada.

The creation of an elite group of experts through extensive credentialing and education systems is an instance where status, prestige and power are channelled through modern societies. These procedures are themselves maintained and reproduced by increasingly complex and opaque bureaucracies. Pierre Bourdieu analyses the role of the state in the maintenance of this "scholarly aristocracy" (Bourdieu, 1999, p. 29). The state recognizes the credentials of this new nobility, guarantees its reproduction, and legitimates their claims to "dominate the state" (ibid). Developing the terminology of social capital, Bourdieu argues that the state thus develops its own forms of "capital":

...the state actually represents the culmination of a long process of concentrating the diverse types of capital. The state thus emerges over time as the superordinate classifier, underwriting the values of all other fields and transforming their specific forms of capital into legitimate, 'symbolic' capital. (ibid)

Bourdieu takes his argument further: the state is not only concerned with the legitimation and reproduction of experts through the ratification of their “capital”. In fact, “the state ratifies the value, indeed the very existence of social relations or events of such as marriages, births, accidents, and illnesses, making such events undergo ‘a veritable ontological promotion, a transmutation, a change of nature or essence’” (ibid). State actors are not simple registrars, charged with the inscription and “writing up” of certain social events of interest. Rather, registration via the state imbues these events with social significance and acceptance. In the case of foreign-trained nurses moving to Canada, state institutions ratify their “capital”, i.e. their professional education and experience, before allowing them to practice as professionals.

The concept of “legibility” is manifested in the experiences described in this research. Legibility refers to the function of the modern state to write out what is known, measurable, quantifiable, and describable regarding the population under its governance. James Scott (1998) explores this concept by providing various instances of modern states “reading” previously opaque or obscure communities and recording their vital facts -vital as determined by their usefulness to the ruling classes- through increasingly sophisticated techniques. I will be discussing immigration and professional recognition policies as instances where the state deploys sophisticated techniques to “read” foreign-trained professionals as they move from one country to another. Scott is also interested in how these processes of legibility affect the power relations between the governed and their governors: “An illegible society, then, is a hindrance to any effective intervention by the state, whether the purpose of that intervention is plunder or public welfare” (Scott, 1999, p. 78). Modern statehood requires:



A thoroughly legible society [which] eliminates local monopolies of information and creates a kind of national transparency through the uniformity of codes, identities, statistics, regulations and measures. At the same time it is likely to create new positional advantages for those at the apex who have the knowledge and access to easily decipher the new state-created format (ibid).

Within the complex world of licensing foreign professionals in general, and nurses in particular in Canada, I will document the push towards national transparency which intends to eliminate or reduce the power of local monopolies represented by provincial stakeholders. Professional gatekeepers, operating both nationally and provincially, are readily seen to hold valuable knowledge and access and thus can be considered at the apex of the process of gaining recognition and qualifications. Making foreign nurses “legible”, that is measuring, evaluating and qualifying their credentials, turning their knowledge from what is unknown to what is known in the Canadian system, is a long, arduous process. Furthermore, it is merely one step in the even longer and more arduous process of turning temporary workers into citizens. This transition takes place both subjectively in terms of their emotions of attachment and belonging, and also politically, in terms of obtaining the legal status of citizenship and all the rights and responsibilities it entails, all of which is closely monitored and controlled by several state and state-backed agencies.

The ability to work as a skilled professional and in accordance with one’s skills and education should be considered as a significant, fundamental step of settling in Canada and working towards a more permanent status in the country. Thus statehood, professional aspirations and belonging are connected. Writing of the integration experiences of highly-skilled professionals in Canada, Sevgur (2014) concludes that:

...one common motive for immigration, and common factor for immigration for successful settlement are...to be involved with their profession or job in a meaningful

manner. In fact, it can be concluded that this constituted the heart of the subjective dimension of citizenship for these [highly-skilled] immigrants and helped in the formation of a sense of belonging to Canada (p.275).

In Saam's experience, recounted above, I note the same intertwining of professional aspirations and stable employment commensurate with his education and experience with the sense of belonging and settling in Halifax. Thus, state policies, through "ratification" of the professional education and experience of immigrants, facilitate their ability to become citizens.

Philip Abrams (1988) also critiques Weberian analysis of the state in a manner relevant to this research. He interrogates the notion of the "state" as a distinct political entity separate from "society", which he argues is Weber's legacy, and states that the consequences of such readings is a masking of the "hidden reality of politics, a backstage institutionalisation of political power behind the onstage agencies of government; that power effectively resists discovery;" (p. 114). In other words, the state not only obfuscates the power hierarchies that structure society, it also defies attempts to unmask and study it. Abrams notes Marx's dictum that the single most common characteristic of the state "is that it constitutes the 'illusory common interest' of a society; the crucial word being 'illusory'" (p. 115). The conceptual separation of state and society leads to a focus on the mechanism through which unprivileged or "quiescent" populations gain presence and voice in the political arena, and takes the state and state power for granted, and "not as part of the problem to be investigated" (p.116). Abrams concludes that the state is an "ideological thing...a device in terms of which subjection is legitimated" (p. 117), and thus the study of state should be nothing more or less than an unmasking of this ideology: "The state, in sum, is a bid to elicit support for the insupportable or the tolerance of the intolerable by presenting them as something other than themselves, namely legitimate,

disinterested domination.” (p. 122). In this process, state agencies, most importantly the administrative, judicial and educational ones that have come into being through quite specific historical processes of subjugation are charged with the function of constructing and “cleanly” presenting a common interest. These agencies not only appear disassociated from those historic processes of their creation, but also cover them. Furthermore, they also cover or “mask” class, sectional and factional interests and conflicts in their quest to present this “integrated expression of common interest” (ibid). In studying the various agencies involved with the movement and work of temporary foreign nurses, I note a similar “masking” of power and “clean” presentation of common interests by the agencies, which belies the struggles, the frustrations and the skewed power dynamics experienced by the nurses. These agencies present the “legitimizing discourse” of statehood in clear, user-friendly narratives on their websites, as I shall discuss in greater detail in the next chapter.

The concept of “legitimizing discourses” is thus offered by states and their agencies to make the current state of affairs to appear natural, normal, rational, desirable and inevitable. Simultaneously, these discourses mask classed/gendered/racialized inequalities and the skewed power dynamics in the encounters between marginalized people who are the subject of such state discourses and the practices and policies resulting from these discourses. This leads to the key concept of ideology and the role of the state in producing and disseminating a certain framework of values, beliefs, norms and standards of behaviour, generally in a culturally-loaded manner to the subjects under their governance.

### **3.2 THE PRODUCTION OF IDEOLOGY, OR WHY IT IS GOOD TO WORK IN THIS WAY**

Since scholars conceived of society as an entity governed and managed by the state, roughly around the time Weber was writing, the production and dissemination of a set of ideas and beliefs in order to maintain, normalize (and sometimes, valorize) class relations and the dominant modes of economic and labour activity in society has captured attention. Karl Marx and Friedrich Engels in their writings, later published in 1932 under the title “*The German Ideology*” put forward the basic, and at the time revolutionary idea that all our beliefs, ideas, values and so on rise forth from the material conditions of our existence:

The production of ideas, of conceptions, of consciousness, is at first directly interwoven with the material activity and the material intercourse of men, the language of real life. Conceiving, thinking, the mental intercourse of men, appear at this stage as the direct efflux of their material behaviour. The same applies to mental production as expressed in the language of politics, laws, morality, religion, metaphysics, etc., of a people. Men are the producers of their conceptions, ideas, etc. – real, active men, as they are conditioned by a definite development of their productive forces and of the intercourse corresponding to these, up to its furthest forms (Marx and Engels, [1845]1932).

Since these material conditions are primarily controlled by a group of elite and privileged people, it follows that the main ideas shaping and informing the dominant and accepted modes of thoughts is also under their control. Also, they are the only ones who have time to do so! “... inside this [ruling class] one part appears as the thinkers of the class (its active, conceptive ideologists who make the perfecting of the illusion of class about itself their chief source of livelihood)”. Whereas the attitudes of the “other class”- i.e. the workers - are more “passive and receptive, because they are in reality the active members of this class and have less time to make up illusions and ideas about themselves” (ibid). Further on they comment that each class represents its interests as the

“common interest of all members of society... and represent them as the only rational, universally valid ones”.

The conception of ideology perpetuated under the guise of rationality as expounded by Marx and Engels opened the way for debate about the ways in which ideas and beliefs are propagated and used to uphold and justify economic modes of activity. It helps explain how workers are motivated or propelled into choosing to undertake certain forms of labour and how these motivations are cast as rational or objective decisions. Accordingly, in terms related to this research, the ideological component of the state policies with which Saam and his peers are engaged, and the values and beliefs which inform and shape these engagements form a key part of the discussion, which challenges the “passive and receptive” comment by Marx and Engels in relation to working classes. Thus, despite its interest and significance, the Marxist concept of ideology remains open to criticism.

Raymond Williams, who has placed a large part in popularizing ideology to the English-speaking world, argues that the discussion on ideology offered by Marx and Engels is vague, in that it “hovers between ‘a system of beliefs characteristic of a certain class’ and ‘a system of illusory beliefs -false ideas or false consciousness – which can be contrasted with true or scientific knowledge’” (Williams, 1977, p. 66). Certainly, for the purposes of this research, I would not argue that global nurses such as Saam journeying around the world are suffering from “false consciousness” regarding the beliefs that motivate them, any more than they could be labelled “passive and receptive”. As I will subsequently demonstrate in my discussion of their interviews, they have a strong consciousness of the “unfairness” and inequality inherent in their situation that cannot be

dismissed as “false”. However, the term “false consciousness” draws attention to the belief system which allows the agencies involved in movement and work to construct their regulatory and oversight processes as rational and desirable, divorced from global and structural inequality which pattern the experiences of negotiating these processes. Williams further states that ideology has more commonly come to be associated with any set of beliefs characteristic of a particular class (p. 69), rather than carrying particular notions of truth or illusion. In this sense, a systematic examination of the beliefs or values which animate a particular class can be said to analyse its ideological components.

In conjunction with and as a counterpoint to ideology, Williams puts forth the concept of “structures of feeling”, distinct from systematic beliefs (1977, pp. 132-133). Structures of feeling go beyond formal, articulated beliefs, rather, they refer to “meanings and values as they are lived and felt, and the relation between these and formal or systematic beliefs”. These relations are “in practice variable, over a range from formal assent to private dissent to the more nuanced interaction between selected and interpreted beliefs and... experiences”. He clarifies further:

We are talking about characteristic elements of impulse, restraints, and tone; specifically affective elements of consciousness and relationships: not feeling against thought, but thought as felt and feeling as thought: practical consciousness of the present kind. We are then defining these elements as a structure: as ‘a set’, with specific internal relations, at once interlocking and in tension. Yet we are defining a social experience which is still *in process*, often indeed not yet recognized as social but taken to be private, idiosyncratic, and even isolating, but which in analysis... has its emergent, connecting and dominant characteristics, indeed its specific hierarchies (p. 132).

In terms of this research, my interviews explore such structures of feeling, juxtaposed against the state-maintained ideologies of global work, of immigration, of multiculturalism, of labour protection, of professionalism. The “thought”, “felt” experience and consciousness of encountering these ideologies is the fundamental

component of my dissertation. Using the theoretical lens provided by Williams, the affective states described here are understood not as idiosyncratic or isolated emotions, but as structured ‘sets’ of feeling, produced systematically and processually through their navigation of, and entanglement with specific policies, which themselves are product of specific ideologies.

The concept of “structure of feelings” has been fruitfully applied by Deidre McKay (2006) in her ethnographic study of returning Filipino migrants. McKay notes that Williams used this phrase to mark the

frames of interpretation that emerge from economic relations, the cultures that justify these relations, and forms of resistance to culture and economy that draw on the values underpinning both... [and]... the economic structuring of frames of social interpretation and cultural norms applied to the literary texts of an époque (p. 79).

McKay applies this “to the culturally infused socio-economic understandings people deploy to interpret places and landscapes” (p.79). According to McKay, migrants generate certain structures of feelings regarding place through the economic relations based on their own cultural understandings and norms, and in line with their own needs, expectations, and preferences. Although this dissertation is not directly concerned with the “literary texts of an époque” and its socioeconomic framings, in the classic sense used by Williams and discussed by McKay, I have also engaged in a similarly uncovering of sets of emotions generated through workplace interactions and relations. These emotions may be interpreted within a particular state policy framework which is itself rooted in a particular political economy, and connected to the broader motifs of our “époque” relevant to this study: migration, mobility and movement, and the related issues of integration, alienation, belonging and racialization all experienced and discussed in my interviews.

Kate Crehan, reading both Marx and Engels, and Gramsci, connects ideas, oppression and inequality in the realm of material production and reproduction (2016). Ideas and beliefs not only shaped by this material realm, but are also “embodied in institutions and social practices” and “need to be seen as an inherent part of the material realities of oppression and exploitation”. Gramsci takes from Marx that “basic economic realities are not experienced directly but are always mediated by a network of ‘legal, political, religious, artistic or philosophical – in short, ideological form’” (Marx, 1970, in Crehan, 2016, p. 184). And it is on this ideological terrain that people become conscious of contradictions and tensions in the dominant economic modes of life. Crehan studies the Gramscian connection between ideological forms and economic structures at length and in various contemporary contexts (for example, Occupy Wall Street), noting there is a “complex and dynamic relationship between the two ‘in which precisely material forces are the content and ideologies are the form’” (Gramsci (1971), in Crehan, 2016, p. 184). This Gramscian reading of ideology, then, does not “hover” as Williams put it in his criticism of Marx and Engels above, between either a general system of ideas and beliefs of a particular class, or the illusory belief system used by one class to justify the oppression of the other. Rather, it is a more dynamic relationship based on the realities of economic production and the ideas and beliefs they give rise to, in a historically specific context. Viewed under a Marxian lens, capitalist economic activity cannot escape and is indeed is based on inequality and exploitation, while the ideological “gloss” provides it palatable, articulate system of values and beliefs.

A historically specific example particularly relevant to this research on the ideological processes which facilitate and normalize exploitation can be found in socially



reproductive labour. The performance and organization of the labour involved in social reproduction, that is, rearing children and care-giving more generally, usually takes place outside standard market relations, and is subject to powerful ideological discourses regarding the “natural” role of mothers and women in society. As such, and despite the obvious vital importance of social production for the maintenance and well-being of society, it is either unpaid, or when paid, as demonstrated by Barber and Bryan (2012) in the case of migrant care-workers from the Philippines, subject to such long-running historical and global inequalities that it becomes exploitative. In this particular case, the intersection of ideologized racial and gendered processes which are manifest in the situation of the migrant care-workers result in the devaluation of their labour and their status as migrant workers.

In considering (social) reproduction, Louis Althusser pays close attention to the role of the state in perpetuating specific ideologies to maintain class relations and the modalities by which it does so (1971). He delves deep into the nature of state “apparatuses”, as he calls the complex bureaucratic organizations put in place by the state to “run” society. He considers the state as being responsible for the “management” of the working class while maintaining the interests of capitalists. He starts his line of inquiry by taking on reproduction and ideology. Basically, he asks: what are the conditions which must be in place for the working class to present themselves at the factory gate each morning, ready for work? And the next day, and their children in the next generation? How are the existing relations of production reproduced? In the same spirit, my research asks, what are the conditions which prompt trained nurses to travel across continents, to a new land, with temporary and thus uncertain work and residency conditions? How does it

happen that groups of Indian and Filipino nurses are to be found employed in Nova Scotian nursing homes? How do they “show up” at the door? What are the ideologies, the beliefs and values which frame, validate and promote such movements? What are the pathways that draw them from there to here?

Althusser argues that

labour power requires not only a reproduction of its skills, but also, at the same time, a reproduction of its submission to the ruling ideology for the workers, and a reproduction of the ability to manipulate the ruling ideology correctly for the agents of exploitation and repression...” (pp. 132-3).

In the context of this research, that means nurses in India, the Philippines, Ghana and other countries are receiving the message that it is a good, desirable thing to leave their home countries, pay exorbitant fees and undergo onerous (re)training in order to travel to Canada and nurse Canadians. This is a powerful message, resulting in action via a complicated set-up of agencies and policies. How is this message constructed and delivered?

Althusser discusses two sets of state “apparatuses”: the repressive armies, courts, police and so on, and the ideological, more of concern to this research, such as schools, churches, but also families, communications (what we now call the media), cultural, political and legal. “All ideological State apparatuses, whatever they are, contribute to the same result: the reproduction of the relations of production” (p.154). Each apparatus does so in a way proper to it, directly or indirectly, and Althusser moves on to pay detailed attention to the mechanisms of schools and education and their role in reproducing the working class. However, this does not preclude him from identifying virtually all spheres of social human activity as permeated by ideology: “there is no practice except by and in

an ideology;” (p.170) and following that “there is no ideology except by and for subjects” (ibid). In other words, practically every social activity we undertake, even the mundane such as participating in a sports club, or a simple school day, is a tiny cog in the greater machine which works to create state subjects. In the same spirit, this research identifies certain key ideological discourses maintained and imparted through state and state-like institutions related to migration and to nursing, that work to construct an ideal immigrant and “global nurse”. The scholarly literature has discussed at length the construction of the ideal immigrant, leading to the ideal citizen, variously highlighting aspects of racialization and labour (Barber, 2008; Ong 2006), of political and legal personhood (Abu-Laban and Gabriel, 2002) and gender (Dobrowolsky, 2008) in this construction and transformation. My research contributes an additional layer: that of exploring the construction of the ideal foreign nurse through the ideologies perpetuated by global representations of nursing, nursing schools, immigration agencies, professional and vocational colleges and workplaces. The significance of this ideology to migrant nurses is that it contributes to understanding better the motivations and “structures of feelings” animating their migration and labour choices. With this understanding, we can see how these apparently individual and yet strikingly similar and patterned choices come together to paint a larger representation of the “ideal foreign nurse” and how “she” behaves and makes decisions for her career and family. The ideal foreign nurse has attributes beyond those traditionally associated with nursing; “she” is also a global nurse, mobile, fully able to be accredited to work anywhere required based on the demands of the population and by extension, the demands of the employers, and fully qualified to take up permanent residency and citizenship in her chosen country. She is charged with the responsibility of

caring for both her own (young, growing) family and their future and also the (aging, sick and otherwise vulnerable) citizens of their adopted country.

### **3.3 THE STATE AND GOVERNMENTALITY**

Having covered the literature on the relationship between state and society and the ideological and bureaucratic processes which animate this relationship, I conclude this chapter with a discussion of the concept of “governmentality”. Governmentality presents a critique to the state/society binary discussed above, and the conceptualization of the state as an all-powerful entity. Introducing the concept of “governmentality”, Michel Foucault further develops the idea of the state as responsible for the management and care of the population under its governance further. He expresses criticism of views such as Althusser’s, where the state is “reduced” to a

certain number of functions, such as the development of productive forces and the reproduction of the relations of production, and yet this reductionist vision of the relative importance of the state’s role nevertheless invariably renders it absolutely essential as a target needing to be attacked and a privileged position needing to be occupied (ibid).

Rather, Foucault argues that the state is a “composite reality and mythicized abstraction, whose importance is a lot more limited than many of us think” (ibid). He focuses on the concept of governmentality, or the governance of an increasing population through various modern techniques, such as gathering modern-style demographic statistics, as key “that has permitted the state to survive” (ibid) and to become what it has today. In pre-modern times, the affluence and well-being of the sovereign was the main goal of governance, whereas with the transition to modernity, population and its management have become the “ultimate end of government” (p. 104). The wealth, health, longevity, movements, activities, birth rates, etc. of the population are now prime targets of concern

for governance, all necessitating a “rational and conscious” mode of governance. In this process, the “new science” of political economy was born, studying the “new networks of continuous and multiple relations between population, territory and wealth” (p. 105).

However, Scott (1999) argues that “The state’s increasing concerns with productivity, health, sanitation, education, transportation, mineral resources, grain production, and investment was less an abandonment of the older objectives of statecraft than a broadening and deepening of what those objectives entailed in the modern world” (p. 52). Scott acknowledges a sea-change by the nineteenth century, where “the welfare of the population” was no longer considered simply a matter of national resources “but as an end in itself” (p. 91). This purported change in the purposes of statecraft had a further consequence: “... the discovery of society as a reified object that was separate from the state and that could be scientifically described” (ibid). The new techniques of statistical knowledge allow for the “legibility” of the governed population by state officials. “The scope of [state] interventions were potentially endless. Society became an object that the state might manage and transform with a view towards perfecting it” (p. 92).

The constant permutations of migration scores and credential recognition processes to which the nurses in this study are subject might seem to be an example of such “endless” attempts to perfect. In the next section which describes the policies regulating movement and labour and the recent (at the time of writing) changes to these policies, state officials and agents are seen to be ceaselessly managing and tweaking policies. Ostensibly the purpose of the changes is to improve efficiency of the process and enhance the desirability of these subjects as potential citizens and workers. However they often have uncalculated and potentially deleterious effects on the lives and

livelihoods of those who are the “subjects” of these policies, and create feelings of relentless anxiety and lack of certainty. Although policy-makers claim policies are based on rationality and efficiency, in actuality they often come across as arbitrary and opaque. A Foucauldian lens of constant policy changes would consider such changes as creating the *effect* of governance, deepening the arbitrary, insecure positioning of migrant workers-as-objects-of-governance.

One of the prime examples of “modern governmentality” creating this effect of an external structure imposing order and exercising control over population is modern border-policing (Mitchell, 2002). Noting that even a hundred years ago, such arrangements were non-existent and unimaginable, he lists a whole set of “mundane arrangements” (p. 90) which help to construct the modern nation-state: passports, immigration officers, barbed wires, inspections and so on. Gregory Feldman’s “thick” ethnography of the migration apparatus in Europe gives a close account of the contemporary version of these arrangements and how they are formed by European policy-making (2012). He discusses how policies problematize and objectify migration and migrants, noting that “the migrant is not the policy officials’ primary interest qua policy makers but rather is the object of the political economy that their policy efforts serve” (p. 8).

My research draws on these arguments on the appearance of a unified state, where temporary foreign nurses are “objects” of a particular healthcare political economy and a particular migration and work regime. As such, the conditions of their movement and work is closely regulated, often with employers, migration consultants, recruitment

agents, vocational colleges officers and licensing and language skill examiners acting de facto as state agents, rendering the foreign nurse “legible”, “know-able” to the state.

In a series of lectures delivered through 1970-75 and published under the title “Society Must be Defended”, Foucault remarks on the plurality of the “apparatuses” of domination, and the “multiple subjugations” which citizens undergo. In doing so, he gets at this confusing multiplicity of modern bureaucracies and agencies, and their convergence towards, or conversely, their negation of each other. It is not therefore simply a matter of asking how or why subjects behave in the ways they do, or indeed “by what right they can agree to being subjugated”. Rather our task is to

reveal relations of domination, and to allow them to assert themselves in their multiplicity, their differences, their specificity, or their reversibility: we should not be looking for a sort of sovereignty from which powers spring, but showing how the various operators of domination support one another, relate to one another, at how they converge and reinforce each other in some cases, and negate or strive to annul one another in other cases” (Foucault, [1976]2003) p. 45).

Later on, he encourages the reader who is considering this plurality of apparatuses of domination to “identify the technical instruments that guarantee that they function (ibid, p. 46).

If Foucault and Althusser can conceive of elementary schools and sports club as various “apparatuses” engaged in the subjugation of citizenry and the creation of subjects, it is no far stretch of the imagination to cast immigration government agencies, nursing schools and licensing bodies in the same light. As Foucault says, it is not a matter of eliciting responses from people on how or why they are being subjugated, rather, it is up to the researcher to analyse how these “apparatus” interact and create effects on people, and how their relations work together or against each other, to produce certain kinds of behaviours, structural effects, feelings and patterns. This is not to deny individual agency:

anthropological fieldwork opens up the terrain where people express their consciousness of, and engagement with these apparatuses of domination, in creative, “nimble” and unique ways. As remarked by Barber and Lem (2012), anthropological political economy can illuminate “the increasing complexity of...migrants' lives” (p. 5). And indeed, taking the interviews of my research in their entirety, they cohere together to form a sort of what Foucault would call a “counterdiscourse” or “counterhistory” (1976, pp. 69-71), to the formal and dominant ideology of citizenship, labour migration and global nursing emanating from those official apparatuses, a counterdiscourse which questions, modifies, critiques and protests, sometimes cautiously and tactfully, but not always so.

Jørgen Bærenholdt (2013) takes the Foucauldian notion of “governmentality” describing the relationship of state and society and applies it to the renewed scholarly attention paid to geographical movements under the rubric of the “new mobility turn”, creating the portmanteau “governmobility”. Bærenholdt recalls Foucault’s discussion of the how the state moves from the exertion of sovereign power for safeguarding frontiers “to a much wider pact with the population as such...The notion of biopolitics addresses how government increasingly came to deal with the regulation and self-government of people’s bodies, sexuality and reproduction” (p. 24).

The rationality of power became one of how the population itself could take part in defending society against whatever kinds of threats which were defined as anti-social, not only war but also environmental problems, hazards, diseases and antisocial behaviour. However, these power relations among people were not only defensive but also enabling, providing the possibilities of the flows and fluids so central to the whole economy of society (ibid).

Seen under this light, it is possible to conceive of the movement of foreign nurses to Canada as an instance of “flow” prompted and managed by states for the “care” of their



population. Western societies are commonly “threatened” by an aging populace and a shortage of skilled workers to care for this populace. Thus, the complicated bureaucratic machinery set up to monitor and regulate the movement of foreign nurses to, and their work in Canada may be theorized as an instance of states “caring” for their populations, albeit in the context of a neoliberalized migration, labour and healthcare regimes.

Governmentality, then, “describes a situation where the regulation of mobilities are internalized in people’s mobile practices” (p. 29):

... governmentality works through bodily, technological and institutional forms of self-government, which are enacted relationally and embedded in systems....governmentality works through objects and relations in an era where the Internet, mobile phones and very many other information and communication technologies are embedded everywhere (ibid).

Bærenholdt’s description might be applied to the situation of foreign nurses, who cannily use a variety of technologies in order embed themselves, and take advantage of a number of systems operating at bodily/technological/institutional levels. Their “mobile practices” are closely regulated, their mobilities are “mobilized” via a specific, carefully-constructed ideological framework, all operating towards the “care” of Canadian society, both short-term and long-term. Short-term, in terms of providing their immediate skills and knowledge as they practice their chosen profession in caring for the elderly and infirm, and long-term, as they transition from temporary workers into permanent residents and citizens, establishing roots, bringing over family members, marrying, giving birth, working towards a secure, stable future as they provide for future population needs.

Having established the theoretical roots of the connection between state governance and the movement and work of people, I will next proceed to examine the relevant literature on migration and labour, followed by a discussion of the broader

mobilities discourse and scholarship. After that, I turn to the literature specifically on healthcare migration, global care chains and the role of state in ordering healthcare professionals.

## **CHAPTER FOUR: LABOUR, MIGRATION AND MOBILITY UNDER GLOBALIZED CAPITALISM**

### **4.1 LABOUR, CLASS AND GLOBAL MOVEMENTS**

This chapter examines the migration literature which focuses on cross-border movements of workers within the context of a globalized capitalist economy. How labour is constructed and valued affects the treatment of workers as they move across borders. Thus I start with Marxian insights regarding the socially constructed nature of labour and its reproduction through the established arrangements of power. Given the close linkage between the Marxian categories of labour and class, I will further discuss the literature which considers the anthropological interpretation of class.

Marx argues that in societies that implement a capitalist mode of production, where our needs and wants are produced as commodities available for exchange on the “free market”, labour itself becomes as a commodity, that is, subject to market exchange. However, the conditions which determine the value of this commodity and its subsequent “exchange” are extremely detrimental to the labourer:

Capitalist production, therefore, of itself produces the separation between labour-power and the means of labour. It thereby reproduces and perpetuates the condition for exploiting the labourer. It incessantly forces him to sell his labour power in order to live, and enables the capitalist to purchase labour power in order that he may enrich himself. (Marx and Engels, 1962, p. 292).

Marx’s insight sets the theoretical stage for anthropological inquiries into how the lived experiences of this exploitation are shaped, while outlining the process through

which social classes are formed: a certain socio-political process of commodity-production gives rise to the formation of classes, the members of which “confront each other in the market as buyer and seller” (ibid). It is important to note that this confrontation does not take place under conditions of equality and mutual benefit, and the exchange of labour-power for the means of survival is not one freely undertaken. A subsequent concept deriving from this construction of labour is that of alienation: Marx argues that workers, “forced” to work for survival while making apparently “free” choices to enter the market place, become alienated: from themselves, from the commodity they are producing, and from each other (Marx [1975] (2012)). To juxtapose the concept of alienation with that of belonging, a much-studied concept especially in the field of migration studies (for example, see Yuval-Davis, 2006, 2011; Preston, Siemiatycki, and Kobayashi, 2007; Ho, 2009) yields a potentially fruitful line of inquiry. Belonging operates as the semantic binary opposite to alienation. In exploring the impact of policy on the feelings and experiences of foreign nurses, my research subsequently raises questions on whether and how such policies cause feelings of alienation or conversely, whether they which foster a sense of belonging.

For the purposes of this research, Resnick and Wolff (2006) apply Marx’s concept of class-driven labour relations to post-industrial, service-based economies. They define a “subsumed class process”, both extending and reproducing the classic Marxian categories of labourer and capitalist: “As the fundamental class process encompasses the performers and appropriators of surplus labour, the subsumed class process encompasses the distributors and the recipients of appropriated surplus” (p. 79). State functionaries in capitalist societies are constituents of subsumed class process. They receive distributed

shares of surplus labour (taxes), in order to perform various processes necessary to the reproduction and maintenance of fundamental class processes. Education is the example provided by Resnick and Wolff, however, I argue that labour migration and healthcare are also examples of where the subsumed class process takes place. In our modern capitalist societies, both labour migration and healthcare are administered by the state in order to secure “a condition of existence of the fundamental class process, namely a supply of capable workers” (p. 77). Temporary foreign workers would constitute an example both of a “subsumed class” and a “supply of capable workers”, as their movement and their work conditions are animated and regulated closely by a series of international, state and provincial level policies, and, as will be discussed below, their transnational movements take place in accordance to class patterns in both their country of origin and country of migration.

Resnick and Wolff recommend the teasing out of gendered and not just classed processes in the study of social sites, be it family or workplace. They define gendered processes as “cultural or ideological processes... the process of defining one specific difference between people –literally what it means to be male or female- and distributing such meanings socially” (p.160). The meanings, expectations, and social roles associated with each gender shape labour experiences: “Indeed, how people produce, appropriate and distribute surplus labour depends on—and helps to determine—how they produce, distribute and receive definitions of what it means to be male and female” (p. 161). Of particular interest to this thesis is the fact that care-taking and nursing have been and remain populated by women and hence the association between femaleness and these professions is particularly strong. Thus, exploring the gendered dimensions of nursing by

temporary foreign workers, and the influence of gender in their work experiences proves to be a fruitful line of inquiry.

An anthropological interpretation of the category of class, such as the one used in this research, studies the social patterns and relations formed through the conditions of labour in contemporary societies. For example, Crehan (2000) uses the category of “class” to refer to “the patterns of inequality formed through the organization of production and distribution of resources and products at any given place and time” (p. 194). Class is not, therefore, simply one of several factors of inequality, others being nationalism, ethnicity, age etc. Rather, it is the mode through which systematic patterns of inequality are gendered, ethnicized, racialized etc. Crehan uses the contribution of feminist scholarship which demonstrates the extremely gendered processes in capitalist class formations (for example, Mackintosh, 1988; Harris, 1988) to validate her point.

Kalb (2015) also pursues an anthropological understanding of class, resisting attempts to reduce class to merely another personal socioeconomic attribute such as gender, race or income, which he argues is taking place in contemporary social sciences. He argues for a resurgence of class as a category of study in anthropology, as a form of critique of the dominant capitalist modes of production and reproduction.

Capitalism, states Kalb, has become identified with modernity, through a set of legal, rational institutions and frameworks, notions that I explored above through a Weberian lens. An examination of class through the framework of anthropological political economy challenges this rationality, since it postulates capitalism as:

a dynamic bundle of contradictory but interdependent, spatialized social relationships of inequality, power and extraction, and the mythologies that are associated with them. It is

these social relationships that underpin the anthropological notion of capitalism as simultaneously a mode of production, a mode of accumulation, a mode of social reproduction, a mode of the production of space, a mode of being and a mode of becoming. It is precisely those relations that historically came to be summarized by the idea of class. Class, then, is a generic name for this bundle of unstable, uneven, contradictory and antagonistic relational interdependences... (p. 14).

Thus, class is not just the contractual terms between employer and employee, and refers to more than the unequal distribution of resources amongst various social groups of people. Rather, anthropologists need to examine the “set of global, uneven, social and geographic power balances, surrounded by an array of unevenly assembled myths, ideologies and practices of individualism, temporal salvation (“progress”), space making (“development,” “globalization”) and the like” (ibid). Anthropological research conducted along these lines examine the webs and networks of social relations which are sometimes conflictual and antagonistic, other times collaborative and effective. Class is not a given, predefined positionality, but rather, refers to “people’s shifting historical, situated and antagonistic social interdependences” (p. 6). These are the contours drawn out by this research: rather than pigeon-holing nurses into fuzzily-defined yet rigid nomenclatures such “lower middle-class” or “upper working class”, it focuses on the fluid social relations and connections being developed whilst on the move and in the workplace and the structural impact of policies on these relations, as well as their experience of them.

Having established the construction of labour under capitalism with particular attention to its classed and gendered dimension, I now turn to consider scholarly work on the movement of labour and class. Eric Wolf (1982) traces the historic and geographic movement of labour in response to the demands of capital across Europe and North America while highlighting the cunning fragmentation of labour across lines of

nationality and skill in order to better serve the needs of capital accumulation. This tracing is foregrounded in global capitalistic holistic “system”, which has been drawing and continues to draw boundaries around working class populations of diverse social and cultural backgrounds based on the demands of labour markets. He describes how working classes in various industries and countries became splintered along both ethnic and skilled/unskilled lines, in the process exploring how race was constructed and replaced ethnicity, all working to the advantage of the processes of capital accumulation. Working classes maintain hierarchies based not only on who comes from where, but also who does what. These differences work as obstacles against working classes’ ability to demand better working conditions for themselves, while also devaluing labour. The devaluing of labour under capitalist production regimes through de-skilling has been long observed (for example, see Braverman, 1975), and it has been shown to exist with particular force in caregiving and nursing professions, where it ties in with gendered stereotypes regarding the “feminine” nature of caring (Barber and Bryan, 2012; Pratt, 2012). This research, in turn, draws attention to uneasy relations between domestic and foreign workers particularly when it comes to questions of labour solidarity and unionization.

Nancy Hartsock (2006) argues convincingly that the current political and economical regime of flexible accumulation is gendered, as “it involves highly differential treatment of women and men” (p. 177). For women are “differently” connected to the market: they are both internal to the processes of capital accumulation, and external to it, responsible as they are for the greater part of social reproduction. Thus, Hartsock argues for an understanding of global political economy that is not rigidly



“economist” and class-based (and from which, by implication, women are removed), but one which embraces the different structural positioning brought about by gender.

Meanwhile, the fragmentation of labour along racial lines has been documented more recently amongst agricultural temporary foreign workers in contemporary Canada (for example, Binford, 2013). This work demonstrates the racialized thinking that goes into the allocation of the labour, describing how farmers feel certain nationalities are somehow innately better at picking apples or other agricultural tasks than others, and more insidiously, how the workers themselves feed into these beliefs in an attempt to please their employers who hold the power of deportation and residency over them. In other words:

In the drive toward deregulation of business practices, neoliberal governments have been reticent to ... establish or enforce checks and balances necessary for the human rights of temporary foreign workers, whose numbers, poverty and desperation render them facile victims of abuse and superexploitation and who are easily discarded and replaced when they protest. (Binford, 2013, p. 191)

When discussing the interviews, I will show that even though foreign nurses cannot be labeled as desperate and poor in the same manner applied to agricultural workers, yet the policies governing the condition of their movement and work places them in similarly vulnerable positions vis-à-vis their employers and labour protection more generally. Despite this, the nurses demonstrate a certain amount of agility and resourcefulness in negotiating the structurally-imposed vulnerability inherent in their situation.

Michel-Rolph Trouillot (2001) addresses the fact that labour markets remain differentiated and fragmented along racial and national lines as a critique of celebratory accounts of globalization, remarking that “only at a lower level, that of consumer

products, is the global economy moving, at great speed, toward a single integrated market” (p.129). He expands this idea of the worldwide consumerism to the “global production of desire” (ibid), encompassing a kind of global cultural capital held up as a homogenous aspirational model, to which we are all subject. This, I argue, is linked to the trope of the “search for a better life”, which provides the motivational and ideological framework, in the sense that it encapsulates a set of forceful, driving beliefs and values for so many stories of migration and movement.

Wolf points out that it is not always the case that labour will automatically follow capital, since labour has its own constraints, and that movements can precede rather than follow a surge of economic activity. “Nevertheless, capitalism has generally found labourers where and when it needed them...” (Wolf, 1982, p. 361). A body of scholarly work has subsequently studied the sociopolitical consequences of labour migration in developed countries, specifically from the global South to the North (for example, Castles and Miller, 1993; Cohen, 2006). These studies identify challenges to the integration of labour migrants in their host communities, most prominently ongoing racialization and exclusion from mainstream society.

Glick Schiller (2012) notes the connection between the marginalization of foreigners in developed societies and the processes of withdrawal of public funding and state services, which will be discussed in the particular case of the healthcare industry below. In her critique of what she calls “methodological nationalism” she comments:

The reconstitution of capital disrupts previous arrangements of power and structures new relationships of production, reproduction of labour, distribution and consumption that extend into other localities (p. 44).

By methodological nationalism, she refers to the “ideological orientation that approaches the study of social and historical processes as if they were contained within the borders of individual nation-states” (p. 41). This indirectly feeds into nationalistic ideologies which assign primary value to our nationalist identity, pitting migrants and natives against each other, and maintains “ethnic communities” commensurate with a nation-state as the primary unit of analysis in migration research.

Eschewing methodological nationalism, my research will draw on the concept of transnationalism to capture the experiences of migrants moving through social spaces, as developed by Basch, Glick Schiller and Szanton Blanc (1992). Transnationalism does not reject global political economy and its impact on migration, rather it seeks to move beyond it: “Migrants are indeed the providers of labour power for capitalist production in a world economy, but they are at the same time political and social actors” (p. 12). Basch *et al* emphasize the agency of migrants as individual actors, which is highlighted through their ethnographic studies. My study extends their critique against methodological nationalism, by advancing the concept of “methodological categorism”. Scholarly studies on migration not only often seem to take national borders as the primary containment unit and defining feature of migrants, they also have a tendency to follow the strict categorization assigned to migrants through formal immigration streams. I note that the manner of entry into a country does not only immediately impact the types of rights and protections afforded to the migrant from a policy perspective, it will also affect the representation of the migrant within scholarly and media discourse. Thus a “Filipina caregiver entering under the Temporary Foreign Worker programme”; an “Indian nurse entering through the Federal Skilled Worker programme”; a “Ghanaian nurse entering as

International Student” all evoke distinct representations not just regarding their nationality, but their socioeconomic backgrounds and class identities, positions and movements. By highlighting the agility and resourcefulness of the nurses as they monitor and navigate these different bureaucratic categories or “streams” in order to find the right one at the right time, my study shows that these bureaucratic categorizations are simultaneously very powerful, in terms of determining the rights and legal status afforded to the entrants based on their entrance category. At the same time, they are also malleable. They are by no means some sort of rigid, all-encompassing and final label which ultimately define immigrant social identity and positioning.

The fluidity and overlap of migration categories has been studied extensively in a collected edition under the rubrics of “non-citizenship” and “precarity” (Goldring and Landolt, 2013). These scholars argue that the categories of non-citizenship, comprising nebulous arrangements of both legal and illegal statuses such as permanent residence, temporary work permits, study permits, refugee statuses, have been studied as conceptually independent, with scant attention to the “coherence and connections among these diverse forms of non-citizenship” (p. 5). In effect, studies of precarious migrants and non-citizens have reproduced the sharp and rigid bureaucratic distinctions, and remained bounded by them. “Categories of legal status and their boundaries are assumed to be given and fixed” (p. 11). In contrast, Goldring and Landolt call for a research agenda which clarifies the complexities and the “institutional connections” (p. 6) between the various forms of precarious migration and non-citizenship. Such research must analyse the production, negotiation and contestations of these diverse forms, considering the long-term effects of their precarity on different social actors and institutions (p. 6).

They conceptualize an emerging model of immigration and its associated (il)legal statuses which focuses on:

Immigration policies and variously positioned actors, including but not limited to policy-makers, front-line workers and their agencies, lawyers, employers, teachers and schools, doctors in their work settings, migrants and their friends and co-workers, who together contribute to moving migrants along their legal status trajectories. The trajectories follow pathways generated by policy practice, but they increasingly start from various entry points, and are also altered by institutions and actors... that can illegalize, irregularize, or keep people churning through various forms of precarious status (p. 17).

Such a conceptual framing will draw attention to the “social production, and the effects of vulnerabilities structured through state policies, employer practices, or interactions with other actors (e.g. landlords)” (p. 22). These structured vulnerabilities may impact various aspects of the daily life as well as future prospects, such as health, career development, housing and so on. In sum, Goldring and Landolt argue that precarious statuses, such as the ones examined in this research, are the product of deliberate policies which set boundaries and conditions on the terms of their status. This in turn affects migrants with precarious status and their interactions with other social institutions and actors across a variety of dimensions, causing difficulties and challenges specifically associated with living with precarious status (p. 22-3).

This research is in line with this conceptual model outlined above, in that it avoids methodological categorization and takes a comprehensive approach to precarious status. It does not confine itself to studying the trajectories of nurses who have entered through one particular administrative immigration stream only. My research also closely examines the policies which “produce and reproduce” the migration precarity. Added to this, I explore the “structures of feelings” created through these policies in connection with the social actors and institutions named above, and those closely involved with the

employment sector of the participants, namely unions and professional licensing bodies. However, I also examine more closely the link between precarious migration and precarious labour which affects both domestic and foreign workers.

Precarious migration is, at one level, certainly the outcome or result of policies put in place which enable migration under conditional and precarious circumstances. But at a deeper level, as discussed above, it is the result of an ideology associated with global capitalism and the priority of market profit and capital accumulation over human well-being and development, commonly discussed under the shorthand “neoliberalism”, which has led to unstable, precarious livelihoods worldwide. Precarious migration is the inexorable consequence of the spread of precarious labour both in Canada, locally, and more generally, at the global level.

Focusing on the healthcare sector, where this research takes place, healthcare restructuring or the influence of neoliberal ideology in the healthcare sector at both the national and international levels has been associated with the increase in precarious nursing and care labour in this sector, which in turn has led to the rise of precarious nurse migrants. On the ground, the nurses interviewed for this research describe at length their uneasy relations with local workers and their peers, relations often experienced in racialized ways and based on cliché ethnic stereotypes. It is simplistic to dismiss such relations and categorize them as “racist”, since deeper analysis shows such racialized relations are uneasy manifestations of a tense, competitive and precarious labour landscape, where both local and foreign workers need to struggle for stable, secure and fulfilling livelihoods.

## 4.2 MOBILITY, COMPLEXITY AND “SYSTEM-NESS”: READING THE NEW COMPLEXITY TURN

But I think we should agree that there would be something artificial, something a little too conscious, about a community of people with strong local feeling, all of whom had come from somewhere else... On the whole, it would appear to be the best for the great majority of human beings should go on living in the place they were born (T.S. Eliot, 1948, in Cresswell, 2006).

Tim Cresswell uses this quote above from the famed British poet to bolster his argument that mobility was traditionally considered a form of society deviance: the norm was to be sedentary, which was equivalent to stability, reliability and adherence to society. He further discusses how far attitudes toward geographic movement and mobility have changed since Eliot. In 1994, British geographer Nigel Thrift, considering the effects of modern technologies on our lives, wrote “...we now live in an almost/not quite world- a world of almost/not quite subjects; almost/not quite selves; almost/not quite spaces; and almost/not quite times – which has become one of the chief concerns of contemporary experience and social theory” (Thrift, 1996, p. 192). “Almost/not quite” is a poetic and yet accurate way of thinking about foreign nurses: they are trained as nurses in their home country, but they work as “almost-nurses” in Canada, as care assistants, as they struggle to obtain professional recognition. And because their residence in Canada is conditional on a variety of work permits and visas, they are almost permanent residents, but not quite. Once they gain permanent residents, they are almost citizens, but not quite. But the “almost/not quite” feeling does not end with citizenship: modern migration sometimes feels like a continuous “almost/not quite” project as people struggle across borders to settle and make new homes in communities where they might almost feel at home, but not quite. And meanwhile, taking full advantage of modern technologies to connect and “chat” constantly with families and friends in other countries, migrants remain “almost, but not quite” connected to each other.

In the same essay, written over 20 years ago, Thrift talks of mobility as an emergent “structure of feeling”. “Structure of feelings”, following Williams (1977), as discussed above, is used to denote the very real, but as yet un-institutionalized, unclassified or unformalized temporal changes in social forms and their impacts on our lived experiences. Thrift applies this term to characterize the “new” or “modern” experiences of rapid movement and communication which he observes, that is yet elusive. But it is fair to say that by the mid-2000s, mobility had become more than a structure of feeling, as it has become evident that the impacts of mobility and accompanying technological advances on the organization of lives and livelihoods has become ever more pronounced, and accordingly, more formalized and institutionalized. And, it must be added, more profitable for those who benefit from these increased mobilities, although who “wins” and who “loses” as the result of these mobilities is far from simple and clear-cut.

John Urry draws attention to the “mobility turn” in social science, indicative of the ways in which mobilities are constitutive of modern life (Urry, 2007, p. 43). In doing so, he critiques the “historical” tendency of much of social science to focus on social structures and fixity and (ibid, p. 6). He further acknowledges the contribution of migration studies to the “mobility turn”.

Urry lists the kind of migration which is the focus of this research as one of the multiple aspects which make up modern mobilities:

...there is mobility in the longer-term sense of migration or other kinds of semi-permanent geographical movement. This is a horizontal sense of being ‘on the move’ and refers especially to moving to a country or continent in search of a ‘better life’... (ibid, p. 8).



The “search for a better life” is one of the consistently recurring themes of this research, almost word for word, cropping up again and again in my interviews. Are Urry and the migrant nurses to whom I talked thinking of the same thing? I will unpack later the hegemonic construct of a “better life” which appears to be such a powerful motivator, for the sake of which nurses are prepared to leave their home countries and communities, undergo long-term separations with close family members and other hardships associated with their movement, all of which they describe in detail. Professional respect, more income, career development, stronger labour protections, brighter future for children- all come up in the interviews as being part and parcel of this “better life” which Urry alludes to does not fully examine here. Many of these nurses have worked in different countries (and different towns in their country of origin) before settling in Halifax, and few are prepared to commit to this place as their final destination, the place where the search for their “better life” can be over. “Ruby”’s ambiguous sentiment regarding the future and whether she intended to stay in Halifax was pretty much echoed across the board:

We have not really made a decision to stay here a long time, but as of now, we [will] stay here [unless]something negative happens. It is much quieter, but maybe a big city like Toronto has more opportunities for kids?

Urry is careful to caution against confusing the fact of mobility with ease: just because people move, does not mean that the movements are facilitated:

I will not assume the movement of bodies is necessarily more rapid and extensive than other global processes... ‘people are less mobile than money, goods or idea, and in that sense they remain ‘nationalized’, dependent upon passports, visas, residence and labour qualifications” (Hirst and Thomson, 1999, quoted in Urry, 2007, p. 10).

Again, these are key themes from my interviews, where participants describe clearly the powerful role of “passports, visas, residence and labour qualifications” in their lived experience of movement to, and work in Halifax.

Reading Georg Simmel, to whom he attributes the impetus for the modern scholarship on mobility, Urry makes a further point on the “system-ness of mobility” (ibid, p. 23). This “system-ness” and complexity in movement is crucial to understanding the experiences of the mobile individual, who is in danger of “becoming ‘a mere cog in an enormous organization of things and powers’” (Simmel, 1997, in Urry, 2007, p. 23). With a nod to Foucault and Scott, discussed above, regarding the “legibility” of populations in order to facilitate their control, Urry notes the increase in complexity to which the mobile individual is subject. He relates this to the heightened sense of insecurity besetting contemporary states and societies: “...the security of states increasingly involves complex control systems of recording, measuring and assessing populations that are intermittently moving (Urry, 2007, p. 50).

The nurses interviewed for this research provide a corrective to a “cog-in-a-machine” view of skilled working migrants who express their motivations and experiences in agentic terms. However, when set against the “enormous” and powerful organizations of government agencies, professional colleges and employers which they all had to deal with, and which continue to impact their lives and livelihoods, the metaphor gains resonance. Indeed, the sheer complexity of the bureaucratic processes that the nurse migrants have to engage in before reaching the “final” dual goals of secure fulfilling employment and stable residency is noteworthy. Their movement to and work in Halifax is predicated on a set of organizations and administrative processes working together, not always, as we shall see, in harmonious or non-conflicting ways, and necessitating close, detailed management or “follow-through”. “Complicated” becomes a key recurring theme of the interviews, justifying the use of Urry’s “complexity ‘structure

of feeling’” (p. 27) as a theoretical tool to better apprehend just what is going on in the field. A complexity ‘structure of feeling’ brings together the various systems and processes which affect and are affected by mobility. The nurses narrate stories of work and migration in which not just race, gender and class, but education, training, culture, regulations, demographics, unions, labour, all intersect in the complex mobility “system-ness” and demand consideration and negotiation.

The final point I wish to extract from Urry and relate to my own work is his emphasis on the inequalities with regards to access to and location within mobility system. He argues that mobility-systems produce inequalities dependent on the “production and consumption of objects relevant to mobility, the nature of civil society, the geographical distribution of people and activities and the particular mobility-systems in play and their form of interdependence” (ibid, p. 51). I would add to his argument that inequalities produce mobility-systems. In the case of the migration of healthcare labour from the global south to north in particular, I will discuss at length the literature that reviews and analyses various instances of this labour as manifestations or symptoms of global inequality (see below). With regards to my interviews, a key related theme of “unfairness” is recurrent. The nurses interviewed for this project do not use the terminology of inequality, local or global, yet are swift to point out the “unfairness” or even the “unluckiness” which they face as they grapple with “the system”.

Tim Cresswell (2006) agrees with Urry in emphasizing the “modern-ness” of mobility and discusses it as “central to modern life” (Cresswell, 2006, p. 20). However, Cresswell’s analysis highlights “the fear and suspicion” associated with modern mobilities (ibid). Mobility is associated with change, modernity is a “perpetual battle

between order and the incessant change which is the condition of modernity” (Balibar, 1995 in Cresswell, 2006, p. 20). Reading from scholars of refugees (Liisa Maalki, 1992) as well as literary critics and poets (T.S. Eliot, 1948; Raymond Williams, 1989), he highlights the “dangerous” connotations of modern mobility- instability, rootlessness, homelessness and even amorality. He argues that our dominant social practice binds up our identities with territories, producing discourse which treats mobility as pathological, a deviance which needs to be remedied (Cresswell, 2006, p. 27). The application of this argument to the experience of global nurses demonstrates interesting tensions. On the one hand, the promise of mobility is a significant blandishment of nursing: potential candidates for nursing schools are enticed with images of global mobility coupled with secure employment, and many interviewees candidly admit that they took up nursing and care work for the potential mobility it offers. That is, mobility is not considered a deviance, but rather an advantage. On the other hand, this attractive mobility leads to a devaluation of those very skills which enable mobility. Foreign nurses are subject to a rigorous regimen of (re)training and (re)education which may or may not lead to a re-establishment of their professional careers in their places of relocation. In other words, their mobility is enabled by their chosen profession of nursing, while simultaneously their knowledge and experience is devalued through mobility. A registered nurse from India is not “worth” as much as an RN in Canada, and should the Indian RN choose to move to Canada, she will lose her RN designation. Should she wish to re-gain her former professional status, she will have to undertake a barrage of trainings, exams and practices designed to prove her equal to her Canadian counterpart. The mobile nurse

moving from a developing to a developed country is thus simultaneously welcomed and disciplined, subject to the confusing message that they are needed, but not trusted.

In casting mobility as antagonistic to a social order often maintained if not actively produced by the state, Cresswell thus reads in mobility a form of resistance to established orders and discipline (ibid, p. 47). Once more, he draws on a rich vein of social theory, including figures such as Michel de Certeau (1984) and Gilles Deleuze and Felix Guattari (1986) who develop poetic renderings of our everyday practices and wanderings. De Certeau associates territories and boundaries with power: it is the powerful who map, classify, categorize, delineate and divide. The “weak” however use tactics to subvert these clear-cut divisions and categories which criss-cross our social spaces. They are “cunning”, taking short-cuts, finding flexible routes, using places to their own ends. His descriptions certainly resonate with the interviewees’ descriptions of their maneuvers as they seek the “easiest” paths- to permanent residency, to RN licensure, to stable employment, to family reunification. Recalling Saam’s descriptions of rapid moves: switching between immigration categories as their “migration scores” and policies shift, moving from one Canadian province to another which requires lower English proficiency testing scores or less competency assessments or faster pathways to permanent residency, moving between employers when one does not support their immigration application, ready to change destinations at a phone call, sometimes within days. They display the same flexibility and agency which I wrote of in my earlier work describing the “toughness” of refugees, not coincidentally also “precarious migrants” (Nourpanah, 2014), the same reluctance to remain in fixed places and assigned bureaucratic categories, the same refusal to accept final dictums as final.

Yet I would hesitate to go as far as ascribing their negotiations as “resistance”. Neither mobile nurses, nor refugees, however fleet-footed, can be precisely called to “resist” the state or the societal system upheld by the state. They do not seek change or provide viable alternatives; although they protest, their protests are tactful and careful. This is the contradiction lying at the heart of their experience: precarious migrants struggle to become part of the society which takes advantage of global inequality to import cheap labour on exploitative terms. And they are aware of the exploitation and the inequality, although using cautious, veiled language to express their frustrations with “unfairness”, even as they seek to overcome it- a phenomenon explored at length through Chapters Eight to Ten.

Cresswell’s discussion of Deleuze and Guattari’s description of the state’s attempt to control “traveling-labourers” is also pertinent to the experience of mobile nurses: “It is not that the state opposes mobility, but that it wishes to control flows, to make them run through conduits. It wants to create fixed and well-directed paths for the movement to flow through” (Cresswell, 2006, p. 49). I have already described at length the scholarly interest in the state’s concern with movement and migration, and will go on to analyse my interviews with regards to the role of states in shaping the experience of global nurses. At this moment, I just wish to note that the quote above describes the attempts of medieval European states to control travelling labourers on cathedral construction sites, whereas I am describing modern states in developed and developing parts of the world imposing regulation and order on the movements of healthcare professionals, yet the similarities are striking. In both accounts, movement is constructed by the state as

something which needs to be ordered, something which requires close control and regulation.

Finally, in this section I examine Ulrich Beck's (1992) exposition of modern life courses, which brings together key themes of mobility, risk-taking, individualization under a Marxian framework in a way which resonates with the experiences of the nurses interviewed for this study. Beck argues that traditional Marxian class analysis remains relevant to modern societies: "income inequalities, the structure of the division of labour, and the basic determinants of wage labour have, after all remained relatively unchanged" (Beck, 1992, p. 92), compared to the earlier era of industrialization and modernization when modern class stratification was just beginning to develop. However, what has changed significantly is the Weberian "attachment to a social class" (ibid), which has become weaker. Our experience of Marxian class structures has changed. This he describes as a dynamic "process of individualization":

For the sake of economic survival, individuals are now compelled to make themselves the center of their own life plans and conduct...[people] demand the right to develop their own perspective on life and to act upon it. However illusory and ideological these claims may turn out to be, they are a reality which cannot be overlooked (p. 92).

Beck goes on to argue that these processes of individualization are products of the labour market: in other words, people experience release from traditional means of classed support (via kinship or neighbourhood networks) and subsequently they need to acquire, offer and apply a variety of sharply honed, individualized work skills in the labour market. Along with this comes "increased wage and consumption dependency" (p. 92). This process of individualization through the labour market has three distinct dimensions, all of which are inherent in the experiences of the participants of this study. These are: education, mobility and competition.

“The educated person becomes the producer of his or her own labour situation, and in this way, of his or her own biography” (p. 92). In this study, the choice of becoming educated as a nurse shapes the entire narrative, enabling movement into Canada and determining workplace and “labour situation”. Formal education is at once highly standardized and highly individualized, providing “individual credentials leading to individualized career opportunities in the labour market” (p. 94).

Mobility is the second dimension of modernized, individualized labour markets. “As soon as people enter the labour market, they experience mobility. They are removed from traditional patterns and arrangements, and unless they are prepared to suffer economic ruin, they are forced to take charge of their own life” (p. 94). Not just global nurses, but across a variety of occupations, social classes, and geographical regions, mobility and the necessity of “following jobs” is emphasized. Uprooting oneself from one’s place of birth and origin networks is expected, desirable and necessary. One may not necessarily face “economic ruin” by remaining in place, but mobility and movement to somewhere else, somewhere better for a “better future” as well as a much-improved present is a constant theme.

Competition is the third and final dimension, compelling people to advertise their uniqueness and individuality in order to gain stronger footing in precarious labour markets. The irony here is that competition is taking place amongst equals who share educational and knowledge backgrounds, skill sets and experiences. The intense gamut of exams, recognition and licensing procedures faced by global nurses is a manifestation of this competition.



In societies marked by such processes of individualization, Beck argues that inequalities do not disappear, they merely become redefined in terms of “individuation of social risks” (p. 100). Social problems are re-cast as individual ones, often in psychological dispositions such as personal inadequacies, guilt feelings, anxieties and conflicts. In the case of this research, I argue that the many hurdles and barriers faced by the participants as part of their journey into Canada and professional recognition in this country is experienced as their individual achievement. Migration becomes a personal risk-taking operation and if they “make” permanent residency and RN here, it is their individual success, and if they do not it is their personal failure. Risk, luck, chance, accident, (mis)fortune and the attendant anxiety and stress are recurrent thematic keywords throughout the interviews.

The “new mobilities turn” scholarship has striking resonance with the experiences recounted by the nurses, as discussed above, and it has a further advantage of broadening my theoretical toolbox, as it situates migration within the broader mobilities paradigm. Thus, I am encouraged to study not “just” the migration of global nurses from sending to receiving, origin to destination country, but also take a more comprehensive account of their geographical movements before and after their arrival to Halifax, as they seek professional development and “better lives”: from their initial movements from home towns and villages to larger university campuses and hospitals, to other countries, to Canada and their interprovincial movements within this country. Who moves, how and why, and to where, and who remains fixed? Sheller and Urry, in developing the framework for mobility studies discussed above, take inspiration from ethnographic migration studies which provide “trenchant critiques of the bounded and static categories

of nation, ethnicity, community, place, and state...” (Sheller and Urry, 2006, p. 211). Indeed, it can be argued that before “mobility” and “mobility studies” became the catchphrase to describe and theoretically study geographical movements of people and the social implications of such movements, migration studies had already developed the foundation for studying them.

#### **4.3 CONCLUDING REMARKS: ANTHROPOLOGICAL STUDY OF STATE EFFECTS**

To conclude this chapter and segue into the discussions of case studies and policies, I have chosen to read Trouillot’s *The Anthropology of the State in the Age of Globalization* (2001). This work proposes using an anthropological lens to bring together key themes regarding the role of the state in determining who can be where, doing what, how and when, in an age of global capital.

Trouillot starts with reminding us of the vivid presence of the government in our daily lives and in particular in our geographical movements, a presence which tends to become unremarkable as it affects millions of “banal” encounters every day, both at international borders, but also within national and regional localities. And yet, there is a curious tension in contemporary conceptualizations of national states: on the one hand, they would seem to be even more powerful and encroaching, while on the other, they appear simultaneously less relevant and effective. In order to understand this tension of power and irrelevance, he suggests these three propositions: first, the “State” has no institutional or geographical fixity; second, state effects are never solely observable in governmental or nationalistic sites; and third, the first two propositions are features of capitalist regimes which are exacerbated by globalization (p. 126). Taking on board these

three propositions allows for a “dual emphasis on theory and ethnography” (ibid). He expounds on this duality as follows:

If the state has no institutional or geographical fixity, its presence becomes more deceptive than otherwise thought, and we need to theorize the state beyond the empirically obvious. Yet this removal of empirical boundaries also means that the state becomes more open to ethnographic strategies that take its fluidity into account (ibid).

He goes on to suggest an ethnographic strategy that goes beyond governmental or national institutions, rather focusing on “the multiple sites in which state processes and practices are recognizable through their effects” (ibid). Critiquing and moving beyond Althusser’s concept of state apparatuses, discussed above, he states:

State power is being redeployed, state effects are appearing in new sites, and, in almost all cases, this move is one away from national sites to infra-, supra-, or transnational ones. An ethnography of the state can and should capture these effects (p. 132).

Although I would hesitate to label this research as an ethnography of state, given the focus on labour and migration, yet I find these ideas useful as I am effectively looking at state effects and processes at a multitude of sites: at nursing homes, home care agencies, international healthcare staffing agencies, vocational and professional colleges. These are institutions which conduct state-like operations and have state-like effects. They conduct processes of making legible, documenting, identifying and credentialing as discussed above, summoning and re-shaping the temporary nurse migrant into a working citizen. The nursing-home-as-employer, the nursing union, the vocational college all become arms of the immigration agency, or rather, the governmental process of immigration “spills over” to these multitude of sites, manifestations of the fluidity and lack of fixity of government sites:

If the state is indeed a set of practices and processes and their effects...we need to track down these practices, processes, and effects whether or not they coalesce around the central sites of national governments. In the age of globalization, state practices, functions, and effects increasingly obtain in sites other than the national but never entirely bypass the national order. The challenge for anthropologists is to study these practices, functions and effects without prejudice about sites or forms of encounters (p. 131).

## **CHAPTER FIVE: FOCUSING ON TEMPORARY FOREIGN WORK AND NURSING**

The contemporary manifestations of a global labour force who crosses international borders to Western countries for the main purpose of work in positions which remain unfilled, for different reasons, by domestic labour is examined at length by Stephen Castles (2000). He employs the twin Marxian concepts of the industrial reserve army and labour aristocracy to describe the near-constant flow of foreign workers from the global South to the North, and their sometime tense juxtaposition with the domestic workforce. The industrial reserve army, a “necessary” feature of capitalist accumulation is the surplus working population whose presence ensures that wages are kept down and profits up (pp. 26-7). However, Castles argues that post-1945 saw a strengthening of the labour movement in Western countries and a political drive towards full employment. This led to a “substitute” for the traditional reserve army: immigrant workers imported from impoverished and under-developed areas, both from southern Europe and from other Third World countries:

Today, the unemployed masses of these areas form a ...reserve army which can be imported into the developed countries as the interests of the capitalist class dictate. In addition to this important function, the employment of immigrant workers has an important sociopolitical function for capitalism: by creating a split between immigrant and indigenous workers along national and racial lines, and by offering better condition and status to indigenous, it is possible to give large sections of the working class the consciousness of the labour aristocracy (2000, p. 28).

Bearing in mind that “indigenous” in this context refers to British workers, Castles goes on to emphasize both immigrant and indigenous/domestic workers have essentially the same relationship to the means of production and the labour and commodity market, in which they are excluded from ownership and control, and exposed to the same form of manipulation for consumption:

...on this basis, indigenous and immigrant workers must be regarded as members of the same class...But it is a divided class, the marginal privileges conceded to the indigenous workers and the particularly intensive exploitation of immigrants combine to create a barrier between the two groups, which appear as distinct strata within the class. The division is deepened by certain legal, political and psychological factors... (p. 35).

Thus, domestic workers see immigrant workers as “alien intruders who pose an economic and social threat” (p. 38), and the underlying similarity of their positions is masked by the advantages afforded to indigenous/domestic workers to maintain their superiority. From the vantage point of almost 20 years after Castles analysed the presence of foreign workers in British market using Marxist concepts, I would add that the presence of foreign workers in the labour market also works as a control mechanism of the domestic workforce. The “threat” of take-over of domestic jobs by foreigners, (a fear certainly validated when one considers recent controversies surrounding temporary foreign work programs in Canada, considered in due course in this dissertation) will inevitably lead to a more insecure domestic workforce. The label “lazy” is applied to domestic job-seekers in the media, referring to the apparent reluctance of job-hunters to apply for minimum wage service jobs (for example, see Ivison, 2017; Clarkson, 2015). I myself have heard it used by immigration officials in describing local Nova Scotian youth. This “laziness” in turn “justifies” the turn to temporary foreign workers. This apparent deep division between foreign and domestic masking underlying structural issues of exploitation is particularly apparent in the nursing sector. Entire agencies and bureaucracies have been thrown up to uphold and safeguard these divisions, which may be overcome, if ever, at high personal cost and expense, as will be subsequently explored through the experiences of the participants of this research. Castles’s argument that the discrimination, xenophobia and most seriously, deprivation of political rights faced by immigrant workers are by-products and inherent features of a capitalist political economy

most definitely hold water when applied to the case of temporary foreign nurses. My research is informed by this political economy approach, remaining mindful of the injunction of feminist critiques to strike a balance between the analysis “on the nature and influence of ‘structures’ on the one hand, and that which emphasizes the ‘agency’ of key economic, political and social actors, on the other” (Phillips, 2011, p. 3). In other words, while describing and discussing the political-economic structures that drive labour migration, I highlight the negotiation with, and the significance of these structures as experienced by foreign nurses in Canada.

It must be noted that both temporary foreign workers and nursing have provoked interest from a wide range of scholars, and a brief overview of this literature, outlining the major controversies and contentions relevant to this dissertation is provided below. This will be followed by a more detailed examination of the work of four scholars on labour migration in nursing and care work who employ a similar theoretical and methodological framework to mine.

## **5.1 TEMPORARY FOREIGN WORK**

There is a significant body of scholarly work on temporary foreign workers in Canada, mostly concentrating on caregiving and agriculture (Sharma, 2006; Pratt, 2012; McKay, 2012; Hennerby and McLaughlin, 2012; Bakan and Stasiulis, 2012; Binford, 2009; Torres, Spitzer, Hughes, Oxman-Martinez, Hanley, 2012; Roseman, Barber and Neis, 2015). Historically there have been different iterations of temporary foreign work programs, ranging across different skill strata, some offering pathways to permanent residence while other did not. However, the common ground in these studies is a general consensus that temporary foreign work programs have the potential to lead to workplace

abuses, racialization, deskilling and they impact the full range of human rights of migrant workers. The reason for this common weakness is discussed accordingly.

Sharma (2006) argues that the “making” of migrant workers is a key aspect of Canadian public policy from the 1970s onwards. She argues that during this, “the latest period of capitalist globalization”, national state sovereignty was “lost”, or rather, weakened to the extent that capitalism transgressed beyond national borders and the relationship between capitalists and national states became “obfuscated”. Alongside this trend, there was a rise of dominant discourses on national sovereignty which worked to entrench various nationalistic forms of consciousness and practices. The “foreignness” of certain workers was a key aspect, or rather a key “problem” in these discourses.

Strengthening national state boundaries is thus integral to managing national labour markets, and the foreign workers employed in them:

Such thinking has particularly profound effects in relation to the organization of national labour markets. Acceptance that the national state ought to be sovereign legitimates practices that differentiate between citizens and those categorized as ‘foreigners’ not only across national borders but also within the labour market in Canada. The result is the subordination of all those who can be rendered ‘foreign’ and an intensification of competition between workers, both globally and within nationalized spaces (p. 5).

Sharma thus sees the increasing presence of temporary foreign workers in Canadian labour markets as not just symptomatic of the relationship between the “labour aristocracy” and the “industrial reserve army” in the Marxist terms described by Castles, above, but as a specific instance of Canadian public policy which legitimates and strengthens nationalistic practices and discourses. Characterizing the situation of migrant workers as “unfree”, as opposed to the “freedom” afforded to citizens, she argues that the acceptance of such “unfree” employment practices by a supposedly liberal society such as Canada is based on rendering the lived experiences of migrant workers “invisible”



through practices of nationalism, racism, and sexism (p. 6). However, social relations under global capital are deeply impacted by “unfree” labour, the significance of which, she argues, is not acknowledged in public national imaginings.

She further notes that it is not just the entry of the migrant workers which is problematized and tightly controlled: “Ever-increasing restrictions on international migration work not to restrict the entry of migrants into Canada but to restrict their mobility, rights, and entitlements within this nationalized space” (p. 8). In other words, migrant workers are subject to differential rights and treatments within national spaces. This theme is explored in detail in the case study presented by Roseman, Barber, and Neis (2015), on how the citizenship rights of temporary foreign workers under various programs such as the Live-in Caregiver Program (LCP) and Seasonal Agricultural Work Program (SAWP) are curtailed.

Pratt (2012) and Bakan and Stasiulis (2012) both apply the concept of unfree labour to the situation of live-in caregivers, the vast majority of whom are educated Filipina women, in Canada. Pratt concentrates on the impact of this labour on the families and in particular mothering practices of the Filipina caregivers. She argues that the fact that the LCP program gives a pathway to permanent residence for those workers who, at the time of her writing, resided and lived in Canada as temporary foreign workers for two years, is taken as a “liberal compromise” to what is otherwise an “illiberal program”, thus rendering it palatable to Canadian society which sees itself as liberal. However, her detailed ethnography of caregiver families shows that the LCP has

led to the unwitting production of social and economic exclusion across a significant portion of the Filipino Canadian community, including the children for whom domestic workers like Lisa have sacrificed. It is not only that women coming through the LCP are

themselves deskilled through the process; in eerie and rapid repetition, their children relive many of their mothers' experiences (p. 7).

In other words, the “illiberal” manner of entry of the first-generation parent, as live-in caregiver under the temporary foreign work program, continues to “haunt” her children, to the extent that Pratt states they “carry” the borders inside them (p. 9). Her work documents the intergenerational struggle for recognition and integration in mainstream society which forever appears elusive and out of reach due to a myriad of seemingly uncontrollable bureaucratic factors. Her research acknowledges the contribution of the Philippines Women’s Centre (PWC) in British Columbia, part of a larger national organization, the National Alliance of Philippine Women in Canada (NAPWC) and the network the Congress of Progressive Filipino Canadians (CPFC) (PWC-BC, n.d.). These organizations and others that are active for migrant workers’ rights such as the Coalition for Migrant Workers and Migrant Workers Alliance for Change are deeply critical of temporary foreign work programs and the subsequent social impacts on migrant workers who enter Canada through such programs. The Migrant Workers Alliance for Change actively calls for an end to such programs, and demands permanent residence upon arrival for all migrants. Although this activism revolves around issues of social justice and equitable treatment for migrants, there does remain a concern that it overlooks the fact that the Live-In Caregiver program is one of the only routes which offers temporary workers, and in particular “lower” skilled workers, a pathway to permanent residence. As such, it is “strategically” chosen by workers as a means to settle in Canada permanently (Roseman, Barber, and Neis, 2015). Curtailments and restrictions to the program thus negatively impacts the thousands of temporary migrants who have made applications for permanent residence through this program. The introduction of caps, for example, in

2014, on the number of those transitioning to permanent residence has extended processing back logs and waiting times for families living in difficult situations, many involving parents separated from their children for years. When the Liberal government announced increased caps on transition figures in 2016, from 22,000 down to 18,000, accordingly there was an outcry from worker associations (Nutall, 2016).

Bakan and Stasiulis (2012) focus on the household as the site of employment for the live-in caregivers, further applying the concepts of social reproduction as well as the ideological construct of “care work” from feminist political economy (examined in greater detail below) to understand the potential for exploitation and the structural vulnerability of these workers. They argue that the “elasticity” of the household as a site of un/underpaid labour is an integral part of the global capitalist economy, since household members can and do adapt their labour and consumption patterns to the demands of this economy: “Foreign domestic workers bear the burden of women’s work in the home and, as we suggest, service the reproduction of capitalist social relations in myriad dimensions” (p. 226). In the same volume, Torres et al (2012) explore the intersections of gender, “racialization”, immigration status, labour market participation and family separations shaping the experiences of live-in caregivers, exposing the “interacting inequalities” for these workers which are so deeply entrenched that they persist after their transition to permanent residence (p. 228).

Even from the brief review above, it can be seen that temporary foreign work and the programs put in place to enable it are a controversial employment practise and raise a range of concerns. It may further be noted that the literature mostly addresses the plight of lower-skilled temporary workers- that is, even though they may have higher education

and training from their country of origin (and the statistics cited by Pratt (2012) suggest that at least in the case of live-in-caregivers, the majority have higher education), they are employed in lower-skilled occupations in Canada, in other words, the notorious “deskilling” which cuts across immigration streams. In Chapter Six, I have covered the policies on temporary foreign work programs and their role in immigration systems in greater detail, providing a historical exegesis at global and Canadian levels, as well as a critical analysis of such policies.

The following section presents an overview of the literature on nursing and the specific challenges and issues associated with this particular profession, both nationally and globally.

## **5.2 NURSING**

In general, the social aspects of the profession of nursing, as distinct from its scientific or medical status, has garnered a fair amount of scholarly interest, with numerous academic journals and volumes dedicated to studying this occupation from various disciplinary standpoints. There are several areas in nursing studies which are of particular relevance to my dissertation, outlined below. However, it should be noted at the onset that these areas are all interlinked, and delineating them in this manner is more for the sake of expediency and clarity rather than suggesting they are discrete “problem areas”. Indeed, many of scholars covered below discuss the causal connections between these areas. In brief, ideologically gendered views regarding nursing as care provision and thus traditionally feminized work has influenced different levels of political economy and policy-making in regard to this profession. This ranges from state provision of funding for nurses via hospitals and care facilities to day-to-day arrangements of their

work practices. This argument will be examined in greater detail in Chapter Seven on Global Healthcare and the Nursing Workforce.

Nursing is in fact closely associated with the traditionally feminine domains of social reproduction and care work (Yeates, 2008; Walton-Roberts, 2012; Goodman, 2016). Isabella Bakker (2007) identifies three aspects in her definition of social reproduction: the biological reproduction of the species; the reproduction of the labour force; and the reproduction and provisioning of caring needs (p. 541), all three of which are relevant to nursing. Nursing as a form of feminized social reproduction, which also includes areas such as education and childcare, has been subject to processes described as follows:

...gender as a basis for claims making vis-a-vis states is being delegitimised, thus rendering much of women's labour an 'externality' – an activity that is not problematized as important to public policy either in terms of costs or benefits. Despite such ongoing rationalisation of social reproductive activities, the requirements of care work and livelihoods are ongoing, although increasingly being met through expansion of unpaid work and transnational flows of domestic and service workers (p. 553).

The political economy of healthcare in general, and nursing specifically is thus an important factor which shapes policies regulating nursing and subsequently influences the experiences of the nurses interviewed for this project. I explore these issues through the works of Armstrong (2001), Aaronson and Neysmith (1999), Grinspun (2003) and Valiani (2012), all of whom provide a Canadian perspective on the processes of casualization of nursing labour. These processes involve de-funding stable, well-paid jobs with benefits and replacing them with casual shift work, and the privatization and the withdrawal of state funding which was imposed on healthcare sector and nurses by extension beginning in the early eighties, processes often referred to under the rubric of restructuring (Neysmith, 2000). Growe (1991) and Grinspun (2003) document instances

of labour militancy and solidarity displayed by nurses in protest to these imposed conditions, and in this project, I explore the concept of labour solidarity in connection to domestic and foreign workers as a key theme.

A further related strand of literature focuses on the workplace relations, in particular the stress and emotional labour experienced by nurses on the job, and how these relate to quality of care, patient satisfaction, and turnover. (Alexander et al, 1998; Lucas, Atwood & Hagaman, 1993; Cowin, 2002; Seybolt, 1979; Tumulty, 1992; Delgado et al, 2017). Emotional labour has captured the attention of theorists of feminist political economy. Notably Arlie Hochschild through her ethnography on flight attendants has demonstrated how capitalism yokes human emotions and interactions into profit-seeking frameworks, co-opting traditional forms of gender norms of pleasant service and sociability into a rigorous, yet unpaid and unappreciated, labour routine (1983). Catherine Theodosius (2008) applied this concept to nursing, developing a typology of emotional labour in this occupation, ranging from interactions and relations with patients and their families, communication skills and confidence in performing professional tasks, and relationships with colleagues and peers. Delgado et al (2017) build on Theodosius's typology, taking emotional labour to refer to that aspect of nursing work which "involves managing the emotional demands of relating with patients, families and colleagues" (p. 71). Their review of a series of 27 articles dealing with this issue show that emotional labour is closely linked to job burn out and stress, and they call for interventions designed to improve nurses' capacity to deal with such labour and the resulting dissonance (p. 72-3). It was interesting to note that there was no mention or distinction made for the emotional labour undertaken by foreign or Internationally-Educated nurses (IENs) in the

literature reviewed, despite the fact that a vibrant body of work, discussed below, concentrates on the particular challenges faced by this group of nurses. My dissertation generates knowledge in this area, as it focuses on the relationships formed by foreign nurses in their workplace with their patient/clients, families of those patients and clients, peers and colleagues, employers, and union officials.

Furthermore, although a certain amount of emotional labour and stress may be expected as inherent in nursing, given the nature of the tasks and duties associated with this profession, this should be problematized in the context of the ongoing restructuring of the sector, and should not be treated as an inevitable given of nursing. Grove (2001) and Valiani (2012) both note that the healthcare restructuring processes briefly mentioned above have led to widespread casualization of jobs, but also altered treatment of patients in more acute conditions, put greater pressure on hospitals to become “efficient” and “productive”, and increased patient to nurse ratios, in practice leading to much greater pressure on the work rhythms of nurses. They argue that these are factors contributing to the sense of “crisis” and shortage in nursing, which leads me to the final piece of the nursing literature insofar as it relates to this research.

The mobility of nursing, including cross-border and South-North flow of nurses, and the consequent issues of nurse shortage, brain drain, administration and health human resources policy-making, deskilling and credential recognition are key pieces of the literature on nursing, and one which this research, primarily conceived of as a study on nurse mobility under specific residency conditions, draws on heavily. Accordingly, I have examined policy reports and texts regarding nurse mobility as well as the relevant academic scholarship. I have discussed how the grey policy literature generally

conceptualizes nurse movements as simple responses to the supply and demand of labour resulting from the particular demographics of technologically advanced countries in the Global North. These countries contain an increasing aging population requiring proportionately increasing healthcare. Nursing is also seen to be glamorized as a mobile profession, enabling the “global” nurse to cross international borders and find “good” employment overseas. I have juxtaposed this with the literature, mentioned above, on the political economy of nursing and the “manufacture” of a shortage crisis of nurses. The challenges associated with mobile nursing and the global flows of healthcare professionals will also be unpacked by discussing the literature which focuses on nurse mobility and migration, (Yeates, 2008, Kingma, 2006; Freeman et al, 2012; Walton-Roberts, 2012) and the experiences of foreign nurses in the Canadian workplaces.

In general, it has been established that the skills and education of visible minority immigrants in Canada do not reap the same returns than those of white Canadians and they suffer from workplace discrimination (Yoshida and Smith, 2008; Li, 2001; Reitz, 2007; Boyd and Yiu, 1990). This literature presents the consensus that racialization in the workplace, that is, discriminatory practices which excludes immigrants and visible minority workers from advancement and upwards career mobility may be considered a large contributing factor to this downward trend. Professional occupations, which would include Registered and Licensed Practical Nurses, face the additional obstacle of needing their credentials recognized by the relevant Canadian licensing authority before they can practice in their chosen profession. This would involve passing an additional barrage of examinations, courses and language tests, a further expensive and arduous barrier for internationally educated professionals.



Lalaie Ameeriar (2015) scrutinizes government-funded classes in Ontario which promise success in professional nursing exams to foreign-trained nurses through an ethnographic study. She contextualizes her study within the larger, well-documented phenomenon of foreign-trained immigrant professionals unable to find employment or become qualified to work at levels commensurate with their skills in the Canadian labour market. She describes the training provided to the mostly Asian, female students to “manage” their emotions resulting from conflict with patients or colleagues, arguing that such pedagogies are part of an “assimilatory process by which a nurse must make herself into a legible worker in the Canadian context” (Ameeriar, 2015, p. 468). Characterizing nursing as an “intimate labor”, in line with the descriptions emphasizing the gendered, affective and emotional aspects of nursing above, she further draws attention to how, through the pedagogies offered by the state-backed classes, the state regulates and manages this labour (ibid). Focusing on the emphasis placed on “conciliation, cooperativeness and deference” (p. 469) in the training, she further argues that these classes reproduce racialized and gendered ideologies about Asian feminine submissiveness, and the performance of such ideologies in the professional Western workplace.

Natsuko Ryosho’s work (2011) on immigrant and ethnic minority females in the nursing sector also reveals systematic patterns of racial discrimination. Her study focuses on nurse assistants (similar in skill level to the Continuing Care Assistants and Personal Care Workers discussed above) employed in long-term care, and thus is relevant to this project. She pays attention to the socioeconomic status of caregiving, and specifically that of nurse assistants, whom she describes as being at the bottom nursing industry hierarchy.

The intersection of socioeconomic status with race, ethnicity and gender not only leads to these workers being direct recipients of “perceived racism” from the clients and residents of nursing homes, but also affects relationships between domestic or local workers, and the foreign-born. The conflicts and gaps between workers of different ethnic backgrounds, is an important theme of my research, and will subsequently be explored in the final chapters.

Ameeriar and Ryosho’s work on immigrant nurses is situated within the broader literature on racism and racial discrimination against ethnic minorities and people of colour in the nursing profession. Tania Das Gupta (1996) documents the history of racism in nursing before providing an in-depth account of the experiences of racism of Black Canadian nurses in Ontarian hospitals in the 1990s, arguing that these experiences were “organized by larger, systemic management practices within the institutions where they work, specifically hospitals” (p. 98). Agnes Calliste (1996) also unpacks antiracist struggles in the nursing sector, noting that while capitalist workplaces claim to be race- and gender- blind, in fact

access to work and justice are constrained by relations of oppression such as racism and ‘gendered racism’ (Essed, 1991: 31). Gendered racism refers to the racial oppression of racial and ethnic minority women as structured by racist perceptions of gender roles and behaviour” (p. 363).

Thus, it is not surprising that immigrant healthcare professionals in general, and internationally-educated nurses in particular find the transition to Canadian labour markets particularly challenging (Baldacchino and Saunders, 2008; Bourgeault et al, n.d.), and accordingly I will examine the literature which addresses the challenges they face in juxtaposition with my own research findings.

### **5.3 TRANSNATIONAL LABOUR CIRCUITS AND THE GLOBAL CARE CHAIN**

Barber's research on Filipina caregivers in Canada (2004, 2008) develops the concept of critical transnationalism in her study of using the platform of anthropological political economy to challenge celebratory, uncritical views of globalization. This perspective is "attentive to multi-sited historical struggles" (2004, p. 216) while examining the "contradictions" wrought by class struggles and shifts in patterns of production, social reproduction and consumption, resulting in an ethnography finely tuned to the tense politics of gendered, classed labour migration. She further explores how Canadian immigration policy, responding to the needs of the domestic labour market, conjoins with representations of labour migration promoted by the Philippines state to construct an illusory "ideal immigrant" (Barber, 2008). In reality, such state machinations (re)produce feminized migratory circuits with class implications: "there are deeper class cleavages being forged through mobility scenarios relative to who leaves and how, and who remains behind" (Barber, 2008, p. 1281). In the sending country, class positioning shapes the migration motivation of Filipinos, who range from middle to lower classes, while in the country of destination, Canadian immigration policy covers a broad range of skill sets and subsequent class positions, leaving migrants vulnerable to deskilling and downward class mobility. Many migrants are "flexible" and able to adapt to the various manifestation of migration policy, however Barber is cognizant of the fact that deep social inequalities disadvantage those "without the social, economic or indeed cultural capital necessary to be nimble regarding the flexibilization in immigration policy" (p. 1282). She raises concern regarding the fact that migration policy is class-based and exacerbates existing social inequalities through reproducing them across

borders. Those (potential) migrants who lack the necessary capital -economic, social and cultural- to migrate through a migration stream such as the Provincial Nominee Program which offers benefits and rights, for example permanent residency, may be shunted into a more disadvantageous (for the migrant) migration stream which offers only temporary residence, and that conditional upon employment status.

Philip Kelly also uses in-depth qualitative study of Filipino immigrants in Toronto to unpack more closely the concept of class in transnational spaces (2012). He argues that class has often been studied as a narrow, nationalistically bounded category, going on to present a multi-dimensional conceptualization. Kelly reviews the scholarly analysis of class as a “diverse set of registers” (p. 154), noting that scholars have conceded that class can no longer be thought of as simply a position with regards to the means of production and distribution of societal resources, in the classic, Marxist sense. Rather, class encompasses a typology incorporating position (of the labourer within a capitalist totality), process (the relationships engendered by the appropriation of “surplus labour”, in particular the dynamics of the exploitative labour relations as experienced by workers), performance (including the markers of class such as accents and dress, consumption patterns and more generally the embodiments of class) and politics (class solidarities and political activism related to class consciousness). Kelly’s contribution lies in transposing these diverse registers across the Philippines-Canada immigration path, exploring the spatiality of class as it “travels” across borders.

Through analyzing class across a transnational framework, Kelly reveals the nuances in understandings of class which belie simple definitions. For example, the deskilling and devaluing of labour experienced by the majority of Filipino immigrants as

they migrate and work to Canada does not always have the immediate effect of downwards class mobility. On the contrary, it may positively enhance the class positioning of family members in the Philippines, and further enables the migrant to “perform” certain class-related operations such as buying property or gaining Canadian citizenship. Furthermore, while class processes in Canada may be experienced as exploitative, they may take place in more regulated and codified environments, or offer greater rewards. Domestic labour relations are “re-written” as Filipino mothers become caregivers to Canadian children. In terms of class politics, again the influence of spatiality is evident, as much of the activism of the Filipino community is directed towards gaining greater citizenship rights and better labour protections for caregivers.

The basic point of his research however remains constant: class should be understood within a transnational framework, and spatiality and geographical mobility affect class positionings, processes, performances and politics in significant, sometimes contradictory or counter-intuitive ways. The transnational linkages that migrants maintain with their country-of-origins further shape their classed experiences which need nuanced, in-depth study to be fully understood.

Barber and Kelly both utilize a Marxian framework, focusing on class and the relationship between capital and labour, and the influence of spatiality and transnationalism on these categories. However, it is important to acknowledge a significant body of research on international nursing and care work migration which does not explicitly deploy this type of theoretical lens. Nicola Yeates (2008) and Margaret Walton-Roberts (2012, 2014) study immigrant nurses and caregivers using a concept which has increasingly gained traction: that of global care chains. This concept,

introduced by Arlie Hochschild (2000), basically refers to the transnational transfers of care work and social reproductive labour, and provides a tool to study the personal and professional linkages between care workers and the stakeholder institutions. It draws on important sets of theories: that of feminist political economy and the gendered division of labour in private and public spheres, most glaringly apparent in social reproduction and care work, which is routinely devalued. The global political economy encapsulated under the rubric the “new international division of labour”, referring to the neoliberal drive from wealthier, technologically advanced countries to outsource labour globally, to places where labour is cheaper and less regulated is also significant. In Western countries, ongoing restructuring of the welfare state and healthcare systems taking place since the early eighties has led to the production of demand for “cheaper” and more “flexible” healthcare human resources. These demands are then partially supplied by migrant care workers in a broad range of occupational categories, employed under complex and shifting visa regimes. The issue of healthcare restructuring and its impact on human healthcare resources will be examined in-depth in the following chapter on policy analysis, at this point, it suffices to note that labour outsourcing processes reflect both local racial, classed and gendered hierarchies as well as global inequalities, challenging the dominant imaginary of societies bounded by national borders:

GCCs (Global Care Chains) establish links between service-providers and service-recipients (and their families), links that are textured by wider socio-economic inequalities resulting from hierarchies of states, classes (and castes), genders and ethnic groups (Yeates, 2008, p. 42).

Yeates argues that the concept of global care chains, originally applied to migrant domestic workers, can be usefully expanded and applied to other categories of care work, including, most pertinently for the purposes of this thesis, that of skilled health work and

nursing. Nurses and skilled health care workers represent an important and expanding group in the international migration of care workers from the global South to the North. She thus develops the concept of global nursing care chains, which retains the emphasis of the original on the feminised, devalued aspect of this labour, the public/private divide, the focus on the various institutions and stakeholders who benefit from or facilitate the migratory process, while broadening it to capture a wider range of skills and occupations in the care sector. The concept of global nursing care chains would thus: “not only enhance the claims to reflect migration trends but also capture a wider range of institutional and regulatory environments” (ibid. p. 50). This would involve looking at different care settings, such as hospitals and nursing homes, rather than strictly the domestic sphere, a broader range of agents and institutions (unions, professional and vocational colleges), as well as acknowledging the varied types of care engaged in global migration.

Walton-Roberts’s research describes global nursing chains originating in one of the top source countries: India. Slightly over half the nurses interviewed for this study were from Kerala, India, and thus Walton-Roberts’s historical exegesis of how this one province in India became such a prominent nursing export hub was very relevant to my study. With her research focusing on the Indian side regarding nursing and human healthcare resources migration in general, she studies the Indian and colonial state-market policies which underpin this complicated process. Theoretically, unlike Barber and Kelly, she avoids the Marxian conceptual framework of class, capital and labour, preferring instead to use the terminology of occupational status (2012) and education (2014), both

of course being inherent aspects of class. She further makes effective use of the concept of the global care chains, and specifically the global nursing care chain.

Walton-Roberts's research on the occupational status of Indian nurses includes a rich postcolonial explanation of how the nursing curricula in India was closely modelled by the British Empire to maintain sharp distinctions between Indian and British nurses, discussed above in Chapter One. Furthermore, it examines persistent and problematic gendered and sexualized representations of nursing, and its subsequent devaluation in the Indian labour market (2012). On a related note, she examines the intersection of the "marriage market" with the Indian global nursing care chain, demonstrating that nursing, seen as a pathway to migration, brings along with it a more advantageous position in matrimonial negotiations. For women, nursing, including international nursing, may engender contradictory effects, enhancing social and geographical mobility on one hand, while rendering female nurse migrants vulnerable to fragile sexual reputations on the other.

In her later work Walton-Roberts argues for a multi-dimensional theoretical framework for the study of transnational human healthcare resource movements (2014). That is, in addition to global care chains, she incorporates the following theories: global political economy, where nurse migration is seen as a form of labour export strategy of the global south to the north; traditional "push-pull" migration, where each individual act of migration is seen as a rational decision based on perceived benefits of migration to a wealthier country; brain-drain or brain circulation, highlighting the loss of professionals of the country of origin, and the consequent impacts on local healthcare systems; postcolonialism, encouraging a historicized study of colonial practices which continue to



inform and shape current healthcare practices and education systems. Thus, by broadening and enhancing the concept of global nursing care chains, she provides space for a deeper study of the nexus of state and market forces as they shape and interact transnational human healthcare resources.

It can be readily seen then that the global care chains are an extremely useful way to conceptualize the linkages which exist at various levels transnationally, regionally and locally in social reproductive labour such as nursing. And yet Walton-Roberts's incorporation of additional theoretical elements can be appreciated. The notion of "chains" evokes a series of well-crafted and indeed identical links which are operating in a smooth, coherent causal manner, somewhat like a line of amateur firemen passing down buckets of water to extinguish a fire. It does not capture the sheer day-to-day mutability and changes in policies, the barrage of confusing information and the sense of bewilderment, anxiety, "luckiness" or "unfairness" experienced by migrant workers as they progress through this imaginary "chain". Furthermore, the word "chain" denotes a rather unpleasant sense of being captured and bound in an inexorable international process, prioritizing the structures of global inequality over individual agency. It also glosses over the ideological process and beliefs and value systems which act as such a powerful motivational framework, driving the movement of migrant labourers. Global care workers are thus "chained" in process they seem to have little or no control over. And finally, global care chains remain heavily feminized in the literature. Although it is true that the archetypical care workers are female, there are indications that these trends may be reversing in skilled nursing labour, and a greater number of male nurses are visible. In my own sample, about a third of the nurses interviewed were male. While

gendered treatment continues to persist, with my interviews offering some interesting observations in this regard, it may be time to consider some gendered nuance and shading in traditionally feminized skilled care work. In this regard, my research makes an important intervention in the literature on global care chains, paying attention to these understudied aspects.

Despite these criticisms of the global care chain, it remains a valid tool when examining macro and meso-level policies affecting care migration, and both Yeates and Walton-Roberts have used it to great effect in this regard. In the next chapter, I will turn my attention to policy and media analysis relevant to temporary foreign nurses, and I will return to these scholars' studies, highlighting the policy dimensions rather than the theory, which was the main focus of this chapter.

## CHAPTER SIX: IMMIGRATION PATHWAYS OF TEMPORARY FOREIGN NURSES

### 6.1 INTRODUCTORY REMARKS ON POLICY ANALYSIS

Putting the theoretical discussions laid out in Chapters Four and Five to work on the role of the state in ordering people's lives as they work and as they cross international borders, in the following chapters I focus on the particular tools deployed to achieve the ordering of subset of work mobilities which are relevant to this research. In other words, I try to map out the particular policy pieces which specify the conditions under which foreign nurses can move to Canada and work here. The word "try" is crucial here: migration and credentialing policy especially as it pertains to temporary workers has changed over the three years since I first started this project, to the point where rapid change and mutability may be considered a key feature of these policies.

In the opening lines of a volume on immigrant integration, Kenise Kilbride states "Policy shapes the quality of our lives in myriad ways" (Kilbride, 2014, xv), and in particular migrant workers feel the impact of policies sharply: "Perhaps only people most directly and adversely affected by public policy keenly feel its real significance" (ibid).

She goes on to note:

The rise in the number of temporary foreign workers coming into Canada each year and the decline in the number of traditional immigrants committed to a permanent future here one of our principal challenges to integration and cohesion, is a result of *policy*, a clearly thought-out governmental policy based on the premise that this is what is good for the economy: more profits for employers and their investors (p. xviii) [italics the author's].

Policy and the impacts thereof are a consistent theme in all my interviews: the nurses interviewed are acutely aware of how seemingly small "tweaks" to policies can

destabilize their carefully-laid work and migration plans. This costs them precious time and money and delays the achievement of their goals by months, years, or in some cases, indefinitely.

In studying the work movements of healthcare workers, several policy contexts have been identified, operating at both federal and provincial levels (Nourpanah *et al*, Submitted). Focusing on those relevant to foreign nurses on temporary permits, I will accordingly examine migration, labour and healthcare policies which governs migration into Canada and the subsequent transitions from temporary to permanent residence as well as the regulations on achieving the professional designation of Registered Nurse in the province of Nova Scotia, where this research took place. Where feasible and available, the temporal changes to these policies are documented.

However, before I delve into the details of these policies, I note that policy reviews are done across disciplines, and I intend to apply an anthropological lens to this particular review undertaken in this chapter. Cris Shore and Susan Wright (1997) discuss the significance of policy in anthropology. Their anthropological study of policy is contextualised in the transitory phase from what they call “social-democratic” welfare regimes, to current neoliberal regimes of governance, taking place from the early eighties onward in capitalist societies. In the context of this research, neoliberal governance may be considered as shorthand for the political-economic regime characterized by cutting funding from social services typically provided by governments (such as healthcare), in tandem with a move towards the privatization of such services. This transition, which will be examined later in this chapter with particular regard to healthcare restructuring and the impacts on healthcare workers, has changed the style and structure of governance in

capitalist societies, and the subsequently reconfigured of the relationship between individuals and society (Shore and Wright, 1997, p. 4). An anthropological study of policy will provide insight into the nature of governance and power on individuals in modern societies through focusing on this reconfigured relationship.

Shore and Wright identify three distinct albeit interlocking themes in the study of policy, all three of which are utilized in this research: the language and discourse of policy, in which policy documents are treated as cultural artefacts, much like narratives of interviews or case studies and subject to close analysis for key words and their implications; policy as a vehicle for nation-building and cementing national identity; and policy as a form of political technology, which is deployed to create a governed subject. Policy is thus viewed as a power which is brought to bear on individuals, creating a “new sense of self”, for which the individual is responsible. This aspect of policy has particular application to the introduction of neoliberal regimes of governance.

In exploring the modality for the operation for neoliberal governance, Shore and Wright, reading Foucault, uncover a fundamental paradox: while neoliberalism is hailed as reducing state powers and cutting back “big government”, in actual practice

...neo-liberal reforms do not mean less government. Rather, the result has been an increase in more subtle methods of interventions and technologies of governance based on ideas of ‘freedom’, ‘enterprise’, ‘management’ and the ‘market’ – all of which function to make the regulatory power of the state more diffuse and less visible (p. 21).

Thus, in neoliberal regimes, the power of state is “both individualizing and totalizing” (Foucault 1991, in Shore and Wright, 1997), as it is brought to bear on individuals, constructing them as self-activating agents responsible for acting in very particular, determined manner in the social arena.

In other words, policy can generally be thought of as tools used by the state and state-like institutions to bring power to bear on individuals, with the achievement of some specific outcome in mind. In contemporary neoliberal societies however, policies are specifically deployed to create certain sorts of responsible, self-activating subjects in operating line with state ideology. Viewed through this lens, the conundrum of why foreign nurses willingly self-propel, as it were, out of their home communities and into foreign places via a veritable labyrinth of complex and fuzzy policies becomes comprehensible. I regard these policies as instruments utilizing a particular language and discourse and imposing particular sets of tasks with the aim of molding temporary foreign workers into ideal Canadian citizens, while noting that the policies are cast in such terms that the workers are themselves made responsible for this transition. Should a temporary foreign nurse “fail” in this transition, either in achieving permanent residence and citizenship, or in obtaining the professional designations that she or he “lost” upon entering Canada, the failure is ascribed to personal shortcomings in fulfilling the requirements of policies, rather than the structural deficiencies and inequalities “masked” by the bureaucratic and seemingly technical discourse of those policies.

I will start by outlining immigration policy governing the entrance of temporary foreign workers and international students, the two migration streams most commonly used by nurses to enter Canada.

## **6.2 TEMPORARY FOREIGN WORKERS**

The movement of temporary foreign nurses may be considered as a form of labour migration, that is, migration undertaken for the main purpose of employment. The official

status of temporary workers in their country of residence is determined by their employment conditions. The International Labour Organization (ILO) estimates that there are currently 150 million migrant workers globally, that is, over half of the world's 244 million population of international migrants can be thus classified (ILO, 2016a). ILO categorizes certain areas of concern arising from the movement of such a large body of workers (ILO 2016b), and I have reproduced those which are applicable to the case of migrant nurses, and thus most relevant to this research below:

- *Populist attitudes towards labour migrants and their depiction in the media.* This occasionally veers to xenophobia and jingoism towards labour migrants, and is also manifest in media attitudes towards migrant healthcare workers, which shall be examined accordingly. Pitting domestic against foreign-born nationals is a common strategy of politicians and the media often uncritically takes up and reinforces these divisions, masking real causes of inequality and deprivation.
- *Migration and development: the impact of labour migration on economic growth and the development of sustainable livelihoods.* The literature on migration from developing to developed countries suggests a complicated response involving the impact of remittances back to, and brain drain from the country of origin. In the case of nurses and health care workers, such movements have been termed a “reverse subsidy” from poor countries to rich, as it is poor countries who bear the cost of developing a trained health care workforce, only to subsequently lose them to wealthier nations.

- *Measuring the impact of migration:* The movement of labour migrants and their presence in foreign labour markets affects local communities and industries in both sending and receiving countries in ways which are as yet undetermined.
- *Social protection for migrant workers:* Labour migrants are vulnerable due to the fragility of their status in their destination country and reliance on the employers to maintain legal standing. Research suggests that they may also become easy targets of racial discrimination and abuse – partially because of their unwillingness to complain and risk losing their status. This has been observed in the case of healthcare workers who move under temporary regimes.
- *Skills and migration:* one of the most visible areas of concern for mobile healthcare workers is the transfer of skills and credential recognition. Effective processes for skills recognition to prevent brain waste and deskilling are crucial in this area, which comes up again and again as one of the most challenging barriers faced by foreign and internationally-educated healthcare professionals.
- *Tripartism and Migration:* Workers' organizations represent the interests of domestic and national workers in the workplace. Both workers' organizations such as unions, and employers, are key stakeholders in the process of employing and working with labour migrants.

Ruhs and Martin (2008, pp. 252-3) synthesize these general concerns with labour migration policy thusly:

At its core, the design of a labor immigration policy – including guest worker programs – requires states to make policy decisions on parameters that include the *number* of migrants to be admitted; the *selection* of migrants (*e.g.* by skill or nationality); and the *rights* that migrants are granted after admission. States' control over immigration is



inevitably incomplete, and migration policies may be inconsistent and generate unintended consequences... (pp. 252-3)

The objectives which motivate states' policy-making on labour migration may include: "maximizing economic growth and minimizing adverse distributional consequences; minimizing fiscal costs; maintaining social cohesion and national security; and/or complying with international human rights treaties and maintaining a certain minimum level of rights for all workers and residents" (ibid).

Ruhs and Martin further note that despite the state's importance in policy-making, it can only provide "framework conditions" (p. 254) for labour migration: without employers demanding migrant labour, and labourers willing to travel to obtain employment, there will be no labour migration to speak of. This observation however overlooks the importance of the state as a factor in the creation of specific labour market conditions and the demographic profiles leading to the demand and supply of migrant labour. The role of global capital in creating and maintaining conditions of inequality, and its connection to international labour migration is similarly neglected.

Ruhs and Martin (2008) emphasize the distinction between high-skilled and low-skilled labour in setting out the conditions and parameters for labour condition. They argue that qualified and high-skill migrants are able to take advantage of a global "competition" for their skills, and high-income countries will generally provide a broader set of rights to such migrants. Low-skill migrants, on the other hand, can expect a more restrictive rights regime in their host countries. This is due to the fact that more rights lead to more costs for employers and states, thus negating the whole point of hiring low-skilled, and by extension "cheaper" foreign labour (ibid.)

Although Ruhs and Martin provide evidence from certain case studies to back their argument regarding the nexus of skills and rights for labour migrants, in the case of mobile nurses the argument does not fully hold. Nurses are high-skilled labour, however, the credential regime which devalues the qualification of nurses trained in the global south effectively places them in the category of low-skilled, and hence they are afforded less rights upon migration to the global north. I will examine in subsequent chapters how nurses navigate this categorization and its impact on their livelihoods and workplace experiences. At this juncture, I note that Canadian policy on temporary foreign workers replicates the binary between the rights accorded to high vs. low skilled workers discussed by Ruhs and Martins. Accordingly, I will now turn my attention to the Temporary Foreign Work Program in Canada, an important pathway through which foreign nurses enter the country on temporary work permits, and (attempt to) stay.

The Canadian government defines a temporary foreign worker as a “foreign national engaged in work activity who is authorized, with the appropriate documentation, to enter and to remain in Canada for a limited period” (Government of Canada, 2014, p. 1). The same source clarifies that until recently, the term temporary foreign worker or temporary foreign work programs referred to a variety of separate programs, “masking the diversity of requirements and forms of authorized entry (ibid). Although not all aspects of the temporary foreign workers’ programs are directly relevant to nurses, given its significance as a pathway into Canada for foreign nurses, a broad overview of temporary foreign workers in Canada and the related programs historically and in the current situation is provided. It is important to appreciate temporary foreign work programs as one of many various streams of entry into Canada, in order to understand

what “sorts” of migrants may use it, in terms of skills, ethnicity, race and so on, and why they would choose to use it over more permanent “streams”.

An official Temporary Foreign Worker Program (TFWP) was put in place by the federal government in Canada in 1979 to address short-term and temporary labour shortages. However, scholars argue that Canada has historically relied on temporary foreign workers to further “nation-building” aspirations, specifically the use of Chinese labouring immigrants in mining, exploration and railway building companies from the 19<sup>th</sup> century onwards (for example, see Wang and Zong, 2014; Siemiatycki, 2010). They discern a similar pattern in the use of plentiful “cheap” foreign labour, to be summarily dismissed when “White workers” became available, arguing that:

...these early Chinese immigrants were clearly more objects of exploitation than tools of development, and they prove the government’s approach to TFWs is deeply rooted. What was worse, they were not only denied the right to work in certain occupations, but also denied the right to move freely in and out of Canada (Wang and Zong, 2012, p. 10).

Siemiatycki similarly notes that “...such programs have typically been designed to regulate the admission of desperately needed non-White, foreign labour in occupations offering working conditions and wages shunned by the native-born population” (2010, p. 60).

In the more recent past, the temporary foreign work program has gone through numerous changes. Some of these changes were campaign promises or electoral platforms, others, such as the removal of the “live-in” requirement for the LCP, came about as a result of long-term political lobbying and struggle. These changes are summarized in Table 6.1, below

<b>Prominent Changes in Canada's Immigration Policy: A Timeline</b>	
2002	<p>June: Immigration and Refugee Protection Act (IRPA) came into force.</p> <p>Low Skill Pilot Project implemented to facilitate entrance of Temporary Foreign Workers.</p>
2006	<p>Further changes to the TFWP facilitating employer access by broadening the occupations allowed and easing recruitment obligations.</p>
2008	<p>Passage of Bill C-50- gives added authority to Ministers to make “Ministerial Instructions”- subsequently used to change the way economic immigrant cases are processed under IRPA. Restrictions to Federal Skilled Worker Program, creating list of in-demand occupations.</p> <p>The Canadian Experience Class (CEC) facilitates access to permanent residence who have recent Canadian work experience or have graduated and recently worked in Canada.</p>
2011	<p>Changes to the Temporary Foreign Worker Program (TFWP) announced:</p> <ul style="list-style-type: none"> <li>• Maximum of Four Years for Canadian Work Permits – the “Four-in, Four-out” rule: with some exemptions, TFWs could not work in Canada for four years after working for a four-year period.</li> <li>• Ban for Non-Compliant Employers</li> <li>• Additional criteria for assessing “Genuineness of the Job Offer”</li> </ul> <p>2-year moratorium on processing sponsorship for parents and grandparents; Introduction of the Supervisa for parents and grandparents.</p>
2012	<p>Employers allowed to pay up to 15 percent wages less than the posted wage, so long as the wage remains on par with that paid to Canadian citizens and permanent residents.</p> <p>Government introduced the Accelerated Labour Market Opinion (ALMO) program, which allowed employers who had received valid LMOs in the past 2 years to receive LMOs on a fast-track basis (10-days processing time)</p> <p>CIC ceases accepting new applications to the Federal Skilled Worker (FSW) and Immigrant Investor programs under a six-month moratorium. Under the <i>Jobs, Growth and Long-Term Prosperity Act</i>, 280,000 – 300,000 FSW applications made before 27 February 2008, which still did not have a decision, were terminated and the fees returned (approx.. 100,000 principal applicants and their families).</p> <p>The Harper government implemented a series of changes to Employment Insurance which made is harder to claim, lengthier wait times, and a tougher appeals system. Many criticized the changes as directly targeting seasonal workers in the Atlantic region.</p>
2013	<p>As announced in the 2013 Canada Economic Action Plan:</p> <ul style="list-style-type: none"> <li>• Employers required to pay temporary foreign workers at the prevailing wage by removing the existing wage flexibility;</li> </ul>

	<ul style="list-style-type: none"> <li>• Suspension of the Accelerated Labour Market Opinion process;</li> <li>• Government’s authority to suspend and revoke work permits and Labour Market Opinions (LMOs) if the program is being misused increased;</li> <li>• Lengthier LMO applications to ensure that the TFWP is not used to facilitate the outsourcing of Canadian jobs;</li> <li>• Employers who rely on temporary foreign workers needed to demonstrate a firm plan in place to transition to a Canadian workforce over time through the LMO process;</li> <li>• Fees introduced for employers for the processing of LMOs and increase the fees for work permits so that the taxpayers are no longer subsidizing the costs; and</li> <li>• English and French the only languages that can be used as a job requirement.</li> </ul>
2014	<p>Effective April 25, Labour Market Opinions no longer processed for a wide range of occupations. The occupations largely fall within the fields of food service and hospitality. For full list, see: <a href="http://www.cicnews.com/2014/05/temporary-moratorium-work-permit-issuances-053419.html">http://www.cicnews.com/2014/05/temporary-moratorium-work-permit-issuances-053419.html</a></p> <p>June: the previous Conservative government of Canada brought into law the <i>Strengthening Canadian Citizenship Act</i> (bill C-24). This Act contained:</p> <ul style="list-style-type: none"> <li>• Authority to revoke citizenship for certain acts against the national interest of Canada. These grounds include convictions of terrorism, high treason, treason or spying offences, depending on the sentence received, or for membership in an armed force or organized armed group engaged in armed conflict with Canada.</li> <li>• Applicants must have the intention to reside in Canada if granted citizenship.</li> <li>• Physical presence for 4 out of 6 years before the date of application.</li> <li>• Time spent in Canada as a non-permanent resident may not be counted.</li> <li>• Minimum of 183 days physical presence in 4 of the last 6 years.</li> <li>• Applicants aged 14-64 must meet language requirements and pass knowledge test.</li> <li>• File Canadian income taxes, if required to do so under the Income Tax Act, for four taxation years out of six years, matching physical presence requirement.</li> </ul> <p>July: Major overhaul of TFWP as follows:</p> <ul style="list-style-type: none"> <li>• The Labour Market Impact Assessment (LMIA) replaces the former LMO</li> <li>• Fee for LMIA increased to \$1000 (formerly \$275)</li> <li>• Jobs are considered high-wage /low wage instead of formerly high/low skilled</li> <li>• <i>For high wage jobs:</i> Application forms are longer and more in-depth; Employers must complete a ‘transition plan’ that will explain how they intend to permanently fill the job being held by the temporary foreign worker; Employers are required to keep more detailed records during the foreign worker’s stay in Canada; Certain applications will be processed more quickly. Foreign workers in skilled trades, high paid workers with salaries in the top 10 percent of Canadian earnings, and workers coming for 120 days or less will all receive LMIA decisions in 10 business days;</li> </ul>

	<p>and A new time limit for high-wage work permits may be imposed, but has not yet been announced.</p> <ul style="list-style-type: none"> <li>• <i>For low wage jobs:</i> Positive LMIA for low-wage jobs will now allow employers to hire a foreign worker for only one year at a time; For organizations with more than 10 employees, low-wage foreign workers can make up no more than 10 percent of the work force. Transitional measures will apply to employers whose work forces do not comply with this new rule; Employers in the accommodation and food service sector as well as the retail trade sector will no longer be allowed to apply for LMIA for jobs in 10 lower-skill occupations; As with high-wage LMIA applications, employers must now pay a higher application fee, complete longer application forms, and keep detailed records about their recruitment practices.</li> </ul> <p>November: overhaul of the Live-in Caregiver program. The requirement to live with employer is removed. Under the new caregiver program, there are now 3 categories:</p> <ul style="list-style-type: none"> <li>• Caring for Children Pathway For caregivers who have provided child care in a home. Learn more about the Caring for Children Pathway.</li> <li>• Caring for People with High Medical Needs Pathway For caregivers who have provided care for the elderly or those with disabilities or chronic disease in a health facility or in a home.</li> <li>• Live-in Caregiver Program. Caregivers may still choose to live with employers and receive a LCP work permit.</li> </ul>
2015	<p>Launch of the Express Entry program. By January 2016, 10,000 applicants had become permanent residents through the EE system. “Almost all candidates invited in the first four invitation rounds had job offers supported by LMIA. The vast majority of these candidates were working in Canada, were familiar with Canada’s immigration system and were able to submit a profile quickly” (Government of Canada, 2016).</p>
2016	<p>January: The Liberal government announces a doubling of the annual cap on sponsorship of parents and grandparents from 5000 to 10,000.</p> <p>June: Bill C-6 containing legislation to change the <i>Strengthening Canadian Citizenship Act</i> was passed. Most of the points outlined above were revoked.</p> <p>IRCC announced immediate ending of the four-in/four-out rule.</p> <p>April: the new median hourly wages by province/territory will need to be used by employers to determine if the position is high-wage or low-wage, and apply for LMIA accordingly.</p>
2017	<p>Launch of the Atlantic Immigration Pilot Program.</p>

Table 6.1: Changes to Canada’s Immigration Policy

These rapid changes reflect the shifts in the government in power, demonstrating to the extent to which migration policy is ideology-driven, based on systems of values and beliefs of those who hold power, rather than some form of objective or empirical scientific observations. Moreover, it has been noted that not only does immigration policy change rapidly, but specific policy pieces have been put in place to ensure that rapid change can be facilitated: “Ministerial Instructions and budget bills (passed in 2008) have made it easier for the government to make big changes to immigration policy. These changes do not go through the same process as before. This makes policy change happen faster” (Bragg, 2013, p. 7). In other words, the ability to make quick changes to policy has become a government policy itself. This conceptualization of migration policy as something which needs to be constantly changed, tweaked, updated and upgraded finds a counterpart in the ideology of “just-in-time” labour force, where labour is provided only on a precarious, casual basis (Preibisch, 2010; Barber, 2008). Sometimes the government acts in the interests of employers, by loosening the restrictions on importing temporary labour, only to change direction and tighten the bureaucracy, based on the political mood. However, the government never actively challenges or resists the dominant ideology of the migrant labourer moving at the need of capital economy regimes which has been explored at length in the previous chapters. In fact, government policies remain complicit in the creation and re-creation of a class of workers who are employed under precarious conditions. And of course, in the case of temporary foreign workers, precarity is manifest not only in terms of their labour, but also in terms of their residence.

These precarious and racialized conditions of employment and residence inevitably lead to social challenges associated with temporary foreign work. Wang and

Zong note a historically consistent pattern of structural marginalization and barriers to social inclusion which are “systematically approved and legally rationalized” (2014, p. 12) affecting temporary foreign workers across multiple dimensions: employment and contract conditions, access to social services and family reunion, and in their potential transition from temporary to permanent residents.

Similar criticism of the temporary foreign work regimes insofar as they affect healthcare workers may be found in Roseman, Barber and Neis’s discussion of “citizenship gaps”, that is the curtailment of various rights, for live-in caregivers in Canada (2014). Many of these caregivers were professional nurses in their country of origin, and all of them need to hold some form of healthcare training in order to qualify for the program (IRCC, 2016). Despite such criticism, temporary foreign workers who enter Canada on a variety of different types of migration programs have remained a popular source of labour with employers and employees in a variety of sectors. Temporary foreign work programs have been characterised as a “win-win-win” situation by policy-makers (Binford, 2013): for employers, for labourers, and for their country of origin which receives remittances sent back by the workers. I myself, attending a consultation conducted by IRCC with various stakeholders regarding the new Express Entry Program on 26 July 2016, noted the clamour made by employers asking for less government restrictions on access to this apparently inexhaustible labour source, and witnessed their frustration with the regulating bureaucracy. Both academic and policy-makers have remarked on the increase in the use of temporary foreign workers across a range of occupations. The following table demonstrate the increase and fluctuations in the numbers of TFWP work permit holders in Canada, from 2006-2016:



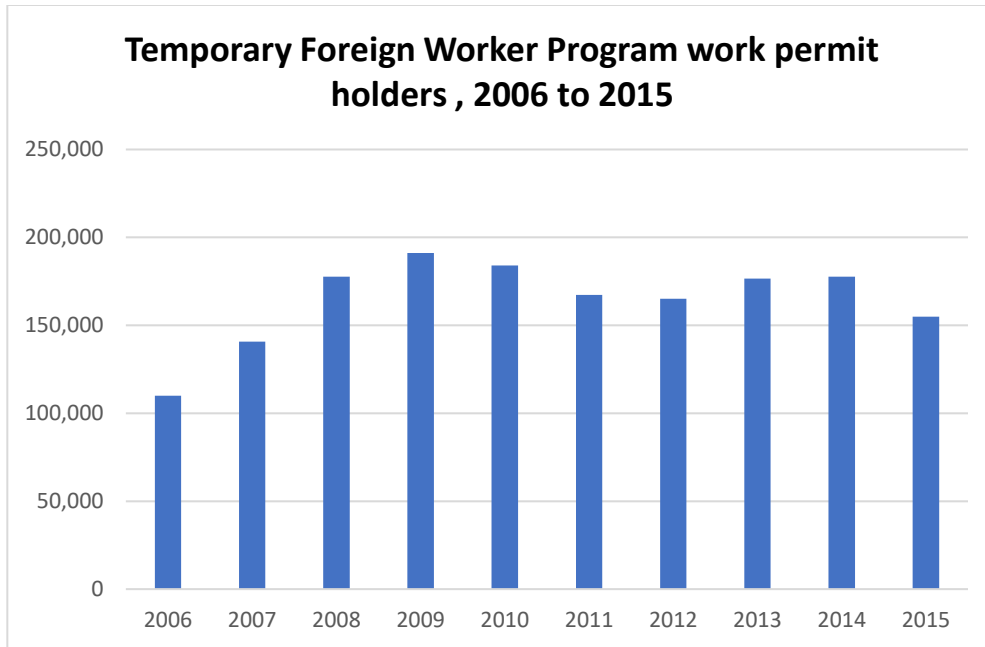


Table 6.2. Source of Statistics: Government of Canada, *Facts and Figures 2015*, retrieved from: [http://open.canada.ca/data/en/dataset/052642bb-3fd9-4828-b608-c81dff7e539c?\\_ga=2.132793356.388381636.1497133209-939835113.1496758587](http://open.canada.ca/data/en/dataset/052642bb-3fd9-4828-b608-c81dff7e539c?_ga=2.132793356.388381636.1497133209-939835113.1496758587)

This rise in the number of temporary foreign workers has been correlated with the relaxing of rules governing their entry into Canada implemented during the conservative, business-friendly government of Stephen Harper (2006-2015) (Siemiatycki, 2010).

Siemiatycki describes the changes thusly:

The length of eligible stay for unskilled TFWs was extended from 12 to 24 months. In 2007, Temporary Foreign Worker Units were opened in five cities across Canada to expedite admissions. Regional Occupations under Pressure Lists were established, identifying high-need occupations for quick entry. British Columbia's list, for instance, contains 237 different occupations ranging from high tech and professional to unskilled manual and service work. By early 2008, temporary work permits were taking just 32 days to process (Keung 2008a: A18). This compares with 4-5 year wait times for permanent resident applications. In turn this reflected the government's commitment of staffing resources to temporary over permanent resident applications. *It was by design, not accident, that – as noted earlier – far more newcomers were admitted to Canada as TFWs in 2007 than as Economic Class permanent residents* (p. 62, italics mine).

Siemiatycki argues that these policy reforms were concrete manifestations of “just-in-time”, employer-driven migration symptomatic of neoliberal governance, where the

interests of the market are given priority in developing social policy, including migration policy. In a situation where the interest of employers is the determining factor in the entrance and subsequent labour regime of workers, it can be expected that workers may be vulnerable to exploitative workplace scenarios. This is a concern raised in both public and academic discourse (ibid).

However, there is research that shows despite the concerns mentioned above regarding social exclusion, racialization and the potential vulnerability of foreign workers, temporary foreign workers (whether arriving on work or student visas), as a cohort, were economically more successful than recently-landed immigrants arriving in similar timeframes. That is, they experienced better employment and earnings outcomes, and enjoyed greater economic returns to their education compared to permanent immigrants (Sweetman and Warman, 2010). Sweetman and Warman further point to the Canadian Experience Class, inaugurated in 2008, which allows for high-skilled temporary foreign workers to “transition” to permanent status as evidence that at least some aspects of temporary work programs have a “nation-building” component to it (Sweetman and Warman, 2010, p. 23). At a provincial level, in Nova Scotia a similar program entitled “Nova Scotia Experience Class” through which skilled temporary foreign workers may transition to permanent status has been implemented.

The increase in the number of temporary foreign workers, combined by reports from media and labour activists that TFW programs are exploitative and feeding unemployment for Canadians (Alberta Federation of Labour, 2013; Lazantin, 2015; Canadian Union of Public Employers, 2015), led to a series of reforms in the program

dating from June 2014, outlined in the Government of Canada report *Overhauling the Temporary Foreign Work Program: Putting Canadians First*:

These numbers clearly show that the TFWP is no longer being used as it was intended to be used — as a last and limited resort to allow employers to bring foreign workers to Canada on a temporary basis to fill jobs for which qualified Canadians are not available. Reforms are needed to end the growing practice of employers building their business model on access to the TFWP (Government of Canada (a), 2015, p. 10).

This line runs contrary to the academic arguments covered above regarding the historical, deliberate and consequential nature of state policies enabling the business practice of hiring temporary foreign workers for greater profit. And the reforms which have been implemented in June 2014 do indeed place greater pressure on employers to better demonstrate the lack of qualified Canadians for the jobs for which they are hiring foreigners.

At present, temporary work permits are required by two streams entering Canada: the TFWP and the International Mobility Program (IMP). In Table 6.3, below, I have reproduced a chart defining these two programs. This table neatly replicates the global north/south divide as regards labour migration. Although it provides a vivid illustration of the rights/skills nexus discussed above, it adds the dimension of geography: labour migrants with higher skills and from certain countries deemed to be developed will be treated differently and have different conditions regulating their entry and work conditions than lower-skill migrants from other countries. It also displays a strong class-

centric bias: high-skilled workers are welcomed in based on reciprocity agreements, and they are deemed to be “in the national economic and cultural interest”, whereas low-skilled workers are a “last and limited resort”. Although this table does not explicitly spell it out, it the assumption would be that the terminology of “higher-skills” and “lower-skills” draws on the National Occupational Classification (NOC) mentioned

<b>Temporary Foreign Worker Program Objective: Last resort for employers to fill jobs for which qualified Canadians are not available</b>	<b>International Mobility Programs Objective: To advance Canada’s broad economic and cultural national interest</b>
<ul style="list-style-type: none"> <li>• Based on employer demand to fill specific jobs</li> </ul>	<ul style="list-style-type: none"> <li>• Not based on employer demand</li> </ul>
<ul style="list-style-type: none"> <li>• Unilateral and discretionary</li> </ul>	<ul style="list-style-type: none"> <li>• Base largely on multilateral/bilateral agreements with other countries (e.g. NAFTA, GATS)</li> </ul>
<ul style="list-style-type: none"> <li>• Employer must pass Labour Market Impact Assessment (formerly LMO)</li> </ul>	<ul style="list-style-type: none"> <li>• No Labour Market Impact Assessment required</li> </ul>
<ul style="list-style-type: none"> <li>• Lead department ESDC</li> </ul>	<ul style="list-style-type: none"> <li>• Lead department CIC</li> </ul>
<ul style="list-style-type: none"> <li>• No reciprocity</li> </ul>	<ul style="list-style-type: none"> <li>• Based largely on reciprocity</li> </ul>
<ul style="list-style-type: none"> <li>• Employer-specific work permits (TFWs tied to one employer)</li> </ul>	<ul style="list-style-type: none"> <li>• Generally open permits (participants have greater mobility)</li> </ul>
<ul style="list-style-type: none"> <li>• Majority are low-skilled (i.e. farm workers)</li> </ul>	<ul style="list-style-type: none"> <li>• Majority are high skill / high wage</li> </ul>
<ul style="list-style-type: none"> <li>• Last and limited resort because no Canadians are available</li> </ul>	<ul style="list-style-type: none"> <li>• Workers &amp; reciprocity are deemed to be in the national economic and cultural interest</li> </ul>
<ul style="list-style-type: none"> <li>• Main source countries are developing countries</li> </ul>	<ul style="list-style-type: none"> <li>• Main source countries are highly developed</li> </ul>

*Table 6.3: Comparison of TFWP and the International Mobility Program.*

earlier.

According to the NOCs, RN would be higher-skilled, whereas CCA and corresponding nursing assistant-type positions are lower-skilled. The implication here drawn from Table 6.3 is that the foreign nurse aides and caregivers who do vital jobs of caring for vulnerable Canadians, the elderly, the disabled, the infirm and children, are not in the national and economic interest.

The categories of the new TFWP are summarized as below, the first three of which are relevant to this study.

- High-wage: positions where the wage offered is at or above the provincial/territorial median wage -in healthcare this would include RNs and LPNs, which are National Occupational Categories (NOCs) A and B respectively.
- Low-wage: positions where wage offered is below the provincial/territorial median wage; examples of low-wage occupations in healthcare include CCAs (NOC D). Currently only 10 percent of a business maybe low-wage temporary foreign workers.
- Caregiver Program (formerly the Live-in Caregiver Program): Caps on numbers of transition to permanent residence. Major reforms were implemented to this stream in 2010, 2011 and finally 2014 with the intention of providing greater labour protections to the workers entering in this stream, mostly noticeably lifting the “live in” requirement. This program remains remarkable amongst TFW programs as it was traditionally the only one which is structurally designed to allow transition to permanent status (currently requiring two years of full-time work experience in Canada within a four-year period before application to permanent residence). Even after the 2014 reforms, it remains exempt from the conditions imposed on the other categories: such as the cap on the number of low-wage temporary foreign workers, the one-year LMIA duration for low-wage temporary foreign workers and reduced cumulative length of time that a temporary foreign worker can remain in Canada. It has been a popular avenue for the entrance of nurses into Canada, as it requires applicants to have nursing training- though not necessarily at the RN level. Two of the interviewees had entered Canada through this stream.

- Primary Agricultural Stream;
- Highest-demand, highest-paid or shortest-duration: Labour Market Impact Assessments for in-demand occupations (skilled trades), highly paid occupations (top 10 percent) or short-duration (120 days or less) are processed within a 10 business days service standard. “As for all requests to hire temporary foreign workers, LMIAAs would only be granted after a rigorous review of all of the elements of the employer’s application in each of these cases” (Government of Canada (a), 2015, p. 8)

Wages replaces skill as the defining feature of occupations, since “Wage is a more objective and accurate reflection of skill level and labour need in a given area” (p. 7). The employer fee for hiring temporary foreign workers through the Labour Market Impact Assessment (LMIA) has leapt to \$1000 from its previous \$250. In general, the LMIA has become far more rigorous than the past. Given the importance of the LMIA regime for employers and temporary foreign workers, the crucial role it plays in determining employment and resident status and the fact that many of the participants of this project, regardless of whether they entered under a TFWP or as an International Student, have had to at some point in their trajectories become involved with the LMIA process, the following section will be devoted to examining it in greater depth.

### **6.3 THE LABOUR MARKET IMPACT ASSESSMENT REGIME**

All employers hiring workers under the TFWP categories are required to demonstrate that they have tried and failed to hire domestic workers for the job- a process known previously as Labour Market Opinion, and now renamed to Labour Market Impact

Assessment (LMIA). Repeatedly dubbed an “irritant” by the employers participating in CIC Reform Consultations on 26 July 2016, the LMIA is a piece of policy which has become the site where the clash between several competing interests is palpable: nationalistic, even patriotic, sentiment, state control at federal and provincial level, and capitalistic business interests. It is under constant negotiation and renegotiation, as manifest in the various exemptions to the LMIA requirement, in particular the provinces’ ability to request and obtain exemptions, as described by an immigrant official from NSOI. It is worth noting that provincial governments have processes similar to LMIA in place as for some provincial nominee programs.

In theory, the LMIA and its predecessors have “to strike the right balance between facilitating employers’ access to skills and workers in a timely fashion and encouraging them to invest more in the domestic labour force through, for instance, higher wages, further recruitment or training” (Government of Canada, 2014, p. 8). Between 2002 and 2013, the federal government relaxed certain requirements of the LMIA (then LMO) process in response to business interests: shortening the advertising time, accelerated processing and “flexible” wages (ibid). Not surprisingly, this is coincidental with the period noted above, which saw the greatest increase to temporary foreign worker numbers. The same source reports that “some employers were becoming dependent on temporary foreign workers, with more than 3,500 employers using temporary foreign workers for 30 percent or more of their workforce” (ibid).

The increase led to a number of criticisms and concerns surrounding “labour market distortion”. Temporary foreign work programs allow employers to keep wages low, instead of letting them rise “naturally”, in tandem with the supply and demand of

labour. In some cases, they have led to greater local unemployment (ibid). Employers claim preference for foreign workers because of higher “work ethics” a problematic claim resting on nationalistic stereotypes discussed at length in Binford (2013) and McLaughlin (2010). Such claims are also manifest in the interviews carried out in the course of this research. But more simply, employers state that they simply cannot find workers in certain sectors.

As discussed, the reforms impose stricter conditions on employers wishing to hire temporary foreign workers through the LMIA regime. Employers need to submit a transition plan with their application showing how they intend to cut their reliance on foreign labour and what steps they intend to take for the hiring and training of domestic labour, or to help the transition of temporary labour into permanent. They also need to submit more details about the steps they took for domestic recruitment, such as number of job interviews conducted.

Although it was early days at the time of writing, it can be expected that the new reforms may impact the numbers of temporary foreign workers entering Canada. There are early indications that employers are turning to other migration streams to fill labour shortages. For example, in Halifax an employer who regularly recruited temporary foreign nurses through the previous TFWP for his home care agency informed me that he is increasingly employing international students.

#### **6.4 FROM MUSEUMS TO WEBSITES: BUILDING NATIONS, ONE WEBPAGE AT A TIME**

At the time of writing, September 2016, there was no “Temporary Foreign Worker Program” category on the website [cic.gc.ca](http://cic.gc.ca). This is the website of the federal



government department, the newly renamed Immigration, Refugees and Citizenship

Canada under the Trudeau

government. On this website

potential and successful

immigrants to Canada spend

hundreds of anxious hours trying

to figure out the best, most likely

to succeed route or 'stream' into

Canada, and, to obtain permanent

residence and ultimately

citizenship. For newcomers into

Canada, [cic.gc.ca](http://cic.gc.ca) is the face of

Canada and the Canadian

government, and by the time they

obtain citizenship, the colours and

contours of the website will be extremely

familiar to them. The lack of a marked

category for temporary foreign workers is a noticeable change from what I had observed

during the years 2012-2015, where the rubric "Temporary Foreign Worker Program" was

listed clearly on the website. Effacing an official program titled Temporary Foreign Work

from the home page of the government website seems to be in line with the preference

expressed by IRCC officials at the consultations I attended: that employers switch from

using temporary hires to employing permanent residents or candidates for permanent

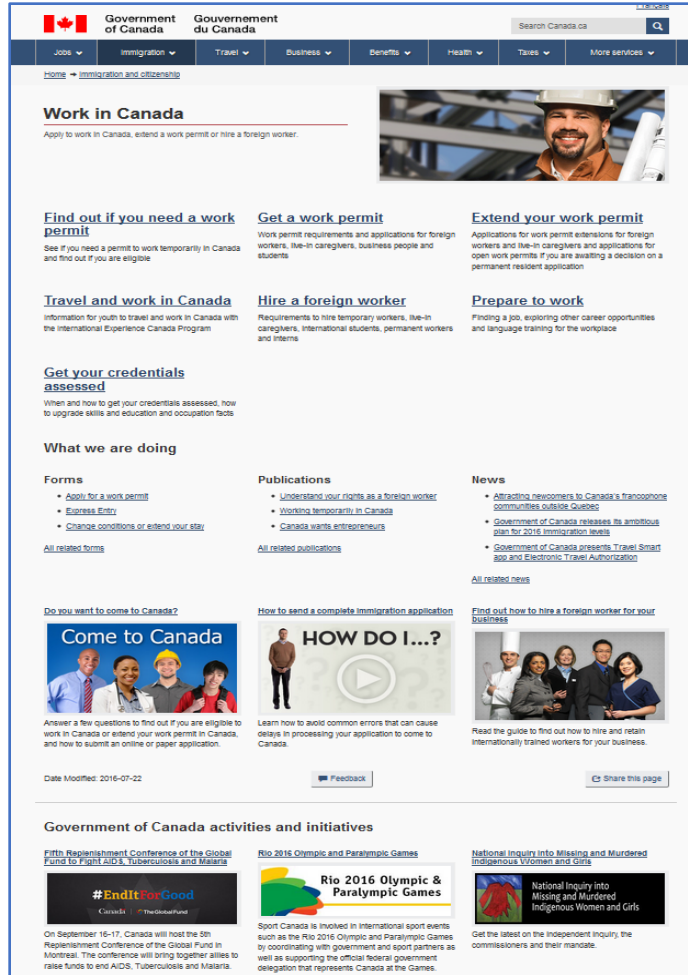


Figure 6.1: Screenshot of one the pages of the IRCC website.

residence currently waiting in the Express Entry “pool” maintained by IRCC. It also reflects other measures taken over the past few years to “discourage” temporary hires, namely, increasing the fee for employers and introducing the four-year in, four-year out rule, which will be discussed later.

However, temporary work is still taking place, despite the extra navigation required. At the time of writing, visitors to the site seeking information about temporary work in Canada need to click on the rubric “Work”, which will take them to the page displayed in Figure 6.1. There, they will find information on temporary work permits.

Basically, there are two types of work permits:

open and employer-specific. Since the nurses

interviewed for this study obtained both these sorts

of permits, and since it impacts their stay

and conditions of work, I will discuss

briefly: open work permits, generally

issued to international students upon

graduation, allows for work with any

employer (with some exceptions), whereas

employer-specific permits, generally used

by those who entered under the previous

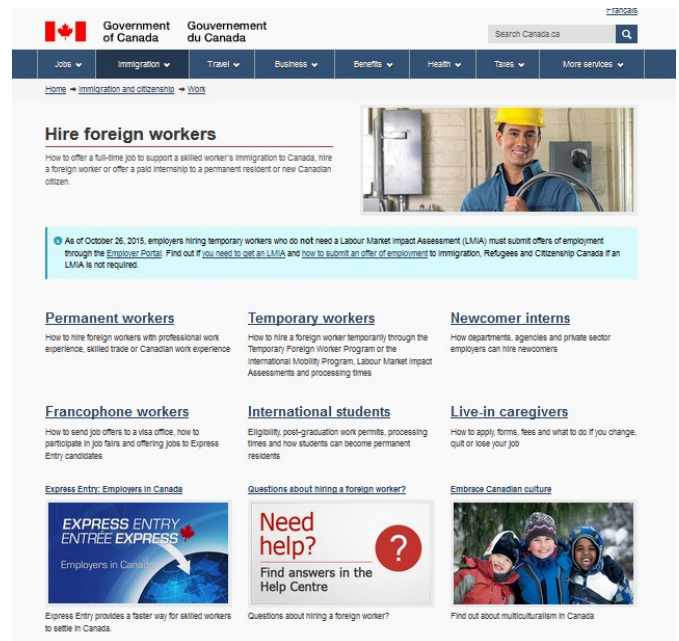
iterations of temporary foreign work

program, specifies the employer, the job, and the duration of the work.

The link “Hire a Foreign Worker” will lead employers to a set of options:

potential workers are categorized by residential status (permanent vs. temporary), cultural

*Figure 6.2 Screenshot of “Hire Foreign Workers” page from the IRCC website.*



and linguistic background (Anglophone vs Francophone), educational status (International Students) and Live-in Caregivers (Figure 6.2). Each category will further divide into subsections- depending on the level of skill, the wages, the location and other factors, the paperwork required and the fees to be paid will be different. At the bottom of the page, I note the pictures promoting a particular image of Canada and Canadian immigration: Express Entry, a “faster way to settle”, a grey notice for the “Help Centre”, and an image of racially diverse children, of the kind often used in contemporary advertisements for corporations, in snowsuits portraying “multiculturalism in Canada”.

The categorizations and divisions amongst the workers are testimony to the intensely ideological way we think about work and workers. None of the categories have any direct relation to a person’s actual ability or qualifications to do a particular job. They do however, together with the pictures, present a fairly coherent representation of state and public imaginings and desires regarding the kind of workers welcome in Canada, and the kind of place Canada is. On the surface at least, there is nothing economically “rational” about these divisions and categories, since they are predicated on nation-building aspirations rather than economic facts. Indeed, the website can be seen as a modern-day, contemporary version of museums and print newspapers as described by Benedict Anderson (2006) in his depiction of modern nation-building: a harnessing of technology to reproduce cultural tropes reinforcing nationalistic and patriotic ideals. The splintering of workers along lines of occupation, nationality, residential status, and so on further recalls Wolf’s observation cited earlier regarding the predilection of capitalism to piggy-back on and reinforce existing lines of tensions and fissures, such as most noticeably ethnicity and race (Wolf, 1982).

With further exploration in the website, the policies governing the hiring and entrance of temporary foreign workers become slightly clear. At present, there are two streams within the TFWP: high-wage and low-wage positions. The wage being offered and the location for the position, will determine if the employers need to apply for a Labour Market Impact Assessment (LMIA) under the stream for high-wage or low-wage positions, each with their own requirements (Government of Canada, 2016). A wage below the provincial/territorial median hourly wage for that occupation will require the low-wage position LMIA, while above will be high-wage. Most employers need to request a Labour Market Impact Assessment (LMIA) for each foreign employee they wish to hire. The rationale behind the LMIA is to ensure domestic Canadian workers are not overlooked in the hiring process. The LMIA program is run by Employment and Social Development Canada (ESDC)/Service Canada. Applications must be submitted 6 months before the anticipated start date of the job. Employers need to demonstrate that they have advertised for, and were unable to find suitably qualified Canadian applicants for the job. There are some exemptions to the LMIA process, and provincial immigration agencies also have some latitude in relaxing LMIA requirements for particular jobs, as confirmed by a provincial immigration official.

In sum, temporary foreign workers have been travelling to Canada in both historic and current times for employment where domestic labour was not available or not willing to work at conditions offered by employers. Programs for entry have been under regular reform and change to suit political agendas and to address concerns regarding the racialized and exploitative nature of such programs. At the time of writing, the programs replicate the connection between rights/skills noticed by scholars: workers with “higher”

skills are accorded greater rights and ease of transition to permanent residency, while lower skills are granted less, and are correspondingly more difficult to transit.

Immigration policies do not take account of the downskilling that professional foreign nurses subject themselves to in order to qualify for lower skilled jobs, which allows them entry as lower skill temporary migrants.

As evidenced by the discourse of the Canadian government, manifested through the website of the agency controlling immigration and citizenship, labour migration forms a basic block of the nation-building aspirations of Canada. Potential migrant workers are subject to a policy regime which categorizes them based on their nationality and socioeconomic class. Via sophisticated social media tools such as the web pages described above, the same regime simultaneously sells a vision of Canada as a harmonious, multiracial and multicultural haven, offering peace and prosperity to the “right” sort of migrant.

Temporary work migration has regularly occurred outside permanent migration streams, nevertheless, there are pathways to transition to permanent status, and it is acknowledged within both policy and academic circles that such transitions, taking place in a tightly controlled and regulated manner, can be desirable. Whether the increase of numbers of temporary foreign workers is a deliberate result of state policy in favour of employers, or an unintended consequence is a matter for debate. However, policy-makers clearly articulate their desire for employers to move away from utilizing temporary foreign workers, and attempt recruitment through the various new Express Entry streams, which offer permanent residence to migrant candidates reaching a certain score.

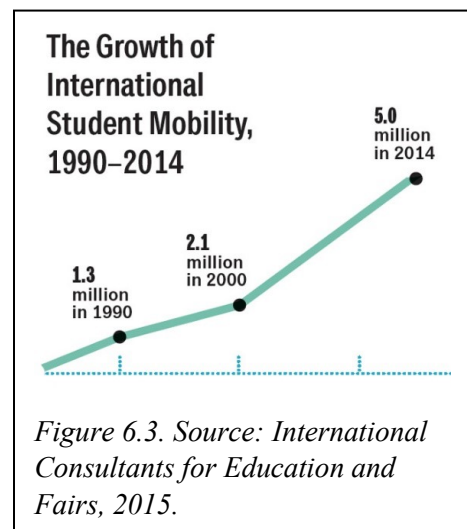
Employers, just as clearly, push back against the state attempts to regulate recruitment

practice. Migration through permanent streams however, as attested to by the interviews conducted for this research, is simply not a viable option for all those who wish to migrate -and have the skills to make a living for themselves, hence the attraction of temporary streams. However, it is important to note that not all temporary workers enter through the Temporary Foreign Work Program. Over half the nurses interviewed for this project had in fact entered as an international student, and subsequently transited to temporary work permits. Accordingly, I now turn my attention to the policies and programs regulating the entrance and conditions of stay of international students, as the process of being an international student and transiting to temporary work permits form a large part of my interviews.

## 6.5 INTERNATIONAL STUDENTS

The numbers of international students globally rose over sharply in the past decades, as shown in Figure 6.3. The entrance of the nurses interviewed in this project as international students into Canada can be seen as part of a broader global phenomenon of increasing academic student mobility. Seeking education outside of one's homeland was once regarded as a luxury choice of the elite, or the exceptionally

academically-minded. However, as demonstrated by the nurses in this study who entered as international students, middle-class people are now taking advantage of the opportunities to travel outside their countries of origin in order to study (International Consultants for Education and Fairs, 2015). Although this source has a vested interest in



reporting increased numbers of international students, their figures are consistent with what is reported by the OECD, that is: “The number of students enrolled in tertiary education outside their country of citizenship increased more than threefold, from 1.3 million in 1990 to nearly 4.3 million in 2011, representing an average annual growth rate of almost 6%” (OECD, 2013, para. 2).

Why is this dramatic increase in interest in international education and the numbers of students partaking in it taking place, and what is the global context of policies which regulate and condition their movement? The rise of academic student mobility in tandem with globalization and the turn towards the new “global knowledge economy”, characterized by increasing prevalence of digitalized and electronic forms of knowledge, has been analysed at length by Guruz (2011). Guruz identifies the United States, the United Kingdom, Australia, Canada, and New Zealand as hosting 50 percent of international students worldwide, thus noting a distinct bias towards Anglophone education in international student mobility. He further notes that these states have aligned their foreign educational policies based on four “drivers”, albeit to varying degrees. These are: the promotion of a certain set of cultural values and political norms, to generate income and revenue for universities which are cast as entrepreneurial, corporation-like entities rather than publicly-funded institutions, to set up international study as a pathway to skilled migration and finally, international education as a means to form strategic alliances (Organization for Economic Cooperation and Development (OECD), 2004; Guruz, 2011, p. 318). Some of these drivers are fully relevant in the sub-group of interest to this project – that is foreign nuses in Canada who entered as international students before transiting to temporary work status– while others are more

tangentially related. For the purpose of setting out the global context of policies related to the flow of international students, I will briefly discuss each, considering how it is relevant to this particular group, since the relevance of these policy sets will provide insight into how this group are viewed and constructed as a subject of policy by the state.

The ideological power of education and its ability to disseminate certain cultural and political values has been recognized by states (Althusser, 1971). As Guruz claims: “[H]igher education has always played a key role in the development of national cultural identity and nation-building” (2011, p. 175). The internationalization of education takes this to the global level. Guruz argues that the U.S. in particular has been successful in using its academic institutions internationally as a form of “soft power” in order to promote its cultural values and political norms globally (Guruz, 2011). A more relevant example of national cultural and political promotion through international education can be found in Walton-Roberts’s (2012) discussion of the historical evolution of nursing education in colonial India, discussed above in Chapter Two. She argues that the British educators introduced the category of nursing aides to Indian nursing students- which find contemporary echoes in current Continuing Care Assistant programs- purposefully as a means of downgrading and deskilling Indian nurses (Walton-Roberts, 2012). The nurses I interviewed who had undertaken various professional bridging and vocational courses all describe “cultural competencies” as part of the content of such courses, intended to familiarize them with the culture of Canadian healthcare workplaces and communities.

International education is acknowledged as a means of generating revenue for universities (OECD, 2004). Scholars have described how the relationship of the state and academia has changed over the past decades, as the view of higher education as a public



good, to be funded by the public funds has changed (Martens et al, 2007; Guruz, 2011). With the rise of market forces and the withdrawal of public funding for universities in many countries, universities have recreated themselves in a more “entrepreneurial” (Guruz, 2011) or “neoliberal” model (Castree and Sparke, 2000; Berg et al, 2016). Drawing from influential Marxist thinkers David Harvey and Wendy Brown, Berg et al note that neoliberal policies in the form of prioritizing economic rationales have encompassed or pervaded all aspects of contemporary life, and argue that this reconfiguration of the state-academia relationship is the manifestation of such policies in universities (2016, p. 170).

The effect of such “neoliberal” or “entrepreneurial” policies on international student mobility has been palpable. Guruz details policies in the major English-speaking destination countries mentioned above, as well as other traditional and emerging non-Anglo destinations for international students at the national and institutional level where “incentives are provided to and conditions are being imposed on institutions to compete in the global higher education market to diversify their revenue sources and supplement their income” (p. 176). These policies insofar as they relate to international students, seem mostly to revolve around the promotion of aggressive recruitment practices where universities actively compete against each other for the attraction of international students, together with the imposition of significantly higher tuition fees for international students, compared to domestic students. Such policies have succeeded in significantly increasing the revenues generated by international higher education in the destination countries (OECD, 2013). The nurses interviewed for this project who entered as international students describe spending between 7000-12000 Canadian dollars in tuition

fees in Ontario vocational colleges. The bridging courses to gain professional licensing also demand hefty fees.

The “skilled migration approach” to international students is a third, interconnected driver of internationalization of education, which is directly related to the group of interest to this project. Foreign students graduating from the universities of their host countries are considered to be suitable candidates for skilled migration, as their sojourn at university will have already provided them with the human capital and capacity to integrate not just in the labour market, but society at large (OECD, 2004; Guruz, 2011; Chira, 2013). Even countries such as the UK or France, who attract large pools of international students but do not implement broad immigration programs with the aim of enhancing economic and demographic development (for example, like Canada or Australia), make policy provisions for international university graduates to enable them to remain and work in their field (Guruz, 2011). Although the conditions and requirements surrounding postgraduate visas differ from country to country, they share the commonality in providing a pathway to permanent migration should graduates succeed in obtaining and holding employment in their field of education.

Finally, the strategic alliances approach is considered the fourth driver of international education and contributing to the increase in the numbers of international students. “Countries are increasingly viewing the internationalization of postsecondary education as a foreign policy tool to establish strategic alliances bilaterally, regionally, and multilaterally to gain both a political advantage and to increase their competitiveness in global markets” (Guruz, 2011, p.177). Again, such alliances vary across regions and countries, and may take place nationally or institutionally, or amongst expats and

professional associations in particular sectors. In the case of international education for nursing students, there has been a flourishing of educational agencies which form partnerships with nursing colleges in destination countries, acting as de facto immigration agencies for nursing students wishing to pursue a global career (Yeates, 2008).

Thus the movements of international students take place within a global context regulated and ordered by various sets of policies driven by different motivations and concerns. The migration of the foreign nurses who enter Canada as international students is shaped by these policies. In the national context of Canada, we see similar policy efforts aimed at regulating the entrance international students to the country, and their subsequent residence here.

According to the Canadian Bureau for International Education (CBIE), in 2015 there were approximately 353,000 international students in Canada, a figure which represents a 92 percent increase from 2008, and an 8 percent increase from the previous year (CBIE, 2016). China, at 34 percent, followed by India at 14 percent were the two top countries of origin of international students at all post-secondary levels. At college level, India was the top country of origin of international students with 7,663 students enrolled in Canadian colleges. The government of Canada is committed to attracting international students, and plans to double the current numbers of international students by 2022 (CBC, 2014).

The government thus is actively involved in strategic policy-making to increase in the numbers of international students in Canada as international students are viewed as potential skilled permanent migrants, rather than simply temporary residents who

generate quick injections of cash for Canadian universities (Arthur and Flynn, 2011; Lu and Hou, 2015; Government of Canada (b), 2015). Emphasizing that Canadian immigration policies are linked to Canada's participation in the "new global economy", discussed above, Arthur and Flynn note the value of international students in the broader demographic context of Canada's aging population and declining birth rates. Furthermore, they argue that the qualifications gained by international students during their sojourn at Canadian institutions are more easily recognizable to Canadian employers, and that international students combine expertise from their countries of origin with local Canadian knowledge (Arthur and Flynn, 2011, p. 223). In a report published by the Government of Canada, Lu and Hou (2015) point to the social networks that international students may develop during their period of study in Canada as being useful in future integration. It can be thus seen that the general trend of current scholarly and policy thinking in Canada views international students as potential contributors to the skilled workforce, rather than temporary learners.

Reciprocally, the view that international education is a pathway to permanent migration is one held by many students, since according to CBIE, 51 percent of international students in Canada plan to apply for permanent residence in 2015. However the data suggests that this plan does not become a reality for many. Lu and Hou study the rates of transition to permanent status for international students, and conclude that:

Of the international students in the early 1990s (1990 to 1994), late 1990s (1995 to 1999) and early 2000s (2000 to 2004) cohorts, those in the early 1990s cohort were the most likely to subsequently become permanent residents in Canada. Over the 10 years after they received their first student permit, 27 percent of the early 1990s cohort became permanent residents, while this was the case for 20 percent and 25 percent of individuals in the late 1990s and early 2000s cohorts, respectively. The transition rates of international students in the late 2000s cohorts looked like those of the early 2000s

cohorts over the first 5 years after receiving a study permit, but additional data must be accumulated to see whether this trajectory continues over the longer term (2015, para. 13).

They further note that transition rates vary based on sociodemographic characteristics, with men more likely to obtain permanent residence than women, and students from low GDP countries such India more likely than those from high GDP countries.

How does this transition happen, policy-wise? At the time of writing, December 2016, international students may apply for a Post-Graduate Work Permit upon graduation, the duration of which would be equal to the length of their full-time study in Canada. So, in the case of vocational nursing students who typically complete eight-month long college courses, they would be eligible to receive an eight or nine-month long work permit. This work permit will typically be an open work permit, that is, unlike the closed work permit issued under the Temporary Foreign Work program, it does not specify the employer or job type. Once they have their temporary work permit and are engaged in full time employment, they may be eligible to apply for permanent residence through at least three different categories, depending on their skill level, province of employment, and hours worked. These are the Canadian Experience Class, the Federal Skilled Worker Program, and the Provincial Nominee Programs. All these programs have been utilized by the participants of this research who entered as international students and subsequently transitioned to work permits. As of January 2015, the first two of these programs are now run through the newly-updated Express Entry system, an online portal with an overhauled points ranking. According to the government website, this program gives priority to applicants who will most likely succeed in finding jobs in the Canadian labour market, and not those who are simply “first in line” (Government of Canada, 2016). The processing time is also promised to be much faster than the paper-based

application system, with a turnaround of 6-8 months. Recently, the Express Entry system was reformed giving more points for Canadian education and job offers from Canadian employers (ibid), in other words smoothing the way for international students who have begun work in Canada. According to an immigration official at NSOI, Nova Scotia is the first province which has developed a provincial Express Entry system mirroring that of the federal government, used to process permanent resident applicants applying as provincial nominees.

Since the process for obtaining permanent residence can often take longer than the valid period of the work permits held by applicants, they may apply for “bridging work permits” while waiting for the result of the permanent residence application. The application should take place four months before the expiry of the current work permit, and requires proof that the applicant has applied for permanent residence under one of the classes mentioned above, as well as the payment of various processing fees.

From this point onward, the process followed by international students transiting to permanent residence is the same as that of temporary foreign workers. Basically, with the advice of an immigration lawyer, their employer, or through their own research, they need to determine in which of the permanent immigration streams they are most able to meet the requirements, looking at factors such as the NOC level of the job they are working in at the time of application, the number of hours they have worked, whether the job they are holding requires an LMIA or not, and if so, whether their employer is prepared to provide them with one. This is the essence of the “two-step” migration, where applicants apply for permanent residence after a period of temporary stay in Canada, and the advantages and disadvantages of this remain controversial. At the time of fieldwork,

conducted from April 2015 to December 2016, there were several immigration streams which offered the opportunity to transition from temporary to permanent status.

Although transition from temporary to permanent is also possible through federal programs such as the Federal Skilled Worker Program (FSWP), the Canadian Experience Class (CEC) was launched in 2008 with the explicit aim of assisting those with Canadian work experience, that is, international students or high-skilled temporary foreign workers (NOC A, B or O) to transit to permanent status. Initially it had two categories, international graduates and workers, however these were merged into one stream in 2013, reflecting the similarity of experiences of these two categories. CEC requires 12 months of relevant work experience, as well as language requirements dependent on occupational category. According to the Government of Canada, despite an “initial low intake”, the program has performed according to expected outcomes, reaching anticipated figures of approximately 50,000 individual admissions between 2009-2014 (Government of Canada (c), 2015). It is anticipated however that the Express Entry will render the CEC gradually obsolete. Early indications of the Express Entry show that it has been mostly successfully utilized by applicants who are already working in Canada (Government of Canada (b), 2016).

More popular than the CEC stream as a means to transition to permanent residence among the nurses I interviewed for this research are the Provincial Nominee Programs. Many of the international graduates of my study stated that the reason they chose to come to Nova Scotia was the promise of the PNP on a lower-skilled occupation (NOC C) as a pathway to permanent residence. In general, the PNPs provide a mean for provinces to nominate their own candidates for permanent migration to the federal

government, who in all cases makes the final decision on immigration applications. Caps for the PNPs are negotiated between the provinces and the federal government.

Nakache and Dixon-Perera (2015) note the “great diversity and criteria” of PNPs, remarking that at least 50 different categories are in use across Canada. They also criticize the “language proficiency requirements and the often-stringent rules of employer-driven streams that are an important part of most Provincial Nominee Programs” and which are considered “especially difficult” (p. 1). In Nova Scotia, even in those PNP streams that do not technically require LMIAAs, documentation showing employer support is still required.

Despite these challenges, and the rapid changes in the criteria of the programs - which are under constant “adjustment” to provincial labour markets, they remain a popular route to transition. Nakache and Dixon-Perera (2015) report that PNPs are second-largest source of economic immigration to Canada, with 37 percent of all transitions of temporary to permanent status in 2012 taking place through a PNP (p. 6).

Should temporary foreign workers or international students wish to transition to permanent resident status, they must do so using the same immigration categories, as demonstrated by this research. However, they are subject to very different policy discourses. The international student is cast as the desirable potential immigrant. States engage in international rivalry to attract these student bodies, due to their valuable future participation to the “global knowledge economy”, with the skills and knowledge they presumably gained at host country universities. In Canada, their numbers are set to increase significantly, and their pathway to permanent residence is facilitated by the Express Entry reforms mentioned above. The temporary foreign worker, on the other



hand, is treated more suspiciously. Employers are subject to strict control and monitoring regarding their hiring practices of temporary foreign workers, something they resent very much. Although the numbers of temporary foreign workers have increased dramatically in the past, this has been brought under control by the federal government through significant fee increases and other measures discussed above, and the numbers look set to decline. As mentioned above, some Nova Scotian employers are turning to recruitment from vocational colleges in Ontario rather than temporary foreign workers, simply because the costs of hiring international students are so much lower. In doing so, the “cost” of migration is offloaded from the employer and on to the international student/future worker.

There is some scholarly debate around the integration of international students in Canadian communities, critiquing whether in fact the transition to permanent status can be done in the somewhat starry-eyed policy terms described above (Houshmand et al, 2014; Chira, 2013; Zhang and Beck, 2009). This research focuses on the experiences of undergraduate and graduate students, and details challenges such as racial discrimination and “micro aggressions”, as well as inadequate services and infrastructure to attend to the needs of international students. Students travelling to Canada to take up shorter vocational courses at colleges such as the nurses interviewed for this study are generally overlooked in the academic literature, reflective of the fact that in 2014, approximately only seven percent of international students in Canada are studying at college level (CBIE, 2016). This percentage is projected to increase globally (ICEF, 2015), and certainly some vocational colleges have positioned themselves to benefit from the

international education market to a much greater degree than before, as a recruitment officer at an Ontarian vocational college commented to me.

**6.6 “Foreign nurses are one of the largest if not the largest global transient workforce”** (recruitment officer at an Ontarian vocational college, 26 May 2016).

As a segue into the next chapter on healthcare and nursing context relevant to foreign nurses in Canada, in this section I present a short description of the evolution of vocational nursing programs over the last few years. These programs, although understudied in the literature on international students, have become an important gateway for the entrance of foreign nurses into Canada on international student visas. All those interviewed for this project, who had entered Canada as an international student, had done so through vocational colleges in Ontario, with one exception coming through Alberta (she had close relatives there). They confirm that vocational nursing programs are an established pathway for migration into Canada among their peers. The information below is gathered from an in-depth interview with the recruitment officer of one of the larger Ontario colleges, during which he provided a vivid and detailed account of development and success of their international recruitment and vocational nursing programs, as follows:

This college is based in a famous wine and tourist region and is accordingly well-known for its hospitality/hotelier/tourism/culinary programs. However around 2009 it decided to branch out into another market and find the “next big thing”. This was in tandem with the provincial government of Ontario declaring an aim of doubling

international students. The college strategically decided to increase the number of international students by 5 percent (currently at about 25 percent of the student population). In 2010, the College began its partnership with INSCOL, an agency based in India, with offices around the world. INSCOL helps develop “global nurses” – that is, support and facilitate the movement and employment of internationally-educated nurses around the globe. They have experience with placing foreign-trained nurses in expat clinics serving in India, where foreign (first world) training has a premium, and where the patients are first world “medical tourists”, who travel for surgery which could be more expensive in their home countries. INSCOL helped the College realise the big market for global nurses. Thus, the College gained foothold in countries traditionally known for training and sending nurses overseas: the Philippines, Nigeria and India. As described by the recruitment officer:

We could have never imagined nursing as big as hospitality- It is a business- a strong business model, and offsets declining funding from the provincial government. We don't want to be just known as a hospitality school, but build a brand that is more diverse- what is it that nobody else is doing?

Although the College has had nursing graduate programs since the 1980s, these were small part-time programs, aimed at the domestic market, that is, Canadian nurses

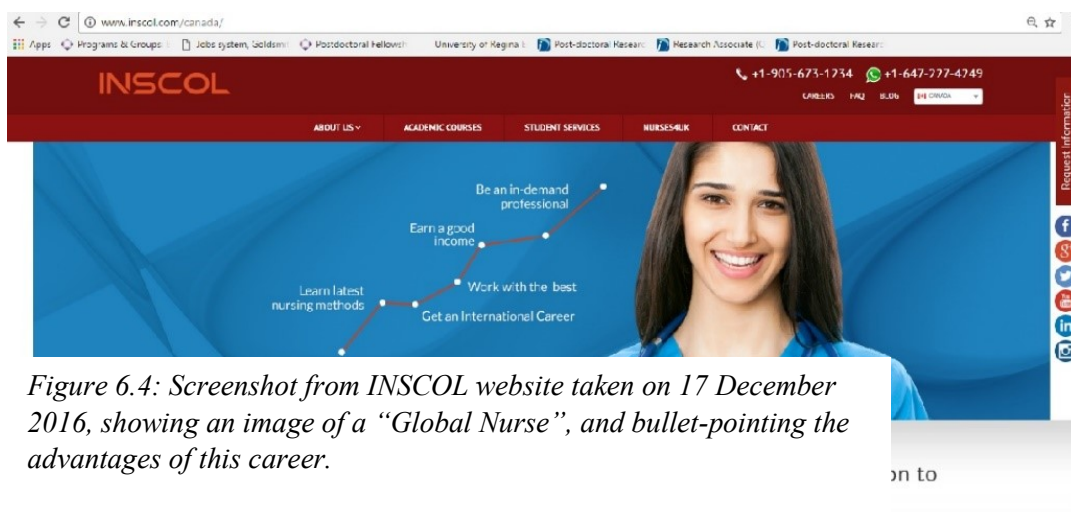


Figure 6.4: Screenshot from INSCOL website taken on 17 December 2016, showing an image of a “Global Nurse”, and bullet-pointing the advantages of this career.

planning to gain some additional nursing skills. As described by their recruitment officer, Nursing College never foresaw that these minor courses would evolve to become the unique, in-demand educational products that they are now. These programs were revitalized throughout 2009-2010 in partnership with INSCOL and tailored to international students seeking to move to educational opportunities in the field of nursing in Canada. At that time, the only courses available for to international nurses who wanted to further their education were traditional Master's degrees. However, the vocational courses offered by Nursing College are different from traditional university degrees. According to the recruitment officer of this college, these are vocational and practical, hands-on courses focused on providing international students with the skills they need for the Canadian healthcare market. Traditional university programs, with their high entrance requirements and lengthy durations, are not suitable for these students who are looking for quick footholds in the Canadian labour markets. Foreign nurses are looking for something practical which can get them in the Canadian job market, which is precisely what Nursing College offers them: applied skills. The courses also prepare them to write the Registered Practical Nurse exams, which many choose to write before the more challenging Registered Nurse exam.

The healthcare market is massive, and growing, in a large part focused in long-term care homes. One of the main innovations of Nursing College was to partner with long-term care facilities in the region, rather than hospitals for the clinical placements, thus breaking the barrier on numbers of placement imposed by hospitals. Palliative care, community mental health, critical care health, and gerontology courses were added in 2015. At present, they host around 700-800 international nursing students. The next

market to “crack” is China, where they have already reached out to various nursing schools and associations.

How do some of these nurses end up in Halifax? They are keen to establish themselves in Canada, and have no attachment to any particular place. They will go where the work is. If one gets a job in Halifax, and talks to the employers who is looking for some more, then that will end up with five more nurses relocating to Halifax. They often don't care where they go- they are here for one purpose: to launch their career in Canada, and if they can do it in a remote town, they are happier- cost of living cheaper.

This is how the patterns of internal mobility are established: regional labour demands combine with co-ethnic networking to create “live” pathways traversed by nurses from distant countries in the search of stable, secure livelihoods. This is how they show up at the door of local care homes to care for the Nova Scotian elderly and infirm.

## CHAPTER SEVEN: GLOBAL HEALTHCARE AND THE NURSING WORKFORCE

### 7.1 OVERVIEW OF GLOBAL CHALLENGES

The global context of healthcare professionals generally, and nurses in particular, can be summed up in two words, first *shortage*, followed by *movement*.

The World Health Organization has provided the following estimates of healthcare worker shortages globally in 2006, the latest available:

Estimated critical shortages of doctors, nurses and midwives, by WHO region

WHO region	Number of countries		In countries with shortages		
	Total	With shortages	Total stock	Estimated shortage	Percentage increase required
Africa	46	36	590 198	817 992	139
Americas	35	5	93 603	37 886	40
South-East Asia	11	6	2 332 054	1 164 001	50
Europe	52	0	NA	NA	NA
Eastern Mediterranean	21	7	312 613	306 031	98
Western Pacific	27	3	27 260	32 560	119
<b>World</b>	<b>192</b>	<b>57</b>	<b>3 355 728</b>	<b>2 358 470</b>	<b>70</b>

NA, not applicable.  
Data source: (3).

Table 7.1: estimated critical shortages of doctors, nurses and midwives, WHO, 2006.

[http://www.who.int/whr/2006/media\\_centre/06\\_chap1\\_fig11\\_en.pdf?ua=1](http://www.who.int/whr/2006/media_centre/06_chap1_fig11_en.pdf?ua=1)

Based on these figures, the WHO estimates that “57 countries have an absolute shortage of 2.3 million physicians, nurses and midwives”, and goes on to suggest that “many countries have insufficient numbers of health professionals to deliver essential

health interventions, such as skilled attendance at birth and immunization programmes” (Scheffler et al, 2008, para. 1).

In the ominously-titled report “The Looming Crisis in the Health Workforce: How Can OECD Countries Respond?” (2008), it is argued that while it is mostly underdeveloped regions who are suffering from “critical shortages” of doctors and nurses, several OECD countries, including Canada, have both current and predicted shortages of healthcare professionals. Some of the main features of this health workforce shortage are outlined as follows (OECD, 2008):

- Physician and nurse density in the OECD area has generally slowed “sharply” during 1990-2005, compared to the 15 years previous to this era.
- Most OECD countries tightly control medical and nursing student intakes, capping the numbers of students enrolled in various training programs and restricting financial aid available to medical education.
- Demographic features, that is, the aging population of the OECD area and the associated health needs of an older population, together with a shrinking younger cohort, will affect the health workforce and potential shortages. The health workforce is also ageing, with a significant portion of retirements expected.
- Foreign-born and/or foreign trained nurses constitute a significant portion of the stock of nurses in most OECD countries, including Canada.
- Many OECD countries have implemented “improved productivity” measures since the eighties, that is “increasing day-case treatment, declining length of stay and the discharge of long-stay patients to residential homes and domiciliary settings” (p. 19). These measures may impact the nursing workforce; however, it

is hard to determine how exactly, partly because of the difficulty of gathering reliable and consistent data from the private sector, including nursing homes where many nurses are employed (p. 21). The correlation between productivity measures and patient outcomes remains as yet “inconclusive” (p. 53).

- International migration is a key feature of the “global health worker shortage”, taking place against a backdrop of increasing skilled worker flows worldwide. Migration is problematic: it may exacerbate shortages and “brain drain” in regions already afflicted by critically low densities of healthcare professionals. Ethical considerations and codes of conduct in this regard are hard, if not impossible to implement. Indeed, many OECD countries are tempted to see the migration of healthcare professionals and subsequent policies regulating these movements, either as temporary or permanent, as a sort of “free rider”- in other words a quick fix to domestic shortages. They may allow the domestic supply of health workers to fall short of demand, relying on migration to fill in the shortfall, since “importing” skilled workers may be cheaper and quicker than training them domestically (p. 35).

The report emphasizes the interconnectedness of the health workforce shortage, and international migration of healthcare professionals, what it calls the “international interdependency in the management of health human resources” (p. 13). As a result, it makes a strong case for

better international monitoring and communication about health workforce policy and movements of health professionals across countries, with a view to diagnosing potential imbalances between demand and supply in the global market for health workers and improving the prospects for international co-ordination (p. 13).



A subsequent policy brief issued jointly by the OECD and WHO in fact states that “Because the international migration of doctors and nurses has become increasingly visible, it is often seen as the main culprit behind these shortages” (OECD, 2010, para. 2). This brief goes on to critique “quick-fix” migration solutions, calling for increase of domestic training capacities and better or more “efficient” use of the existing healthcare workforce, including better retention and management. It also outlines several “codes of practice” which have been developed by various countries (but not Canada), with the goal of increasing international cooperation in the health workforce management and policymaking, in particular setting out guidelines for ethical recruitment. The WHO Global Code of Practice on the International Recruitment of Health Personnel was adopted by the World Health Assembly in 2010. This sets out ethical norms and standards in recruitment, while encouraging greater international cooperation and support. Most importantly, it encourages countries to achieve greater “self-sufficiency” in the training of health workers, while also recognising the basic human right of freedom of movement (Dumont and Lafortune, 2016).

Despite these “institutional” pressures, as they can be termed, for domestic and national self-containment as regards the global health workforce, and the encouragement for developed countries to “wean” themselves off developing/undeveloped countries, foreign-born and foreign-trained health personnel retain a significant portion of the workforce. Foreign-born nurses are 14 percent of all nurses in OECD countries (up from 11 percent in 2000/01). The foreign-trained nurses are lower, at 6 percent which suggests that host countries provide some of their training. India and the Philippines account for the largest number of migrant doctors and nurses working in OECD countries (Dumont

and Lafortune, 2016, p. 5). These findings are mirrored by the nurses interviewed in this project.

Kingma (2006) provides a global overview of nurse migration. She situates the increasing numbers of nursing migrants within the increased levels of skilled migration from developing/underdeveloped countries to industrialized countries- in particular the OECD region, which, as discussed above, hosts large numbers of foreign born and foreign-trained nurses. Characterizing nursing as a “mobile profession”, she argues that the South-North flow of nurse movement is a more recent development in nurse migration, which traditionally took place among North-North or South-South countries (e.g., Canadian nurses to the US). By the mid-2000s, policy and media attention had firmly turned towards the South-North migration of nurses (p. 1282). Nurse migration, she argues, is no longer a “quick-fix” solution and has been embraced as a ‘permanent dimension of human resources management’ (p. 1284), drawing attention to the variety of economic policies in the form of multilateral and bilateral agreements, migration policies and international recruitment campaigns which have been implemented in industrialized countries. Remarking that “International mobility is a reality in a globalized world, one that will not be regulated out of existence” (p. 1291), she nevertheless problematizes nurse migration along several dimensions, in a context of potential exploitation and abuse of nurse migrants: the fact that recruitment agencies are unregulated; the bureaucratic barriers faced in destination countries; and the shortages in source countries. She also notes the increasing use of temporary migration or “brain circulation” in some national contexts among the nursing workforce.

Above, I describe the facts and figures pertaining to the flow of foreign nurses around the world, and provide an overview of the policy regimes which regulate and enable these flows. But the question yet remains, *why* are these flows taking place? To point to shortfalls globally as an answer raises the question: how are these shortfalls produced and maintained? Why do these healthcare gaps exist, necessitating this bustling movement of people from different countries to fill them? It is easy to imagine these shortfalls and vacancies as a kind of “natural” occurrence, an outcome of “natural” demographic trends which can be solved with better, more effective management and policies. Pointing to the demographic factors, such as the increasing need for senior and eldercare, retirements in the ageing healthcare workforce and shrinking youth cohorts, in conjunction with policy recommendations such as the need for better management and coordination of healthcare human resources globally provides part of the picture. However, such explanations neglect structural causes based on the global political economy and distribution of labour and capital taking place within a particular ideological framework. In the final part of this chapter, I examine the structural and ideological framework of nurse migration, both internationally and within the Canadian context. Attention is still geared towards policies; however, policies are examined not as various management techniques or solutions to particular demographic concerns, but as manifestations of state disciplining and control.

## **7.2 THE MANUFACTURE OF SHORTAGE**

In 1981, Amartya Sen made the ground-breaking observation that famines were not, contrary to “obvious” “common sense” the result of food shortage, in the sense of there not being enough food. Rather, it was the result of state management of food in a

way that resulted in uneven distribution, and in a large set of people not having enough to eat (Sen, 1981). In a similar vein, the scholars discussed below will demonstrate how certain policies led to the production of nursing “shortage” and the corresponding reliance on mobile or migrant nurses to fill these shortage.

Nicola Yeates (2008) studies “globalized” nurses as part of the wider changes to the distribution of labour and capital under global capitalistic economic regimes, supported and conditioned by state policies. She casts nursing as a form of feminized care work, part of a spectrum with other types of social reproductive work such as domestic work and caregiving, rather than strictly limiting nurses to professional healthcare as discussed above. She argues that the globalization of social reproduction has taken place as part of the broader processes of the globalization of production. The restructuring of capital and labour occurring from the late twentieth century has resulted in the export of production sites to the global South, away from countries in the North which have implemented expensive (for businesses), labour and environment-friendly standards. This has had a subsequent impact on household strategies, propelling more and more women to migrate and take up paid work as “reproductive labourers” (p. 20). In other words, as households all over the world have become “integrated” into the global economic chains, including factory and agricultural labour, more women have turned to caregiving work involving migration. In this viewpoint, the globalization of reproductive labour is the understudied and marginalized side of the globalization of productive labour: “While the migration of female labour to undertake waged reproductive labour is far from historically unprecedented, what is new today... is the increasing numbers of women who are migrating abroad, together with the very long distances they travel (p. 21)”.

Following Saskia Sassen, she calls this relationship between globalised production and social reproduction a “counter-geography” of globalization, reiterating the argument that not only is social and economic production, and its restructuring on a global scale, connected, but in fact it is the restructuring of social reproduction which enables and drives global production. Households and communities depend on the increasing participation of women in migration for income and revenue generation, with the open or tacit support of their governments, through remittances. These work-seeking migrations are enabled by:

an institutional infrastructure that facilitates cross-border flows generally and are driven by the same logic of profit-seeking and exploitation; while the socio-economic conditions in developing countries as a result of corporate or Bretton-Woods-induced economic restructuring heighten emigration in the search for survival alternatives (p. 21).

Economic globalization has thus created the conditions and circuits through which the migratory flows of reproductive labour takes place. This labour, in turn, strengthens these global circuits while taking on an institutional or industrial form. Yeates recalls that these industries of reproductive labour are “strongly structured” by ethnicity, “race”, class and gender (p. 22). The ethnic stereotypes of “docile” and “submissive” foreign domestic workers shape and reinforce employer perceptions of them. These intersectionalities, insofar as they relate to and are experienced by temporary foreign nurses who will be subsequently discussed at length.

The argument outlined above discusses how the supply of foreign care workers is created and maintained at a global level, however Yeates also discusses state social policies which contribute to the demand for foreign caregivers, including nurses, in national contexts in the global North. Specifically, she focuses on the restructuring of state involvement in care services, noting that:

this restructuring has been driven by an ideological and policy impetus in favour of reducing the role of the state in direct provision in a range of welfare and care services. This has encouraged greater individual family and responsibility, especially for the provision of non-acute care, on the grounds that home and community-based care is more cost-effective and more attuned to the individual needs of the person in need of care than institutionalized provisions (p. 29).

A principal focus in this process, which also accords with the demographic trend of aging societies noted in technologically advanced countries, is the development of a market for elder and senior care, a market which employs the majority of the nurses interviewed for this project. Yeates traces this development directly to state policies which provide cash benefits for care, permitting the employment of family members as care providers by those in need of care. Yeates brings together reports which show that in some EU national contexts, there is lack of close oversight on these cash allowances, permitting the flourishing of a market in undocumented migrant labour for care provision. This market is connected with that of foreign nannies and childcare, another area where the demand for foreign care work is high, and increasingly affordable, not just to upper but middle-class Europeans (p. 31).

In sum, state policies in the global North have increased the care burden on families (shouldered mainly by women) through the restructuring of state-provided care. Eldercare is a particular focus, given the reality of aging populations in these countries. Meanwhile, Canadian-born women have become integrated into the paid workforce, and no longer have access to the traditional mechanisms of family support and kinship to cope with this increased care burden. In this scenario, the demand for migrant care workers, including nurses, is high and remains so in the foreseeable future.

In the Canadian context, these phenomena of healthcare restructuring and the manufacture of nursing shortages is evident. Armstrong (2001) traces the founding of the

modern Canadian healthcare system to the postwar period, where a fear of mass revolts and unemployment, combined with “optimism about state intervention” (p. 12) led to governments of many First World countries taking the lead on healthcare provision to their citizens. On the Canadian scene, after documenting the mosaic of provincial attempts to provide and resist publicly-funded healthcare, she notes that even after the adoption of the Canada Health Act in 1984, the federal government left significant choices and spending power to the provinces and territories, in order to shape “regional, municipal and organizational developments” (p. 14).

The turn of the political mood towards neoliberal restructuring in the 1970s has been explored above and the effect of this turn on healthcare was pronounced. Yet it should be noted here that the issue was not a simple “withdrawal” of state services, rather: “It is not whether or not the state intervenes in the economy, but how, and to whose benefit” (Martin, 1993, quoted in Armstrong, 2001, p. 16). Armstrong subsequently argues that the deregulation of economic activity took place in tandem with regulating labour and personal activities. The primary assumption driving public sector reform and restructuring, one which continues to resonate strongly in the public imagination, is that the public sector is “bloated, bureaucratic and ineffective”, and competition can bring about corresponding efficiency (p. 17).

Clow details the restructuring process in Nova Scotia (Clow, 2001). Retrenchment in Nova Scotia healthcare has continued rapidly, summarized as “the expansion of private, for-profit healthcare providers, the transfer of the responsibility for healthcare from public-funded institutions to home and “community” settings, and the shift of the financial burden of care from the state to the individual” (p. 101).

By the early 1990s, healthcare restructuring was in full force, and the sectors bearing the brunt of it are more identifiable. Those most affected by the restructuring are those who have least public presence and political voice. Neysmith (2000) argues that public service restructuring has merely exacerbated its gendered and classed bias. Moreover, she critiques the often taken-for-granted assumption that restructuring is an inevitable consequence or outcome of globalization: “restructuring, only some of which can be linked to globalization, is experienced by citizens in the form of national, regional and local programs” (p. 5). That is, the lived experience of restructuring depends on our social location, an observation, which belies the claim to universalism and equal access underpinning modern democratic statehood. While globalization is invoked as an “excuse” for restructuring (p. 11), Neysmith identifies two concurrent levels in the retrenchment of state from public services. “Systematic retrenchment” operates at the level of neoliberal discourse, equating the flow of global capital with the

complete incompetence of national policy-making...The argument is that since national policy making cannot change the occurrence or consequences of transnational markets, governments can and should do nothing except reduce tariffs and increase competitiveness by reducing the cost and size of their social programs (ibid).

This rhetoric becomes manifest in “programmatically retrenchment”, concretely experienced as reductions and cutbacks to social programs. For example, Marie Campbell in the same volume, states that retrenchment is conceptualized as a model with an “efficiency standard” which pushes for fewer days in hospital. But while all stakeholders concerned recognize that patients will need more care, the assumption is that it will be delivered at home by the family (Campbell, 2001). “In this private sphere, who will do the work, under what conditions, and with what quality control is not the concern of the public sphere” (Neysmith, 2001, p. 11).



Aronson and Neysmith (1999) take up these themes in great depth in their discussion on the impact of retrenchment and the surrounding policy rhetoric favouring “community” and “family” care for elders. Since the majority if not all the nurses I interviewed for this project were recruited primarily to work in senior care, this analysis of healthcare policies vis-à-vis eldercare is relevant.

Aronson and Neysmith concur that much cost-cutting policy-making is based on the assumptions that restructuring is an inevitable and undebatable outcome of global capital, and that Canadian healthcare has no alternative but to submit to cost-cutting measures uncritically, assumptions which they term “mindnumbingly commonplace” (p. 96). Noting that “[c]uts in public provision (for example, early hospital discharges, reduced nursing home beds, cuts in home care) shift the work of caring to families, ‘demonstrating how capitalism reorganizes the labour process to make use of free service labour...’”, (Glazer, 1990, in Aronson and Neysmith, 1999, p. 101) they focus on the three groups who have been most affected by these measures: the senior citizens who require care in order to live in security and dignity, the family members who now take up the care-giving duties, and the home careworkers who are employed to do so.

Aronson and Neysmith expose the falsity of portraying elders as consumers who are able to make informed, meaningful choices and “shop” from a range of market options regarding their care. The lived reality is that there simply aren’t such choices or options available: elders have to rely on spouses and family members, or a confusing set of arrangements from home care workers, over which they have very little decision-making power. Furthermore, the construction of elder caregiving as simply a form of market selection ignores the fact that care, as numerous testimonies show, simply is not a

commodity like others, which can be bought and sold under hypothetically rational conditions. On the contrary, it is a “messy”, emotional and personal terrain, albeit socially undervalued. All the home care “options” available to elders have serious downsides, consequent of the fact that there is little to no oversight and protection (either for the care receiver or giver) built into any of them, and the sector remains deeply gendered and classed. That is, both family members and home care workers are overwhelmingly female, the direct consequence of a pervasive ideology which insists on casting care duties as wholly and essentially feminine, and thus devalued, tasks. The lived experience of care depends on and is formed by the socioeconomic position of the caregiver and receiver.

Thus, while Aronson and Neysmith remain cognizant of the faults of a heavily insitutionalized care system and caution against romanticizing the preceding welfare states, they advocate for a healthy dose of state intervention in eldercare (p. 113-4). Indeed, they call for a transformation of “elderly consumers into elderly citizens with rights and responsibilities” (p.113), and develop a vision of long term care which is more consistent with the Canada Health Act, where the language of rights and guaranteed access and service replace “the imagery of choice”. Long-term care is an arena where the enactment of public policy has serious, negative impacts on private lives: from the daily quality of the lived experiences of care, to repercussions on career prospects, earning ability and pension plans by the care providers.

Grinspun (2003) uncovers similar issues in her exploration of the effects of restructuring on Canadian nurses, focusing on the casualization of this sector. Tracing the theoretical roots of a “flexible” labour force back to Marx’s discussion on an army of

“surplus labour”, to be deployed as necessitated by the demands of capital, through to its modern iterations of “segmented labour markets” and “just-in-time” employees, who allow employers to “save” money by putting employees to work only when needed (pp. 54-5), she then concentrates on the restructuring of the healthcare system implemented in the mid-nineties, which she argues caused a sharp increase in the rates of part-time and casual nursing labour, such that at time of writing, an estimated 50 percent of nurses are flexible workers, a figure difficult to conceive in other skilled professions (p. 61).

Grinspun provides detail on the involuntary nature of much of this flexible care, documenting the resistance offered by nurses’ associations across the country, as well as the detrimental effects on job performance and psychological well-being of workers, all of which challenge the perceived productivity gain of the restructuring. Most relevant to this thesis is her contention that the creation of a flexible workforce actually led to the current nursing shortage -a claim supported by her analysis of the timeline of restructuring, taking place in tandem with a decline in nursing applications, together with a relocation of nurses to more rewarding labour markets (notably the US), and the subsequent state response:

First, we created a flexible workforce that led to the current nursing shortage. Now, rather than resolving our domestic problems (i.e. improving working conditions and employment status), the proposed ‘solution’ is to define nursing as a preferred area for ‘temporary working visas’, thus encouraging nurses to come to Canada as temporary workers (p. 72).

Grinspun labels such measures as “band-aids”, as they exacerbate domestic issues within the Canadian workplace, while contributing to further compromise “healthcare systems already in crisis in other parts of the globe” (ibid).

Valiani (2012) delves deeper into the actual policies which caused the development of a nursing workforce in which shortages are occurring, have been occurring and will continue to occur. She references research from the early nineties which demonstrated that rather than there being an absolute shortage of nurses, nurses were in fact withdrawing at a high rate from the workforce. She dubs this withdrawal, together with the waves of strikes and protests by nurses taking place throughout various provinces as nurse resistance, which she subsequently argues was a reaction to three key changes in the Canadian nursing labour process. These changes were the result of deliberate policies put in place which were predicated on a twin set of ideologies of undervaluing female care labour and the withdrawing of state responsibility for public services, including healthcare.

The first key change was the increasing workload and stress on nurses as a result of increasing acuity of their patients. In other words, nurses were dealing with sicker patients than before. This increasing acuity of patients in turn was traced to reduction of federal fund transfers to the provinces for social services and healthcare. In just three years, from 1994-7, these transfers to all province were decreased by almost 30 percent. Cost-cutting measures put in place by hospital administrations primarily targeted salaries. By one estimate, a third of nursing positions in Ontario hospitals was replaced by part-time positions. Meanwhile, nurses were also expected to care for chronic patients due to the lack of beds in chronic care homes.

The second change was the introduction of “productivity” techniques in the management of nursing. These techniques involved close monitoring and management of nursing time and tasks via digitized tools, again leading to intensified workloads and

frustrated nurses. And finally, the practice of rotating nurses among different wards and patients was a further element of nurse dissatisfaction and stress (pp. 76-7).

Increased emigration of Canadian nurses to the US was one effect of these changes. Another was the gradual rise of migration of foreign-trained nurses into Canada to replace the nurses leaving the sector. Valiani concludes that the “persistent undervaluing of female caring labour is the structural condition for the increased exit and entry of temporary migrant nursing labour in Canada” (2012, p. 90)

She further observes the import of temporary foreign nurses beginning in the late 1980s and continuing occurred for the same reasons that led to the dissatisfaction of Canadian nurses from the Canadian health care system, their withdrawal of labour, and the subsequent “shortage”: “an undervaluing of their work based on ongoing public funding constraints and an allocation system slanted against female caring labour” (p. 90). She considers temporary foreign nurses “superexploited” (ibid), that is, they are exploited because of their profession, which is already devalued, defunded, and casualized, and they are further exploited because of their temporary status and the attendant challenges associated with that. Nevertheless, she points to the fact that there have been pathways for the transition of temporary nurses to permanent residence status since the 1990s through various immigration streams such as the CEC and the variety of PNPs (discussed in the previous chapter), and that nurses have been prioritized through various bilateral agreements since the 2007 that Canada has come increasingly to rely on foreign nurses as a vital part of the nursing labour market.

At a regional level, one finds the similar concerns affecting nurses in Nova Scotia. Clow (2001) writes that hospital restructuring in Nova Scotia during the 1990s

resulted in severe job losses in this sector, along with private management for nurses. This meant that many young nurses were forced into casual, part-time labour with several employers, while older nurses with stable jobs had to undertake long overtime, compromising the quality of both professional and personal lives. She further describes the situation of home caregivers in Nova Scotia as “exploitation” (p. 114), and details the long, unpaid hours of labour which typically goes into their working days.

In sum, I note that there is consensus amongst the policy, secondary and academic literature regarding the fact that there are both current and predicted shortages of nurses, and certain amount of nurse mobility is taking place, both contributing and responding to these shortages. A range of policies, ranging from multilateral and bilateral international agreements, domestic educational policies and migration policies have evolved over the past decades to address the shortages while controlling worker mobility. The underlying causes of the shortages and the related worker mobility is debated, with some documents emphasizing demographic trends. Other scholars, although appreciating the demographic factor in particular the need for elder care, point to a set of government policies commonly known as “restructuring” or “privatization” of the public health system, which they argue have led to worker-unfriendly workplaces. These policies involve budget cuts and the replacement of stable and secure jobs with casualization. In the context of healthcare and nursing, such policies increase nurse dissatisfaction. The demand for home care increases, as restructuring policies put pressure on hospitals and care institutions to “return” individuals requiring care to families and communities. These factors all contribute to the steady demand and inflow of foreign nurses into workplaces, globally and at the national and provincial levels in Canada and Nova Scotia.

But how does the integration of foreign nurses in Canadian workplaces actually take place? In the following section, I discuss the set of policies which closely impact the livelihood and migration experience of foreign nurses once they are in Canada and ready to work: credential recognition policies.

### **7.3 CREDENTIAL RECOGNITION**

In Canada, nursing is a regulated profession, that is, those who wish to practise in this profession need to be licenced by the appropriate regulatory bodies. Each province and territory has its own regulatory agency which issues licences to nurses based on its own set of requirements. Each province has specific provincial legislation in the form of various Health Acts which mandates the regulatory bodies to regulate their profession. The professional designations relevant to the nurses interviewed for this project are LPN (Licensed Practical Nurses) and RN (Registered Nurses).

Talk of confusion is a suitable segue into a description of the nurse credentialing system. In a comprehensive national report on IEN credentialing in Canada, the words “confusing” and “confusion” are repeated ten times, three of which are part of the phrase “a confusing array of options”, and “complex” / “complicated” nine times. The word “maze”, as a description of the policies or the information which IEN applicants face is repeated four times, and on one occasion, the authors resort to the term “thicket” to lend some semantic variety (Jeans et al, 2005).

The authors trace this confusion and the cumbersome bureaucratic process to the historic setting up of the provincial credentialing system in the Canadian Constitution in

1867, when regulation of healthcare professionals was ceded to the provinces, which in turn rendered these professions self-regulatory. But that was a time of few nurses and limited nurse mobility. By 2005, Canada had 25 regulatory bodies in charge of 30,000 nurses (p. 44).

Governments and the profession expend enormous resources trying to enforce some standardization of policies and practices to ensure patient safety, support mobility of nurses and, more important, to support the public's understanding and expectations of nursing care in Canada (p. 44).

Prior to August 2014, IENs applied directly to the provincial regulatory body of their choosing for assessment of their eligibility to write the licencing national examinations. As the nurses interviewed for this project state, many indeed chose to make more than one application in several provinces, leading to discrepant results whereby they may become licensed to practice in one province, but not in another, again leading to criticisms regarding the lack of consistency and standardization across the provinces. Theoretically, IENs are determined to be eligible once it is established that their education and training is equivalent to that of a Canadian nursing graduate. The regulatory bodies conducted this eligibility assessment based on the following factors (Jeans et al, 2005), which I will enumerate since all are relevant to this research and come up in my interviews:

- Documentation. The report documented significant variation among provincial bodies in the documentation required by applicants, with some requiring original documents from source countries. Requirements for passports and photo IDs, police clearance certificates and character references were also variable. Obtaining all the documentation was reported as a frustrating, lengthy and costly process. In particular obtaining nursing school curricula was considered



particularly difficult. Incomplete documentation was specified as one of the two most common reasons for failed applications.

- **Education.** Regulators use a combination of external assessment through third parties and internal assessment to evaluate the qualifications of IENs. Again, variation is observed among provinces, in particular regarding the mix of theory and practice required, with some measuring by months, others by weeks, and still other by hours. The challenges of reading and evaluating transcripts is described as “tremendous” (p.28). Studies from Australia indicated the failure to recognize foreign nursing education could be attributed to assessors’ trouble with understanding and evaluating foreign transcripts and curricula, rather than defective education.
- **Competencies.** The Canadian Nursing Association recommends taking prior experience and learning into account, however there are no standard or consistent measures to do so. Provinces use a variety of techniques, such as clinical exams or external assessments to conduct competency assessments. This seems to be a nebulous, ill-defined concept, since employers reported that “even though IENs had successfully completed examinations and refresher courses, not all were judged to be competent in many of the nursing skills required to work in Canada” (p. 40).
- **Practice requirement.** All regulatory bodies had some sort of minimum required clinical practice time in the 3-5 years prior to application. The challenges of keeping practice time current for IENs undergoing this lengthy application is

described in a heartfelt manner by my research participants. Not meeting the practice requirement will result in having to take costly refresher courses.

- Language proficiency. All IENs from non-English and French countries will need to take a language proficiency test, although some exemptions from this, based on the discretion of the assessment officers, has been observed. For example, some of the nurses I interviewed described how they gained exemption from the IELTS as they were able to satisfy the regulatory body regarding their English skills, as their language of their education and workplace had been English. Conversely, many employers expressed dissatisfaction with the communication skills of IENs from non-English-speaking countries.

Once these factors are all reviewed, an applicant may be eligible to write the exam.

Again, success rates vary from province to province. Completing expensive exam-prep courses seemed to have a major impact on success rates, raising the question on whether the exams measure nursing ability or simply the ability to pass the exam (p. 43). This report estimates that approximately two-thirds of IENs in Canada fail to become licenced, resulting in a mass of underemployed/unemployed IENs which represent a human resource waste, as well as exacerbating the nursing shortage described above. At the time of writing the report, many IEN focus groups also reported being “shocked” by the complexity of the bureaucratic process, and also by the fact that although federal immigration programs recognized their education as a valid means of scoring migration “points”, this did not translate to their qualifications being recognized once inside Canada. A lot of misinformation, confusion and wasted resources resulted from this non-recognition. While acknowledging that not every single IEN applicant should be

necessarily licenced to practice in Canada, the report does conclude that the system for evaluating foreign credential policies in 2005 was “fragmented”, with a lack of clear communication and consistency among key stakeholders, which is concerning as the numbers of IENs in Canada was projected to rise. Accordingly, the report recommends the development of cross-provincial collaborative frameworks with harmonized standards, including consistent bridging programs and accessible, user-friendly interfaces to alleviate the situation.

In August 2014, the National Nursing Assessment Service (NNAS) was launched, bringing together some, but not all of the recommendations found in this and similar reports, both scholarly (e.g., Kingma, 2007) and policy (Jeans et al, 2005). The NNAS is funded by the Canadian government through Employment and Skills Development Canada (ESDC) as well as all nursing regulatory bodies and other relevant “stakeholder” organizations, while also charging a fee from IEN applicants. It is a virtual organization with which all IENs must register before applying to provincial regulatory bodies. Once IENs register with NNAS and submit the required documentation, they will receive an Advisory Report which they can then forward to regulatory body/ies of their choice, in order to be considered for licensing. The final decision for eligibility to write the national nursing examinations and to obtain licencing rests with provincial bodies. So, at the time of writing, in December 2016, the process for foreign credential recognition follows the flowchart copied from the CRNNS website, and reproduced here as figure 7.1:

Only the last few interviewees of this project had gone through the NNAS system. It remains yet to be seen whether the creation of this organization has effectively improved the evaluation and licensing procedures for IENs, or whether it has become an additional step in the already-cumbersome process.

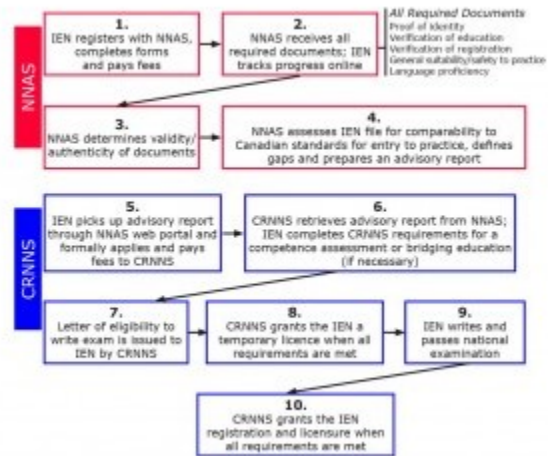


Figure 7.1 The step-by-step application process for both NNAS and CRNNS

<http://crnns.ca/registration/licences/first-time-licence/ien/#exam-section-0>

(exact reproduction of source material)

The issue of foreign credential recognition is important not just because of the immediate impact of navigating an onerous, confusing, costly and lengthy process. Rather, it has long-term impact on the career trajectories, occupational status and earnings of foreign-trained workers. Scholarly research has identified a downward trend in immigrants' earning compared to native Canadian-born and Canadian-educated and linked it to the devaluation of foreign credentials (Li, 2000; Reitz, 2007; Boyd and Yiu, 2009; Schaafsma and Sweetman, 2001). In a controlled study of the earning differentials between highly-educated foreign-born immigrants and native Canadians, it was found that white, native-born and Canadian-educated workers consistently earn the most while foreign-born visible minorities educated outside of Canada consistently earn less, with foreign-born and visible minority women receiving the least (Li, 2000). The place of education also matters in determining its impact on future career and income potential,

with education from developed and English-speaking countries likely to yield greater returns in the US (Bratsburn and Ragan, 2002). In regard to the nursing profession, Buhr (2010) demonstrates that female immigrant nurses suffer a “wage penalty” compared to their Canadian-trained counterparts, indicating that their credentials are not fully valued in the Canadian labour market. She argues that this is part of the broader trend of “economic discrimination” against immigrants (Buhr, 2010).

Walker (2007) identifies two sets of individual and structural causes to explain this persistent devaluation of foreign credentials and the associated problems. Individual causes include issues such as language ability, quality of education, lack of Canadian work experience and also limited social capital, such as access to professional networks and connections available to Canadian-educated workers (Li, 2003). She argues that these causes hold immigrants themselves directly responsible for their performance in Canadian job markets. Structural causes are linked to underlying social issues, namely, to the larger problems of discrimination and racism in Canadian labour markets (Li, 2000, Reitz 2007). In regulated professions such as nursing, it has been claimed that systematic exclusion of foreign-trained people takes place, hinging on subjective assessments on evaluation of foreign credentials (Mata, 1999). Walker argues that one particular factor cannot be held responsible for this phenomenon, and that scholars mostly take a holistic view in attempting to account for it.

Walker subsequently proceeds to trace the representation of foreign credential recognition as a particular sort of policy problem in the political discourse from the 1980s onwards, by immigrants and immigrant-serving agencies, and subsequently by federal government. She argues that by the 1990s, foreign credential recognition was no longer

constructed as an issue of social justice and employment equity, rather, it was redefined as a neoliberal, economic issue hampering profitable labour market prosperity and Canada's competitiveness on the global stage (2007, p. 90):

Certainly, foreign credential recognition received real and significant political attention only after claims which highlighted the racialization of the problem were reoriented by construction of the issues as a promising economic policy tool with the potential to benefit the country as a whole (p. 91).

This economic construction is to be found on various pieces of government discourse such, emphasizing the economic necessity of effective foreign credential procedures for newcomers (Government of Canada, 2016 (c)). An example of this discourse and subsequent policy measures as it pertains to nurses is found in the speech by the former Canadian Minister for Employment and Social Development and Minister for Multiculturalism, Jason Kenney, announcing in 2013 the allocation of a 4-million-dollar budget for credential recognition projects, primarily for the NNAS which received over 3.4 million. Kenney said:

Our government's top priorities are creating jobs, economic growth and long-term prosperity. That is why we are taking action to help internationally trained nurses find jobs in their field quickly...These projects will speed up credential recognition for trained nurses, allowing them to put their knowledge and skills to work sooner in communities across Canada (Newswire, 2013, para. 2).

Consultation with a member of the regulatory body for Council of Registered Nurses in Nova Scotia (CRNNS) together with an analysis of their website revealed a slightly different interpretation, more in line with the classical Weberian notions, discussed above, of the role of a body of state-sponsored experts as guardians of technical and professional expertise. Regulatory bodies such as CRNNS have as their mandate the protection of, and service to public interests. Credential recognition is accordingly cast as one rational tool, amongst others, for upholding this mandate in a fair, consistent manner.

In sum, it can be seen that there are important policy issues surrounding foreign credential recognition, which impact the livelihood and settlement experiences of internationally-educated nurses, such as those studied in this thesis. These impacts are both short-term, as they navigate what are repeatedly referred to as complex, confusing and lengthy procedures, and long-term, since they affect wage earning and career development. The literature further suggests that foreign credential recognition could be a manifestation of racialized societal attitudes which devalue foreign, non-English education and experience, whereas the regulatory bodies themselves construct these procedures as rational, fair and necessary. Government discourse constructs these procedures as technical hurdles which should be completed in an effective manner, in order to render immigrants and foreign-trained workers economically productive in the Canadian labour market. In the next chapters, I will examine the lived experience of undergoing these procedures via the text of the interviews, drawing attention to the unequal, skewed power dynamic experienced by foreign nurses which are exacerbated by their temporary residential status.

## **CHAPTER EIGHT: RISK, MOBILITY, AMBIVALENCE, ANXIETY**

### **8.1 INTRODUCTORY REMARKS: "...HAPPY TO GO WHERE THE WORK IS..."**

Mainstream theories of international migration based on neoclassical economics, as reviewed by Massey et al (1993) and Massey (2012) capture some of the essential elements of the experiences of movement such as those described by the nurses to whom I talked for this study in a straightforward, clear-cut manner. At the micro, individual level, neoclassical economics emphasizes rational cost/benefit analysis conducted by the individual who calculates where their skills will be most rewarded. At the macro level, structural imbalances between rich and poor countries, which lead to the wage differential, are studied. The nurses interviewed for this project articulate both micro and macro economics in discussing their movements. In particular, the powerful push/pull related to the large perceived wage differential between income obtainable in the (under-developed / poor) global South and the (developed / wealthy) global North is discussed in a forthright manner. For example, "Joseph" said:

To be honest, the reason is all about money. And to have a better life. Back in India, we don't really get a good pay... and if you don't get an income, you don't have a good life. Such a perspective, (bracketing the "better life" rubric for the moment) is explicable by reference to micro neoclassical theories of migration, which Massey et al (1993) define as individuals engaging in rational cost/benefit calculation about their movement, subsequently determining the most profitable course of action for them. Later iterations of this theory, described by Massey as sometimes called "the new economics of migration" factors household and familial considerations into the equation as important



contributions in the decision-making process (p. 436). As I discuss below, the participants of this study do indeed refer to family and friendship/peer networks as both motivators of migration and supporters of it, although sometimes not quite in the way described by theorists. For example, for “Calumpang”, a nurse from the Philippines, the presence of her extended family members in the US informed her ambition of emigrating from her home country. However, she deliberately chose a destination other than the US, since as she says: “I wanted to be independent, you know? Have my own career without anybody helping.” In a curious reversal of the traditional networking theory, which as described by Massey emphasizes migrants moving to destinations where they already have established connections, she purposely avoided her family members and sought out a new place where she could make a fresh start.

Macro neoclassical theories of migration draw attention to the structural imbalances between rich and poor countries, a result of uneven development, drawing a flood of cheap labour from the global South towards the North. In other words, the supply and demand of labour determines the flow of labour migrations, both internationally and internally. Massey et al note that this is the most popular account of immigration: “The simple and compelling explanation of international migration offered by neoclassical macroeconomics has strongly shaped public thinking and has provided the intellectual basis for much immigration policy”. (1993, p. 433). Again, the nurses are aware of these structural dynamics:

Because the place you were born doesn't have enough opportunities. You have more supply there [of workers]. Just because of the excessive supply, the demand is less...and when you have a lot of supply, the quality is less (Saam).

Basically, because there is a lesser demand for nurses. [There are] too many nurses [in the Philippines and], not enough jobs for nurses. And even if you find one it's gonna be as a volunteer or trainees. Most nurses go out and apply abroad. That's why we have brain drain for nurses and medical staff (Calumpang).

Internal mobility can also be described by the supply/demand model, with regional labour markets playing a strong role in determining internal mobility patterns. Most of the nurses interviewed for this project made secondary movements after migrating to Canada. In particular, international students moved to Nova Scotia for work after having first landed in Ontario to study in the vocational colleges of that province, as described in the previous chapter.

In such descriptions of the cost/benefit calculation driving movement, the mobile nurse is constructed as free of any attachment and belonging, moving to whichever place would be better in terms of establishing themselves and their careers in Canada. However, as demonstrated by the interviews, finding a job in healthcare, albeit at a lower skill level, is only one of the shaping factors of mobility, both international and internally. Equally important is migration policy at federal and provincial levels. All the nurses interviewed for this project, without exception, moved to Canada with temporary visas and the full intention of transiting to permanent status. As discussed in the previous chapter on migration policy, Provincial Nominee Programs differ widely from province to province, and skill level to skill level, through which most of transitions to permanent take place. Thus, interviewees took care to move to provinces where they knew they had a reasonable chance of applying to the PNP and becoming permanent residents. Some nurses thus selected Nova Scotia even though none of them had even heard of this province before they actually started research on where to move, because it was seen as having relatively "easier" PNP requirements in place. Workers at the National

Occupational Classification (NOC) “C” level, that is, Continuing Care Assistants (CCAs), Personal Care Workers (PCWs) and Personal Support Workers (PSWs) could also apply to the PNP with the support of the employer, while higher NOCs (RNs and LPNs) did not even require employer support.

Another factor which influences foreign nurse mobility, as evidenced by Saam’s story and others in similar positions was the relative “ease” of gaining credential recognitions. Some nurses applied to several different boards, and moved to whichever province where the licencing board gave a more favourable answer. However, it may be anticipated that with the establishment of the National Nursing Assessment Service (NNAS), discussed in the previous chapter which provides a unique point of entry for all credential recognition applications, this factor will presumably fade away.

In sum, neoclassical-driven theories which emphasize a rational cost/benefit analysis on part of the individual, together with a supply/demand model of labour markets, are perfectly adequate in explaining one dimension of the experiences of movement. However, these views simply do not engage with the experiences of nurse migrants at a deeper level. That is, they do not capture the recurrent themes which run through my interviews, patterning them in certain ideological lights. They do not offer any additional understanding of the matrix of decision-making with which they engage, or the ideological framework which animates their movements to give it significance beyond simple monetary calculations. Nor do they uncover the swirl of “structures of feelings” experienced by them, produced systematically through the ideologically-driven policy with which they engage. Below, I explore these areas with greater attention to the nurses’ own words than what has been offered so far.

## 8.2 "LET'S GIVE THIS A SHOT": THE RISKY MIGRATION PROJECT

“Who has not experienced that awkward feeling which surfaces the moment one enters an aircraft? The unease that troubles the traveller when passing through the carrier door?... now, *should I stay or should I go?*” (Bærenholdt and Simonsen, 2004, p. 28, emphasis the authors’). They go on to state:

Psychological ambivalence is a state of being that characterises many of the moments that make up the life-journeys of modern individuals. ‘Should I stay or should I go’ is the core question for those whose whereabouts are in constant transition. The tourist, the vagabond, the migrant, the refugee, the global nomad, they all face the same question for different reasons (ibid).

They argue that ambivalence is inherent in mobility, going on to categorize psychological ambivalence, which refers to the personality of the individual embarking on travels, their desires and emotions, and sociological ambivalence, referring to conflicting social norms, expectations and attitudes and behaviours which leave individuals in a state of ambiguity (p. 29). Both categories can be observed in the nurses interviewed for this study: in the intensely emotional way in which they feel and express the uncertain and risky nature of their endeavours, and the structural difficulty caused by grappling with powerful social institutions, over which they have little or no influence. Bærenholdt and Simonsen further state that although the “structures of modernity”, as has been frequently argued by contemporary scholars, evoke (increasing) mobility, as discussed above, yet modernisation is all about ordering and regulating mobility, determining who, and under what conditions may be mobile (pp. 29-30). In other words, mobility is pervasive and individuals are expected to and do embark on long, complicated life-journeys normatively and in accordance with a sociocultural and ideological template, and in doing so, they are constantly engaged with social structures which order and regulate these

mobilities, at a high personal cost to themselves and their families. Hence the ambivalence, both psychological and structural, combining to make the potent brew of anxiety, confusion, frustration and stress. These descriptions are in line with what has been revealed by other migration researchers specifically in the transition from temporary to permanent residence. For example, Nakache and Dixon-Perera (2015) state that “almost all [participants] described the process as “stressful,” “worrying” or “exhausting” and, most importantly, believed that the transition was not as easy as it could or should be” (p. 21). My research further unpacks this migration-related anxiety and stress at different points of the process, not just associated with the specific procedure of transitioning from temporary to permanent, but more as part of a complex matrix of challenging moments which is constantly under navigation and negotiation.

In the opening pages of this dissertation, I described in some detail my interview with Saam, a life course at once typical and yet amplified and individuated, as an illustration of Beck’s theories on the modern “risk society” and the subsequent “individualized” life courses of people living in societies so characterised. The migration project, with all its various steps which need to be taken in pursuing the double goals of obtaining permanent residence in Canada and professional recognition in the labour market, is seen a grand risk-taking exercise. It is a test of individual capabilities, resources, and skills in an arena fraught with changing policies which seem arbitrary at best, unfair and discriminatory at worst. Knowledge/education, mobility and competitiveness, the elements stressed by Beck, is not enough to guarantee victory in this “risky” arena: a good amount of luck is also required at every step. Although this conceptualization of migration and movement as a risky, chance-driven endeavour,

requiring a fair amount of luck to succeed, is not as widespread or central to the literature on migration or the policies regulating it, there is acknowledgement of the risk undertaken by migrants. Barber, for example, in her wide-spanning research on Filipino migrants notes that they take “calculated risks”, which may “include acceptance of eventual downward class mobility” (Barber, 2013, p. 384). I recall how Saam characterised his whole migration project in terms of taking a risk: “Then I thought ok *I’ll take the risk*, I’ll come to Canada...” (Saam- italics mine). “Joseph”, another male nurse, describes his decision to move to Halifax in similar terms:

-[Shiva] So did you know anybody here, before you moved?

-[Joseph] No I did not. I *just took a chance* and came here.

The theme of risk-taking and chance surfaces not just in undertaking migration generally, but also while narrating the different stages of the migration process. For example, Joseph continues to work at a lower skill level, as a Continuing Care Assistant despite having obtained the Licensed Practical Nurse (LPN) licence, simply because his employer at the time would not support his work permit application and obtain an LMO (so called at that time) for the LPN position. After nine months of working in a low-skilled position, he finds an employer who will support an LPN permit and changes employers, applying for a new work permit specifying he can work as an LPN. This is a good illustration of the skill negotiation also demonstrated by Saam, switching between higher and lower-skilled positions to meet the demands of residency and employment. Meanwhile, the rules on applying for permanent residency changes, and he finds out he has to have one year in Nova Scotia, rather than the six months previously required. He describes his feelings on hearing this news as follows:

It is challenging. Rules *can be changed at any time*. So you take a chance and apply, thinking everything will be positive and *you go for it*. Here in Nova Scotia, *rules change all of a sudden*. *Things can be upside down the next day*, they do not give us beforehand notice, so we can have time.

In “Ruby”’s story, luck and risk-taking are present at the very first step, before she moves to Canada:

In June 2013, I sent my resumes to a lot of different healthcare employers in Canada...some send me back automatic replies. I am not expecting a real answer, *just thinking, let’s give this a shot*. Why not? (Ruby).

“Romy” was able to migrate through the Federal Skilled Worker Program, thus arriving in Canada as a permanent resident, something other participants had also considered, but never been able to achieve. I have included her interview in my analysis, since although not a temporary worker, her experience provides a vivid illustration of the role of “luck”. It also demonstrates the arbitrariness of “temporariness” which affects the experience of the nurses in such a significant, structural manner. Romy herself describes her unusual advantage as a total fluke:

*It was something accidentally happened to me* because I was going to an IELTS training program, my aim was to come as student. But *accidentally* I got some info about May 2014 that the Federal Skilled Worker Program has opened, so soon after that, I applied – in August for the program, so that way, then I got selected (Romy).

“Rita” for example, would have much preferred the stability of the FSWP but fell short:

Actually, I tried to come as skilled worker, about four years ago. But they wanted a score of 67, and my score was 65. Only two points and I could have come as a permanent resident! *It was so frustrating*.

For “Ava”, chance played a huge role in her interview with a Canadian immigration official after she had lived in Nova Scotia for over a year, and was applying for permanent residence:

The immigration officer asked me about community involvement – and I panicked. I thought what do I say now? Then I remembered, *just lucky*, my employer had asked us to do a run for a charity, a fund-raiser. So, I mentioned that, and the interviewer was happy, and he accepted that as community involvement. I had no idea- *it was only luck that I had done that run!*

The element of risk and chance also came up at my meeting with policy analysts at the Nova Scotia Office of Immigration (28 August 2016). Of the various migration streams under the Provincial Nominee Program, Skilled Workers and the Nova Scotia Experience Express Entry are the two most relevant to temporary workers who wish to apply for permanent residency. In choosing to apply through one stream over another, applicants have to make a risky decision: the Skilled Worker program is paper-based and will take eighteen months to two years to process. However, since employers will already have applied for a LMIA when using this stream to hire employees, applicants' work permits will be extendable and they can continue working while their application is being processed. The Nova Scotia Experience Express Entry stream, on the other hand is electronic, and takes only four to six months to process. However, the Nova Scotia Office of Immigration (NSOI) will not support the continuation of work permits for applicants in this stream. It is up to the applicant to determine which stream is more likely to yield a successful application, risking losing their work permit if they make the “wrong” decision. This decision making can thus be called “a bit of a gamble”, in the words of a policy analyst at NSOI.

To have chance, luck and accident play such a key role in some of the most decisive moments of one's life, moments that one has worked for tirelessly over several years, often with a great amount of personal and familial sacrifice, comes at a high cost and takes a toll on emotional and mental well-being. The nurses recurrently describe the stress and anxiety they experience due to the uncertain, chancy nature of their migration



project. The fact remains that no matter how hard they work and how resourceful they are on an individual basis, ultimately their success at this project lies with factors beyond their control. “Amur” vividly recounts the potentially devastating effects of this gruelling anxiety:

Only if you have the strength and *mental capacity*. If you can make it to RN, then it is very rewarding, but you need to be *very strong*. Because *you might break up at any time...because you have nothing*. I even heard someone killed themselves it is so hard. I don't know where, just a rumour. People don't understand *the struggles and limitations*. Many come with loans, with lot of hopes, and if they can't make it... There should be something to assess *the mental strength* of people. They are *not supported*- there should be some way *to support these people, and the stress they are under*. Do not make it so difficult...I feel half of your skill will be gone in this long waiting.

Again, stress and anxiety surfaces at particular moments and phases as well characterizing the migration project as a whole. Each interview describes certain points as been the most stressful throughout their experiences. For example, as mentioned above, for Saam, the IELTS language test was particularly nightmarish and anxiety-inducing. For Joseph, having his application for permanent residence set back by several months due to unforeseen changes in the PNP regime was very hard:

That was *tough* you know, *I had to wait for one year* [before applying for PNP]. And then after I apply, they *change rules* again to six months. *If the rule hadn't changed*, if it had been 6 months, I would have been permanent resident 7-8 months back (Halifax, May 2016).

Meanwhile, he obtained his RN licence, which involved a move to the province of PEI and back, similar to Saam's story, but found, to his immense frustration, he still could not work as an RN. This is where the “skills-slippage” worked against him:

No. I had a work permit for LPN, right, September. November, October. *I had to wait* for new work permit, even though I had a new [RN] license, *I had to wait* about four months before I could practice [as an RN]. *This was also upsetting and painful for me*, to work as LPN, even though I had the qualifications to work as an RN. I was able to get a new work permit after I got my PNP, because *I wrote to the immigration office [NSOI]* saying I am an RN now, I have the necessary papers to practice as an RN in Nova Scotia, I can work

here, I submitted all the proofs to Immigration, I want to change from LPN to RN. It took four months.

To be forced to work as a LPN when he had achieved the RN recognition at great personal cost and effort because of an arbitrary-seeming condition on his work-permit was intolerable for Joseph. It was at that point he voiced a complaint and “pushed back” against the unreasonable requirement, and after another wait, finally succeeded in aligning his professional recognition, his workplace and residential requirements.

For Amur, it was not so much the changing rules, but the fact that she had to submit all her paperwork from scratch each time she made an application was “a little bit frustrating”. And then there are the fees she had to pay for the courses she took, first as an international student, and then for the bridging programs:

...and it costs a lot to come here, and the course is \$7500, and then for my stay I have to spend money, and show in my bank, I have to show I can support myself, for all the paperworks, for the LPN, for the RN, takes a lot... *I am a little bit frustrated* since I got my LPN they know I have all my papers, they ask for the same papers to be submitted to them also. They need my birth certificate with my name and everything. Like I have my passport for identification but they don't want that. *It is funny*.

It is not funny at all, of course. Her choice of word is characteristic of the tendency shown by some interviewees to “gloss” or “smooth” their experiences, a tendency especially prominent in their discussions of racism, covered below.

Calumpang's main source of frustration came not during migration, but before, while she was gathering documents in preparation for her application, a process she describes as “nerve-wracking”. Her main worry was that her year of experience in the Philippines would be discounted, since she spent a large portion of that year working in the billing unit of the hospital, and she was afraid that this would not be considered “nursing”. As it turned out, her worries were unfounded, and her migration process

through the temporary foreign work program turned out to be one of the smoothest and fastest described to me, taking place in almost less than four months from the time her employer contacted her. However, the issues of her work experience came up when she was applying for the Provincial Nomination Program:

I was the youngest in my group, and they were trying to question, why I was so young, whether I had proper work experience, just three months nursing in the hospital, why had I worked as a volunteer. I had to defend myself, explain that well-paid jobs were not supported for new nurses in my country- it was common to work as volunteers or for very little money... so yeah they almost cancelled my application. I showed them in my job in medical billing- my experience back home, I still had to deal with patient charts, and deal with patients, I'm still based in a hospital and dealing with patients but in a different way. So thank God they accepted- they sent a positive decision, it was so nerve-wracking. *You're almost on the verge of packing your things and going back home...I don't know maybe it was prayers...* (Halifax, February 2016)

With her PNP application successfully behind her, Calumpang's main source of migration related stress at the time of the interview was the recognition procedure. As a former RN, she finds it "frustrating" to have to work as a Continuing Care Assistant (CCA) now. She acknowledges that she "loves the work and loves the clients now", but "this is not what I trained for, light housekeeping and stuff... but what is the use moping? *I have to remind myself, it is a blessing to be here.*" She is already thinking about how to plan her time for studying while working and whether she can afford to work fewer shifts. Ideally, she would like to find a permanent position in a nursing home as that would offer a more stable pay and work environment than her current job in home care, which is paid on a casual hourly basis (to be discussed later in more detail), but she was concerned that a full-time job would cut into her study time, and derail her plans for taking the licensing exams. Meanwhile, she is separated from her fiancé, another source of worry, and thinks about the plans for their eventual reunification. She has not yet applied for him to join her, even though she technically could, because she is worried

about the cost of fees and airfares. Moreover, the migration process and having to prove to the immigration officer that they have a genuine relationship and that he has financial prospects and earning capacity here is daunting. Already having recently gone through the “nerve-wracking” process to prove her work experience was relevant, she is reluctant to take on another. Living as a single woman, she shares the cost of living and accommodation with two other colleagues which keeps things very affordable, so presently she can even afford to send remittances back to the Philippines on her salary as a CCA employed on a casual hourly basis in the home care industry. If and when her fiancé joins her, they will have to live as a couple and she is not sure yet whether they can afford to do that. All in all, she says laughingly “there is a lot to consider”, in terms of professional development, work, and romantic/familial relationships.

Not all nurses express frustration at the devaluation of their skills. “Tanu” trained as an RN at one of the best nursing schools in India, a school so good and recognizable that she was granted eligibility to write the RN examination without being assigned any bridging courses, which is apparently quite rare. She currently works as a Personal Support Worker (PSW) in one of the residential facilities in Halifax. She described her workdays as “relaxing”:

There is a lack of responsibility here, you know, for the PSWs. The RNs are responsible for everything. Not that there is much happening. When I was working in a hospital in India [as an RN] there was so much responsibility. I have no responsibilities here. It’s refreshing, you know?

After arriving in Canada as an international student, Tanu took almost three years of postgraduate vocational nursing courses at various colleges in Ontario, before applying and receiving an open work permit valid for three years. She told me she must have spent around \$18,000 on tuition fees. “And it’s worth it, because I received a long work permit.

Valid for three years!” Tanu considers the courses she took as a way of receiving a longer work permit than usual to lengthen her stay in Canada while she figures out her next steps. These fees can be considered as a way of “buying” a measure of security and stability in a context of uncertainty. For she was on the younger end of the spectrum, and engaged to be married to a fellow Indian who at the time of the interview was living in a European country. She had the various IELTS scores and RN assessments required in that country at the tip of her fingers, readily comparing with the scores and assessments required in Canada. At the time of the interview, she told me she was leaning towards leaving Canada and joining her fiancé in Europe without trying to write the RN exam here in Nova Scotia, since she had realized it would be easier for her to practice as an RN there, and just as many jobs available. For her, the “boring” job in Halifax, much like the expensive vocational courses she took in Ontario (which were supported by her family), were a means to the end of determining a permanent place of settlement. The lack of significant emotional investment in her job and life in Halifax explains her relatively lower sense of frustration and stress in describing them, compared to other nurses who were serious about Halifax as a place to live and work. Tanu’s interview, unlike Saam’s, did not end on a note of stability, rather she remained open to further movement. In this sense, she exemplifies *par excellence* the “hyper-mobile” “global nurse” who, because of her skills and knowledge, can make considered decisions about where to move, and accordingly chooses the place she feels would best suit her, both professionally, in terms of ease of recognition of credentials and gaining higher-skills jobs, and in terms of joining family members and loved ones.

Meran's high anxiety point came when she was evaluating her decisions and prospects prior to registering for a second semester at a vocational college, while also preparing for the equivalent of the LPN exam in Ontario. The financial drain and the uncertainty of the future were a potent combination:

My husband had to support me, but he couldn't work [full-time] because of our two daughters. And I couldn't work. We were draining out of money. There was stress, you know. And I had to take a break because we couldn't afford the second semester fee. And I knew if I don't make it now somehow, I will have to go back [to India]. Whatever efforts I have [already] put in, you know, the amount of depression I was [having], you know, all my future plans. I was thinking did I make the right decision? Should I have remained back [in India]? And I knew all my former colleagues were going up the ranks and establishing themselves well in India and here I am, decided to come to this welfare country. But my husband was so positive, and he would support me, and I had some good friends, one of my good friends gave me a loan for the second semester because she knew I would make it. If I could pass the exam. But I had to take a break and think about it and see how it will work, you know? Because I didn't want to fail. After passing the exam [for the equivalent of the LPN in Ontario, the RPN], they were asking for more documents again, even after passing the exam.

This narration may be unpacked to reveal several themes. Meran describes her migration project as an individualized risk-taking enterprise (*did I make the right decision?*), and her attempts at gaining professional knowledge, undertaking labour mobility and competitiveness in following jobs are also in line with Beck's description above, as well as roughly following similar outlines to the experiences of Saam and Joseph. However, for Meran, the stakes were even higher, since unlike Saam, she had not been experiencing "nothingness" in India, either professionally or personally. On the contrary, Meran had had a promising and rewarding career as a military registered nurse in the Indian Army, which she quit after making the decision to migrate. She had loved her job, and the decision to quit, which is cast as a family decision between her and her husband, supported by positive testimonies from friends who had migrated before them, was an agonizing one for her. In her story, migration becomes a familial and even communal

enterprise: it is her decision, yes, but it takes place in the context of full support, if not pressure, of her husband and also good friends. She is always considering her uncertain future against a prosperous past.

Furthermore, her movement necessitated a “gender switch” from the stereotypical gender roles of the male breadwinner travelling or migrating, while the mother remains “back” to provide childcare. In Meran’s story, she is the traveller and migrant, while her husband gives up (partially) work and business to care for their two daughters. This is a pattern frequently observed in the literature on female migration albeit mostly understudied and unobserved in mainstream literature until the early 2000s (Pessar and Mahler, 2003; Mahler and Pessar, 2001).

Others noticed and reacted to their “gender role switch”:

I had a problem with my husband’s family [who were] not very supportive, of making him stay at home. [This was] getting me discouraged, seeing him stay at home, and me going away to work, it was taking so long. I felt I was a liability on my in-laws.

As a general pattern, I observed that the women interviewed usually described their migration in similar familial and communal terms, with decisions made in discussions with their partners, parents, and friends whereas for the men it was cast as an individual decision. Most of the women were married, in long-term relationships and/or had children at the time of their migration, while the men were overwhelmingly either single or recently married. None of the men interviewed had any children. Thus, it is inevitable that in the narratives of women, issues of family and childcare become highlighted. It is impossible to look at risk, chance, anxiety and stress for these women without considering family issues such as childcare, separation and backlash from irate in-laws. Interestingly when asked directly about their gender and its effect on their work and

migration, almost all women affirm that they feel equal to men and never feel any difference due to gender. But the men on the other hand, report that their gender has worked positively for them. Robert, for example, says that he could have never done all that he has done, the international travels and setting up a business and recruitment and so on, were he not a man. Saam admits laughingly that being outside the “estrogen circle” has helped him with his career. He told me that his colleagues see him detached and objective from the collegial gossip which permeates the female-dominated environment of the workplace, and he has gained more respect and professional advancement due to his gender. Both Saam and Robert seem to typify instances of the “glass escalator”, where men in usually female-dominated professions experience rapid professional advancement due to their gender (for example see Ko, Kotrba, & Roebuck, 2015). I further note that the women also expressed anxiety about the future prospects of their husbands. “What can they do here?” was a question frequently repeated in discussing matrimonial issues. None of the few men who were in long-term relationships seemed to have any concern regarding their future of their partner’s career.

“Bessie” is one of the few interviewees from an African country (name of country withheld to better maintain anonymity), and like Amur, has left her children with her husband and mother in her home country while she pursues the Canadian dream. She has nine years of experience as an RN in her country of origin, but in Halifax, she is working as a CCA. She describes some of her frustration with “the system”:

I tried [to have my RN credentials assessed] in Ontario- *they gave me such a hard time, they wouldn't call me back on time, just kept me waiting forever.* So I decided to try in Nova Scotia- *now I have to send all my papers again-* I sent my last piece of paper to NS Board about two weeks ago. *I actually complained [to the nursing board in Ontario] and eventually they wrote to me* and talked about competency assessment. Because my school



in [my home country] hadn't send them course outline. *Because my country also makes it hard for nurses to leave*, you know. They don't want nurses to leave. So when you ask them to send course outline, they send your transcript but not the outlines. So Ontario couldn't decide, because everything wasn't in detail. *So I tried to call and communicate to the person doing my assessment to explain the situation, so I call but nobody picks up.* I knew her last name and extension but *she doesn't pick up...eventually they said I should do competency assessment.* So I did but then they said...that my education isn't up to their standards. They didn't give me bridging courses- just gave me a few competencies. To work on. So I took that to [vocational college in Ontario], but they said they don't do a few competencies like that, *I have to do the whole program again.* So again *I tried to get somebody to talk to*, to send what I have already done, but they wrote me back with the same competencies as before. *Either I had to do that or just forget about that.*

Several things are going on with Bessie: she has to deal with the RN board in Ontario, her nursing school back in her home country, and the vocational college. All of these appear as obstacles to her work and mobility. She describes the frustration she experiences in trying to get her voice heard, to talk to someone and explain her situation. She gives up on Ontario, and moves to Nova Scotia, where through her friends she gets a job as a CCA in home care. She starts a file with the new National Nursing Assessment Service, and is simultaneously working on studying for both the RN and LPN exam.

Meran's words also touch on the frustration arising from repeatedly having to provide documentation and undergo assessments, as well as "skill slippage" as she tries to align her skills with the requirements of professional boards, the job market and residency. Later in her narrative, she gives a fuller description, capturing the time-sensitive, stressful nature of the bureaucratic processes she was undergoing in pursuit of professional recognition:

I am thinking of giving it up, but then I got a job here in Halifax. I thought I should withdraw my RN application, I had a month to decide. I needed time. The whole [set of bridging] courses cost \$3000, about seven or eight courses...people should know we are struggling so much, when you talk about policy changes and such stuff. So I had to re-apply, because my application had expired, and they asked for all my documents again! Even my documents from India! I told them, my documents from India have not changed, they have stayed the same! I haven't even travelled back to India since my last application, why are you asking me for documents again? Why is this required? And they

said policy. It is so difficult to get these documents every time, once they were lost on the way, and you have to bribe people [in India] to get your documents again. All this delays the process. And they told me to take the assessment again...

Pausing to note how the word “policy” becomes shorthand for masking a variety of seemingly unreasonable and arbitrary bureaucratic requirements, the narrative continues. She re-takes the RN assessment, and to her frustration, another course is added to those she was prescribed in the first round of assessments: mental health nursing. Her IELTS falls short of the required score by 0.5, and she is also told to re-take the IELTS. She does so, but not before complaining:

They tell me it is to support the public, I respect that, but I don't understand, I can converse with a family, with residents, I don't think the 0.5 will make a difference. I don't understand why they are so inflexible.

Meran took her second RN assessment in September 2014, and began the bridging courses in May of the following year. Some courses have waitlists, the others are cancelled before they start because there are not enough students. The start date for each course is undetermined, and she is afraid her IELTS might expire before she finishes all the courses.

Meanwhile, she must deal with another source of frustration, also experienced by other nurses, that of not being able to work at the level she was trained for. Meran has a Master's degree in nursing from India as well as the years of experience working as a military nurse. Her frustration at being assigned bridging courses in topics such as cultural competency and medical administration, as well as the lower skill level (LPN) which she has in her current workplace is intense:

But I am already working that. So many things I have already proved, how I am working. Why don't they ask my employer – for two years now I am performing- sometimes I have to take responsibilities of an RN on the floor, they will give me some responsibilities which are actually for RNs but I can do- stuff I am doing –I do not try to

cross my limit, I know the legal differences- but there are many overlapping duties which I take all the time.

I will return to this issue of foreign nurses trained at a higher skill level but working a lower skill level in more depth. For now, I am simply marking it as a source of professional frustration for the nurses, however there is a further dimension to it: it represents the extraction of additional value from their labour and devalued skills in the Canadian job market, the “value plus plus” described by Barber and Bryan (2012) with regards to Filipino caregivers. This topic will be expanded in the subsequently when examining their workplace relationships.

In wrapping up her story, Meran echoes other interviews:

All these struggles that I have... I can see they have a shortage here. Nova Scotia is experiencing a shortage for nurses and there are a lot of people back home who want to work, to enter. But why make it so difficult? All these documentations, all this back and forth. Something has to be done with all these policies. I don't think it is done fairly [with] all these courses...

In Ava's words:

My concern is about nursing, it is very hard. Why all the changes? When there is a lot of nurses (in the Philippines) why would you make it harder (for us) when you need us?

There is a general articulated feeling that all these hoops through which the foreign nurses have to jump before they can practice: the IELTS and the professional recognition system, with all the assessments and bridging courses are “simply money-making machines”. Or maybe they are just discrimination against foreigners. I attended a public event held by one of the Filipino associations in Halifax, and managed to talk to the director of the association, describing my research and asking his help for recruiting of interview participants. He was very enthusiastic, and impromptu, took the stage, introduced me and my research, and declared to the audience “... this issue of Filipino

nurses [pause] we hear so much, our Filipino nurses not being paid, not being able to work at the level they trained for. *I don't like to say racism, but why? Why are our nurses discriminated [against]? I am glad somebody is studying this important issue.*”

The issue of (racial) discrimination in the workplace will be discussed in greater depth in the next chapter, though again, it is not of course a distinct topic from stress and anxiety experienced by foreign workers. There is a body of work in migration and psychological cross-cultural studies which uses the term acculturative stress to describe or define the stress experienced by immigrants in relation to migration. This work does not subscribe to the Marxian political economy discussed in Chapters Three and Four, which provides the theoretical foundation for this study, and thus does not engage with the structural inequalities and class relations generated through capitalist economic regimes. These unequal relations in certain contexts are experienced as anxiety and stress, and may further have a racial dimension. However, this school of thought bears some mention, as the psychosocial understanding of stress informs a body of work on the experience of migration confirming the negative effects of migration-related stress and anxiety in various groups of migrants.

In a more general, literary sense, scholars such as Kristeva (1991) and Bauman (1990) have written at length on the mutual sense of unease, distrust or even horror which exists between foreigners and their host society, a feeling which can also be considered to exacerbate systematic or institutionalized racism. Kristeva notes that this type of existential alienation following uprooting and extended journeying can be traced back to biblical and ancient times (1991). Saam recounted a brilliant little vignette which perfectly encapsulates this sense of unease:

We were at a shop- a group of us, a couple of families, all Indians, and we made some joke and we were laughing- and then I saw the cashier's face. She looked really uncomfortable, and I had to tell her, you know, reassure her, look, we are not laughing at you! It just some, insider joke, you know! Because from the look on her face, it looked as if she felt we were laughing at her! I just had to explain to her! And I was thinking, maybe we shouldn't laugh so loudly, in our own language, of course that would make them uncomfortable...

Berry and Sam (1997) focus on such modern iterations of immigration and cross-cultural contact more broadly in their study of acculturation. They trace the concept of acculturation to cultural anthropology and define it as culture change resulting from continuous contact between two distinct cultural groups. The resulting acculturative stress is characterized as a reduction in the health of individuals undergoing such culture changes (ibid). They argue that acculturative stress which is a result of forced or unwilling cultural change (such as that experienced by refugees or indigenous populations) is more than that experienced by those who migrate willingly.

Subsequent research using similar conceptual frameworks study acculturative stress in correlation with various other factors. For example, Dillon, De La Rosa and Ibanez (2012) define "the psychosocial strain experienced by immigrants in response to challenges encountered while adapting to cultural differences in a new country" as acculturative stress (p. 484), and conclude that family cohesion of recent Latino-origin immigrants in the U.S. is strongly correlated to acculturative stress. Jasinskaja-Lahti, Liebkind and Jaakkola (2006) argue that empirical evidence exists demonstrating that

immigrants' acculturation attitudes and cultural values, self-perceptions and ethnic identity, locus of control and self-esteem, and social and ethnic community support can shape their acculturative experiences and diminish the negative influence of acculturative stressors on their psychological well-being (p.294).

They subsequently examine the extent to which perceived discrimination affects the psychological well-being of immigrants, as measure by levels of anxiety, depression and

psychosomatic symptoms, and further explore the role of social support networks, including those provided by the host society, co-ethnic groups within the host society and co-ethnic groups overseas, in influencing the effects of perceived discrimination on immigrants.

Finally, Berry (2006) situates the term “acculturative stress” within a broader theoretical framework which models acculturation between dominant and non-dominant groups as an ongoing process, involving intercultural change on both sides. He acknowledges that this process will be influenced to a lesser or greater degree by the dominant group, resulting in various levels divergence between the ethnocultural groups, ranging from segregation and marginalization to integration and assimilation.

Acculturative stress occurs when the processes become conflictual, problematic or individuals otherwise

experience change events in their lives that challenge their cultural understandings about how to live. These change events reside in their acculturation experiences, hence the term acculturative stress...acculturative stress is a stress reaction in response to life events that are rooted in the experience of acculturation” (p. 294).

An important note by Berry relevant to the experiences of the nurses is that acculturative stress may be either positive, in the sense that it may be associated with greater opportunities and development, or negative (p. 295). Although the focus of this chapter has been mostly on negative expressions of stress, in the form of anxiety and frustration, it is useful to recall that the initial motivator for life-change, migration and movement, as expressed by the nurses, was the desire for better income opportunities, higher prestige and professional respect and greater security and labour protection. After establishing themselves as permanent residents and RNs, if successful, they do experience these

advantages. Even when working at lower skill levels such as CCAs or LPNs, they are quick to acknowledge that they are enjoying better working conditions and higher incomes than what was obtainable in their country of origins. In this sense, then, the acculturative stress they undergo may be considered positive.

In the concluding lines of this chapter, I note that the work on acculturative stress, as discussed above, provides a vein of scholarship with which to compare and contrast the stressful experiences of the participants of this study, yet lacks the detailed attention to the unequal structures of power provided by the Marxian framework adopted in my study. Rather, it seems to take feelings of alienation and experiences of racism as pathologized phenomena which necessarily accompany migration and mobility, and which accordingly may be adjusted or alleviated with the correct measures. In the next chapter which focuses on the nurses' experience and handling of racism, I will discuss the work of the anthropologist John Comaroff (1991) regarding the race and ethnicity as social constructs consequent of relations of extreme power imbalance, such as, and in particular, those between the marginalized and dominant classes of society.

The nurses interviewed for this research contribute an expression of the tangled, knotty nature of the frustrations and anxieties resulting from the sheer complexity and intransigence of the bureaucracies they encounter, a direct result of the unequal power balance between the officials who regulate and condition their movement, work and residence, and themselves. I find this dimension of anxiety to be under-emphasized, if not wholly lacking in other studies in this area. In contrast to the studies above, these nurses have little problem with the broader "culture" of Canada, where they have moved and

where they now live and work. Thanks to the global cultural juggernaut of Western media, as described by Trouillot above, the sociocultural environment is generally familiar for them. Indeed, they frequently use positive words to describe their workplaces and communities, and they are able to cognitively dissociate the people with whom they work, their colleagues, peers, employers, clients and patients, from the state-run agencies and institutions which are giving them “such a hard time”. Overall, it would appear that the uncertainties and anxieties they endure as they manage their professional and residential requirements, casts a fine, tense balance positive and negative experiences of stress. I also need to emphasize that their feelings of anxiety and stress are relational to their other goals and trajectories. For those who intend to make Canada their long-term home, such feelings are more pronounced during their migration process, than others, such as Tanu, who are less committed to staying. Familial status, (that is, the presence of children and/or partners), age, and sheer ambition and individual characteristics also play into the complex and nuanced matrixes of feelings experienced and expressed. It is not as simple as declaring that the migration and career trajectory for all nurses is unambiguously and decidedly stressful.

So, I will now turn to a closer analysis of their narratives as pertaining to their daily actual experiences of working and living as a temporary foreign healthcare worker. In the following chapter, I describe their experiences of workplace and community. The key emergent theme revolves around expressions of discrimination, both perceived and actual, and, somewhat conversely, of fear, gratitude and loyalty. All these clusters of feelings stem from the “difference” of the temporary foreign workers from Canadian-born workers, and the conditions imposed upon them because of this difference.



## **CHAPTER NINE: "THE MAGIC TOUCH": EVERYDAY RACISM AND GRATEFUL WORKERS**

### **9.1 THEORETICAL APPROACH**

One of my interview questions was "have you ever experienced racism in your workplace?" which at the time of developing my questions I included as if by rote, uncritically. Accordingly, the question usually received rote-like answers, a clear no! However, as the interviews progressed, and I learned to open up the questions and move away from the boundaries they imposed, more complicated, nuanced answers appeared. In this day and age when racial acts of discrimination are illegal and considered a human rights' violation, why would I have thought that the nurses encounter racism?

John Comaroff (1991) states there have been longstanding conceptions of race and ethnicity as brute and unavoidable biological facts, forever operating as causes for human conflict and tense societal relations. He terms these conceptualizations as "primordial", noting that this approach has traditionally attributed to all groups of humans some form of intrinsic and immutable culture to which the members of that group inexorably cleave- a basis of solidarity and loyalty for the members of the group, but difference and conflict between human groups themselves. Despite the longstanding grip which this approach had on anthropologists and more so other social scientists, he argues there has been a turn away from it, and in opposition a "constructivist" approach has developed, in which ethnicity is viewed as an immanent or latent form of human capacity. Under the constructivist approach, specific socio-historic circumstances bring

forth ethnicity and race as a cultural response, based on a set of cultural practices, signs and symbols.

Comaroff's position, adopted in this dissertation, is that ethnicity and race are neither biologically engrained, nor culturally latent within us. Rather, they are particular manifestations of power relations as imposed by dominant groups on those marginalized. In this sense, ethnicity is "an entirely modern invention - typically the product of colonialism or some other form of domination" (p. 667). To support his position, Comaroff recounts several examples from colonized African tribes where various "ethnicities" were in fact unknown until the British imperialists invented and ascribed them to different groups of peoples. It was under British rule that these people learned of their ethnicities: "the period that marked their passage from humanity to ethnicity" (p. 669). These labellings were thus intrinsic to the colonial process of exploitation.

Similar interpretations of racism and racialization have been used in conjunction with more recent ethnographic examinations of modern mobilities and cross-border movements. For example, Jane Helleiner (2012) uses a framework based on the social and historic processes of racial signification, "that invokes biologized race and/or essentialized ethnicity, nationality, and/or religion in the context of relations and structures of subordination and/or privilege" (p. 110) in her study of a "racialized" U.S.-Canada border. She notes how the "official" representation of the border and the bureaucratic infrastructure upholding and enforcing it is "colour-blind", and denies any racial profiling. Yet the narratives of the young white people who experience regular border-crossings bear witness to how the systematic racial profiling occurring regularly

disrupts this representation. She concludes that even though such narratives simultaneously challenge official “colour-blindness”, they legitimize the racial discourse which privileges their whiteness, rendering it harmless, while casting scrutiny of non-whites as part of an “appropriate” larger security project between the U.S. and Canada. Thus “they ultimately offered limited challenge to unequal im/mobilities that reproduce racial inequality” (p. 111). I discern similar elements to Helleiner’s discussion of a racialized border apparatus and the responses evoked by it in the experiences of the nurses described in this project: from the officially rational and “colour-blind” institutions of immigration, education, employment and licensing which control and regulate the conditions of movements and work of the nurses, to the cautiously nuanced expressions of racialization of both the nurses and their colleagues, fully expanded below.

## **9.2 “...A UNIQUE FORM OF RACISM HERE...”**

“Robert” was once a temporary foreign nurse in Nova Scotia, but a few years ago, realising the opportunities and demand for foreign nurses in the province, he started his own home care and healthcare worker recruiting agency. He started with a group of Jamaicans with whom he connected via some Jamaican-born nurses in Halifax he knew professionally. He established links with a nursing college and the department of labour in Jamaica, flying there personally to conduct interviews with the applicants and select successful candidates. These took place at the offices provided by the Jamaican government department of labour. He oversaw the migration papers of selected nurses and assisted with their arrival and accommodation in Halifax. Once he placed them successfully in full-time healthcare jobs, either in his own home care company or

elsewhere, he continued with the regular recruitment and employment of foreign nurses. Soon he realised that temporary foreign workers from the Philippines will be easier to recruit and employ due to the constant, systematic racism encountered by Jamaican nurses. There have been clients who specifically request no black nurses.

However, it is not just black Jamaican nurses who face systematic racism. Robert himself claimed personal experience of ethnic discrimination. This is interesting because as a successful white male entrepreneur, and of the European ethnic origin commonly associated with settling in Nova Scotia historically, he would not be usually considered as the member of target groups on the receiving end of discriminatory comments. Nevertheless, he confirmed that “almost every day” he has to deal with some form of reminder that he does not belong to Nova Scotian communities and he is a “Come From Away”: “I actually thought of trademarking that phrase and printing it on t-shirts- I would definitely wear one proudly! But somebody beat me to it. The phrase is already trademarked”. He continued, “the most annoying thing is, I just open my mouth and talk to people, in professional settings, people I’ve never met and don’t know, and they immediately start mimicking my accent back to me and laughing! I find it highly disrespectful”.

Robert became an RN in his birth country, attracted by the prospect of international travel offered by this profession, and also because “it ran in the family”. He worked in the nursing profession in over eight different countries before choosing to settle in Nova Scotia due to family reasons and to be close to his country of origin. His experience of entering the profession in the province thus has a comparative aspect, and

recalls the comments made in Chapter Two about Nova Scotia's problematic history with racism and diversity:

The paperwork for Canada was the most complex ... In general, the process for moving to Nova Scotia and becoming recognized as an RN is the most expensive, the most laborious, and the most difficult to achieve. I can only conclude that despite the rhetoric, Canada, and Nova Scotia in particular don't really welcome immigrants.

Robert attributes the complexity and difficulty of gaining residence and professional recognition in Canada not to "unfairness" or inequality, as did the nurses interviewed who originated from the global South, but as an iteration of exclusivity, traditionalism, and almost simple dislike of foreigners. It is an interesting distinction: his country of origin would be considered Canada's equal, if not superior in terms of historical and cultural weight on the global stage. Accordingly, although he had to "jump through the same hoops" to gain professional recognition and residence, he does not talk of unfairness, bad luck, higher income/better status, supply and demand in the manner of the Indian and Filipino nurses. He simply considers Canada, and Nova Scotia in particular, to be "bitter", conservative, clinging to "old-fashioned ways", and averse to change and to foreigners. He goes on to compare the racism he encountered elsewhere with what he tolerates here:

I believe there is a unique form of racism here, which is quite different from what I have seen, for example in the Middle East. While in Saudi Arabia, healthcare is also largely occupied by foreign workers, due to lack of local skills, yet locals see themselves as a distinct social class, and do not really interact with the foreign workers in the same way as in NS. In NS, there is a bitterness to the interactions with foreign workers, as the locals somehow believe the foreigners are "taking their jobs away" (Halifax, October 2015).

It is problematic, and a false equivalence to equate Robert's experience of local mockery with the systematic racism endured by black nurses. His experiences have not prevented him from establishing and running a successful healthcare business, thus placing him in a

position of power and privilege vis-à-vis the foreign nurses he employs. The overall point however stays: Nova Scotians may act “bitterly” towards outsiders. This embittered attitude can be attributed to a complex mixture of historical marginalization, structural racism and current levels of poverty resulting from inequitable federal and provincial policies, informed by an overarching adherence to the ideology of neoliberalism.

What is this “unique racism” that Robert describes in the quote above?

Part of it is of course solid old-fashioned racism: the requests to not send black nurses on home care visits, occurring so systematically that he eventually stopped recruiting from Jamaica despite the fact that they are good professionals. Other nurses recount similar instances of naked or direct racism: “Some people don’t like brown skin, they use bad words” says Amur simply. Bessie, a black woman, confirms that she sometimes gets turned away by home care clients with no particular reason offered as to why she is being refused, but she says that since she gets paid for that visit regardless, she doesn’t mind.

However, from the point of view of most of the nurses, such instances of “direct racism” are not common. Asked point blank whether she has experienced racism or racial discrimination, “Tahmina”, a nurse from India, shook her head vehemently:

-[Tahmina] No, this place is lovely [laughs] [I have] never experienced these things here.

-[Shiva] And how about outside of the workplace, in town, on the streets for example, or shops?

-[Tahmina] Not in Halifax, [I have] never experienced things like that here.

This is a more typical reaction. In fact, the nurses often emphasized that their colleagues and peers are generally “lovely”. Even though some patients can be “difficult”

sometimes, it shouldn't be considered racism, rather put down to ill-health, dementia or other individual disturbance.

I recounted part of Meran's story above. Her tone of voice while narrating the challenges and frustration she had to face while dealing with the various agencies and bureaucracies became agitated and noticeably emotional, sometimes high-pitched. Then I asked her about her working relationship with her colleagues and employer. Immediately the tone of her voice became lower pitched, she visibly relaxed, she smiled, and said in a genuinely warm, affectionate manner:

-[Meran] yes, [the employer] really helped me, I have a lot of regard you know for the Human Resources there and all the people who helped me. They supported me, that is how I could get my family here. I was separated from my family for three years you know, and they helped me...

-[Shiva] And your colleagues, how would you describe your relationship with them?

-[Meran] Really good, I really like working there. Of course, when I started there was a little bit of problem [...]

-[Shiva] And how about patients and their families?

-[Meran] very good too.

-[Shiva] Have you ever felt discriminated against?

-[Meran] I feel, like if I am dealing with a hundred people, maybe twenty don't like working with the Indian nurses, and the others accept us. I think now there are so many of us. Last year there were only one or two Indians, now there are 30-40. About a third of the [workforce].

Meran noticed a similar development in the suburban community where she lives with her husband and children:

[There is an] inflow of East Indians- lot- everybody in healthcare because they found this place more favourable to immigration. In [our suburb] lots of families are settling- just in my building four or five families arrived recently- Since December we have had five

parties, weddings, birthdays. The community life is really increasing here, our culture [is more visible].

Saam's description of the residential community was similar:

[there is] that feeling of belonging, community- [there are] a number of us from [province of origin in India] - you come out to the community- you can mingle with people from your own place. You get to know those people from church, friends of friends... even games, if I wanted to, I have that option to go and play cricket on the weekends!

The sense of community extends to the workplace, but barely. Saam struggled to put his finger on what he feels exactly is going on when asked about racial discrimination.

Unlike Tahmina, he didn't deny that "it" exists, but it was hard to describe:

-[Saam] Nothing major, you know. The only time...[pauses] I have a lot of patience, and I can tolerate, I have pretty good relationships, overall.

-[Shiva] So how would you describe these relationships?

-[Saam] Umm. You are *always a foreigner*. And you are always somebody with a *stupid accent*, who is *funny*. Who is, like, what you say, *not like the others*. Because you come from India. The land of elephants and jungles and *you are uncivilized*. *Some people think like that*, not everybody. *A considerable number of people think that way*, and *although they don't say it to your face* you can feel it from time to time. From everybody- doesn't matter. Sometimes from staff. Sometimes from families. Because *they don't see you...* There are people who respect you, who look at your qualifications, who don't think about your ethnicity or background or accent or anything like that. But there are people who don't take directions very well from you. Although you are the boss, they think they are local, and *so what do you have to do with us- you are an immigrant*.

He is describing a tense hierarchy: he is the RN and head of a "floor", supervising directly all those who work on that floor. But because he is a foreigner, he finds locals who are his subordinates both in the professional and administrative hierarchy are reluctant to take direction from him. Later on in the interview, when I asked him if he would leave Halifax, he sighed and said "Yes, to a place where there is no racism, and no winter, and low taxes." He laughed "Such a place doesn't exist, right?" A place without



racism is thus construed as a fairy tale- racism being as natural and unavoidable as winter, or high taxes.

Camilla notices a similar dynamic with her peers as that described by Saam:

Some of them act like a boss- Explaining things [to me]. Look, I know how to do my job, ok. You are not my supervisor. You do your work, I'll do mine, if you need my help, I'll help you.

Patients seem to react to a certain negative stereotype of the Philippines:

Some say to me: you come from Philippines? And then they hold their fingers up, pretends to shoot bang bang bang. [mimes shooting motion with her hand] But with patients- it's often dementia.

Calumpang says

Not racism, but, maybe some kind of racial discrimination? Especially when you are new and it feels like they are not quite comfortable with you. But I am seeing clients who I was seeing from the beginning I came here, and you know, they adjust to you.

As mentioned, participants are generally able to rationalize direct racism from patients as dementia and ill-health, and they “deal with it”. As Meran said: “[We] talk to them, don’t take it personally, they are old-aged. You have to take it as dementia”. Amur thought that “some people just don’t like foreigners” but other than that, “it’s all good”. Ruby denied that this is racism at all:

Some residents are *not really racist*, but [use] *abusive, abusive language*. For example some people *don’t like brown skin*, they use bad words. The *only thing is to just avoid*. Just avoiding what they are saying. Not avoiding themselves, but what they are saying.

Ruby noticed similar aversions in families of patients, but again, markedly refrained from calling it racism, instead displaying an extraordinary empathy:

Sometimes, the *families would rather talk to a white person*. They prefer that. *I don’t blame them*. If I go to my home, and there are foreigners there, *I want to talk to people from my place*.

Eleanor is a Filipina caregiver, an RN in her home country. She lives with and cares for an elderly lady here in Halifax. Training as a nurse and immigrating to Canada, albeit through a temporary foreign work program, is a realization of her childhood dreams- she chose that profession specifically so that she could immigrate to Canada. She finds her current workplace, the private residence of the elderly lady, peaceful. She described her current job as stress-free, compared to the hectic pace of life on the hospital wards in the Philippines. She is studying for the RN exam and hopes to obtain permanent residence as soon as she is eligible, but unlike the nurses described above, she displayed no noticeable anxiety or frustration regarding the timeline or procedures. She admitted however that she thinks it unlikely that she will ever achieve the IELTS score required. Living and working in Canada, and soon being able to bring her family over are her main personal goals. She enjoys excellent relations with both the elderly lady for whom she cares, and the lady's adult son, who is her employer and visits them weekly. Should she ever encounter any problems in her workplace, she stated:

-Just go with them, *follow them. It's nothing*, if I follow them. This *service is for myself*. I am a follower [laughs] *I follow*, I follow. *Especially when I am here*, I work here.

I find the nurses engage in similar sorts of cognitive or semantic elusiveness, determined not label any discrimination they encounter as racism, but rather anything else. Ruby's comment illustrates the elusive nature of this postmodern racism:

About racism and bullying...I mean just one in ten, I would say. I never find much with my colleagues. And even if a few incidents here and there, and never particularly to myself. I would keep to myself, or would not be a direct comment, something that I heard, and think over, and maybe something from residents or clients? And the ages and mental factors all have to go into consideration, it simply may be their frustration and anger which comes out in this way. Everybody is good to me, so it could be that some triggering factor that leads to it. So my impression overall is good, good.

Joseph too, did not deny that something happens, sometimes, but prefers to deal with it through management:

-[Shiva] Have you had any experienced racism or anything like that?

-[Joseph] There have been a few [incidents], but when you take it to the attention of the managers, they are talked to.

-[Shiva] Have you had this mostly from the patients or by...?

-[Joseph] There are some colleagues here who I had to take to management, I had no other option, they would call us all the names... [pause] You are not a Canadian, you should not be here, all the things, but very few you know, only one or two.

-[Shiva] And once you took it to management, was the issue solved?

-[Joseph] [emphatically] Oh yes!

Joseph and Ruby's tactics for dealing with racial "unpleasantness" follows gender stereotypes almost too neatly: Ruby preferring to rationalize it internally, and Joseph taking it to the attention of management, commenting approvingly of the management "they do not put up with racism and bullying!"

Upon asking "Donatello" about the kinds of challenges he faces in the workplace, he also displayed a struggle with semantics "you know, sometimes, they are, mean? Maybe, a kind of meanness? I don't know, maybe, a little racism? Because you are foreigner, and they are cautious. There is always a fear, you know? But I ask about it, and they say, they are just bossy you know. Bossy to everybody?"

A further dimension of insidious racism encountered by some is racial stereotyping. Robert has first-hand experience with this, from the perspective of a recruiter and employer. He recounts that although Filipinos are also "visually different", they encounter much less hostility than Jamaicans, remarking on an attitudinal difference between Jamaicans and Filipinos. Jamaicans have a certain sort of "sass" and back talk,

although they can be great nurses and are particularly good with children. They are called “feisty”. Filipinos, although as smart and hard-working, seems to have accepted that they come from a “subservient” background, and that this is the way for success for them and their family. They are real “people-pleasers”. They also hire many Indians, who obtain a temporary license to work following university education – not through the TFW route.

His vivid account of “feisty” and “sassy” Jamaicans and “subservient” and “people-pleasing” Filipinos echoes the literature on foreign workers. For example, Leigh Binford describes how Ontario farmers allocate jobs based on nationality of the worker, having preferences for Mexicans doing certain jobs and Jamaicans doing others (Binford, 2009). However, such occupational stereotyping is not confined to foreign workers. Indeed, the identification of race and / or gender with the ability to do certain jobs has a long-standing cultural and ideological precedence. Childcare, and by extension caring in general has long been constructed as a labour of love to be provided freely and graciously by women, much to their economic detriment in the modern capitalist era. As regards occupational racial and gendered stereotyping, the notorious “nimble fingers” label on female Asian factory workers has long been a source of controversy (Kabeer, 2001). The point being, race and gender have commonly played a role in occupational stereotyping and as recounted in the first chapter, capitalist labour regimes have been particularly quick to exploit ethnic, nationalist and gender differences in the pursuit of profit (Wolf, 1982).

Conversely, ethnographic literature describes how potential migrant workers play into dominant ideological stereotypes to take advantage of the possibilities offered by immigration. A relevant example in the healthcare context are Barber’s studies on the

“ideal immigrant” where she analyses how Filipina “migrants-in-waiting” meticulously construct a pleasing and caring image, down to the management of their appearance and body language, as “performed subordination” (2008; 2010) for their potential employers and recruiters. She argues that such a performance, learned from their parents’ homes and Catholic schools, is consciously designed to “draw attention to the manner in which migrants prepare themselves to fit particular labour market slots” (2010, p. 141). It draws on dominant nationalistic and cultural discourses in the Philippines on the family-minded, caring, sacrificing Filipina women, while simultaneously reinforcing the stereotypical image of Filipinos as ideal immigrants to Canada, being “hard-working, compliant, grateful, and patient” (2008, p. 1276).

Barber further describes the carefully describes the pre-emigration and pre-settlement phases of the “migration apparatus” in which the migrants-in-waiting engage (2008, 2012). She conceptualizes these preparations as a form of “disciplining” process, whereby potential migrants undergo a carefully-managed transition and training process in order to become international migrants with permission to move to and work in Canada. The present research contributes to this and follows the “disciplining” process further along the apparatus. The migrants, now living and working in Canada, are transitioned from temporary foreign workers to permanent residents, ultimately citizens, in other words, they have become “citizens-in-waiting”. From low-skilled, low-wage healthcare positions they follow a series of costly, complicated steps which, if completed successfully, transforms and “recognizes” their foreign qualifications allowing them to work as high-skilled, high-wage professional registered nurses. In the meantime, through the social reproductive activities for which the women as mothers are still largely

responsible, they are engaged in creating and raising young families and (re)producing the next generation of workers and tax-payers, a crucial activity in a country such as Canada facing the demographic challenges and population decline discussed above.

In general, it seems that this racial stereotyping in the workplace becomes something of a double-edged sword. On the one hand, many of them (but not all- see Camilla's remarks above) report welcoming work environments, which they attribute to the good reputation of Filipinos in nursing. Meena calls this "the magic touch": "They really like Filipinos. We are very caring, very attentive. My main problem with my patients and colleagues was the language barrier...But now I have a great relationship with them". On the other hand, Filipino nurses are aware that they are viewed as submissive and thus easy targets for "picking up shifts and jobs that no one else wants".

Rita describes this eloquently:

I don't understand. There are lots of foreigners in our work -Arabs, Indians, and then us Filipinos- a group of about ten, I would say. And we always get the night shifts. So we complained to the manager- we said it is not fair. And he said it is in your contract- that is why I brought you over. It is true, there is nothing we can do. But it is not fair that the Filipinos are the only foreigners assigned night shifts!

Ava recounts a similar experience:

Sometimes we can choose our shifts. Sometimes you can say no. But the night shift- we don't have any choice- we have to take it... Yeah, all of us get nightshifts. Thirteen of us [Filipinos]. Only two of us don't get nightshifts because they have babies. The job itself- it isn't so hard because we were exposed in hospitals, you know. But the job is very depressing. The nightshift- one client doesn't talk at all, but you have to stay awake all night. And the travel time, you have to travel for an hour to get there. It is very depressing. After 8 months, I requested our office to give me a break because I can't do it anymore. But they didn't allow me. In a week, I get four nights. and then two-day shifts – it is very hard, I told them I'll go crazy. Always winter time, the travel, problems at home. I am not with my partner or child, I have family issues. I told my friends- if they don't give me this time, this break...not all of [the employees] were doing the night shift, so it wasn't fair, why is it me, just some of us doing this? ... It's just the Filipinos. You have to do this. I don't [know] why it's like, it's a question, why just Filipinos?

Barber and Bryan conduct an in-depth discussion of this phenomenon of deliberate downskilling and the consequent “surplus value” generated with regards to nannies and live-in caregivers (Barber and Bryan, 2012). Many of these workers, as seen in the case of Eleanor discussed above, may be highly-educated, professional nurses, bringing “embedded knowledge and skill” from their country of origin to the Canadian workplace (Barber, 2013). Barber and Bryan term this process “value plus plus”: employers are gaining the skills and education of a trained, professional nurse; however, they are only paying the wages of lower-skilled nanny or domestic worker. Training and education in former colonial countries, for example the Philippines, India and Nigeria and Ghana where the nurses of this study originated is considered inferior, hence the rigorous, costly credential recognition regime imposed upon those workers who wish to (re)obtain their professional credential “lost” upon crossing borders from developing to developed country. Meanwhile, workers start working at the lower skill level they are allowed, as CCAs or LPNs. This bureaucratic restriction, stemming from racialized and colonialist ideologies about education in third world countries, does not mean that the workers have actually lost their skills and knowledge upon entry to Canadian workplaces. As the narrative of Amur, above, or Rita demonstrates, employers are quick to notice the “additional” skills and capabilities of their foreign-trained employees, and take advantage of them, as far as possible within the limits of legalities.

I always think it is funny- they bring us in but don't allow us to work as RNs, but then they give us the hard shifts, because they know we can do it, we are comfortable with it. Other CCAs would complain. But they know the Filipinos can do that work easily.

In other words, the “value plus plus” commented on by Barber and Bryan is not just limited to Filipina domestic workers and live-in caregivers. This present research suggests that it is an expansive ongoing process affecting nursing professionals from a

variety of countries of origins, in different healthcare workplaces ranging from shift home care, nursing homes and residential care facilities, and hospitals.

I recall from the second chapter that the development of the modern mobile nursing workforce moving from the global South to the North is deeply rooted in the colonial past of the main home countries of these nurses: the Philippines and India. Using Comaroff's framework (1991) for understanding racism, these nurses continue to be marginalized and exploited, and as intrinsic to this process, experience racial discrimination. For as Comaroff remarks:

Far from being an abstract property or a universal potentiality, a thing or an immanent capacity, then, ethnicity is a set of relations, its content constructed in the course of historical processes. This is not to say that, once conjured up and reified, ethnic identities are not experienced as objective or real (p. 669)

In other words, while race and ethnicity may not be grounded in biology or culture, racial and ethnic identities are vivid and very real, and accordingly, discrimination based on such identities is sharp. Moreover, racial discrimination is not an additional obstacle which some foreign nurses experience while others may not. It is historically and systematically embedded within the whole process of temporary labour migration of these nurses, part and parcel of the gamut of complex operations they undergo. The deskilling and devaluing of labour, the struggle to regain credentials, the struggle to gain permanent status, that relentless sense of being treated unfairly or unluckily of which they talk so passionately, are all shaped through this historic and systematic discrimination.

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Establishing the occurrence of systematic racial discrimination, whether in terms of workplace relationships or workload and responsibilities, against foreign healthcare



workers is not the main purpose of my argument. A body of work already exists documenting racism, both overt and covert, in the healthcare workplace, and the narratives above confirm and strengthen this literature (see Walani, 2015, and Newton, Pillay, and Higginbottom, 2012, for meta-reviews of the literature in both global and Canadian contexts). In Chapter Five, I further covered the literature which specifically discuss anti-black racism in the nursing sector, and the struggles against it.

What I find particularly interesting at this juncture are the mental and verbal acrobatics which the interviewees perform in order to -not exactly justify- but explain and gloss the “things” or “incidents” which happen. Part of the reason is of course that what they are experiencing is to a certain extent different from the direct and old-fashioned form of racism, which is still alive and well, as I described in the opening of this chapter. Such acts of racial discrimination are of course illegal, and they know it. They are all aware of various anti-racism, diversity or multicultural policies in their workplace. Some of them have received formal training on such policies when they first started working. Nina captured the essential problem of these policies regarding covert incidents of racism:

For example, there are a few people who *really show discrimination* towards international nurses. They *don't like to touch*, you know. They *don't like to touch*. They *don't like us to touch them*. In such situations we talk to them, explain a bit about ourselves, we gave a very good experience, I can treat you very well. It happens. It happened to me, with one of the patients. *I could manage, I could deal* with them. If you need help, obviously [you have to] accept. Yes, there are policies, as you said [multiculturalism, anti-racism], but the thing about discrimination, ahhhhh, *doesn't look like very obvious. How can they take that policy to action?* If is clearly hundred percent obvious, I can document it, but *when it is not, what can I do?*

This is something subtler, less classifiable, sometimes leaving the recipient wondering: did they actually say that to me? Is this racism? What just happened? So they studiously avoid the loaded, political term “racism”. Bessie calls people “curious”:

Most people want to know where you’re from, because of the accent. People don’t know much about Africa, and they are curious. And there are some who want to explain everything to you, because they think you don’t know anything.

Mapedzahama *et al* (2012) discuss these subtle, ambiguous forms of “everyday racism” in the nursing sector in Australia, where her ethnography shows how black immigrant nurses are targeted by other nurses with particular virulence (2012). These incidents of everyday racism go against the logic and “hegemonic narrative” of a race-free workplace (p. 153). Focusing on the lived experience of migrant nurses from African countries, they expose “how racism is played out in seemingly ‘normal’ functioning of everyday interactions in a white dominated workplace which privileges the ideals of a ‘non-racist’ profession while systematically avoiding confronting racism when it occurs” (p. 161). The interviews I conducted reveal similar processes at work in the Canadian workplaces, where foreign nurses appear in many instances (but not all) to gloss over and silence racial tensions.

I further argue that the reason why participants are ready to gloss or appear to justify “everyday racism” is only partially because of its elusive nature. There two underlying structural causes which produce a particular frame of mind more tolerant of unpleasant working conditions.

First, I consider global inequality, and the nurses’ experience of the contrast between their home countries and country of migration, at a both economic and ideological level. Recalling the fine balance of positive and negative aspects of their

migration project, I argue that foreign workers are continually weighing the good and the bad. In this process, are ready to “manage” and absolve the “everyday racism” they encounter. This is part of the price, to use the language of neoclassical economics, which they can afford to pay. Barber describes the migratory pathways of Filipino workers using the term the “Janus-effect”- a doorway showing two faces: one leading to opportunity, and personal and familial advancement, the other to discrimination, exploitation, and devaluation (Barber, 2002). These nurses are adept at describing the mental and affectual state of experiencing this “Janus-effect”. They remind themselves and me that after all, they are in the good place, the place they had planned to be for many years, and that they are reaping the advantages of that. As Eleanor said, “This is a service to myself”. Calumpang, too, reminds herself that it is a “blessing to be here” whenever she feels stressed out by her work and life conditions here. Their workload, for the most part, is far lighter and stress-free than what they had to deal with in their countries of origin. If anything, they find the pace of work here in Nova Scotia to be “boring” or “not really challenging”. And they are earning more money, even as CCAs, for this lighter workload compared to what they would earn as RNs in their country of origin. Even though the accounts of exactly *how much* more, including living costs and the hefty fees they incur should they undertake the international student and/or the professional recognition route, differ wildly, and barely two nurses offer consistent accounts, the general consensus is that it is “more”. And it is not just the money. I reiterate the ideological or normative dimension of their professional experience:

You have a *clear job description*, you do this, that. That is one of the advantages. Also you have *much more respect*. I am just comparing with what we had in back India. We get *much more respect here*, we can *use our skills and knowledge, present to the doctors*

*our opinions, and they will take it into consideration... The work is more clear... and you are supported. They do not put up with bullying or racism (Joseph).*

Thus, in light of their experience and perception of “difference” between their past current situation, occasional “everyday racism” now and then is not enough to deter them.

Secondly, I emphasize the policy level, which contributes to the construction of a worker mentality ready to “put up” or “deal” with a certain amount of negativity in the workplace such as discrimination or unfairness. This leads to an important theme: that of “gratitude”. I argue that the regime under which temporary foreign workers move to Canada regulates more than just the bureaucratic conditions of their occupation and residence. It structurally creates a worker-employer relationship predicated on something beyond the “simple” capitalist rule of work-pay. The worker is beholden to the employer for (far) more than the contractual pay. The worker’s current residence in Canada as well as future aspirations are directly dependent on the goodwill and cooperation of the employer. Of course, the employer depends on the workers too, that is why the employers “sponsor” the workers in the first place! Ruby, being asked to describe her workplace, mentions this two-way dependency between employer and employee: “I find the system grateful [pause] mutually grateful [pause] the system gives you guidance and support”. But the mutual gratitude is not equitable; the employer does not depend on the worker for same fundamentals that the worker does. Meena describes it succinctly: “[I have] *deep gratitude and loyalty* to my employer. *Everything*, bringing my family here and [buying] our house, is due to *my employer. The employer is everything*”.

This relationship gives off a faint unpleasant whiff of the British colonial past, when the colonized were supposed to be (and in some cases, were) deeply grateful to the colonists for bringing “everything”, that is Western civilization and advancement to their countries, in return for ruthless plunder of their resources (for example see Forster, 1964).

In migration literature, the notion of the “gratefulness” of immigrants for being able to immigrate and settle in an advanced country such as Canada recurs, for example, in Barber (2013). She describes how this quality is highlighted by immigration officials as part of what makes Filipinos the “ideal immigrant” (ibid). However, the gratitude described by the nurses interviewed is more concrete and grounded than a general sense of gratefulness for being in Canada. It is a tangible feeling of loyalty towards specific people: their employer, sometime manifesting as the human resource unit or the “admin” people or “the management” for helping them achieve specific, well-defined goals: supporting their PNP, supporting their family reunification, supporting their work permit, through providing tangible, real-time, important documents. These documents describe only the facts of the matter, confirming that the applicant is clocking up X hours of work, is being paid X amount, and is employed at X level; all the bare facts needed for the applicant to be able to fulfill the requirements of immigration. Nevertheless, the willingness of the employer to provide these supporting documents, and the fact that these documents lead to tangible and material outcomes for the migrant worker, provoke a deep feeling of gratitude which skews the “typical” employer/employee labour relationship. This feeling recurs throughout the interviews. It affects more than just their current working relationships with their employers and colleagues, it also influences their future career development and decision-making paths:

Yes I have plans to move to acute care, but I still have a feeling you know, [pause] but my employer supported me to get my immigration papers, it would be really hard for me to leave that employer. Still I have a strong feeling to go to acute care (Joseph).

Raymond Williams terms these systematically recurring, socially constructed, influential and yet barely articulated and officially unacknowledged emotions as “structures of feeling” (1977). His work and those of scholars following him distinguish various sorts of these “structures” which constitutes nodes of resistance or reinforcement of dominant ideologies. Different or “differentiated” classes express different structures of feeling embodying fractures, mutations or changes within these classes (1977, p. 134). In this case, I argue that this particular structure of feeling embodying gratitude and loyalty towards the employer is a sharp departure from the more typical feelings of alienation which employees are assumed to feel towards their employers in capitalistic economic systems, described most famously by Marx in his essay on alienated labour (Marx, in Wooton, 1996). Moreover, since Canadian-born workers do not depend on their employer’s immediate support in the form of verifiable documents for their residence or family reunification, they presumably do not feel the gratitude and loyalty towards their employers provoked in temporary foreign workers. This presumption is supported by the notoriously high turnover and “churn” in the healthcare sector (Health Care Human Resources Sector Council, 2003). These “differentiated classes” of workers then, the foreign and the native, the temporary and the permanent, are placed in differential positions of (lack of) power in the workplace, towards each other and towards their employer. Such a fractured workforce not only undermines long-term workplace solidarity, a key factor in curtailing labour exploitation, but also jeopardizes immediate and short-term labour protection for the temporary foreign workers. For how can workers

realistically avail themselves of labour protection, no matter how robust, when they feel grateful to their employers?

[My workplace relationships are] really good, I really like working there. Of course when I started there was a little bit of problem with a CCA and I was initially scared to report it because my work permit hadn't been issued then. So how can I report a workplace difficulty if my work permit isn't in my hands yet, and the other person is more influential than me? (Nina, Halifax, November 2015).

## CHAPTER TEN: CONCLUSION

In April 2017, several months after completing fieldwork and almost two years after my first interview, I ran into “Saam” while volunteering at the care facility which is his workplace. He asked me about the progress of my research, and I told him I was in the write-up stage. “So”, he asked, “if you could tell me in seven words what you have learned from this research, what would you say?”

I paused, slightly panicking. “I guess... as an immigrant myself, I always feel I am on a race track, you know? Running towards the point where I feel I have made it, I am at home, settled. But for you, and others who have arrived on temporary permits, I realise you are running a parallel track. You are running two races at once. You have the work and study piece, which we all have -all immigrants- everybody. But then you have the residence piece too, you are chasing after permanent residence- so in all the interviews there is this double project, double race...”

He started laughing, “Double race! Yes, that is it, we are all running double races! I will use this, if you don’t mind! It is a good image!”

I had used up far more than my seven allotted words, but I felt compelled to keep talking “and then, there is the relationship with local Canadian workers you know, and how you can work together, create solidarity- I became very interested in unions...”

But it appeared Saam was not interested in unions nor solidarity, and still chuckling about double races, he asked me whether I speak to my children in Farsi or not, for since he became a father, he has been very conflicted about what language to use when talking to his newborn.



## **10.1 LABOUR PROTECTION AND SOLIDARITY**

In this dissertation, I argued that a complex array of intersecting policy regimes controls and shapes the experiences of movement and work of temporary foreign nurses, and in doing so, creates certain “structures of feelings”, clusters of strong sentiments or dispositions which pattern their relationships with colleagues, employers, clients and patients, and union officials. I demonstrated how these sentiments may at times challenge official “ideologies” of global care work put forth by the agencies implementing these policies. Here, in the final pages, I wish to lead from the differential and racialized treatment of these nurses to one of the most significant of these structured feelings, that is, the relationship of these nurses to the issue of labour protection and its implications for the broader question of labour solidarity amongst workers regardless of country of origin.

Of course, as mentioned before, labour protection, and the vulnerability of temporary workers to abuse of their labour rights is one of the key concerns of labour activists and scholars in regards to temporary foreign work. And in mapping this research, I had originally devoted a chapter to discuss this issue. When I actually wrote up the words and experiences, I found that, unsurprisingly, they did not wish to speak much, generally speaking, on unions, protection or solidarity.

But not all of them, of course, and below I discuss the highlights of my interviews and consultations in this regard. My main conclusion is partially already well-documented in the literature, that temporary foreign workers are mostly reluctant to take recourse to union action to uphold their labour rights. But my research indicates more than a simple submissiveness of temporary labour to the demands of the employer. While they will “keep their heads down”, and behave in ways conforming to the stereotypical

“ideal immigrant”, pleasing their employer in return for support regarding their residence and family re-unification most of time, they are very much aware of their vulnerable situation, and harbour some decidedly non-“ideal” ideas about how they would like to be treated.

Ironically, in view of the reluctance to engage with unions, Saam had spoken to me before about how the lack of labour protection for nurses in his country was one of the reasons which “pushed” him to emigrate:

... if you are stay home, you’ll be treated like crap, nurses are abused back home, because it’s a doctor-centric society there. I’m talking about the push factors there... it is a doctor-centric society, so nurses are always there to obey, so you don’t have independence, you don’t have autonomy, and you are constantly abused, because you can find a thousand nurses out there, and all the nurses out there they are not very well organized, or unionized, whereas in here... so they are silent, there, and they silently take abuse.

Union representatives and stewards confirm instances when temporary foreign workers have indeed turned to unions for protection. Meena, one of the nurses I interviewed is in fact the union steward in her workplace, a role which she takes very seriously, remarking that the “Collective Agreement is like my bible now”. Taken in light of her declared deep religiosity, the remark demonstrates the serious view she takes of Collective Agreement regulating employee/employer relationship. She told me that just a few days before our interview, she had studied their Collective Agreement in depth to find out the policy regarding time out of the workplace for professional upgrade and development, as she had ambitions of returning to university for graduate education and had in fact become a Teaching Assistant for a nursing course in one of the local universities. She had been disappointed to find no provisions made for such professional development activities, but remained determined to negotiate some time with her

employer. It is worth mentioning however that Meena is no longer a temporary foreign worker. She gained her citizenship some time before the interview, and became a union steward after that. We met each other at a convention for the Nova Scotia Federation of Labour a few months after the interview, and she acknowledged her growing interest in union activism, as well as describing her struggle with her employer to take time off for participating in the convention. As one of the few nurses who had actually obtained her Canadian citizenship at the time of the interview, she seemed happy to discard the persona of the submissive, employer-pleasing Filipina caregiver, and adopt a stance more in line with her own professional interests, while developing sympathy for labour.

Despite this, across the board in my interviews, nobody had ever taken recourse to formal union avenues for solving workplace issues. Some nurses knew who their union stewards were, and said that they had come and talked to them, others were not even aware of that much. I have discussed at length their elusive style of dealing with workplace “unpleasantness”: if hard-pressed, they would at “take it to management”, but they were all uniformly against involving unions. A non-immigrant Canadian union rep described to me her observations on to foreign temporary workers:

[We had to] vote for strike or not, and you could tell she [a temporary foreign worker] was *scared to death* to vote for a strike. She said to me “You will protect me?” *They don’t know*, you see. In their own country they would be shot [for voting for a strike]. We give permission for them to come. They think that the employer brought them but it’s us [the unions]. Our contract oversees their contract. They had to pay the employers for the accommodation. *Their contract is so different from Canadian contracts. I couldn’t believe it.* They work around the clock- sometimes even 18-20 hours a day. *They felt obligated to.* I tell them. I said you are not obligated to stay [so long]. *They were always afraid that the employer would send them [back].* “If I refuse they would send me back”- that’s what they say. [It would be] *nice if the union had a more say in how they were treated*”.

This union rep refers to the fact that, at the time of writing, unions had to approve the labour market assessment requested by employers to hire temporary foreign workers in

unionized workplaces, confirming that no Canadians were available to do the specific job for which the assessment was being requested. Her narrative reveals the frustration that she, a long-time labour activist, felt at the “obligated” mindset of the workers, ironically juxtaposed with the exploitative contracts which they signed with their employers, and the fear of return which, whether justifiable or not, is at the forefront of their workplace dealings. It also betrays an instance of racialized stereotyping discussed at length above, with the somewhat bizarre comment about strikers being shot in their country of origin. Simultaneously, she expresses sympathy for what she considers the unacceptable terms of their contract, which is “so different” from the contract offered to Canadians.

Another union steward confirmed that although Filipina nurses generally caused “minimum trouble” and did not want to “rock the boat”, yet there usually would be one person in each group of Filipinas who would bring troublesome issues to the attention of the labour representatives. They were very much aware of their rights, however due to the fact that they depend on their employer to continue their residence, and bring their family over, they are very reluctant to take any form of action against employers. She confirmed that unlike employers, the union does not discriminate against foreign workers. That is, once they obtain employment in a unionized Canadian workplace, theoretically they are treated the same as Canadian-born workers.

Calumpang, still on a temporary work permit, together with her fellow workers from the Philippines, has thought long and hard about unionization and what it would mean to them and her employer. She was not unionized in her home country. Here, in Nova Scotia, she is also working in a non-unionized workplace. She and her fellow-workers discussed whether should try to get unionized, as a means of struggling against

what they perceived to be discrimination against them in the workplace. One of these forms of discrimination which came up constantly was routinely being assigned unpopular or undesirable shifts, for example night shifts, or shifts with known “difficult” clients.

-[Calumpang]: So yeah, we were thinking, ummm, talk about it, you know, the pros and cons of it [become unionized]

-[Shiva]: And what were the pros and cons?

-[Calumpang]: ummm, I don't know, maybe because I am the youngest, but we are afraid it might affect our status in the company, you know. We were not sure if... I mean the company might not see it as a positive thing. Because unions are there to fight, you know, against the not so nice things, you know, from the company. And of course who would like to have that kind of group in the company. I mean we might be allowed, or, so, umm...

-[Shiva]: So, were you talking about this with other Filipinos? Or other colleagues in general?

[Calumpang]: Umm, just five or seven of us you know, some times we would meet at our house, or somewhere, and talk about these things.

-[Shiva]: I see, and what kinds of things do you think a union would be useful for?

-[Calumpang]: Well, knowing that home care doesn't have specific times. I mean you are scheduled to see a client, but then they go the hospital, and the schedule gets cancelled. You don't really have an assurance of your time and pay, compared to working in a nursing home, where you know you have twelve hours, complete, whatever happens to the clients, or the resident. But here, you might be working 9 hours, but only get paid for three hours, you know, if you have some cancellations or something... so these are things, you know... of course we are not here for vacation, we are here for work, so... but we want to have guaranteed work.

[...]

And then for night shifts, they regularly give night shifts to Filipinos, because they say Filipinos are very qualified for those shifts. Because they need not just palliative care, but more, intensive care... they were recently in hospital, you know... And they are saying Filipinos are more qualified to deal with that...[because we worked in hospitals too] and so we get the night shifts more... This is unfair. The Board of Nursing here says we cannot work as RNs, they do not recognize our qualifications. But when it comes to work, they say, oh you have that experience, you can deal with this shift... It's a bit ironic, to be hearing that.

Thus, I note another instance of the “value plus plus” phenomena discussed above, whereby the additional skills of the nurses from the Philippines are acknowledged

by way of giving them heavier duties, while denying those skills formal recognition and commensurate remuneration. In this instance, the issue comes up in discussing possible unionization, demonstrating how intricately issues of racial discrimination, precarious and temporary migration and labour protection are intertwined. Calumpang concludes that unionization would indeed benefit her, as she knows of Filipinos working in unionized workplaces here in Nova Scotia, both in home care and in residential facilities and knows they have guaranteed hours and greater job security.

There is a scholarly literature examining the labour protection afforded to precarious migrants generally, and temporary foreign workers employed as domestic worker and live-in caregivers specifically (Sikka et al, 2011; Brabant and Reynault, 2012; Hanley et al, 2011). According to Hanley et al (2011): “given domestic workers’ precarious economic and (often) immigration status, many workers would minimize the problems they encountered” (p. 430). In general, precarious immigration status is seen as a barrier or disincentive to reporting workplace illness or injury. Another point of vulnerability for these caregivers is their reluctance to access Employment Insurance, even if eligible, afraid that it might count against them when the time came to apply for permanent residency (p. 434). Nakache and Dixon-Perera (2015) also examine the nexus of temporary migration and labour protection in the broader context of examining policies on temporary foreign worker programs in Canada. They confirm an increasingly possibility of workplace abuse under closed work permits, which does not allow employees to change their employers. Their data reveals an interesting distinction between “good” and “bad” employers. Good employers are supportive with documents for transition to permanent status, while bad employers are not, and do not hesitate to

manipulate “the system” against their worker. They further note that temporary foreign workers who had “good employers” do not criticize the employer-driven system of temporary migration, whereas those with “bad” employers, unsurprisingly do.

Under this criterion, “Robert”, who worked as a temporary foreign nurse before becoming an employer/recruiter of temporary foreign nurses himself (whose interview was considered in Chapter Nine above), would definitely qualify as a “good employer”, since he states he is proactive and supportive of his employees’ transition to permanent status, up to the point of dissuading them from paying for costly immigration consultant fees and helping them complete forms himself. A few of his employees whom I interviewed confirmed this. Nevertheless, he is staunchly against unionization, stating he is very well able to handle all workplace issues and unions are simply a barrier to effective operations: “with a union, we simply couldn’t be able to operate in the nimble way we do now”.

As a further example of a “good employer”, several interviewees confirm that they are free to refuse working in dangerous conditions, as is their right under the Occupational Health and Safety Law in Nova Scotia. Calumpang, working in home care, which may be considered one of the more potentially violent healthcare workplaces (Fitzpatrick and Neis, 2015), states that on several occasions she has refused to work in homes due to second-hand smoke and also possibility of violent behaviour from clients, without facing adverse consequences from her employer, and she is absolutely comfortable in doing so. Yet working for a “good employer” has not dampened the interest of her and her colleagues in unionization.

Workers should not have to rely on the arbitrary luck of having a “good” employer in order to enjoy systematic labour protection. Conventional forms of unionization are definitely subject to criticism, not just regarding their effectiveness and responsiveness, but their gender and racial biases (for example, see Freeman, 2009). However, until such a time as a viable alternative is imagined and implemented, they remain perhaps the only way through which workers, domestic and foreign, can systematically work in fairer and more just workplaces, and one the few means through which labour solidarity can be created and the divisions produced and exacerbated between workers overcome. In the next section, I situate the predicament of temporary foreign workers in the broader landscape of contemporary labour, against a backdrop of the general weakening of worker power.

## **10.2 TEMPORARY FOREIGN WORKERS IN A PRECARIOUS LABOUR**

### **LANDSCAPE**

The conditions under which movement takes place is the major theme of this dissertation, providing its impetus and interwoven throughout its lines. The temporariness and conditionality, in other words the basic premise of the movement and employment of temporary foreign workers is simply one manifestation and instance of the wider phenomenon of “precarity”. “Precarious employment”, like its twin concept of “precarious migration”, has become something of a buzzword applied to the more general situation of labour in our time (public symposium, *The Fissured Workplace and Precarious Employment*, Dalhousie Law School, Halifax, 17 March 2017). I conclude that the experiences of temporary foreign workers, including nurses, must be understood and situated alongside the general state of affairs of Canadian workplaces and workers,



and thus it makes sense to examine the dominant trend in the contemporary labour landscape which have pushed “precarity” into the limelight.

Although economic growth and productivity have generally increased in most Western countries, including Canada, since the 1990s onward, worker wage and real income has failed to keep up, a phenomenon known as “decoupling” (Brynjolfsson, & McAfee, 2012). It has been argued that one of the reasons behind the “shrinkage” in labour’s share of income is that “corporate pre-tax profits have grown as a share of the total economic pie” (Jackson, 2005, p. 19). This unequal prosperity is evidenced by statistics which indicate the wage share of GDP fell by 7.5 percent between 1981 and 2015 (Johal, 2017), while over the same period of time, corporate profits after taxes as a share of GDP increased by 77 percent (ibid). It should be acknowledged that there is debate about what is the “right” level of corporate profit which would ensure job creation and economic stability, nevertheless “it is clear that the balance of bargaining power in the economy has tilted over time against the workers” (Jackson, 2005, p. 19).

The rise of precarious work, that is, work characterized by lack of full-time hours, permanency, and benefits is another emergent trend in this timeframe closely associated with increasing worker insecurity (Vosko, Zukewich, Cranford, 2003). There is debate surrounding the extent to which precarity has affected different countries. Furthermore, the significance of precarity in differing national contexts is contested in the sense of whether it is mostly of concern to leftist/labour activist groups as a political phenomenon, as in France, or whether it is considered an inevitable aspect of the march of technological innovations and automation, as seems to be the case in the US (Vosko, MacDonald and Campbell, 2009). However, among the scholars discussed here, there is

consensus that the conditions of employment have been transformed and that since 1989, there has been a “tilt” towards precarious forms of labour (Jackson, 2005, p. 24). For example, according to the Government of Canada, 2016 saw a 57 percent rise in temporary workers (with no distinction made between Canadian and foreign workers) since 1997 (Government of Canada, 2017). Part-time work has also seen an increase. It has been further noted that precarious work disproportionately impacts women, immigrants and visible minorities (Jackson, 2005). The Law Commission of Ontario (LCO) explicitly connects precarious work with worker vulnerability, intersecting it with immigration status: “vulnerable workers are those whose work can be described as ‘precarious’ and whose vulnerability is underlined by their ‘social location’ (that is, by their ethnicity, sex, ability and immigration status)” (LCO, 2012, p. 9)

In this labour climate, the positioning of foreign workers can be understood as part of a larger trend in which stable, “good” jobs are declining, and domestic workers feel themselves to be under increasing “competition” for jobs with foreign labour. Moreover, temporary foreign workers find themselves in a “double-bind” of precarity: not only are the conditions of their work precarious, but their residence, dependent upon employer satisfaction, is also precarious. Hence the term “precarious migration” which has captured scholarly attention (Sikka, Lippel and Hanley, 2011; Goldring and Landolt, 2013) as a way of conceptualizing and understanding the experiences of migrants whose legal residence depends upon the satisfaction of third parties such as employers, or in the case of international students, higher education institutions. Both these categories are relevant to this project, which provided an ethnographic description of the struggles of foreign nurses to overcome the precarity of both labour and migration.

### **10.3 IN SUM...**

The analysis of the interviews I conducted reveal a rich set of themes indexing the structures of feelings of nurses undergoing the complex migration, labour and professional recognition “apparatus”. Through rigorous connections with the broader literature, these stories contribute to our knowledge and develops our theoretical framework by providing additional nuance and complexity to the stark, clean-cut representations of temporary foreign workers, global caregivers, and international students encountered in official ideology. Personal life stories such as that told by Saam draw together these themes and construct a narrative arch, sequentially spanning both time and space. The narratives bring to life the ideological, structural and individual dimensions of the journey and settlement. The values of professional respect and occupational prestige, higher income and better labour protection develop the ideological framework, while the transnational flow of healthcare workers, following regional and international supply and demand, together with global inequality between the countries of origin and destination provide a structural explanation. Complex bureaucratic systems put in place by state agencies, both from sending and receiving countries, control and constrain movement and work, and are experienced as sources of frustration and anxiety. Personal ambition and the desire for a “better life” are vivid components of the individual, agentic aspects of the journey. The words of the nurses grouped together powerfully emphasize the key narrative themes, illuminating the sharp sense of struggle, negotiation, stress, balanced against the resourcefulness, vibrancy, professional ambition and dedication, and sheer drive which mark the interviews.

I draw upon various strands of literature to theoretically explain and understand the interviews. Beck's description of modern life journeys characterized by mobility, competition and knowledge acquisition complements standard variations of neo-classical migration theory. These journeys take place in "risk societies" where participants conceptualize their mobility as taking a big risk, with their significant life events hanging on chance, accident and fate. The risky nature of their migration and residence project, the time-sensitive nature of the various deadlines they have to constantly monitor so as to not let elapse (the language exams, the bridging courses, the work permits, the safe practice) together with the sheer complexity and difficulty of the "migration apparatus" and the "professional recognition apparatus", combine to make their experience fraught with grinding anxiety and stress. Until the day that they actually "make it", both professionally and residentially, they are haunted by the ambivalence of questioning whether they should stay or return.

This anxiety is gendered, since the experiences recounted above suggest men and women enter the migration project at different points in their life cycles. For the most part, the women interviewed already had established relationships and young children, whereas the men, even if in long-term relationships, were all child-free. This added an extra layer of gendered anxiety for the women, who had to set up and manage sometimes complicated familial networks to ensure childcare while they were on the move, not to mention the emotional burden of separation from their small children. This is common for women engaged in both productive and socially reproductive labour. Thus, while both men and women expressed anxiety regarding the success of their migration, only the women were anxious for their children. These mothers were engaged in long-distance

“double-day” described by Barber (2008), where modern technology in the form of cheap cellphones and Internet allowed them continuous contact with their children and their caretakers, creating the virtual connection of mothering. While speculative, it is not unreasonable to surmise that this “double-day” and the additional burden and anxieties around childcare contributed to the observed phenomenon of the “glass escalator”.

Although the “glass escalator” concept has been critiqued by its originator for its failure to capture the intersectionality of race and gender, and to adapt to modern non-traditional workplaces (Williams, 2013), yet it captures perfectly the experiences described by two of the more ambitious male nurses of this study. They candidly consider their non-typical gender as contributing to, though obviously not causing, their professional success. They mention how, from their perspective, their gender enabled their mobility to a greater degree, brought about professional respect from superiors and colleagues, and placed them in leadership positions in the workplace. The literature on gender in the workplace considers childcare as well as structural issues such as lack of opportunities for mentorship and leadership affecting gender inequality in the workplace, and leading to unequal professional outcomes (for example, Zeher-Bobbit, 2011). My research suggests that similar mechanisms may be at play for foreign nurses, and provides preliminary findings for further concentrated study of this area.

Their encounters in the workplace are influenced by structural global and regional inequality as well as classed and racialized fractures. Local communities welcome these global nurses with an uneasy mixture of suspicion, discrimination, and need. My research reveals the fractures between foreign and domestic workers, who are treated differentially, through different contract and different structural relations with employers.

Across the project, the nurses had no significant friendships with Canadian counterparts, nor indeed with immigrants from countries of origin other than their own. Their significant community and friendship networks were drawn almost wholly from co-ethnics, with the one significant exception being friends from church in the case of practising Christians. The fact that employers are able to import a raft of foreign workers on temporary permits, who are subsequently beholden to them in a variety of structurally imposed ways and are scared or at best reluctant to engage in labour action does not simply affect the labour relations and workplace environment for the foreign workers. It also has a subtle disciplining effect on the local Canadian-born workforce, who are liable to express “bitterness” toward foreign employees, considered more pliable, more willing, and more hard-working. It is a matter of public knowledge that employers cannot, depending certain conditions, in particular skill level, hire more than 10 percent temporary foreign workers, and that there is a federal process in place which ensures that no domestic workers are available for jobs for which foreign workers are hired (a process strongly resisted and complained about by the employers, by the way). Thus, although the “bitterness” is described as being about “foreigners taking the jobs of Canadians” (for example, in AFL (b), 2013), it actually does not make a lot of sense to describe it as such. Rather, in the workplace where foreign and local workers encounter each other, the differential treatment described above makes the possibility of developing amicable, tension-free relations low. The chance of developing strong labour solidarity and healthy collegial relations in a workplace where the foreign temporary workers are described as being “scared to death” of taking collective action is minimal. Incidents of “everyday” racism in the workplace add to the sense of divisiveness, which is of course not alleviated

by the reluctance of foreign workers to stand against such incidents. This reluctance is structurally produced through the policies governing the conditions of their work and residence in Canada. Together with this reluctance, a certain gratitude and loyalty is also constructed on behalf of the employees towards their employer, a gratitude which not just affects their labour protection, but also their decision-making regarding their future career development and professional aspirations. The bitterness and hostility fostered by these divisive policies are not just applicable to this particular workforce. Rather, they are an example of the broader processes of global political economy, which pits people against each other in an insecure and hostile labour climate, to the advantage of those in positions of power and privilege. In the words of Nina Glick Schiller (2012), these are processes which affect “the quality of life of natives and migrants alike” (p. 45). She argues that as states restrict their services and rights for their citizenry, recasting citizens as consumers “enmeshed in cultures of consumption rather than forms of social cohesion” (p. 54-5), it becomes increasingly convenient to frame foreigners as the source of disruption: “The more ordinary citizens in states around the world find their futures circumscribed by poverty or lack of social mobility, the more they are told by political leaders that the problems are caused by people from elsewhere” (ibid).

In Chapter Two, outlining the history of contemporary labour migration from the Philippines and India into Canada, it was made clear that these movements were predicated on global inequality in part resulting from colonialism. Consequently, the control and regulations of this movement was based on a historically racialized treatment of migrants and minorities. I subsequently traced the continued manifestations of racialized immigration to the present day. I examined the differential policies governing

various administrative categories of immigration, notably for International Students and Temporary Foreign Workers. I argued that although such strict categories did not align with the lived realities of workers' lives, who are quick to negotiate between and switch through categories as the opportunities arise, yet they retain a strong hold on both public and academic discourse as well as policy-making. I further noted the extended historical presence of racism both regionally, and within the nursing sector. This racism continues to shape the experiences of foreign nurses to the present day, and is structured by dominant forms of capitalist political economy in healthcare. Following scholars of antiracism theory and racism in the nursing workplace, I demonstrated the "role of the state and societal institutions (such as workplaces) [...] in producing and reproducing racial as well as gender and class-based inequalities" (Calliste, 1996, p. 363).

Racialized policies were most particularly noticeable in the differential treatment temporary migrants under the "Temporary Foreign Work Program" versus the "International Mobility Program", where TFWP workers are dubbed "last resort" and are accorded less rights and stricter controls than those from countries where Canada has forged has a "broad economic or cultural national interest" (see above, p. 132). Such differentiation, based on the country of origin of potential migrants is common in immigration policy-making. It occurs not just in Canada, but internationally, and with particular virulence since the contemporary and increasing securitization of borders. Indeed, it has been argued that:

Although controls formally discriminate on grounds of nationality, racism has fundamentally informed the construction of immigration controls. The ideological justification for control has been racialised nationalism, and the practice of control by the state has been directed at racialised groups" (Mynott, 2002, p. 13).



These comments were made in the context of developing an anti-capitalist, anti-racist agenda, calling for activist groups across these domains to unite causes. Throughout this research, I have encountered and documented a particular instance where racialization and racialized nationalism intertwines and meshes with precarious immigration and nursing labour. I have written at length on the politicized cutting back and withdrawal of state services taking place in tandem with increasing tightening of state controls of immigration. All these processes are detrimental to human security, dignity, welfare and care, not just for temporary foreign nurses, but for the increasing majority. My ending words thus have to add my voice to the anti-racist, anti-capitalist call towards a more open, equitable and accountable migration regime, and a more secure and less precarious labour landscape.

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## **APPENDIX A: INTERVIEW SCHEDULE**

Project Title: “They Are Here To Stay”? Temporary Foreign Nurses in Nova Scotia

Preamble

I am interested in ‘your story’. There are no right or wrong answers. Please feel free to skip any questions that you do not feel comfortable answering.

A. Mapping the Movements (Time and Space)

A1. What were the circumstances that brought you to NS?

Probes: why did you choose Canada/NS/Town of residence? Were other options available? : Such options might include combinations of the following: Better job incentives, family situation, stronger professional / expat network.

A2. How did you migrate to NS?

Probes: through which migration stream did you enter to Canada / Nova Scotia? How would you describe the logistics of the process of migrating to NS?

What persons/agencies/organizations helped your immigration, and what made this process difficult? This could include immigration offices, embassies, professional regulatory bodies, recruitment agencies, provincial health recruiters, family, friends, colleagues.

A3. Why did you leave your country of origin?

Probes: was it entirely your decision to go abroad? Who else was involved in the decisions? Were there family discussions? Did everyone agree?

What were you told/what did you know about Canada/NS/your current place of residence?

What were your expectations? From internet, from friends etc?

What were you planning on achieving by leaving?

B. Work – Training, Daily Routines, Relationships

B1. What is your work experience prior to coming to Canada?

Probes: Have you always worked as a nurse? Where did you do your training? Have you ever worked outside of the country you were trained in? How many times did you do this? Did you become a nurse because you wanted to or because it was the only / best job you could get?

B2. Can you describe your work history in Canada?

Probes: Describe the different jobs you have had in this country. Can you tell me how you found this/these job/ Did you use any resources such as the Healthcare Human Resources Navigator, resources at ISANS, Atlantic Connection etc. If so, how useful did you find it? If not, why not?

B3. How does your typical day look like in your current situation?

B4. How would you compare your work situation with those of your colleagues of similar professional backgrounds and qualifications?

B5. How do you feel being a foreigner affects your relationship with your clients/patients/co-workers/employers/employees?

B6. Do you feel, overall, being temporary foreign worker is beneficial or detrimental to your career prospects? For example, do you benefit from expat networks/ professional networks from your place of origin?

B7. Do you consider moving to, and working in Nova Scotia, overall, beneficial or detrimental to your career prospects? Could you explain why?

B8. (How) Do you feel your gender plays a role in your workplace experience?

B9. Overall level of job satisfaction? What factors are you considering in making this assessment?

### C. Work – Policies and Resources

C1. Can you describe your experience of credential recognition/ licensing insofar as it affects your work experience?

Probes: Are you working in the field that you were originally trained for? What mechanisms did you use (for example, resources at ISANS) to have your credentials recognized? How effective were these resources?

C2. Does your workplace have any policies that are particularly relevant to foreigners, for example, anti-racism, multiculturalism and diversity policies? If so, have you ever had recourse to such policies?

Probe about language barriers, complaints from patients and/or family members of patients.

C3. Does your job entail regular movements or commutes? If yes, can you describe these? How does your workplace manage these movements?

C4. Are you a member of any labour association or union? If not, would you like to be, or do you feel it is not necessary. If yes, can you tell me about your experience with the association or union? Was it positive/negative, were they helpful or not particularly, not well-informed etc. ?

C5. Where do you see yourself professionally in the next few years? How do you plan to achieve this?

Probe about career development, future training and further education.

D. Where is home? Future aspiration re migration and settlement.

D1. Do you enjoy living here?

Probe about living conditions, family, recreation, social life.

D2. Do you see yourself settling here? Why or why not?

D3. What are your future plans?

Probe about role of workplace to realize future plans.

Thank you for participating!