

From the Philippines to Finland: Nurses' Expectations and Finnish Realities

Päivi Vartiainen¹, Pirkko Pitkänen², Maruja M.B. Asis³, Pirjo Raunio²
and Marja Koskela²

Abstract

Nursing shortages are expected to increase dramatically in Europe as the population ages. Filipino nurses and the Philippine government have shown a growing interest in non-English speaking European countries as destinations. Finland is a recent entrant into the field of international nurse recruitment. Based on fieldwork conducted in the Philippines in November 2014, this article examines the expectations of Filipino nurses vis-à-vis the realities of Finnish social and health care. Data collection included a survey and interviews with Filipino nurses intending to migrate to work in Finland. For these nurses, working in Finland represents mainly instrumental value. Remittances and professional advancement appeared to be the main motivational factors. Their perceptions of free education and low-cost health care in Finland, as well as the clean environment, were other reasons that specifically drew them to Finland. In spite of the nurses' career ambitions, their professional development in Finland is unsure because of the language barrier and difficulty in getting their qualifications recognized. To prevent skill wastage in Finland, efforts should be made to standardize vocational training and professional qualifications, and more emphasis should be placed on language training.

Keywords

Filipino nurse; Finland; social and health care; international recruitment; migration

Introduction

Nursing shortages are expected to increase dramatically in Europe as the population ages. The European Commission estimates a potential shortage of 590,000 nurses in Europe by 2020 (European Commission & Economic Policy Committee, 2012). Since 2008, the economic recession worldwide combined with immigration restrictions in two main destination countries for Filipino nurses, the United States and the United Kingdom, have created in the Philippines a situation in which the supply of nurses sharply exceeds the demands. Over 250,000 Filipino nurses were unemployed or working outside the health care sector in 2014 (Key informant interview, University, the Philippines, 2014).

¹ University of Tampere, Tampere, Finland. Email: paivi.vartiainen@uta.fi

² University of Tampere, Tampere, Finland.

³ Scalabrini Migration Center, Quezon City, Philippines.

European countries have not traditionally been main destinations for Filipino migrant workers in general (Battistella & Asis, 2014). In recent decades, many Filipino nurses have found employment in the UK. Since the restrictions of 2005 in the UK, Filipino nurses have shown increasing interest in non-English speaking Europe. Moreover, the Philippine government has shown a growing interest in non-English speaking European countries as destinations (Weber & Frenzel, 2014). At the same time, changing demographics in Europe fuel the international recruitment of health care professionals, and many non-English speaking European countries have become increasingly active in the recruitment of nurses from the Philippines.

The focus of this article is on the migration of nurses from the Philippines to Finland. Finland as a fairly new receiving country serves as an example of a non-English speaking European country faced with novel challenges. Since 2008, more than 200 nurses have been recruited from the Philippines to Finland, and this trend will likely grow. According to Statistics Finland, there were approximately 300,000 people of foreign origin living in Finland at the end of 2013, which was 5.5% of the entire population of 5.5 million (Official Statistics of Finland, 2014). However, the number of foreign arrivals, including foreign nurses, has been on the rise in the past few decades.

The Philippines is a well-known example of a major source country for health care professionals. The majority of Filipino nurses are working internationally. The institutionalization of the American education system and nursing curriculum in the Philippines as well as U.S. immigration policies after World War II have made a major contribution to the construction of the Philippines as an “empire of care” producing nurses for export (Choy, 2003; Kingma, 2006). The country’s economy relies on migrant remittances, which annually account for 10% of the Gross Domestic Product. In 2014 alone, remittances contributed to more than 24 billion U.S. dollars to the economy (Bangko Sentral ng Pilipinas, 2015).

For individual nurses, migration abroad offers a potential stepping stone to a decent salary and savings, and often better working conditions, too. In fact, the worldwide diaspora of Filipino nurses has often been presented as an example where all stakeholders win. The destination countries are expected to benefit by getting educated professionals. The Philippines is said to benefit through remittances and return of skills. At the same time, nurses are supposed to benefit through opportunities for professional skill acquisition and savings (Key informant interview, University, the Philippines, 2014; Weber & Frenzel, 2014).

In practice, however, the situation is more complex. A body of research implies that the alleged “win-win situation” is questionable (Asis, 2014; Castles, 2007; Hawthorne, 2014; Skeldon, 2007). International recruitment creates both challenges and opportunities for source and destination countries, and for individual migrant workers. The list of possible challenges covers costs of “lost” education (source country and migrant workers), need for pre-departure training (source and destination countries), job counseling and top-up education (destination country) and the need to leave family members behind (migrant workers). On the other hand the potential opportunities include solving skills shortages (destination country), increasingly skilled returnees (source country), and improved education and career opportunities (migrant workers).

With regard to international recruitment practices, many emerging questions concern ethics. One might ask whether it is justifiable to recruit skilled professionals from less-developed countries. Is it right that high-income countries seek to compensate for deficits in their own

education systems by depleting the human health resources of poorer countries? A further ethical issue concerns the right of individual workers to migrate if they so wish. Low economic growth and high unemployment rates, combined with unequal income distribution drive people to seek employment abroad due to lack of alternatives back home. Significant intermediaries in the international recruitment processes are the recruitment agencies which act on behalf of receiving organizations, charging fees from employers and, in many cases, from migrant workers for recruiting and transporting nurses to the destination countries (Buchan, Kingma & Lorenzo, 2005; Kingma 2006).

Most evidently, internationally recruited nurses have not always successfully integrated into destination societies. The literature identifies numerous barriers that may influence the integration of overseas trained health professionals. These include language and communication difficulties; lack of access to appropriate information; lack of education and professional development opportunities; institutional racism; different health belief systems and procedures; negative attitudes among health care personnel and patients; fears about entitlements and security of employment contracts; and lack of family and community support (Adams & Kennedy, 2006; Beriones, 2014).

Over the years, some destination countries have introduced "ethical" codes of conduct for public sector employers recruiting internationally and have also signed bilateral agreements with the Philippines both to facilitate overseas migration and to ensure the protection of Filipino workers. In 2013, an agreement named as the "Triple Win" was signed between Germany and the Philippines. It was hoped that the Triple Win would serve the interests and needs of all three parties: the Philippines, Germany and recruited nurses. In practice, however, only a few Filipino nurses have so far been admitted to Germany under this agreement, while the target is 500 (Key informant interview, research center, the Philippines, 2014; Weber & Frenzel, 2014).

According to several interviews with key informants from the government, University of the Philippines, research center, recruitment agencies and nurses' associations, in Manila in November 2014, bilateral agreements similar to the German model have been discussed with some Nordic countries. Although Finnish private social and health care organizations actively recruit nurses from the Philippines, so far there have been no initiatives for ethical codes or negotiations at the governmental level on bilateral agreements between Finland and the Philippines.

The questions arising here concern the expectations of Finnish society and whether they meet the expectations of Filipino nurses. The viewpoint of the Philippines is just as important, but in this article, the focus is on the migrating nurses and Finnish society.

In this article, we examine the expectations of a group of Filipino nurses preparing to migrate to Finland. Our aim is to analyze the expectations of Filipino nurses and compare them with the realities and needs of Finnish social and health care. The Finnish context for nurse migration will first be introduced, followed by a discussion of the data collection. The rest of the article begins with a discussion of the motivations, expectations and plans of Filipino nurses as they anticipate their migration to Finland, followed by a discussion of the nurses' expectations against the realities of Finnish social and health care. In the concluding section, we ask what opportunities and challenges arise in the recruitment of Filipino nurses to Finland. A fundamental question concerns whether international recruitment is a sustainable and ethical way to solve the lack of nursing staff in Finland.

Finnish Context for Nurse Migration

In the past few decades, social and health care personnel of foreign origin have become more numerous in Finland, and the trend is on the rise. The number of foreign-born practical nurses⁴ in particular has increased sharply in recent years. In 2000, there were 1,450 nurses and 2,285 practical nurses of foreign origin in Finland, the respective numbers in 2012 were 3,442 nurses and 6,607 practical nurses. The countries of origin for both professional groups were mainly the countries adjacent to Finland, namely Estonia, Sweden and Russia (Ailasmaa, 2015).

In order to understand the Finnish context for international nurse migration, it is crucial to note that, traditionally, immigration into the country has been very small in scale and Finland has thus remained, culturally, a rather homogeneous country. For instance, from the 1950s to the 1970s, when other Western European countries attracted labor from abroad to their factories and later into the service sector, Finland was a primarily closed society, which did not actively encourage immigration. Labor shortages were most often filled with the domestic population moving to urban areas from rural areas (Korpela, Rantanen, Hyttiä, Pitkänen & Raunio, 2014).

Nevertheless, since the 1990s, the relative number of foreign newcomers has increased more rapidly in Finland than in any other Western European state (Lepola, 2000). Labor migration has increased particularly since Finland joined the European Union in 1995 and signed the Schengen Agreement in 1996. Likewise, the number of labor migrants from outside the Schengen area, especially from Russia, has increased. Interestingly, the Philippines was among the top 10 non-EU countries to whose citizens Finland issued residence permits for purposes of taking up employment in 2014 (European Migration Network, 2015).

An actual issue of concern in Finland—as in many European countries—is that members of the baby boomer generation born after World War II are increasingly reaching the age of retirement, and it is expected that there will be an insufficient labor force to replace them (Ministry of Labor, 2007). At the moment, the largest age group consists of people ages 65-69 years, and the proportion of retired people will continue to grow in the near future. As the Finnish population ages, the labor shortage first affects the social and health care sector. According to the Ministry of Labor (2007), a conservative estimate is that by 2025, labor shortages in the field of social and health care will reach 20,000 employees.

In the past few years, nurses have increasingly been recruited particularly from the Philippines and Spain. There are currently two private recruitment agencies exporting Filipino nurses to Finland in collaboration with a partner in the Philippines registered by the Philippine Overseas Employment Administration (POEA). Both companies bring nurses in a model that is in many aspects similar to the German Triple Win model, mentioned above.

However, there are some essential differences. In the German model, the employer offers Filipino nurses a two-year period of employment as assistant nurses, during which they participate in specific apprenticeship and language training which ensures recognition of their professional qualifications, eventually enabling them to work in Germany as registered nurses. Furthermore, the German employer is required to pay the nurse a salary as a

⁴ Practical nurse is a lower-level nursing degree. Practical nurses support, instruct, take care of, and rehabilitate people of different ages.

professional nurse while being trained (Weber & Frenzel, 2014.) In the Finnish private companies' model, the Filipino nurses end up as practical nurses, not registered nurses.

In Finnish society, older people predominantly live either alone or in public or private residential care homes. Only rarely do older people live in the households of their children or other family members. The Ministry of Social Affairs and Health has the overall responsibility for providing social and health care services for older people but local municipalities are responsible for the practical arrangements. Care homes may be run by the municipalities themselves or the municipalities may purchase services from private companies (Ministry of Social Affairs and Health, 2015).

As work in Finnish care homes focuses mainly on basic care, the lack of personnel mostly concerns the auxiliary staff. On average, in a care home for older people there are only two to three nurses to some 50 residents, but dozens of practical nurses or nursing assistants. Guidelines for care quality and the workforce serving older adults are stipulated by the Ministry of Social Affairs and Health (2013). Registered nurses⁵ are responsible for the administration of medication and the overall planning of care, while practical nurses mainly support older people in the activities of daily living. Nurses and practical nurses are licensed and under the supervision of the National Supervisory Authority for Welfare and Health (Valvira). At the bottom of the professional hierarchy are nursing assistants tasked with support functions, such as feeding and cleaning. There is no formal education for nursing assistants, and the profession is not regulated. Consequently, the wage hierarchy from top to bottom is as follows: nurse, practical nurse and then nursing assistant.

The implementation of Finnish and EU legislation on professional qualifications makes it difficult for a non-EU registered nurse to enter the Finnish labor market as a registered nurse (Nieminen, 2011). As Näre (2013) has shown, it is a common problem in European Union Member States that non-European nurses are likely to be placed in the lower segments of the labor market hierarchy.

In Europe, the Bologna Process encourages the harmonization of qualifications across European countries. This means that an EU citizen and registered nurse qualified in one EU Member State is able to move to and work in another EU Member State (Baumann & Blythe, 2008). The European Qualifications Framework (EQF) is a translation tool that helps to compare national qualifications systems. The core of the EQF comprises eight common European reference levels, which are described in learning outcomes (European Commission).

In contrast to the requirements for EU citizens, to whom EQF applies, the qualifications of nurses arriving from outside the EU must be completely equivalent to the content of the Finnish nursing qualification. Hence, in practice, non-EU citizens are always required to take further studies before their qualifications can be recognized in Finland (Key informant interview, Government official, Finland, 2014; Vaittinen, Sakilayan-Latvala & Vartiainen, in press). It is easier for a Spanish nurse to take up employment in Finland than it is for a Filipino nurse because the Spanish nurse can apply for their qualification to be recognized under the EQF.

⁵ Nursing education is a 3.5-year tertiary-level degree program provided by the Universities of Applied Sciences. The training of practical nurses is organised in vocational schools and lasts three years.

Moreover, up to the end of 2015, EU citizens have not been required to demonstrate language proficiency in a test, which is required of nurses arriving from outside the EU (Valvira, 2015). This is set to change at the beginning in 2016 so that a language test will be required in the future, even from EU citizens. In practice, both in the case of European and non-European nursing staff, each employer is responsible for ensuring that the language skills of the jobseeker are sufficient for the work to be done.

An alternative path for non-European nurses to get their nurse qualifications recognized and registered in Finland is to apply to a Finnish University of Applied Sciences to take a bachelor's degree in nursing. The University may accredit some parts of their studies and work experience gained outside Finland. Such accreditation is at the discretion of the respective school. Usually this path takes several years to complete. (E-mail, Government official, 2015.)

Data and Methods

Data for this article were collected in connection with the research project "Emergence of Transnational Educational Spaces in Social and Health Care Work: A Case Study on the Training and Integration of Filipino Nurses in Finland" (TRANS-SPACE), funded by the Finnish Work Environment Fund for the years 2014-2017. The project is carried out by the University of Tampere, School of Education in co-operation with the Scalabrinii Migration Center, Manila. Data collection included a survey and interviews with Filipino nurses who were taking part in pre-departure training in the Philippines in 2014 to prepare them to work in Finland.⁶

The Managing Director and the Chairman of the Board of the recruiting agency gave the researchers permission to conduct the survey and the in-depth interviews with this group. All research work was accomplished in a way that complies fully with fundamental ethical principles. All respondents were provided with an informed consent form and detailed information sheets in English. The participants received both written and oral information on the research in advance and they had an opportunity to pose questions about it to the researchers. They also knew that their participation was voluntary, that they had the right to refuse to participate and to withdraw their participation at any time, without any consequences. The participating nurses were informed what procedures will be implemented in processing and storing the data, who will be using the data and the measures used to secure anonymous handling and analysis of the data.

All nurses were asked to complete a self-administered questionnaire. They completed the questionnaire one week before the end of the pre-departure training in their classroom under the supervision of two researchers. The questionnaire consisted of both structured and open-ended questions. In addition, semi-structured interviews were conducted with some of the survey participants (n=20). The survey and interviews were conducted in November 2014. In order to assure that the findings will not affect the research participants adversely in any

⁶ The pre-departure training was full-time study lasting approximately 8 months. It consisted of Finnish language and information on Finnish society and the social and health care system. A nurse had to pass all course exams in the pre-departure training as a requirement for employment in Finland.

respect, information on individual respondents is presented in such a way as to make it impossible to identify them.

All participants in the pre-departure training course took part in the survey (n=36). Of the respondents, 27 were female and nine male. Two participants were married and four had one or more children. The age of the respondents ranged from 21 to 32 years. Of those responding to the questionnaire, 20 were randomly selected to participate in the semi-structured interviews. Of the interviewees, 14 were female and six male. All interviewees were single and one interviewee had a child younger than school-age. The age of the interviewees varied from 21 to 29 years (average 24 years).

In order to gather wider information on international recruitment practices, additional key informant interviews were conducted both in the Philippines and in Finland. Representatives of Philippine organizations working in the field of health care, education or migration, along with one German pre-departure training organization, were interviewed in Manila in November 2014. In spring 2015, representatives of a private social and health care company, recruitment agencies, and a government office were interviewed in Finland. In the Philippines, the interviews were carried out in English; in Finland, in Finnish or English. All interviews were recorded, transcribed and analyzed using interpretative content analysis.

Table 1: Migrant survey and in-depth interview respondents

	Male	Female	Total
Migrant survey	9	27	36
Migrant in-depth interview	6	14	20

Table 2: Key informant interviews by type of respondent and country

Key informant interviews	The Philippines	Finland	Total
University or Research Center	4		4
Government office	4	1	5
Training organization	2		2
Nurses' association	2		2
Recruitment agency		2	3
Private social and health care company		1	1
Total	12	5	17

Driving Forces for Migration from the Philippines to Finland

This study examined the factors that figure into nurses' decisions to move to Finland. Such factors include both migrant motivations (why nurses migrate) and facilitating factors (what makes the movement possible). As the findings below suggest, the motivational and facilitating factors arose from conditions in the Philippines and in Finland.

Motivational Factors

As shown in Table 3, professional motivations appeared to be the most important factors, along with a search for adventure and economic reasons.

Table 3: Nurses' motivations for moving to Finland, migrant survey (n=36)*

Reasons to move	Frequencies
Career opportunity	33
Adventure	16
Higher earnings	14
Has a family member in Finland	2

*Based on multiple responses

Several interviewees cited poor career opportunities in the Philippines as the main push factor. Unemployment, low wages and difficulty finding jobs other than voluntary work were reported as problems by most respondents. Many of them had done voluntary work in the Philippines in order to gain work experience, which could improve their opportunities of finding work either at home or abroad. Other push factors mentioned by the interviewees included corruption, overpopulation, pollution and technological backwardness in the Philippines. Similar reasons emerged from the survey data.

The nurses interviewed were aware of the labor demands in Finland and expected that wages there would be much higher and working conditions better than at home. A female migrant posited: "I think the working conditions outside the Philippines are far better than here."

Although a third of the respondents claimed that money was not the main reason for moving to Finland, it became evident that, in many cases, the main motivation was to save money and send a portion of the earnings back home. Several nurses referred to the need "to meet family responsibilities." "I want to give my son a better life," said one of the nurses.

Most of the interviewees hoped to live in Finland in small towns as they thought that living in a small city would be cheaper than in the capital area. Most of them were going to share an apartment with other Filipinos:

And the good thing is that they're gonna group us. They're gonna put maybe two or three together so that the rent could be shared. We're gonna share the rent, the food. (...) So that I could pay less for things.
(Male migrant, in-depth interview)

Besides improving their livelihood, a search for adventure was mentioned as one motivation for migrating to Finland. The fact that Finland is located in Europe was a crucial factor for several nurses. One female nurse put this into words: "When I was a child it was my dream to work and live in Europe and Finland belongs to Europe." A female nurse who had previously been for a one-day visit in Finland said:

(...) in Finland I get to experience different weathers, climates, seasons, summer, winter... And we don't have snow here so I get the experience there in Finland.

(Female migrant, in-depth interview)

Respondents generally expected it to be easier to achieve a better quality of life in Finland than in the Philippines. Several made positive comments on the environment, social services, safety and stability in Finland:

...the atmosphere here it's little bit polluted and crowded and in Finland there is not much people and I feel relaxed when I'm there.

(Female migrant, in-depth interview)

...because of the free education, free health services, the hospitalization, they're all free and the least corrupt country compared to the Philippines.

(Female migrant, in-depth interview)

In some cases, personal aspirations and preferences might also change during the pre-departure training. A female nurse who had a one-year-old daughter and planned to leave the child behind in the Philippines said:

The first reason why I want to work in Finland... I admit that it's because of money. I really need money to help my family but now my reason changed when I learned about Finland. Now it's because I want to discover myself, I want to improve professionally in another country.

(Female migrant, in-depth interview)

Facilitating Factors

International mobility is a cultural tradition in the Philippines, which made it easier for the interviewees to leave. Of the 20 interviewees, half had personal experiences of international migration. Five of them had themselves been living and working in other Asian countries or in Europe, and five had one or more family members who had been working abroad. One nurse reported that she was born abroad but returned to the Philippines as a young child, and another reported that his mother went to work in the United States and left him behind in the Philippines when he was just a few months old.

Some respondents revealed that Finland was not their first option. Initially they had planned to work in some English-speaking country or in the Middle East, but when they heard of the opportunity to move to Finland, they abandoned other plans. Troubles in getting work in the United States and low wages in the Middle East influenced their decisions.

It didn't work out, I couldn't find a good employer in the States.

(Female migrant, in-depth interview)

I tried to apply to other countries, but other countries like Saudi-Arabia, Libya or other countries like the Middle East, they just pay very low salaries. Finland I think is the best.

(Female migrant, in-depth interview)

Most interviewees considered their Filipino nursing education to be of a high level, equipping them with sufficient skills to cope in Finnish working life.

The role of recruitment agencies is an important facilitating factor. As mentioned earlier, two Finnish recruitment agencies encourage and facilitate the migration of nurses from the Philippines to Finland. In the Philippines, they arrange pre-departure training which is paid for by the receiving private employers. Compared to the generally high cost of education in

the Philippines, this is a significant facilitating factor. Several interviewees mentioned the free pre-departure training as an attractive component. Nevertheless, the free training does not cover meals or any other living costs, and several nurses revealed that they had to resign even from part-time work as the training demanded full-time study.

Migrant Expectations versus Finnish Realities

Ideally, the recruitment of Filipino nurses to Finland would bring benefits to both the source and destination countries, as well as the migrant nurses. Yet it is debatable if international recruitment really constitutes a situation that benefits all concerned. In this section, our aim is to compare the expectations of Filipino nurses with the realities and needs of Finnish social and health care.

Expectations of Filipino Nurses

Table 4 summarizes the respondents' answers to the question "What do you expect to be different in Finland from the nursing profession in the Philippines?" The clear majority believed that in addition to the salary, the work itself would also be different in Finland, and almost all thought that the working conditions would be different. This is understandable as residential care facilities for older people are not common in the Philippines. Moreover, none of our respondents had ever worked in one.

Table 4: Filipino nurses' professional expectations, migrant survey (n=36)

Expected differences	Frequencies
Working conditions	33
Salary	28
Work itself	21

All but one of the survey respondents and all of the interviewees knew that in Finland, they would be working in residential care facilities for older people as practical nurses or nursing assistants, but the expectations of some respondents concerning their future work were partly unrealistic. Almost all reported that their hope and aim was to upgrade their education and get their nursing education recognized as valid in Finland. However, even the educational process organized by the future employer in Finland – apprenticeship and language training – was only vaguely known among the interviewees.

Most of the interviewees expected that the work would be different in Finland. Overall, they welcomed the prospect of taking care of and providing services for older people. To our question, "Why did you choose Finland (instead of Abu Dhabi)?" a female interviewee answered:

Probably because when I was working in a hospital, I preferred to take care of elderly people. Even my staff nurses observing me said that I paid more attention, more care to the elderly and that's my nature. I prefer taking care of the elderly, even my grandparents and the sisters or brothers of my grandparents.

(Female migrant, in-depth interview)

However, according to previous studies in Finland, it is not always easy for Filipino nurses to adapt in the rehabilitative approach in Finnish care homes for older people. The rehabilitative methods mean that the nursing staff are expected to encourage the functioning capacity of the residents. For this reason, older residents must try to manage their tasks of daily living themselves. This approach may appear cold to nurses familiar with an approach of tender loving care, in which many Filipino nurses tend to take pride (Beriones, 2014; Vartiainen-Ora, 2015).

Some respondents mistakenly believed that it would be possible to cope in Finland using English, and some respondents estimated that they would learn Finnish in one to two years. A nurse who had previously visited Finland took a more realistic stance. She knew that learning to speak Finnish is not easy and that patient, day-to-day practice would be needed. This became evident in her answer to the question "What would help you to tackle the language barrier?"

Maybe if I would be able to meet other Finnish persons, meet other people because I believe when you talk a lot of Finnish you become more used to it, you learn a lot from it so definitely when you meet a lot of people, maybe talk to your co-workers, maybe your patients... You'd be able to overcome that barrier.

(Female migrant, in-depth interview)

Knowing the national language is particularly important in the health sector, as patient safety may be at risk if nurses cannot communicate fluently with their colleagues and patients (Pitkänen, 2011). Further, if there is no common language, internationally recruited nurses may be excluded in their working communities and find it difficult to demonstrate optimal levels of work effectiveness (Duff, Wong & Early, 2002; Suni, 2010).

Earlier research shows that despite language education and testing, both Filipino nurses and their colleagues report communication problems in their daily work. The tasks where foreign nurses seem to experience most language difficulties are written and digital reporting, talking on the phone and communication with patients and their relatives (Duff et al., 2002; Suni, 2010).

Most respondents were aware that the monthly salary of practical nurses in Finland (ca. 1,700 euros) is around 10 times higher than the salary of nurses in the Philippines, but they had not internalized that the living costs (food, clothing) are also 10 times higher. For instance, some respondents supposed that they could have an apartment for three to four people for 400 euros a month, while an average monthly rent for a three to four room flat in the metropolitan area varies from 1,300 to 1,800 euros, and in middle-sized cities from 600 to 900 euros (Statistics Finland, 2015). In practice, many interviewees were going to share an apartment with other Filipinos. This was motivated mainly by a need to save money, but also by a desire to live together with compatriots:

At first I didn't think that I could save that much, but then (...) Filipinos live together, we share one apartment. Finnish people don't do that regularly. They want to live alone, that's why it's more expensive. But if you have company the expenses are less. That's why we can save a lot.

(Female migrant, in-depth interview)

In the present study, the nurses were asked about factors that might help them adapt to their future work communities. Most respondents said they expected that Finnish colleagues would become their friends and help them associate with other Finns outside of work. One interviewee had this to say:

Mainly like help us or allow us to participate in the cultural activities, or if we could make friends there, they could show us around and show us what a real genuine Finnish culture is. And we're the ones to try to adapt to them than them trying to adapt to my situation.

(Female migrant, in-depth interview)

So far, research suggests that Filipino nurses rarely have Finnish friends or keep company with their Finnish colleagues during leisure time (Vartiainen-Ora, 2015). Rather the Filipino diaspora communities and transnational networks seem to both facilitate nurses' adaptation and cure homesickness. To the interview question, "Why is the Filipino community important?" a male nurse answered: "Because of course they can also help you if you encounter some problems or... Of course you can converse with them and join them in activities."

All the nurses interviewed said that they would first move to Finland alone, but half of them mentioned that they wished to bring their family members there later. One interviewee already had a family member working in Finland. Some had dreams of having a family of their own and enjoying a secure family life in Finland. One female nurse mentioned that her boyfriend, who is also a nurse, would follow her after he has completed the pre-departure training.

Maybe if I will be a resident in Finland maybe I can get my family in there.
(Female migrant, in-depth interview)

If I can get there my family, my mom, my dad and my brothers it would be nice in the future if I already establish myself there, if I'm already adapted and I have financial stability then I could do that.
(Male migrant, in-depth interview)

Maybe after some years I'll decide if I'll take my sister with me there.
(Female migrant, in-depth interview)

Family reunification may well motivate Filipino nurses to stay in Finland for a long time or permanently. Problems, however, arise from the current regulations in Finland. Even if a Filipino nurse would like to bring her or his family to Finland, the strict family unification rules in Finland may hinder these endeavors. Foreign nurses working in low-paid jobs are often denied the possibility of bringing their families to the country because of the relatively high income limits that the state uses as a qualification for family reunification.

Only one of the interviewees had a child of her own (one year and three months old). The nurse was going to leave her daughter behind, in the child's grandmother's care. On the one hand, the nurse said there was no problem and that that was the way she herself was brought up as a child but, on the other hand, she mentioned that this was a sacrifice she needed to make: "I need to sacrifice also my time and some other things [...] my mother will explain to my daughter in the future."

According to her, the physical distance would not be such a problem this time because they can communicate through Skype.

Considering Foreign Nurses as a Solution in Finland

In English-speaking countries, international recruitment may be a quick and cost-effective solution to address labor shortages, but in the Finnish case, it is far from clear that it indeed is a solution. As Finland is not an English-speaking country, both Finnish society and employers need to provide remarkable support for the language training of internationally recruited nurses. Social and health care providers recruiting internationally also need to invest in providing appropriate orientation and support to enable newcomers to adapt to their new working environments (Laurén & Wrede, 2010; Nieminen, 2010).

From the perspective of Finnish residential care homes for older people, a fundamental question is whether the international recruitment of nurses will help fill critical labor shortages in a sustainable way. The receiving organizations have invested in the pre-departure training and they expect the recruited nurses to be committed to their work places. In the present study, all the nurses interviewed said that they were going to stay in Finland for a long time. The most common reasons given by the nurses were that they had spent so much time and energy learning Finnish language and culture, and that they wanted to earn enough money to send back home.

However, most of the interviewees expected not to stay in Finland for good, and this included plans to spend vacations in the Philippines as well as free time with their family and Filipino friends using Skype and other forms of social media. Many of them reported intending to move back to the Philippines—often called “home”—when reaching retirement age, at the latest. One female nurse discussed her plans:

So I am planning to stay for a very long time in Finland, I can earn and I can save money. (...) I am 26 now so I want to stay there until 50, 55. And then come back here when I'm old.

(Female migrant, in-depth interview)

The nurses recruited from the Philippines to Finland typically sign an employment contract with the employer as nursing assistants and are offered an opportunity for apprenticeship training to achieve the qualification of practical nurse. The training itself is financed by the Finnish government. The recruitment agency arranges their accommodation. According to a Finnish employer, the nurses are free to resign as stipulated in the Finnish legislation. (Key informant interview, Private social and health care company, Finland, 2015.) However, their residence permits are contingent on their employment, which means that in practice they can resign if and only if they find other work and accommodation.

Currently, the idea of circular migration (i.e., migration from a country of origin to a destination country followed by a return to their home country after a period) is strongly emphasized as a solution to international nurse migration. In these debates, circular migration has been seen beneficial both for the origin and destination countries, for employers and for migrant workers (Weber & Frenzel, 2014).

Interviews with Filipino stakeholders suggest an aspiration to reach a “triple win” agreement with Nordic countries along the lines of the German model (Key informant

interviews, Government office and Nurses' association, the Philippines 2014). As far as Finland is concerned, the Ministry of Employment and the Economy has explicitly noted that the Finnish state does not see the need to regulate nurse migration nor qualification recognition processes, but leaves the matter to the employers and the universities of applied sciences (Vaittinen, 2015).

Summary

This paper explores the opportunities and challenges that arise in the recruitment of Filipino nurses to Finland. The expectations of Filipino nurses were examined and compared with the realities and needs of Finnish social and health care. The sustainability and ethicality of recruiting Filipino nurses as a way to remedy the shortage of nursing staff in the care of older adults in Finland were likewise considered.

Several factors were discovered which either facilitate or hinder sustainable recruitment practices. Issues include state regulations for managing, facilitating or attempting to limit outflow and/or inflow of nurses, the role of recruitment agencies as intermediaries in the migration processes, the operating logic of private long-term care enterprises and the status of overseas-trained nurses in the receiving organizations.

A variety of reasons surfaced as to why Filipino nurses want to migrate to Finland. Some of these were general reasons, similar to any other destination country: to achieve a better quality of life, attain professional development, acquire additional skills and education, and secure a better income for themselves and their family members. In many cases, working in Finland seemed to represent primarily instrumental value to Filipino nurses. Their main motivations were to gain access to Europe, save money and send a portion of their earnings back home.

There were, however, some unique reasons that drew migrants specifically to Finland. Among these were free education and low-cost health care, a clean environment, social stability and safety. Finland was viewed almost as an ideal society compared with the Philippines: no corruption, no crime and no pollution. In turn, the nurses were aware of one particular challenge regarding Finland: a difficult language that is not spoken in any other country nor related to any bigger language.

The Filipino nurses hoped to have their four years worth of Filipino nursing education recognized in Finland. The problem was that the Finnish employers recruiting from the Philippines mainly need practical nurses.

There are many national and EU-level regulations concerning the recognition of foreign nurses' professional qualifications. In contrast to the requirements for EU citizens, the qualifications of nurses arriving from outside the EU must be completely equivalent to the content of Finnish nursing qualifications.

Discussion and Conclusions

The current situation, with Filipino nurses working in lower positions for lower pay, is often justified in Finland by their lack of proficiency in Finnish. The professional nursing skills of

Filipino nurses are rarely questioned; the concerns mostly pertain to the language barrier (Vartiainen-Ora, 2015).

Besides the recognized and accepted nursing degree, an overseas-trained nurse must have sufficient spoken and written proficiency in Finnish or, in some small regions, Swedish, which is a minor official language in Finland. The demands for language proficiency are particularly high in social and health sector work, and therefore even a foreign accent may raise suspicion of professional competence (Näre, 2013).

According to earlier research, career opportunities for foreign educated nurses are, in general, rather limited in Finland. In many cases, they are employed in tasks which do not correspond to their education or work experience (Nieminen, 2011). A body of literature indicates that the professional skills of overseas-trained nurses are not productively utilized in Finland (Laurén & Wrede, 2010; Nieminen, 2010; Näre, 2013; Vartiainen-Ora, 2015).

As a study by Vartiainen-Ora (2015) also indicates, both Filipino nurses and their Finnish colleagues and superiors hope that the pre-departure language training will better prepare the participants to cope with day-to-day work. Learning basic language and grammar rules is not enough. Language training should be focused on the vocabulary of real working life. The pre-departure training courses should include sufficient information on Finnish society and social and health care work, but also prepare learners for intercultural awareness (Raunio, 2013).

Several ethical questions arise related to the balance between the right of health workers to migrate and have their education and skills recognized, and a concern for ensuring the quality and safety of care in the receiving organizations. In the case of Finland, there is a need to review the current labor and immigration policies in order to meet the skills demands in nursing in a sustainable and ethical way. Likewise, the state regulations concerning family reunification need to be reviewed as it may be expected that the opportunity to move with one's children or other family members would motivate Filipino nurses to stay permanently.

In order to prevent skill wastage, efforts should be made to standardize vocational training and professional qualifications on a global scale. Also, more emphasis should be placed on language training in transnational contexts. A further question is where the training should be carried out and who should pay for it. Or do we need to think of dual or even multi-level training systems always with the option to upgrade from one level to another? These are very complex questions which demonstrate the need for international collaboration.

There is good reason to ask whether the international migration of nurses is indeed a sustainable and ethical solution to the shortage of nursing staff in Finnish long-term care. In order to recruit ethically, Finnish employers should clearly define what kind of workforce and what skills—including language skills—are actually needed in different positions. At the moment, Finnish employers recruit professionally skilled and experienced nursing staff from the Philippines and employ them as assistants.

The Government of Finland and other authorities should take a stand concerning top-up training to avoid duplicating education and wasting both human and economic resources. This issue is too important both for Finnish society and for the individual Filipino nurses to be left solely in the hands of private companies.

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