This monograph is a study on how, from 2007 to 2010, five groups of nurses from the Philippines were recruited and transnationally managed and organised to live and work in Finland for both private elderly care facilities and surgical wards in Finnish municipal hospitals. The thesis is critical of international human resource management (IHRM) as a discipline and practice, and discursively analyses structural and societal issues of control and compliance of the historically gendered and racialised occupation of nursing. Furthermore, the transnational processes and movement of human capital from the Philippines to Finland is discussed in terms of (re)producing managerial practices of nurse work which create barriers to equality in the workplace.

The study identifies and maps the interaction of various private and public representatives through the transnational practices of recruitment and placement of Filipino nurses into Finnish nursing institutions. Through the identification of the Finnish representatives and the subsequent construction of their associated social worlds based on work practices and commitments, the maps illustrate the organising of human resources transnationally. Subsequently, structural mechanisms, particularly in terms of institutional, national, and international policy and law regulations, are addressed by highlighting transnational human resource management (THRM) practices and discursive positions dominated by public and private representatives in the packaging of the nurses.

As a whole, the study strives to broaden the theoretical and empirical examination of migrating nurses to encompass the transnational management of private and public representatives involved in the recruitment and placement practices at institutionalised, meso-levels of organising.
Packaging Nurses

Mapping the Social Worlds of Transnational Human Resource Management

Helsinki 2016
Packaging Nurses: Mapping the Social Worlds of Transnational Human Resource Management

Key words: transnational human resource management, producer-based care networks, social worlds, discourse analysis, situational analysis, nurse work, feminism, transnationalisation of care, Finland, the Philippines

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1 TRANSNATIONAL HUMAN RESOURCE MANAGEMENT OF PACKAGED NURSES

1.1 Introduction

The recruitment and placement of nurse labour from economically poor countries to more affluent countries are not new phenomena. Private nursing schools in the Philippines have been training a large number of nurses for the economically rich labour markets, particularly the United States, since the 1950s (see Choy, 2003). The current patterns of transnational health-labour migration from poor to more affluent countries represent a new phenomenon, however. Even though large numbers of third-world nurses migrated transnationally before the 1990s, they moved along established migration pathways that existed between countries with long-term historical ties, steeped in imperialism and colonialism. Traditional destinations for nurses from third-world countries included the United States, Canada, Australia, New Zealand, France, Germany, and the United Kingdom, all of which benefited from their ties to specific ‘donor’ countries (Brush et al., 2004).

Since the 1980s, however, newly affluent destination countries and poor donor countries have emerged, with different trajectories explaining their entry into the global healthcare labour market. In some new destinations, countries’ increasing demand for migrant nurses results from rising affluence; in others, structural labour shortages related to the diversification of women’s employment and demographic developments such as an aging population serve as an explanation (for instance in Saudi Arabia, Southern Europe & Ireland; Yeates, 2009). In other new country destinations, changes in the organisation of welfare services provide a central explanation for the rising interest in recruiting nurses transnationally (Dahl & Eriksen, 2005; Dahl, 2012). The subject of this thesis is about this last type of destination country as it focuses on ‘emerging’ practices in the recruitment and placement of nurses in a new type of destination country: a Nordic welfare state. The affluent Nordic countries traditionally recruited mainly within the Nordic region, where cultural ties are comparatively close and all of the countries are first-world countries with extensive welfare states (Wrede et al., 2008; Isaksen, 2010). In the Nordic context, the new practice of managing a labour market through transnational recruitment and placing activities is related to welfare state reforms aimed at increasing labour flexibility (Wrede, 2010; Wrede & Näre, 2013). This thesis examines how nursing work is transnationally organised and managed in the context of the emerging human resource management practices of nurse work in Finland. The analysis
identifies private and public representatives that are managing the transnationalisation of nurse labour in terms of which representatives and organisations are asserting authority over how nurse labour is transnationally produced and relocated to Finland.

A central argument of this thesis is that even though the nursing labour market remains anchored in the Finnish welfare state, the emerging recruitment and placement practices globalise the demands associated with nursing work with the aim of increasing labour flexibility. For the private actors, imported nurses are a source of making and saving money. For that purpose, they compete on global markets for suitable nurses and seek to ‘package’ their human resources for their clients. The thesis further argues that the process of packaging nurses as marketable ‘products’ for possible clients reproduces not only traditional social hierarchies within nursing at the organisational level, but also within national and transnational levels, impacting the lives of both migrant and domestic nurses in tangible ways (wages, job security, occupational mobility, work/family balance). Historically, nurse work and its workforce have been segregated along gendered, racialised, and classed hierarchies. The social categories constituted around gender, race, and class have essentially designated certain groups of workers into specific divisions of labour within the healthcare market (Apesoa Varano & Varano, 2004; Chang, 2000).

1.2 Transnational human resource management of nurse labour

Nursing, as an occupation, has increased in demand over the last decade and recruitment by organisations in developed countries from less developed countries has intensified. Many scholars, policy makers, and human resource (hr) practitioners argue that this increase in demand is due to ‘push’ and ‘pull’ factors such as better pay and working conditions in recipient countries than sending countries (push), and changing demographics worldwide that place strain on health care systems due to an ageing population (pull).

However, the scope and magnitude of the current process of migration has created a ‘carousel’ of international nurse mobility (Kingma, 2006), causing the dichotomous nature of ‘push’ and ‘pull’ to be limited in its explanation. What was once a one-way exchange among a number of developed and developing countries has become a more complicated and circuitous stream of nurses flowing in new directions and patterns (Brush, 2008). As such, greater competition and demand for these nurse migrants among recruiting countries has created a market demand that is translated into big
business (Brush, Sochalski & Berger, 2004) and encompasses not only micro explanations of push/pull but also of a macro context of trade and uneven development.

Demands for nursing from areas such as the Middle East (Saudi Arabia, Kuwait, Libya, Iran, Bahrain, and Iraq), Asia (Japan), the UK, North America (Canada and USA) and Australia have amplified the importation and exportation process of these skilled workers (Brush et al., 2006; Buchan et. al., 2005). In response, countries such as the Philippines and India are producing nurses in greater numbers than required to satisfy domestic demand to send abroad (Choy, 2003; George, 2005). Simultaneously, countries such as China and South Korea are also following the Philippines and India as an example to export their own human resources (George, 2005; Percot, 2006). In addition, other professionals such as doctors and lawyers in the Philippines are being driven into the nursing profession in order to be exported abroad (Galvez-Tan et al., 2004).

Although there is an increase in demand for active recruitment of nurses in all countries worldwide, in many countries, fewer people are being attracted to the health care profession domestically. For example, while nursing is an occupation requiring advanced education and skill building, it continually struggles to identify its worth among more traditionally male-dominated health care fields such as medicine, dentistry, and public health in tangible ways: salary, prestige, and work conditions (Apesoa-Varano et al., 2004; Melchior, 2004). As such, in both developed and developing countries, careers in health care are becoming less attractive unless it is a means to migrate (Connell, 2008: 24). With this in mind, however, research has shown that migrant workers are unable to use all their existing skills and migration has largely been associated with deskilling (Ribeiro, 2008). In addition, although many nurses are able to transfer their qualifications across borders, they generally do not advance in their careers and experience downward mobility in terms of occupational seniority and overall financial status (Ho, 2008; McNeil-Walsh, 2008). Furthermore, as pointed out by Ribeiro’s study (2008), the institutional conditions and regulatory mechanisms of the nursing profession creates both female migratory tracks towards low status professional segments and new intra-professional divisions alongside the status of citizenship and the place of graduation for migrant workers.

Migrant and domestic nurses also struggle with a common assumption that a nurse is a nurse (Kingma, 2006), which entails that all nurses are the same in qualifications, education, and experience and that a nurse can ‘substitute’ for another position. This leads to nurses being offered positions that do not suit their qualifications.
and masks the established hierarchy of global nurses that create experiences for migrating nurses based on their skin colour, ethnic origin or language skills (Kingma, 2006). In addition, as noted by Davies (1992), nursing is highly gendered, and management— as well as the nursing work itself— requires the re-examination of nursing as an occupation in which gendered processes and relations are re-enacted on a daily basis in organisations and power dynamics. Davies also argues that through specific management practices, nursing has been correlated with ‘disposable labour’. As such, nursing labour and its human resources are flexible, complaint, replaceable, and, in the end, disposable.

These circuitous and transnational patterns of nurse migration and the transfer of care from one health care system to another— that is, embedded in gendered and racial social divisions— denotes the importance of understanding further the management and organisation of migrating nurses.

Within the discipline of international human resource management (IHRM), the conceptualisation of transnational has been used to explain corporate HR systems in terms of practices and strategic processes (Festing et al., 2011: 162), but the actual term ‘international’ has not been subjected to analytical criticism or replaced with a deeper understanding of what transnational means. The discipline of IHRM, within management and organisation studies, continues to view the processes and practices of managing people across borders in terms of a duality between centralisation (or global integration) versus decentralisation (or local responsiveness) or ‘international’ as in ‘between nation-states’ (Ståhl et al., 2012). This analytical understanding of the geographical (or locational) management of human capital, I argue, has narrowed the empirical focus within IHRM to multinational corporations (MNCs) by focusing solely on headquarters and subsidiaries as well as expatriates, specifically from the West. As raised by management and organisations scholars, transnational as a concept is critical of the function of national borders, but also the concept of ‘international’ encapsulating the organisation and management of migrating people, either paid or unpaid workers or the movement of people for various other reasons (Hearn et al., 2009). Hearn conceptualises ‘transnational’ as the nation and its borders being affirmed and deconstructed simultaneously (2004: 278). More specifically, Hearn defines ‘trans’ as moving across something or between two or more somethings, in this case, across national boundaries or between nations;
metamorphosing, problematizing, blurring, transgressing, breaking down, even dissolving something(s), in the case, nations or national boundaries— in the most extreme case, leading to the demise of nation or national boundaries.

‘Trans’ and its subsequent associations such as transmigration, trans-organisation, and transcommunities stress the shift from a monolithic, centralised conceptualisation of management and the operations of organisation and management. As a result, transnational organisation, management and processes can be understood in the context of the global, political economy, and its associated social divisions and inequalities around class, gender, ethnicitisation/racialisation, etc. (Hearn, 2004: 285; Cleland Silva, 2010: 106).

In this thesis, I strive to re-conceptualise IHRM as a discipline as transnational human resource management (THRM). This reconceptualisation, I argue, broadens not only the theorisation beyond the national borders and the enterprise, but provides a space for health care sectors and human services in terms of empirical exploration into the management of people in a transnational context.

In the following chapter, this thesis situates a study that focuses on how, in the years 2007 to 2010, five groups of nurses from the Philippines were recruited and transnationally managed and organised to live and work in Finland for both private elderly care facilities and surgical wards in Finnish municipal hospitals. Through the case, the work is critical of IHRM as a discipline and practice and discursively analyses structural and societal issues of control and compliance of the historically gendered and racialised occupation of nursing. Furthermore, the transnational processes and movement of human capital from the Philippines to Finland is discussed in terms of (re)producing the managerial practices of nurse work, which create barriers to equality at the workplace but also constructs life patterns that conflict with the situated life patterns of the nurses.

1.3 Research objectives and questions

The research objectives and questions of this thesis address a situated study of the recruitment and placement of Filipino nurses by Finnish organisations. Specifically, the thesis aims to examine Finnish representatives and organisations working across various boundaries of nation-states, sectors and organisations, to design, select, and recruit groups of nurses that are pre-ordered based on the needs of Finnish employers. Through the transnational practices of nurse packaging, networks of various representatives,
organisations, and institutions emerge, and this thesis strives to analytically capture the networks in which five groups of Filipino nurses were recruited and placed through the work of Finnish private companies.

I argue in this thesis that organisations and representatives negotiate and work in social worlds (Strauss, 1978, 1979, 1982b). Social worlds are structurally situated, interactive units of analysis that consist of representatives making collective meaning of and acting from at least one primary activity (e.g. recruitment of nurses). Both formal (e.g. national government ministries) and informal (e.g. groups of recruited nurses) social worlds are structured in society, in the sense that ‘we can bet with relative safety will remain basically “in place” and predictable over some time’ (Clarke, 1991). The difference between formal and informal social worlds, therefore, is the degree of structuration. In other words, the social world’s ‘staying power’ (see Giddens (1979) on structuration).

Social worlds interact in an arena. An arena is ‘a field of action and interaction among a potentially wide variety of collective entities. It is a meso/macro level, voluntaristically oriented, collective-action approach’ (Clarke, 1991: 128). Social worlds function in a field of action through the representatives negotiating, maintaining boundaries, and gaining social legitimisation of the social world itself through the representatives’ work practices and discourses. An arena of a field of study can be metaphorically perceived as a ‘battle field’ (Strauss et al., 1964: 3) of competing commitments and actions that are believed to be meaningful to representatives of the associated social world. As such, social world/arena theory ‘aims at capturing, describing, and thus rendering susceptible to analysis the multiple simultaneous organized actions of individuals, groups of various sorts, and formal organizations’ (Clarke, 1991: 131).

To develop this understanding of social interactions and associated social worlds, the thesis uses the mapping and maps suggested in the method of situational analysis (Clarke, 2005). Through the analysis of interviews and documents, the thesis creates and illustrates maps of social worlds in which representatives and organisations transnationally create and package nurses through practices and discourses. The maps are considered products of the analysis of spatial representation, and mapping is considered a byproduct of storytelling and the retelling of a journey made. In this case, the retelling is about a research journey involving empirical questions of ‘who cares about the recruitment and placement of Filipino nurses into Finnish institutions and what do they want to do about it?’
The research objectives behind this thesis are

- to map the relationships between the private and public representatives and organisations that regulate and govern the packaging of Filipino nurses for Finnish institutions
- to understand what discursive claims the representatives and organisations are making in regards to the recruitment and placement practices of Filipino nurses in Finland.
- to further understand what managerial and structural implications these discursive claims and managerial relationships have on the domestic workforce and future recruitment and placement of foreign nurses in Finland.

The managerial practices constituting the human resource management of foreign nurses in Finland did not emerge in a vacuum. In the era of economic globalisation, the HRM practices of any country are created and implemented in a wider socio economic context of trade and development. For Finnish companies, this involves, in addition to influences from countries with a history of recruiting and placing foreign nurses and neighboring countries, institutional input from international organisations and the European Union.

This monograph is based on a situated study of the recruitment and placement of Filipino registered nurses into Finnish private and public health care organisations. Focusing on the transnational human resource management of 75 Filipino nurses recruited and placed in Finland from 2007 to 2010, the research questions of this thesis are the following:

1) (a) Who are the representatives, organisations, and institutions involved in the recruitment and placement of Filipino nurses in Finland?
    (b) What social worlds are they representing?
    (c) How do the representatives, organisations, and institutions socially interact and relate?

2) How, through discursive positions in the claims of the produced talk and text, are the representatives and organisations socially constructing the practices of recruitment and placement of Filipino nurses in Finland?
1.4 Structure of the thesis

The thesis begins with a literature review of the transnationalisation of care and the nurse labour market. The review is framed in terms of macro, micro, and meso understandings of the circuits and processes of migrants moving for work in the health care industry or private and public actors and organisations producing, recruiting, and relocating nurse labour transnationally. Empirical documentation of the nursing occupation through historical and organisational analyses reveal gendered, racialised, and classed hierarchies that create barriers to equality for the nurses in tangible ways.

Through the theoretical framework of transnational feminism, this thesis critiques international human resource management (IHRM) as a discipline and practice. Using the transnational feminist lens both theoretically and empirically signals attention to uneven and privileging circuits of non-human and human capital elements such as financial currency and human resources (or people’s labour) and problematises the concept of ‘international’. The concept ‘international’ implies nation states as being fixed and sovereign entities with boundaries that can include and exclude political, economic, and social elements, taking for granted that these boundaries are established through a system of inequality and exploitation. Furthermore, Western and/or Eurocentric discourses of entitlement and the superiority of one country over others, institutionally creates hierarchies of people and their labour in material forms (for instance, wages, where people live, whether or not family members are separated geographically). The term ‘international’ also revolves around cultural differences or, in some instances, nationalistic discourse of ‘us v.s. them’, allowing actors in various networks to legitimise uneven circuits of labour and capital based on socially constructed ideas of particular nationalities and cultures.

This lens is also considered critical to IHRM as a discipline and practice as it is argued that the term ‘international HRM’ should be reconceptualised to ‘transnational HRM’ to reflect the current political economy but also move ‘beyond the enterprise’ or MNCs of particular sectors. This means considering other sectors that manage human capital across borders such as nurses. This broadens the scope of research but also questions taken for granted issues of race and gender in the practice and theorisation of IHRM in management and organisational studies.

In chapter four, the thesis turns to the methodologies of the research and aims to situate an abductive case study within the emerging practices, relations, and discourses in the
recruitment and placement of transnational nurse labour. In this section, I discuss the use of a situated, abductive approach to understanding practices of recruitment by various actors, organisations, and institutions. In addition, I speak about research access to organisations as well as methods of reflection.

In chapter five, I define discourse(s) and situational analysis and explain how I use these methods of analysis. The goal of these methods is to situate the actors, organisations and institutions in their respective social worlds and discuss various discursive positions that emerge in the produced talk and text collected.

In chapter six, I analyse the data in accordance with research question one. In particular, I discuss which representatives are claiming authority in the recruitment and placement practices of Filipino nurses in Finland and which social worlds are associated with the representatives. I aim to illustrate the emergence of these representatives and their respective social worlds and arenas through social world maps, and I analyse the various discursive resources used by the representatives to gain social legitimation.

In chapter seven, I look at the discursive positions of the dominating representatives in the recruitment and placement of Filipino nurses, and the structuring and material implications of these discursive positions.
The body of research concerning the care labour market ranges from the traditional macro understanding of flows and patterns generated from statistical information by nation states (e.g. OECD and WHO) as well as bringing gender into the analysis of labour migration patterns (ILO, UN, and IOM). At a micro/familial level, analysis of global dynamics in the provision of care and the economic restructuring of the domestic sphere is conceptualised through Hochschild’s concept of ‘global care chains’ (Hochschild, 2000). In her analysis, the concept of ‘global care chains’ reveals a reconfiguring of care roles and links migrant carers (read: women) into social networks of transnational families/caring in which migrant women leave their families in order to care for their employer’s families abroad. In 2009, Yeates explores the ‘global care chains’ by expanding its conceptualisation to skilled, paid labour migrants such as nurses and coins the term ‘global nurse care chains’ in global care economies. This term denotes a shift from focusing on the micro familial level of domestic care workers to meso and macro levels in which various actors become involved in the chains of supply and demand of skilled professionals in nursing. The nursing occupation, as understood in the literature review, is gendered and racialised both structurally and discursively but also through managerial practices that normalise the devaluation of nurse work, reinforcing what Davies (1992) coins as ‘coping management’ and what Acker terms as ‘inequality barriers’.

The transnationalisation of care, nonetheless, includes not only the migrants’ provision of care labour, but also other complex networks that promulgate ideas and practices of care. These transnational networks include epistemic communities, transnational advocacy, transnational social movements, ethnic diasporas, transnational families, transnational consumers, transnational corporations, transnational criminals, transnational professions, and transnational and cross-borders spheres of governance (Khagram and Levitt, 2004; Yeates, 2012). As this thesis details a case study of the corporate pursuit of economic gain and profit through the recruitment of Filipino nurses by Finnish businesses, this chapter revolves around nurse migration and the transnational labour market of nurses. It also introduces concepts of ‘global care chains’ and ‘global nurses care chains’ to emphasise not only the commodification and capital invested into nurse labour recruitment, but also to highlight that the concept of these chains draw from global commodity (GCommC) analysis which is grounded in network

1 Parreñas uses global care chains to examine reproductive care labour from the Philippines (2001; 2005).
methodology (Dicken et al., 2001: 91) and global social network analysis (Holton, 2008: 43).

2.1 Transnational nurse labour migration: a macro overview

2.1.1 Regional and global flows of transnational nurse migration

Various countries can both import and export nursing labour. For instance, in a recent study on doctor and nurse migration, the primary ‘donor’ countries were Philippines, the United Kingdom, Germany, Jamaica, India, Canada, and Ireland. Comparatively, the primary ‘receiving’ countries were Australia, Canada, Ireland, Denmark, the United Kingdom, New Zealand and the United States (OECD, 2007; see table 1 and table 2).

Table 1 Number of foreign trained nurses in receiving countries (source: OECD 2007; OECD 2010)

<table>
<thead>
<tr>
<th>Foreign-Trained Nurses</th>
<th>2000</th>
<th>2005</th>
<th>2007/2008²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>S</td>
<td>N</td>
</tr>
<tr>
<td>Australia</td>
<td>..</td>
<td>..</td>
<td>31 472</td>
</tr>
<tr>
<td>Canada</td>
<td>14 910</td>
<td>6.4</td>
<td>19 230</td>
</tr>
<tr>
<td>Denmark</td>
<td>4 618</td>
<td>6.0</td>
<td>5 109</td>
</tr>
<tr>
<td>Finland</td>
<td>122</td>
<td>0.2</td>
<td>274</td>
</tr>
<tr>
<td>Ireland</td>
<td>..</td>
<td>..</td>
<td>8 758</td>
</tr>
<tr>
<td>Netherlands</td>
<td>..</td>
<td>..</td>
<td>3 479</td>
</tr>
<tr>
<td>New Zealand</td>
<td>6 317</td>
<td>19.3</td>
<td>9 334</td>
</tr>
<tr>
<td>Sweden</td>
<td>2 517</td>
<td>2.5</td>
<td>2 878</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>50 564</td>
<td>8.0</td>
<td>..</td>
</tr>
<tr>
<td>United States</td>
<td>..</td>
<td>..</td>
<td>101 791</td>
</tr>
</tbody>
</table>

² Data from Australia, Canada, and Sweden, 2007. Data from Finland, New Zealand, and Ireland, 2008. Share (%) refers to ‘labour share’ which means overall percentage of foreign trained nurses employed in the nurse labour market of the country.
Table 2  Number of nurses sent by donor countries to OECD countries, Circa 2000 (source: OCED, 2007)

<table>
<thead>
<tr>
<th>Donor Country or main country of origin</th>
<th>Number of foreign born nurses in OECD countries by main countries of origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>11 077</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>45 638</td>
</tr>
<tr>
<td>Germany</td>
<td>31 623</td>
</tr>
<tr>
<td>Jamaica</td>
<td>31 186</td>
</tr>
<tr>
<td>Canada</td>
<td>24 620</td>
</tr>
<tr>
<td>India</td>
<td>22 786</td>
</tr>
<tr>
<td>Ireland</td>
<td>20 166</td>
</tr>
</tbody>
</table>

These flows of nurses mark not only global territory but also regional territory. Eventhough most migration is from ‘periphery’ to ‘core’ countries, there are also regional processes and divisions of labour that are characterised by movements from weak core countries to strong core countries, and from weak peripheries to strong peripheries (Ishi, 1987). To exemplify, within the core countries, there is large migration of nurses from Canada to the United States, and from the UK and Ireland to the US (Wickramasekara, 2002). Outside these core countries, one popular destination area is the Middle East, specifically to the states of the Arabian Gulf, whose health services draw migrants from, for example, the Philippines, Egypt, Bangladesh, and India. Within regional migration, South Africa is an example of drawing migrants from Swaziland (Buchan et al., 2005: 11).

Some scholars have considered the general characteristics of nurse migration with the analogy of ‘chains’ (Hochschild, 2000; Yeates, 2009). These chains correspond with the status of the countries where the migrants flow both away from and into the national borders. Countries at the top of the chain are provided with human capital from the bottom or lower down the chain. As Yeates (2009: 80) explains,

[The United States draws nurses from Canada; Canada draws nurses from England to make up for its losses to United States; England draws from South Africa to fill its vacancies; South Africa draws on Swaziland. Countries at the bottom end of nursing chain may supply international]
markets but not replenish their stocks by importing health workers from other countries: the Philippines is a major example of this. The problem for such countries is that they have no further countries from which they may recruit to make up for the losses of their own nurses.

The metaphor of chains highlights how countries are used as ‘stepping stones’ by the migrant nurses, in which nurses work in some countries to acquire skills and experience before moving on to a more ‘desirable’ country (Kingma, 2006). Some reasons why a country may be at the top of the chain include tangible incentives and the regulatory practices of the destination country. For instance, nurses migrate to the United States because of its high wages and standard of living, together with opportunities to pursue additional education (Aiken et al., 2007: 1301). Conversely, if the United States restricts the flow of nurse migration and recruitment, the migrants deploy to other destination countries. Indeed, this means that government policies and agreements are important in explaining how countries attain nurses transnationally.

2.1.2 Traditional nurse-migration patterns

Historical and colonial ties are important to understand the territorial spread of nurses both globally and regionally. Examples of colonial ties from where the traditional supply of nurses derive are Australia, Canada and India to UK; from Mozambique to Portugal; from Suriname and South Africa to the Netherlands, and from the Philippines to the United States (Bach, 2003). Colonial ties also provide understandings as to why some countries become exporters and others importers within the nursing market (Choy, 2003). Choy exemplifies this supply and demand relationship by exploring the historical foundations of Filipino nurses’ international mobility. This mobility can be traced to the establishment of US-orientated health and nursing education system, in which both missionary and military influences were important. Another influence of colonial ties between US and the Philippines is the spread of US-American or, more generally, Western ideologies and practices of medicine and nursing (Albrecht, 2003: 17-23).

The choice of destination countries is also related to colonial historical legacies that have created common cultural ties and languages. As Buchan, Parkin, and Sochalski note (2003: 84),

it is possible to map out English speaking, Spanish speaking, French speaking and Portuguese speaking ‘zones’ within which much of the mobility of nurses between ‘source’ and destination country exists.
Nordic countries do not share common languages with other countries, and the countries have become importers of migrants, albeit in small numbers (see table 1). In the past, nurses moved within the Nordic region to look for better salaries and in situations when domestic labour markets offered little opportunities for permanent employment. For instance, Finnish nurses have migrated to Sweden and Norway in times of high domestic unemployment. Smaller numbers of Finnish nurses have moved to countries such as the UK and the United States, but this mobility is better understood in terms of mobility as a life choice rather than as a reaction to the conditions of the Finnish health care labour market (Wrede et al., 2008). For nurses from affluent countries, labour migration is likely to offer the choice of a mobile life.

For nurses from poorer countries, and for nurses from first-world countries experiencing economic crisis, however, historical and associated cultural ties may be lessening in importance as factors of migration routes, ‘as destination countries become more utilitarian in encouraging migration primarily on the basis of economic requirements rather than historical or family connections’ (Bach, 2003: 9).

2.2 Gendered migration of labour

In the global economy, third-world country poverty is impacting women in new ways, as there is a global demand for cheap and flexible labour particularly in the service sectors. In the affluent countries, in particular, different kinds of labour-intensive services are growing rapidly as other labour market sectors are declining in some parts of the world (Glucksman and Nolan, 2007). Currently, there is an estimated 214 million international skilled and unskilled migrants worldwide of whom the percentage of women is 49% (INSTRAW, 2007; Zlotnik, 2003). Women from poorer countries are important new labour pools for care work, domestic work, cleaning, hospitality services et cetera. This increasing demand for women workers is an indication of the new feminised migration patterns, and women migrants are becoming agents of economic change for many countries as they continue to enter the international labour market. ³

Increased awareness of female migration in migration research has led to the development of the concept of the ‘feminization of migration’ (INSTRAW, 2007). Yet, this concept may be deceptive in regards to the increasing numbers of migrant women.

³ Migration is not limited to skilled workers. There are other migrants who are skilled and non-skilled that are forced or not forced into migration, such as refugees and illegally trafficked people. However, for the purpose of this research, the focus will be on skilled workers who migrate legally and voluntarily.
In the 1960s, women made up nearly 47% of all international migrants, which is only a two-point difference from present numbers (Paiewonsky, 2007). The real change of the last decade has occurred in (1) the way women move and (2) where they move. In regards to the way they move, more women are now migrating independently in search of jobs, rather than as family dependents travelling with their husbands or joining them abroad (Chammartin, 2004).

Regional migration flows reflect where the female migrants are moving. Females currently represent over half of all international migrants in more developed areas and slightly less than half in the less developed and least developed areas of the world. These regional variations reflect preferences regarding male and female labour, as well as different wages (IOM, 2006).

Gender differences in migration flows often reflect the way in which gender divisions of labour are incorporated into uneven economic development processes, leading to differences in the movement and opportunities available to women and men (Sassen, 2000). This has created a level of awareness of female migration by migration and feminist scholars and other stakeholders, particularly in regards to the importance of women as remittance senders (Brown, 1997: 208), women’s working conditions within domestic and caregiving jobs (Lutz, 2008; Lutz, 2011; Anderson, 2000; Hondagneu-Sotelo, 2001), the changing role of women in the family and the community (Parreñas, 2001; Parreñas, 2012) and the vulnerability and exposure of migrant women to different kinds of risks, including trafficking (Ehrenreich et al., 2002, 2003).

Transnational processes and practices that facilitate the gendered flows of women workers and nurses are remittances payments that are revered in home countries and expected. Governments such as the Philippines establish schools (Bach, 2004) and the deployment of sophisticated governmental systems (Ball, 2004) in order to send migrant workers aboard. Today, it is estimated that over 250,000 nurses from the Philippines are employed throughout the world (Ball, 2004). This labour exportation is also mainly of women, and the government has started to rely on exported labour as a means for servicing Philippine indebtedness (Barber, 2000: 399). These linkages between countries will be discussed more in global care economies but illustrate that global labour systems begin before the nurses leave their country of origin (Kelly, 2007a, 2010, 2012a, 2012b; Kelly & D’Addario, 2008; Kelly & Olds, 2007).
Because care work and nursing remains predominately female occupations, openings to migration for women have led to precarious situations in which these jobs are typically affected by low wages, instability, deskilling, lack of recognition, absence of benefits, and poor working conditions (Ribeiro, 2008; Smith and Mackintosh, 2007). As such, even if women are migrating legally, they are still slotted into employment in which they can easily be discriminated against or face arbitrary employment terms and abuses (Dicicco-Bloom, 2004). The reproductive sectors such as education, health and social work sectors are also heavily regulated by states and corporate bodies (Bauder, 2003; Raghuram and Kofman, 2002). These bodies are more likely to lead migrants into social and health service professions (Le Espiritu, 2002) as welfare is seen, at least in part, as a state responsibility. For instance, migration of skilled women operates, in practice, within a complex intersection of immigration regulation and regulations around accreditation of foreign credentials by corporatist professional bodies (Groutsis, 2003; Kelly, 2010; Kelly et al., 2008). Furthermore, it has been argued that the use of internationally educated nurses (IENs) has helped the overcomoditisation of care (Folbre, 2005), resulting in the devaluing of nurse and patient care (Gordon, 2005) and further marginalising the relative power the nurses hold within the health care systems (Smith and Mackintosh, 2007).

Gender differences are also reflected in the very moment that either a female or a male decides to migrate; this migration can no longer be considered a ‘gender-neutral’ phenomenon. Men and women differently experience the risks and challenges that might be presented during migration such as different employment opportunities, vulnerability to human rights abuses, exploitation, discrimination, and specific health risks (UNFPA, 2006). These differences are highlighted when the woman enters the destination country on the basis of her labour market skills as occupational categories that are often opened to women and are limited to the service or ‘pink collar’ industry. Except for nursing, the migration of highly-skilled women is relatively invisible as many women migrants with an education and professional skills work in jobs for which they are overqualified due to entry restriction to the country and the domestic labour market such as work permits/visas (Castles & Miller, 2009).

The global migration patterns of nurses—as well as their transnational demand as a policy response to structural changes in the welfare state can—act as a reflection but also a perpetuation of the structural deficiencies in health systems globally (Connell, 2008; Stilwell et al., 2003). Indeed, the global health care labour market and its demand for
human capital can facilitate creating a ‘quick fix’ to domestic health care systems gaps in care (Brush, 2008; Kingma, 2006). Subsequently, not fully acknowledging the gendered and the racialised aspects of nurse work that marginalises the workers’ power through managerial practices and processes becomes not only detached from the historical and social underpinnings of the occupation itself but also silenced.

2.3 Global care economies

The provisions of care in domestic and global economies have changed as described in the previous sections. Women have entered the paid domestic and global workforces but the provision of paid and unpaid care still remains to be defined as women’s work. The concepts of global care chains and global nurse care chains open the discussion to the global networking of care provision and demand that links women transnationally through service and other care occupations such as nursing.  

2.3.1 Global care chains

Hochschild (2000) first coined the term ‘global care chains’ (GCCs) to refer to a series of personal links between people across the globe based on paid and unpaid work of care. These ‘chains’ create networks of transnational dimensions that are formed for the purpose of maintaining social life and transfer caregiving tasks from one household to the next on the basis of power axes. For example, the chain is based on ‘motherly labour’ and is driven by a woman in a rich country with dependent children who relies on another woman from a less rich country to provide care for her children. The children of the latter woman are connected to this process or ‘chain’ as they are cared for by other family members or a woman from a poorer household in the caregiver’s home of origin. In other words, global networks of families are established and create transnational households, as well as links between different families through the employment nexus. The concept of global care chains helps to clarify the broader social processes that create the transnational transfer of domestic labour and care which assists in the conceptualisation of the distributive features of this transfer. (Re)distributive features can be social

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4 For a discussion on the ‘glocalization’ of care that illustrates global linkages between the ‘local’ and the ‘global’ provision of care, see Wrede and Näre (2013). In this journal issue, the authors examine the globalising capitalist economy’s impact on reproductive labour and care regimes in Nordic welfare states. They argue that the ‘glocalization’ of care is creating domestic health care markets that are characterized by efficiency, productivity and flexible workforce policies that seek large, labour forces to perform predefined low skilled occupations such as elderly care.
divisions of gender, the absence of men in the distributive process, racial hierarchies, and intersections of social division of class, ‘race’, ethnicity, and gender (Yeates, 2009). As a result, GCCs create links between service-providers and service-recipients (and their families) (Yeates, 2009: 42),

links that are textured by wider socio-economic inequalities resulting from hierarchies of states, classes (and castes), genders and ethnic groups.

Influenced by global value chain theory, a theory that focuses on the production and consumption of manufactured goods and their corresponding networks of agents (see Kaplinsky and Morris, 2002), GCCs inject new dimensions into feminist analysis of the globalisation of social reproduction. As stated by Yeates (2009: 48),

In particular, it calls for a supplementary focus on: the geographically interlocking, extensive mechanisms of production (in its widest sense) and exchange; the creation of value and the distribution of surplus among agents in these global care networks; and the non-material (emotional) as well as material inputs into, and costs of, this globalization of care, or love.

2.3.2 Global Nurse Care Chains

Yeates argues that the concept of Global Care Chains (GCCs) needs to broaden its focus to include migrant women workers of different skills and occupations; family status, obligations, and expectations; types of care provided; care settings; and historical context such as colonial ties. These broadened chains encompass a more complex range of care services including ‘services as diverse as domestic cleaning, family care, health care, sexual care, educational care and religious/spiritual care, provided in a wide range of settings such as home, hospitals, hospices, churches, schools, and brothels and in a wider range of contexts such as individualised private settings and institutionalise state and non-state settings’ (Yeates, 2005: 5). This broadened understanding of GCCs aims to capture why richer countries are able to acquire skilled workers from poorer countries, but also illustrate the complex nature, and unequal operation, of citizenship regimes, particularly since skill and occupation levels are correlated with a range of employment and settlement related rights (see Fudge and MacPhail [2009] for a discussion on citizenship regimes and inequalities).

Global Nurse Care Chains (GNCCs), as coined by Yeates, expands the concept of GCCs and helps to understand the properties and dynamics of global nursing. The chains conceptualise nurses as highly skilled or specialised workers that can be regulated in institutional settings by a variety of public and private agents, provisions and interests. Focusing on nursing chains can permit an elaborated contextualisation of social divisions
of labour within the global care economy of a highly-prized human resource for social development (Yeates, 2009). GNCCs can consist of many actors and institutions such as nursing institutions (whether hospitals or nursing homes), educational institutions in the source and host countries, recruitment agencies, training companies, governance (state immigration services and nursing licensing authorities), and international agreements. Other groups that can influence these chains are trade unions, NGOs and advocacy groups as well as family, friends, colleagues that provide financial entry to the market or assist in the decisions to emigrate and the choices of destination countries. These actors and institutions are considered, like global commodity analysis, to be producers, services, and consumers moving along a chain of different links and nodes that are regulated, governed, and yet murky in their far from linear directional force. GNCCs also highlight the complexity of migrating nurses and their subsequent management, and can shed light on ‘the ways and institutions through which unequal resources are distributed globally’ (Hassim, 2008: 397). Yeates further notes that GNCCs can critically explore how GCCs may reinforce care work as women's work, privilege some aspects of care transnationalisation over others, and renaturalises the nation-state (Yeates, 2004). With this in mind, the expansion of analysis of GCCs to GNCCs as concepts can guide empirical data sources to make intersectional dimensions of migration and transnationalisation processes and practices more visible (Yeates, 2012).

2.4 Transnationalisation of care and producer-based care networks

A dominant feature of contemporary social life has become the increase of transnational flows of multiple kinds: people, money, ideas, and images. These flows are not limited to linear directions, but multiple directions of back-and-forth interconnections of people, practices and processes.

Multidirectional flows of transnational health care workers such as nurses bring people from different nations, classes, races, ethnicities, genders, and ages together which can create new relationships and alter existing ones. With this mixture of people and other transnational flows comes unequal power relations that, in turn, reflect global relations that are systematically divided and historically (re)produced (Solano and Rafferty, 2007). Complicities to these transnational unequal flows of power relations recast national patriarchies (Hearn, 2015; Connell, 2008) which (re)produce gendered and racialised negotiations which are institutionally embedded in regulatory practices, normative expectations, and rules and behaviours (McDowell, 2008: 504).
According to Yeates, the transnationalisation of care (Yeates, 2011: 1112) can be defined as ‘the processes of heightened connectivity revolving around consciousness, identities, ideas, relations and practices of care which link people, institutions and places across state borders’ (Yeates, 2011: 1112). Different conceptual premises (Vertovec, 1999) can be distinguished as underpinning different articulations of care transnationalisation such as (Yeates, 2011: 1114),

- border spanning social morphologies (e.g. migrants networks, ethnic diasporas, transnational families);
- a type of consciousness (e.g. awareness and concern for the well being of one or more ‘distant’ others; dual/multiple identities of belonging);
- a conduit for capital flows (e.g. remittances of goods and money, transnational care corporations);
- a site of political engagement (e.g. global public fora and cross border spheres of governance through which claim making is directed and care policies are constructed), and
- the reconstruction of place or locality (e.g. care identities, orientations and practices that connect and position actors in more than one country).

To examine the transnationalisation of care, Yeates suggests an analytical concept that she calls ‘producer-based care networks’. Producer-based care networks are global nurse care chains containing public and private actors that produce, recruit, relocate, and settle labour abroad. The analysis, instead of being on familial or individual migration of care labour, focuses on private and public actors that interact to produce human capital for local, national health and social care institutions. With the transnationalisation of care, Yeates argues that these networks are likely for economic exchange (e.g. capital investment and gains) that link other institutions such as education and training organisations to produce health care labour (Yeates, 2011: 1119). The transnational production of health care labour from these networks generates significant (often negative) externalities for public health and welfare institutions in the sending countries of the human capital (Yeates, 2011: 1120).

Various private and private actors collaborate in diverse ways in the recruitment and placement of nurses, formulating producer-based care networks. These actors create gates that regulate which workers can enter, work, and stay in a nation-state through particular practices and processes that are both managerial and legal.

Corporate recruiting agencies often operate in partnership with state actors as state ministries are largely involved in the facilitation of visas and nursing applications, relocation and housing, and continuous education opportunities. The relationship between the corporate and state actors, in turn, can create power asymmetries between those actors and the migrants in the sense that either the state and/or the recruiters can change the conditions of migrant entry at will.

As stated by Bakand and Strasiulis (1995: 317),
Gatekeepers to citizenship serve to regulate the entry into and exit from nation-states and labour markets as well as access to citizenship rights. All gatekeepers accomplish this work in part through the construction, articulation and reproduction of stereotypes about who is, or is not, an appropriate candidate for citizenship with a given nation-state.

The state actors’ collaboration with private corporate recruiters to fill human resources of the health care sector can allow the recruiters to define who the ideal candidate is, the conditions of the workers’ visa, and where the migrant workers live and are employed. One major concern of this is that it leads to gendered and racialised institutional processes in the form of state and private policies and practices that prevent migrant nurses in working in areas in which the nurses are skilled due to the non-recognition of qualification, lack of experience in the local system and closure of public sector employment to non-citizens (Kofman, 2007: 159). Deskilling can also occur even when the migrants are allowed to practice their profession in the destination country. Various reports have shown that migrant nurses are channeled into the lower non-promotional grades or unpopular specialties through the practices of private and public actors (Kofman and Raghuram, 2006: 293).

2.5 Nurse work as gendered and racialised labour in work organisations

Organisations and work are gendered (Witz et al., 1992; Kumra et al., 2014). Examining organisations and work through a gendered lens requires the breaking down organisations in terms of structure, processes, relations, power, and discourses within a wider historical and social context. Organisations are considered sites of contest and negotiations that the actors navigate and the organisations are formed (Clegg, 1989: 198).

The development of large organisations at the turn of the 20th century was directly associated with what is now called the ‘white blouse revolution’ (Savage, 1992; Anderson, 1989). The modern organisation was formed through the dependency of cheap female labour, and, in turn, helped define women as subordinate workers to men within emergent white collar labour markets (Savage et al., 1992).

In 1989, although gender was not the focus of her study, Mackay described gender as the recurrent theme of nurse work, something that ‘fundamentally affects the way that nurses are seen and see themselves’ (Davies, 1991: 235). Mackay (1989) argues that the system perpetuates gender relations through a ‘disposable ethos’, use one and throw away, that is demeaning to the women who choose to take up nursing as a profession. Mackay concludes that (1989: 92-93),
The disposable workforce ethos—use-once-and-throw-away—is demeaning to the women who choose to take up nursing as a career. It also serves to reduce the prestige and status of nurses, nursing, and women. Thus nursing can easily be seen as a job at which women are only playing. At the same time the work of nurses can be trivialized if it is done by a perpetual stream of young learners. How then, can nursing be viewed as having a real contribution to make to the improvement of the health of patients? The past ease of replacement has meant that attempts to develop the skills and potential of the workforce are not made. What a waste!

This ‘ethos’ is reflected in the perpetual use of young learners (ease of replacement), and the failure to provide facilities for daycare to balance work and motherhood. Davies (1995) echoes this claim of ‘disposable labour’ by arguing that high turnover among nurses is accepted as an inevitable aspect of a predominantly female workforce, leading to the perception that nurses are disposable. Davies notes that ‘neither the student labour system, nor the perpetuation of a set of terms and conditions that favour men rather than women are new observations, yet it is new to point to the way in which they make it impossible for nurses, as women, specifically to demonstrate and enhance the value of their work’ (1995: 235). With this in mind, Davies reexamines gender and the organisation of paid work and tries to build a theoretical synthesis. She aims to transcend the uneasy ‘gender talk’ that surrounds nursing and advocates to examine gendered processes of inclusion more directly (1991: 230). She argues that this can be done by (1) starting from the premise that social life in all its forms is deeply gendered and that this gendering operates at different levels and in different ways. (She is convinced that we should stop regarding gender as an ‘unwanted import’ and acknowledge that it is built into the very design and functioning of organisation, and it is important to demonstrate in concrete terms what this means). And, (2) she states that we must abandon the concept of gender attributes and talk instead about gender relations and power, as enacted through daily organisational practice and processes.

2.5.1 Coping management of nurse work

‘Nursing must always be accomplished with a variable and transient workforce’ notes Davies (1995: 102). Moving from gender attributes of the nurses to gender relations, Davies defines a management of nurses that derives from highly gendered structures and processes found within the nursing profession. Reflecting on Acker’s work (1990), Davies defines the management of nurses as ‘coping’. Coping is a style of management that allows the gender division of labour in health care to continue as managers of the nurses ‘cope’ with a structure of paid work done by women that is a time and life pattern that is very male-orientated.
As Davies indicates (1995: 141),

since it is not only jobs, but the very terms and conditions of paid work itself that render participation convenient for men and problematic for women, it seems preferable to refer to this phenomenon as the gender division of paid work.

As paid work done by women, nursing simply cannot be managed on the conventional, full time, life time pattern but must rather adjust to that pattern. The current management (coping) of nurses is all necessary adjustments to the impossibility of delivering work on the male pattern. Through this management, Davies points to a wider theoretical model, the processes of the trivialisation of work and the devaluation of women that Mackay identified. These managerial ‘solutions’ are deeply problematic as they reinforce the unimportance of the work and the workers and trivialise the nurses.

Through gendered division of labour in health care that devalue the occupation of nursing, Davies notes that nursing is a pattern of education and service that seems intertwined to the detriment of both. She writes (1995: 12-13):

We find a workforce that appears to be stretched beyond the limits of what is tolerable; we find management that apparently cannot cope and a leadership that is accused of being out of touch. All this before we even begin to look at the questions of opportunity, access and discrimination and at the position of specialist groups within nursing, and the arguments of those midwifery and in health visiting and district nursing who feel that it would be better if they were not associated with nursing at all. Nurses frequently display the dedication to their work that is the stuff of public image, but they combine this with an uneasy sense of their own oppression and a seeming belief in their own inability to tackle some of the fundamentals that would enable nurses to practise as they would wish.

Subsequently, the support for the development and growth of the nursing occupation is not granted in the same way as other medical occupations such as doctors. As Davies points out that nursing is seen, from the outset, as a fairly homogenous activity which solely requires a pair of hands, and qualities such as dedication, sympathy and altruism (Davies, 1995: 6). This demarcation of the nursing occupation perpetuates the management to ‘cope’ within this familiar mindset.

2.5.2 Inequality regimes in work organisations

As discussed above, gender and race are embedded in work organisations: their processes, practices, and discourses. The construction of a social reality that perceives nurses as a homogenous activity that can be done by any nurse that encompasses particular attributes maintains inequalities in work organisations of care or what Acker terms ‘inequality regimes’.
Acker (2006: 443) defines inequality regimes as 'loosely interrelated practices, processes, actions, and meanings that result in and maintain class, gender, and racial inequalities in particular organisations'. She distinguishes between six barriers to equality. These are 1) the bases of inequality; 2) the shape and degree of inequality; 3) the organising processes; 4) the invisibility of inequality; 5) the legitimacy of inequality and 6) control and compliance. These six barriers serve as an analytical organisational approach to local, ongoing practical activities of organising work in which complex inequalities are reproduced (2006: 442). The bases of inequality, according to Acker, can vary but usually class, gender, and race are present. She states that although other differences are important (e.g. religion, sexuality, age, physical inabilities) ‘they are not, at this time, as thoroughly embedded in organising processes as are gender, race, and class’ (2006: 445). Gender, race, and class, to Acker, are socially constructed in work organisation. For the term ‘class’, Acker views the concept as systematic differences in access to and control over resources for provisioning and survival (Acker 2006; Nelson, 1993). Gender, to Acker, is the socially constructed difference between men and women and the beliefs and identities that support difference and inequality in work organisation. And, lastly, race, refers to socially defined difference based on physical characteristics, culture, and historical domination and oppression, justified by entrenched beliefs (444). For Acker, ethnicity can also be accompanied by race, or stand alone, as a basis for inequality.

The second barrier to equality is the shape and degree of inequality. Acker (2006: 445) argues that ‘the steepness of hierarchy is one dimension of variation in the shape and degree of inequality’. She illustrates, through traditional flat organisations with team structures, that the steepness of the hierarchy determines the degree of control and the decision-making among the participants in the organisation. She argues that hierarchies in organisations are usually racialised and gendered, with top management being predominately white, middle class men as in the United States and European countries. Another degree and pattern of the second barrier is race and gender. Acker (446) notes that the degree and pattern of this inequality is complicated as segregation is ‘ hierarchical across jobs at different class levels of an organisation, across jobs at the same level, and within jobs. This means that sex segregation may not be found in the occupation, but persists in the different jobs or tasks assigned to the employee’. In addition, Acker emphasises that wages can be different in organisations that impact the degree of hierarchy as well as power differences amongst those dominating the top levels of the organisations.
The third barrier to equality is ongoing processes used to achieve organisational goals that produce inequality in terms of class, gender and race. Acker acknowledges that a considerable amount of research exists in exploring class or gender inequalities which are produced, both formally and informally, as work processes are carried out (Acker 1989, 1990; Buraway, 1979; Cockburn, 1985; Willis, 1977). She argues that these practices are often guided by textual materials supplied by consultants or developed by managers influenced by information and/or demands from outside the organisation.

She goes on to divide up the different work processes: the general requirements of work, class hierarchies, recruitment and hiring, wage setting and supervisory practices, and the informal interactions of ‘doing the work’ (448-451). She states that recruitment, hiring, supervision and the work itself are processes of selecting a particular person suitable for the job from the perspective of the employer. She indicates that (2006: 449),

Images of appropriate gendered and racialized bodies influence perceptions and hiring. White bodies are often preferred, as a great deal of research shows. Female bodies are appropriate for some jobs; male bodies for other jobs.

However, other groups that do not embody these characteristics, such as women of colour as well as immigrant women, can be considered the most desirable worker for many jobs as the employer may believe that the employee is compliant and willing to accept orders and low wages (2006: 450). Acker concludes that

Gender and race as a basis for hiring or a basis for exclusion have not been eliminated in many organizations, as continuing patterns of segregation attest (450).

The final three barriers that Acker looks at are the invisibility of inequalities, the legitimacy of inequalities, and control and compliance. The invisibility of inequalities stems from those in privileged positions that do not see themselves as privileged (McIntosh, 1995). She argues that people in dominant groups generally see inequality as existing somewhere else, not where they are. Gender, race, and class become invisible to those in power or denied. Other researchers have noted that in discussing work practices and processes with managers, gender disappears or is consider not important (Ely and Meyerson, 2000; Korvajärvi, 2003). The fifth barrier is the process and practice of legitimising inequalities. Legitimacy of inequalities varies between organisations and can be high or low. Legitimacy is high when the process is legal, socially entrenched, and put into practice. The legitimacy is low when the inequalities are challenged and spurs actions for change. For instance, as Acker exemplifies the legitimisation of certain low wages and statuses for particular occupations that reinforces gender, race and class
inequalities as the practice is taken for granted. The practice becomes more legitimate and visible as some deem the visible inequalities are ‘deserved’ (2006: 453):

Gender and race processes are more legitimate when embedded in legitimate class processes. For example, the low pay and low status of clerical work is historically and currently produced as both a class and a gender inequality. Most people take this for granted as just part of the way in which work is organized. Legitimacy, along with visibility, may vary with the situation of the observer: some clerical workers do not see the status and pay of their jobs as fair, while their advantage is richly deserved. They see visible inequalities as perfectly legitimate.

Lastly, Acker argues that inequalities are reinforced through control and compliance. According to Acker, foundational to organisational controls are class controls ‘directed at maintaining the power of managers, ensuring that employees act to further the organisation’s goals, and getting workers to accept the system of inequality’ (454). She notes that controls are enforced through hierarchical organisational power (e.g. managerial control), but also can draw power from hierarchies embedded in gender and race relations.

Mechanisms for exerting organisational control can vary amongst organisation, but Acker identifies three types: (1) direct controls (e.g. wages, bureaucratic rules, various punishments for breaking the rules, rewards), (2) unobtrusive or indirect controls (e.g. control of technology or selective recruitment of relatively powerless workers), and (3) internationalised control. This last control includes the ‘belief in the legitimacy of bureaucratic structures and rules as well as belief in the legitimacy of male and white privilege’ (2006: 454).

Acker points out that there persists a belief related to internalised control within organisations that there is no point in challenging the fundamental gender, race, and class nature of things which can be considered a form of control. The internalised controls are invisible as they become natural and normal. Pleasure can be an internalised control as well as fear and self-interests. Self-interests can be categorised in terms of economics, status and identity all of which can be produced as organising takes place (Acker 2006: 454).

2.6 Neoliberalism governance within the transnationalisation of care

Since the 1970s, neoliberalism has dominated the shaping of economic and social policies worldwide (Harvey, 2007). Neoliberalism is described as a market-driven approach that prioritises private enterprise, liberalised trade, and relatively open markets (Harvey, 2010: 2). This ideology seeks to blur the roles of the state and private sectors by
contracting out services and using private sector techniques and values such as efficiency and emphasis on results rather than processes (Hood, 1991; Pollitt, 1990, 1995).

Neoliberalism affects the international division of care by influencing the contexts and policies of countries both sending and receiving immigrant care workers. Through the withdrawal of the state support for care and subsequent restructuring, carework has been passed back into the private sphere, where women are expected to subsidise the economy with their caring work (Sparr, 1994; Wichterich, 2000). Transnationally, economic restructuring has placed greater pressure on women to meet the family’s care needs, while absolving the state of responsibility for playing a large role in meeting care needs (Michel and Mahon, 2002). Neoliberal restructuring has also lead to an intensification of work that has impacted on the working conditions for women, in particular, and their experiences of care work (Selberg, 2013).

Although neoliberal ideologies have not completely eroded the social welfare policies of wealthier nations, the ideology itself has encouraged and promoted market-based solutions and a decreased role of the state in care provision (Morgan, 2002; Mahon and Phillips, 2002). Mattingly (2001: 372) emphasises this smaller role of the state rather than a complete erosion of care provisions by arguing that ‘social welfare programs around the world have been reduced. The lessened ability of national governments to tax corporations, coupled with the often-enforced ideology of neo-liberalism, has contributed to the reduction of state support for social reproduction’. Restructuring of the welfare states has also led to rearranging services that are decentralised and privatised (sending care provision to private, nonprofit, and voluntary sectors) (Daly and Lewis, 1998) as well as contracting out services and care provision that were formerly provided by the state (Knijn, 2000).

Instead of providing services through the public sector, the state is now encouraging the development of low-wage private sector services, which leads to higher levels of wage inequality (Pierson, 2001). As pointed out by an United Nations report (2005: 119-120):

> Migrant women thus fill expanded needs for care in advanced economies, enabling their growth to take place under neoliberal conditions of welfare restriction and flexible labour forces. The role of the migrant woman in providing care for the elderly, children, the disabled in paid, unpaid, formal, and informal capacities is a factor too little addressed in the context changes in the care economy and the welfare state.

By relying, and subsequently encouraging, flexible and cheap labour of immigrant women workers, reproduction in wealthy countries is then carried out despite the declining state provision of social service (Momsen, 1999). As welfare state’s support for
care declines and families of different nations struggle economically, there becomes a strong demand for low-wage immigrant careworkers, who may have few other employment opportunities due to their immigration status (Hondagneu-Sotelo, 2001; Momsen, 1999; Anderson, 2000; Parreñas 2001). As stated by Heyzer and Wee (1994: 44-45),

The shifting division of responsibility between the State and the family for social reproduction of everyday life has, thereby, been transformed into a transnational division of labour between middle class and working class women...this results in hidden savings for the governments of the receiving countries, because the need for adequate state investments in child care, care of the handicapped, care of the elderly and other social services is instead provided for by the income subsidy of middle class professional women and by the labour subsidy of relatively low-paid migrant workers.

In the Nordic welfare regimes, neoliberal policies started to emerge from the 1980s onwards as political debates began to critique welfare policies that were facilitating an ongoing expansion of the public sector and to the strong position of professional power (Wrede and Näre, 2013). These debates and an orientation towards market based discourse that problematised the state-centre systems coincided with a global paradigm shift to neoliberal politics and reforms on decentralisation of the state and services. As such, discourses critiquing state centralisation promoted market-based ideas such as efficiency, flexibility, and cost effectiveness which impacted the way services were provided and managed. Although unintentionally (Wrede et.al, 2008), these critiques created a demand for a more flexible workforce, particularly in low skill occupations of care such as services to the elderly (Wrede, 2010).

2.7 Summary and concluding thoughts

This chapter has provided an overview of the transnationalisation of care and the market of nurse human capital. The analytical concept of global care chains (GCCs) is applied to the examination of managing and organising global care labour at the familial and micro level of unskilled labour migrants such as nannies. Yeates’ introduction of Global Nurses Care Chains (GNCCs) broadens the concept of GCCs to include skilled workers such as nurses.

To move the analysis to the meso-institutional and organisational levels in the transnationalisation of care, Yeates recommends the analytical concept of ‘producer-based care networks’. These networks include private and public actors that, mostly through economic gain, are producing, recruiting, relocating, and settling nurse labour transnationally. This network of actors interacts with various public and private
organisations to produce nurse labour through various negotiations of practices and processes that influence state regulations, normative expectations, and rules and behaviours.

As pointed out in the literature review, the nurse occupation and its organisation are historically gendered and racialised. Complicities by actors and organisations to gender, race, and class inequalities in the transnationalisation of care (re)produce inequality barriers within the various processes of recruitment and placement in the domestic nursing workforce.

Moreover, interactions between state and private actors have increased in the Nordic welfare states due to the ideologies of neoliberalism. Within this paradigm of governance, market-based ideas of efficiency, cost effectiveness, and flexibility begin to dominate managerial and policy practices and agendas, giving space to economic interests in the recruitment of care workers for state organisations.
3 FRAMING TRANSNATIONAL HUMAN RESOURCE MANAGEMENT OF NURSE LABOUR

3.1 Introduction

This chapter theoretically challenges the ‘international’ in the discipline and practice of international human resource management (IHRM) by replacing ‘international’ with the term transnational. Through this new conceptualisation, the chapter argues to move the analysis of IHRM practices to include more organisations that manage health care provisions and nurse labour, either for private profit or publically funded. The management of human capital within the industry of nurse labour has become big business and competition for firms recruiting and placing health care professionals from one country to the next (Brush et al., 2005), but also involves other actors from various levels of management and organisation: local, regional, national, and transnational. These levels are both intertwined but also situated in terms of structures, economies, and societal and ideological histories. The taken-for-granted idea that the management of people across borders/levels can be generally prescribed marginalises voices and ignores the complexity of how various actors are situated within networks, structures, and discourses that socially construct how people are organised within their occupation and subsequent workplace. This chapter is divided into four sections: (1) an overview of critical approaches towards IHRM in management and organisation studies, (2) framing transnational feminism as a lens to analyse empirical data in situated human resource management practices, (3) conceptualising transnational human resource management (THRM), and (4) the use of producer-based care networks as an analytical focal point to situate the production of knowledge of the management of people within the transnational healthcare industry.

3.2 Critical engagement within international human resource management

The theoretical development and practice of international human resource management (IHRM) is highly embedded and influenced by the field of international management. This interdependence of the two fields lays claims that the development of international management, particularly within businesses, extends from an interest of achieving a better understanding of HRM in international contexts from both a managerialist and performance based understanding (De Cieri et al., 2007: 283; Jack et al., 2008; Boxall et al., 2007).
Although the linkage between HRM and a managerialist agenda raises concerns amongst mainstream IHRM and IM scholars, critical scholars vocalise the narrowness and conservatism of this mainstream outlook. Critical scholars of IHRM argue that the fields of international management and IHRM lack in critical engagement in their metatheoretical assumptions which has led research in both fields to be firmly rooted in traditional functionalist-positivism, with little reflexivity about the claims and consequences of such an epistemological stance (Jack et al., 2008: 5). Also, the scholars argue that the narrow focus prompts an inefficient examination of the research’s inclusions, exclusions, and its effects such as the reproduction of universalist assumptions, which have marginalised voices (Westwood, 2004, 2006; Nkomo, 1992) and decontextualises practices. Furthermore, the current mainstream approach limits the scope of engaging with important social and structural questions such as the production of knowledge and power amongst various actors through negotiations and networks, the situatedness of managing people, and the economic and political institutions, networks, and structures that regulate borders in which practices and people cross (Delbridge, 2011: 484).

The focal point of theory and analysis in IHRM mostly revolves around multinational corporations (MNCs) that manage production or deliver services in more than one country, all of which is largely shaped by global capitalism. As the global economy changes, IHRM scholars take heed. IHRM considers the changes in the global workforce and the growing management of human capital in global services. And yet, a significant change in the production of global services, that of human services, has not been considered. The global human capital that is now being produced and used transnationally to fulfill the lack of health care services has been viewed to be a concern for migration studies not IHRM.

This thesis aims to critique IHRM by suggesting a transnational feminist (gendering/racialising) lens but also by bringing the healthcare sector into the analytical conversation on the management of people in the current global, capitalist economy. The intention is to go beyond positivist, managerial understandings of HRM practices by not only situating the practices in terms of geography, structures, economies, and societal and ideological histories, but also considering the industrialisation of health care and its human capital as a part of IHRM as a discipline within management and organisation studies.
Critical engagement with management and organisation studies, and as this thesis, with IHRM is not only about approaching the research from the periphery of the field but also challenging the epistemological and methodological underpinnings of the fields by situating the critical researcher’s own understandings. As argued by Delbridge et al. (2011: 487),

[While there has been a major push for studies to open the ‘black box’ to explain how and why HR practices may lead to better performance (Wall and Wood, 2005), few studies have been able to illustrate convincingly causal and mediating mechanisms (Hesketh and Fleetwood, 2006; Keenoy, 2009).

This is due, according to Delbridge et al. (2011), to theoretical and epistemological weakness that centralise around micro-level theories of organisational behaviour and individual motivation, cognition or effect and theories of human capital and resource based view of the firm (Delbridge et al., 2011; Batt and Banerjee, 2009).

In the next section, I discuss both the critical engagement with international management and IHRM as both fields have been developed together in mainstream research as if IHRM is an extension of understanding management internationally. These last implications may shed light on why MNCs and expatriates are the main focal point of analysis in IM and IHRM.

3.2.1 Critical theorists in HRM and IHRM

In 1993, Townley (1993; 1994) critically challenged the concept of HRM’s practices and discourse by using the work of Foucault to illustrate how these practices manage, through a number of disciplinary techniques, to create the individual ‘as analyzable, describable subject to be assessed, judged, measured, and compared with others’ (1993: 535). She states that research on HRM should involve a discursive analysis of situations that provoke the discourse of HRM, the consequences to which it gives rise, the practical field in which it is deployed, who is accorded the right to speak, the institutional sites from which discourses derived its legitimisation, the position in which it places its subjects, what is recognised as valid, and who has access to discourse (Townley, 1993: 540).

By using Foucault, Townley associates herself epistemologically with post-structuralism by not only viewing HRM practices and discourse as socially constructed but also intertwined with power implications (in terms of subordination of subjects through discourse) which institutionalises hierarchies of people, their labour, and physical bodies as well as taken for granted practices of how to organise employees.
In the 1990s, other organisation and management studies increasingly became interested in issues related to knowledge, power, discourse, and identity (Alvesson & Wilmott, 2012; Grey and Fournier, 2000; du Gay, 1996; Clegg, 1989; Clegg and Hardy, 2006). Calás and Smircich (1999) have argued that the introduction of postmodern and poststructuralist approaches have influenced the conduct of sociological research on management. In particular, there has been a focus on situated reflexivity toward common sense categories and knowledge claims prevalent in the authorial articulations on the nature of organisations and organisational management. Out of these engagements, scholarly communities arose such as the International Management Studies conference and the Critical Management Studies division within the US-American Academy of Management.

In 2006 and 2012, Peltonen, in the Sage *Handbook of International Human Resource Management*, provides a review of critical theoretical engagements of IHRM and discusses current approaches to the field that consider HRM practices, both domestically and internationally, in terms of ‘societal structures, ideologies and power relations that constitute and shape the organisational phenomena and workplace relations’ (2012: 532). A particular focus in this critical review is on control and governing practices, techniques, and practices within IHRM and its implications on employee and workplace relations. One approach that Peltonen mentions is the critical understanding of the term ‘culture’ and the use of personnel techniques that are justified in terms of culture. These techniques can be used to exclude or include personnel and legitimise techniques in reference ‘to cultural differences and cross-cultural adjustments instead of a more general concern with organisational effectiveness or employee well-being (e.g. Adler, 2002)’ (Peltonen, 2012: 535). Peltonen furthers his discussion, under the title ‘Towards a critical research programme within IHRM: current debates and future avenues’, and describes critical approaches to IHRM with his focus on multi-national enterprises (MNEs), international business (IB), and international management (IM) as well as expatriates. This, in turn, provides a review of the critical approaches to IHRM but limits the approaches to the mainstream IHRM scholars’ empirical point of entry.

De Cieri et al. (2007) use the critical perspectives of postcolonialism to highlight that IHRM deserves theoretical disputation and that take-for-granted assumptions in the practice should be problematised and questioned. They argue that these assumptions have a direct effect on thoughts and behaviours, which can lead to ‘isomorphism’ in the description and assessment of IHRM theory and practice. De Cieri et al. (2007) further
their critical argument by using what they term ‘imitation’, drawing highly from Bhabha’s (1994) terms of mimicry and hybridity. Imitation is ‘the copying of another’s form, practice or claim to legitimacy’ (293). This would direct the analysis to how and why existing practices and disciplines are adopted and adapted and, in turn, highlight what is being taken-for-granted rather than subsuming ‘other’ past or present differences (ibid).

Postcolonialism, as an epistemology, is interested in relations and structures that reproduce historical colonial legacies and present neoimperialism. This reproduction of situated histories, practices, and discourses socially construct people in ways that exclude and include particular knowledges and voices and enforce powerful barriers to equality in the global economy (Acker 2004; 2006; McDowell, 2008; Mignolo, 2000). Exclusion barriers are not only ignored but also taken-for-granted among mainstream management (and IHRM) scholars. Postcolonialism, as a theoretical lens, challenges the researcher to deconstruct prescribed practices and theories in IM and IHRM by using methods such as discourse analysis of narratives, histories, and visual materials, ethnographies, case studies, and critical readings of canonical texts (e.g. Westwood, 2001; Jack and Westwood, 2009).

In 2008, international management became the subject of critique in management studies as being disengaged with epistemic reflexivity and the field’s theoretical development. Within this discussion, a special topic forum in the Academy of Management was published with eight contributions that ‘attempt to open up metatheoretical conversation with international management’ (2008: 870). The call of papers for this forum emphasised ‘the articulation of alternative theoretical representations that will allow new conceptualisations in this field [international management], taking into account the unavoidable power relations that sustain the materials realities of international management’ (2008: 870).

Within the eight contributions, postcolonialism as an epistemological framework was favoured and methods of analysis were, for instance, linguistic analysis, deconstructionist approaches, metaphor analysis, and discourse analysis. The impression given by the contributors’ perspectives and methods is to encourage and facilitate a discussion within international management by ‘bringing in other knowledge/other’s knowledge’ (2008: 880). At the end of the introduction to the special topic forum, the authors comment on ‘Reflections on “what we already know”’ and mention they do not want to reinvent the wheel of critical approaches to international
management, but rather apply the approaches in analysis. The critical approaches, nonetheless, are for analysis of MNCs and not other sectors in the global economy.

In 2009, Peltonen and Vaara, published a chapter on critical approaches to comparative HRM. In this chapter, they argue that comparative HRM is broader than mainstream approaches to IHRM because it takes seriously the ‘recent calls for more socially embedded organisational research’ (2009: 69). The authors argue that comparative HRM can be linked to critical management studies (CMS) in the sense that the field can make use of theoretical and methodological approaches that they suggest. These approaches are global labour process theory, postcolonial analysis and transnational feminism. To structure this argument, the authors give an explanation of each approach but also provide a table divided into the following sections: (1) background influences, (2) focus, (3) research questions, (4) epistemology, (5) ontology, (6) methods, (7) exemplary studies (2009: 78-79).

The idea of bringing in different critical perspectives to be applied to comparative HRM facilitates the broader discussion on how to include more theories, voices, and methods in the fields. Nonetheless, I feel this chapter is more a suggestion rather than providing ‘exemplary studies’ in the discipline of management and organisation. For instance, Mohanty is a self-proclaimed ‘transnational and postcolonial feminist’ and is a professor of women and gender studies. Her work is an anticapitalist struggle against neoliberal globalisation, and she illustrates her activism by empirically examining the cultural and ideological construction of a woman’s representational form through discourse (scientific, literary, judicial, linguistic, cinematic, etc.), and ‘women’ as real, material subjects of their collective history (Mohanty, 1984: 334). She does not focus on employment relations or management of human capital, per se. She is interested in the inequalities that derive from uneven economic development and cultural imperialism, and her empirical work is not directly linked to management structures, practices, and discourse within the field of IHRM. Suggesting transnational feminism to the discussion of IHRM and comparative HRM is one thing, but as this thesis suggests, what is lacking in the field is the application of transnational feminism to the analysis of practices in human resource management as done for modernism, poststructuralism, and postcolonialism.

One example of transnational feminism being applied to management and organisation studies is by Calás and Smircich (2011) in their chapter entitled ‘In the back and forth of transmigration: rethinking organisation studies in a transnational key’. In this
chapter, the authors use the work of transnational feminists such as Mohanty and apply it to the analysis of transmigrants. They argue that organisation and management studies have considered transnationalism but more as a dichotomous relationship of back and forth, from headquarters to subsidiaries or to the allocation of labour between “home” and “not home” such as with expatriate managers or immigrant workers. The chapter begins (2011: 411),

Along with conditions of globalization, a dominant feature of social life has become the increase of transnational flows of multiple kinds--people, money, ideas, images--(Appadurai, 1990; 1996; Vertovec, 2009). Within the organization studies literature, however, little attention is paid to the fact that transnational flows and interconnections are manifested in a multidirectional back-and-forth of people, practices, and the like. Instead transnationalism in this literature refers mostly to transferring practices from one country to another, such as from headquarters to subsidiaries or to the allocation of labor between “home” and “not home” such as with expatriate managers or immigrant workers, and even when offshoring work. In this chapter we suggest the limited understanding of transnationalism in the organizational life whether in big or small organizations, “local” or “global”. To this effect, we propose ways for reconsidering organization studies, more generally, in a transnational key.

The chapter serves as an introduction to transmigration studies and transnational (feminism) to be applied to the understanding of national borders, various actors in the global political economy, and gendered and racialised processes and practices that are situated and have powerful effects on the workers’ lives and physical bodies.

In 2013, Calás and Smircich empirically exemplify gendered, transnational processes by focusing on the intersectionality of women migrants and the implications the ‘mobile’ intersectionality has on the women’s subjectivities. The analysis captures the individuals’ subjectivities organised transnationally, but the analysis leaves a space for further empirical work on structural, institutional and organisations practices and processes organising labour across borders.

In the next section, I discuss why and how a transnational feminist lens can broaden the understanding of HRM practices, techniques, and discourses in various contexts in today’s global economy. The lens requests going beyond creating models of causal factors influencing HRM policies and practices in MNCs, and the duality between centralisation (or global integration) vs. decentralisation (or local responsiveness). The lens facilitates a situated, multi-level analysis of how, why and by whom (which actors) people are being organised and managed and explicitly acknowledges ruling relations (see Dorothy Smith, 1990; 2005) through discourses and structures that have material implications on employees’ lives.
3.3 Transnational Feminisms

Applying the transnational feminist lens to IHRM as a discipline and practice is not only about applying a theory, but also an action associated with values and convictions of social justice. Scholars argue that transnational feminism is a conscious, political shift away from feminism such as third wave/global, black, socialist, post-colonial, and postmodern/poststructural. Although influenced by and in conversation with these feminisms, the emphasis of transnational feminism is to critically examine not only the nation state and the local in gendering and racialising organisations, but also the transnational capitalistic economy.

Using transnational feminism as a lens means conceptualising the state not as a fixed entity with borders, but rather the state with borders that are permeable and influenced by an historical legacy that may not have occurred physically (the actual) in its geographical area. Through this lens, empirical examination is contextualised in a social and economic history influenced by colonial/imperial legacies and power relations which organise capital and labour in gendered, racialised, and classed ways, impacting the worker’s lives in concrete material forms. Examples of scholars working with this lens, for instance, are Acker (2004, 2006), Mohanty (1984, 2013), Calás and Smircich (2006, 2011), and Kaplan and Grewal (1994, 1999, 2000).

Acker does not describe herself as a transnational feminist, and yet, her work on gendering globalisation and equality barriers to work organisations is highly influential on management and organisation studies to frame institutional mechanisms that construct the workers and the deeply embedded implications of organising in a global economy. Although her work is concerned with borders of the nation state and work organisation as she comes from an institutional sociology perspective, her concept of ‘gendering globalization’ fairs well with a transnational feminist lens and may be reconceptualised as ‘gendering transnationalism’. This reconceptualisation may allow examination of various forms of movement across time and space rather than focusing solely on socially constructed divisions that maintain boundaries of the nation, gender, and race. For instance, I find the terms ‘globalisation’ and ‘international’ problematic and limiting, particularly in my analysis of international human resource management. By focusing on borders as static, justifications of cultural differences and barriers create a conversation of ‘us’ versus ‘them’ and legitimise the uneven circuits of labour and capital (e.g. Tsui, 2004). Globalisation and fixed national/cultural borders, within IHRM, seem to provide space and a dialogue of victimisation of the migrants who are
leaving one country to another for careers. With this mindset, a conversation starts by looking outwards and projecting inequalities on others that exist structurally and discursively amongst those whom are assuming a privileged position within the management of human resources.

The use of the concept of ‘international’ within human resources connotes the existence of nation states as discrete and sovereign entities, and work organisations can rely on ‘dimensions’ of cultural differences when managing people from one geographical region to the next (Shenkar, 2001, 2004). This is not to say that relations to the nation states and work organisations are irrelevant when working with the lens of transnational feminism, but as argued by Grewal and Kaplan (1994: 13), the lens

problematicize a purely locational politics of global-local or center-periphery in favor of...the lines cutting across them. As feminists who note the absence of gender issues in all these worlds system theories, we have no choice but to challenge what we see as inadequate and inaccurate binary divisions.

In addition, I acknowledge the influences of postcolonial concepts such as ‘hybridity’ and ‘mimicry’ (Bhabha, 1994), and ‘orientalism’ (Said, 1978). The postcolonial lens’ influence on transnational feminism is undeniable, and provides feminists with conceptual tools to examine various forms and issues of representation. The lens also brings into conversation how imperialism and colonialism ‘travels’ through time and space and emerges in various forms and practices. Yet, by working with a transnational feminist lens creates a discomfort with relations to nations and cultural divisions, as is not always the case when the focus is on colonial/imperial relations and divisions.

In Figure 1, I display a framework of some of the epistemologies and ontologies used under the umbrella of transnational feminism(s) within organisational studies and outside of organisational studies. The framework is within two ontological dimensions of ‘more structuralist’ and ‘more post-structuralist’, and four epistemologies of examining gender, racialised processes and practices in a transnational, capitalistic economy. The epistemologies are institutionalism and feminist political economy/neoMarxism, within the dimension of ‘more structuralist’, and feminist postmodernism and postcolonial feminism, within the dimension of ‘more

5 This framework is to illustrate various epistemoological frames that the scholars either function within, around, or cross-over. The frames derive from my understanding of Burrell and Morgan’s (1979) two dimension/four paradigm is understanding organisation studies and analysis as well as Kuhn’ definition of paradigms of scientific disciplines (1962). The frames illustrated in this thesis are not to serve as boxed ideas but rather the various perspectives that the scholars are interacting with under the multi-faceted theory of transnational feminism (s).
poststructuralist’. In terms of ‘more structuralist’, scholars within this dimension examine structured mechanisms of control and practices within institutions, organisations, and larger governing bodies such as the nation-state. This dimension also concerns itself with borders, barriers, and lines in workplaces, organisations, and political, geographical division of governance (e.g. nation-state divisions). Feminist institutionalism and feminist political economy/neoMarxism examine social and organisational phenomena in terms of past and present historical and institutionalised divisions.

In terms of the ontological dimensions of ‘more poststructuralist’, scholars examine issues of representation and the implications of gendering and racialising the organisations and people’s lives rather than institutional mechanisms within the global, capitalistic economy.

Figure 1  Framework of epistemologies under the umbrella of transnational feminism

In the sections below, I illustrate the epistemological frames under the umbrella of transnational feminism by referencing particular scholars and their ideas. I begin with Joan Acker, and describe her work in terms of her concepts ‘gendering globalization’ and ‘inequality barriers’. I then turn to the work of Calás and Smircich whose theoretical and empirical discussion reconceptualise global processes and practices in terms of a multidimensional rather than dichotomous relationship of back and forth. The discussion of Calás and Smircich’s work is followed with Grewal and Kaplan whose work has been influential from a feminist political economy perspective and analytically
deconstructs the concept of ‘international’. Their work also falls outside the discipline of organisational studies unlike Acker and Calás and Smircich. Another scholar’s work who has been influential for various scholars working within transnational feminism and outside organisational studies is Mohanty. Mohanty is a self-described transnational feminist working with an anti-capitalist and anti-neoliberal agenda with a central focus on women, particularly from the developing world.

### 3.3.1 Organisations and institutional barriers to equality in a globalised world: the work of Joan Acker

Acker is not a self-proclaimed transnational feminist, but transnational feminists’ works are strongly influenced by the theories of socialist/Marxist feminism in which Acker’s work in organisational studies is influential. Bringing together these epistemological underpinnings, Acker argues that although language and issues of representation are gendering organisations, materiality of globalisation processes and practices as well as capitalism as an ideology are central to understanding the transnational dynamics of organisation and management of global labour and capital, and the ultimate ‘gendering of globalization’ (Acker, 2004).

Acker (2004) argues that ‘gendering globalization’ transpires when/where gender, capitalism, and globalisation become intertwined with (1) the gendered construction of a division between capitalist production and human reproduction, (2) the role of masculinities, and (3) gender as a resource for globalising capital. According to Acker, ‘gendering globalisation’ highlights the discontinuities between the realities of women’s and men’s lives in local arenas, as well as to understand the discontinuities of those realities within mainstream scholarly work about global processes (2004: 20). Gendering organisations and global process and capital, to Acker, is not solely about the sexed body, but rather guiding ‘gender’ analyses with the examination of subjectivities, subject positions and institutions over time and space as relational products and producers of global processes (2004: 18). Gendering of globalisation, therefore, becomes an analysis of intersections of gender with other subjectivation processes such as race, ethnicity, class, and sexualities to better understand specific global processes at specific sites where they appear (2004: 19).

Acker’s first argument ‘gendered division of labour’ reflects corporate policies at both the local and global level that claim no responsibilities for the reproduction of human life by
favouring and solely acknowledging labour that create monetary profit. These practices create, at the local level, a gendered system that is supported by unpaid reproductive work as well as the lower paid work in the for-profit economy such as health and social service work. This non-responsibility at the local level that favours capitalist accumulation becomes naturalised as a globalisation process where production is continuously moved from location to location in order to maximise profits by finding cheap labour (e.g. competition between global for-profit organisations and nation states). This labour is usually produced by a woman. Acker’s first argument acknowledges how global processes must be nuanced with local specialties. For instance, the relationships between households, families and communities as well as the conditions of women in different societies cannot be interpreted only from the perspectives of the gendering effects of Western societies. Thus, while the flows of global capital may move in certain directions, their effects, as well as resistances must be considered both relationally, and also in their differential local effects and implications (e.g. Acker, 2004; Mohanty 2007/2011).

Acker’s second argument is for the analysis of ‘masculinities in globalizing capital’. This analysis questions who produces knowledge claims on defining ‘globalization’ in both practice and theory. This analysis has both materialistic and symbolic implications. According to Acker, since the beginning of modern globalisation, through colonial conquests by England and other European countries, and later the expansion of ‘free markets’ and ‘economic liberalization’, positions of power within gendered structures, social relations, and practices have been dominated by men. Not just any men, however, but men with particular masculinities or, in many cases, the desired hegemonic masculinities. Referencing both Connell (1987; 2000), Hearn (1993), and Hearn and Parkin (2001), Acker explains the symbolic and materialistic nature of dominating masculinities in globalised capitalistic process in colonial conquest and settlement and today’s corporate capitalism (1990: 28-29):

Masculinities are reproduced through organizational/institutional practices, social interaction, and through images, ideals, myths or representations of behaviors and emotions. Hegemonic masculinity is the most desired and admired form, attributed to leaders and other influential Figures at particular historical times...Globalizing masculinities around violence and domination seems to have been predominant in these two periods (18th and 19th Century) of conquest and settlement. As corporate capitalism developed, Connell and others for example (Collinson and Hearn 1996), argue, a hegemonic masculinity based on claims to expertise developed along with masculinities still organized around domination. Hegemonic masculinity relying on claims to expertise does not necessarily lead to economic organizations free of domination and violence

6 Acker argument references Diane Elson’s work (1994) with terms of monetary ‘productive’ economy and non-monetary ‘reproductive’ economy.
7 Mohanty also emphasises this naturalisation of transnational capital processes and practices
However (Hearn and Parkin 2001). Hearn and Parkin argue that controls relying on both explicit and implicit violence exist in a wide variety of organizations. Within today’s global gendering practices and processes (1990: 31), Acker argues that violence is less explicit as the means of violence is institutional in seemingly neutral, rational business practices. The knowledge claims being dominantly produced comfortably and confidently by leaders as business as usual or of deficit reduction necessity, implicitly affects humans in materialistic forms. For instance downsizing or moving production or representing the ‘desirable’ (Acker, 1990) worker as flexible, disposable, and a commodity to be bought and sold, creates a workforce of domination. The third argument by Acker is to ‘analyse gender as a resource for globalizing capital’. The central resource or ‘human resource’ of this analysis are women, particularly third world women, whose transnational mobility contribute to the prosperity of capitalist production. Acker (2004) notes that transnational economies cannot be limited to the understanding of moving labour production to countries that permit lower wages, but rather through transnational labour migration from less affluent countries to more affluent countries. Transnational labour migration patterns can be understood as generated new forms of political economy and a culture of work intensification in receiving countries of the labour in which a flexible, cheaper workforce is needed to maintain modes of capitalist production (such as cheaper labour filling the jobs that have been associated with low pay or non-pay in the past such as housework or caring).

3.3.2 Postmodernism and transnational organising: the work of Marta B. Calás and Linda Smircich

Calás and Smircich’s academic work is critical of the positivist epistemology in management and organisation by both theoretically and empirically using the lens of postmodernism, and, most recently, transnational feminism to examine gendering and racialising processes and practices that reinforce inequalities within social relations, fields, and discourses. According to Calás and Smircich (2012: 424),

Research in transnational social fields would provide ways to articulate clearly and consistently in organization theory the centrality of gender/sexuality/race/ethnicity/class relations invisibly sustaining modalities of neoliberal globalization.

In 1996 and 2006, Calás and Smircich theoretically explain transnational feminism through a literature review of feminisms in organisational studies and frame their understanding of the lens as having postmodernist/ poststructuralist, socialist feminism, and black feminism roots. They state (2006: 317),
Transnational/(post) colonial feminisms, while not monolithic, include several critics who challenge Western feminist theorizations of gender and gender relations as furthering the images and social experiences of mostly privileged women (and men) in the ‘First World’. These arguments go beyond those raised by black and other race theorists who questioned the white, middle class, heterosexist, representations of gender in feminist theorizing, and interrogate, for instance, the function of ‘the nation’ in gendering and racializing others through specific patriarchal projects between and within different countries.

To explore these transnational social fields, Calás and Smircich use the method of ‘intersectionality’ with a transnational feminist lens to understand better how the simultaneity of processes take place and disrupts the bounded nation, which creates new transnational social spaces (Calás & Smircich, 2012).

Empirically, through a transnational lens, Calás and Smircich gender their analysis of organisation in transnational social fields by examining subjectivities, subject positions, and institutions over time and space as relational products and producers of transnational processes. They indicate that (2006: 322),

\[
\text{gendering (and the race, ethnic, class, sexualities and other subjectivation processes with which gendering intersects) should produce a better understanding of current global processes at the specific sites where they appear.}
\]

### 3.3.3 Outside organisations and outside the ‘international’: the work of Inderpal Grewal and Caren Kaplan

Grewal and Kaplan began their scholar and teaching careers using the ‘colonial discourse analysis’ method to empirically examine how inequalities of class, gender, nationality, sexuality, and ethnicity are created through movements over time and space in particular ways (1994). Engaging with this empirical analysis of inequalities, Grewal and Kaplan (2005) want to focus their work not only in terms of civil rights practices and identities but also on forms of discourses with concrete material effects within the history of imperialism. For them, to understand projects of modernisation and development would request a term such as ‘transnational’ instead of ‘international’ as transnational destabilises rather than maintains boundaries of nation-state, race, and gender. Transnational, according to Grewal and Kaplan (2000: 1), ‘signals attention to uneven and dissimilar circuits of culture and capital’. Whereas, the term ‘international’ does not allow this recognition as it based on configuration of the nation state as discrete and sovereign entities even though these boundaries were politically created through a system of inequality and exploitation.

Grewal and Kaplan acknowledge the influence postcolonial studies have had on their feminist trajectories, particularly their engagement with postcolonial theorists on the
nation and nationalism. As feminist scholars, they view nationalism ‘as a process in which new patriarchal elites gain the power to produce the generic “we” of the nation’ (2000: 3). And yet, nationalism and the nation is not limited to patriarchies, but also the spread of Eurocentric discourses and the superiority of one’s country and culture through, for instance, victimisation of the colonised/third world Others (2005). Grewal and Kaplan argue that the relations with the nation state and nationalism stealthy root themselves deeply in the minds of the citizens, and this blinds people looking outward at the Other to the structural inequalities that exist in their own local surroundings. The scholars give an example of Islamic women obtaining refugee asylum in the U.S. by pleading that their patriarchal cultures persecute them, and yet, U.S remains a country with an extremely high rates of domestic violence (2005).

3.3.4 Outside organisations and neocolonial structural controls: the work of Chandra Mohanty

A strong drive behind Mohanty’s transnational feminist epistemology is collective feminist solidarity across borders (2003) and her own lived experiences as a scholar and transnational migrant woman of colour from India (Mohanty, 2007/2011). Across borders, to her, does not refer to confining a theoretical and methodological analysis solely within the Nation-State, but rather geographically, economically, socially, and historically positioning women’s lived experiences both ‘particularly’ and collectively. As stated in her well known work, ‘Under Western eyes: feminist scholarship and colonial discourses’ (1994: 197),

The relationship between ‘Woman’-a cultural and ideological composite other constructed through diverse representational discourses (scientific, literary, judicial, linguistic, cinematic, etc.)- and ‘women’-real, material subjects of their collective histories-is one of the central questions the practice of feminist scholars seeks to address. This connection between women as historical subjects and the re-presentation of Woman produced by hegemonic discourses is not a relation of direct identity, or a relation of correspondence or simple implication. It is an arbitrary relation set up by particular cultures.

An avid reader of feminist theory in the early 1980s, Mohanty began to question what she was reading, and what these theories were teaching her. These questions led her to write ‘Under Western eyes’ to critique hegemonic feminist theories and ‘global feminism’ and to create a space for third world women in Western feminist theory. In an interview, Mohanty (2013) reflects that

8 Mohanty subject of analysis are ‘particular kinds of women-poor, third and Two-Thirds women, working class/immigrant/migrant women’ who are ‘the preferred workers in these global, “flexible” temporary job markets’ (Mohanty 2003: 245-6).
“we” were present in courses on development and political economy, and theoretically, “we” often emerged as a foil to hegemonic White/Western feminist subjectivities.

She also states in another interview that the theories viewed gender as non-racialised, non-classed, and US-American (Mohanty, 2007/2011). There was no space for thinking about marginalised women, who, in her opinion, were often poor, working class, of colour in the North and peasant women of the South. These women communities were assumed to have little understanding as to why they are located in the situation they are in, which is, they have no understanding within the reading of power. She notes that within her reading of socialist feminism, there is something in terms of reading capitalism and how capitalist values become naturalised in the areas we live in, and the values allow those with privileges to construct either those without the privileges as victims or as people deserving of charity or as people with no critical understanding of power and how to fight it. She reflects (Mohanty 2007/2011),

That actually is some of the ways I get to thinking about what it means to speak of global capitalism, corporate globalization right now, and of the possibility and potential of transnational anti-capitalist feminist struggle, right? That is how I get to this place where, you know, asking the questions of what is it, for instance, about how …historical colonialism construct themselves and their relations of rule [see Dorothy Smith] on the basis of racialized gender? That becomes an important question And how does that then get picked up in the decades following and how do capitalists relations of rule utilize those gender and racialized legacies of rule in order to, once again, create surplus labour, once again create third world poor women as the preferred workforce, and can we actually talk about anti-capitalist struggle without understanding the importance of race, gender, and colonial legacies in that struggle... One way to think about it in the world we live in, ‘how does the colonial traffic in the imperial?’

Revisiting the ‘Under the Western eyes’ article in 2003, 16 years after its publication, Mohanty affirms that her original article (2003: 230)

sought to make the operations of discursive power visible, to draw attention to what was left out of feminist theorizing, namely the materialist complexity, reality and agency of Third World women’s bodies and lives.

As conversed in the above interview and noted in the 2003 article, she analytically strives to

draw attention to what is unseen, undertheorized and left out in the production of knowledge about globalization,[because]...I believe capital as it functions now depends on and exacerbates racist, patriarchal and heterosexist relations of rule (Mohanty, 2003: 231).

To illustrate how global capitalism affects women’s work in local specifics, Mohanty demonstrates how neutral categories of gender and race hierarchies in labour obscure historical differences around the world. By focusing on women’s work, Mohanty argues that a particular form of third world women’s exploitation in the current economy ignores not only historical differences but also commonalities between third and first
Writing in an academic neoliberal context, Mohanty published an article entitled ‘Transnational feminist crossings: on neoliberalism and radical critique’ in which she argues that this individualistic mindset endorsed by the neoliberal ideology separates the feminist critique away from questions of gender and racialised systemic inequalities. She states (2013: 971),

For instance, what happens to the key feminist construct of “personal is political” when the political (the collective public domain of politics) is reduced to the personal? Questions of oppression and exploitation as collective, systematic processes and institutions of rule that are gendered and raced have difficulty being heard when neoliberal narratives disallow the salience of collective experience or redefine this experience as a commodity to be consumed. If all experiences are merely individual, and the social is always collapsed into the personal, feminist critique and radical theory appear irrelevant—unless they confront these discursive shifts.

Another concern that she addresses in this article is the limits of “post” (2013: 986) and that the commitment needed analysis of systemic and materialistic implications of colonial legacies, issues of representations, and the gendering and racialising of structures. She argues that (2013: 986–987),

The neoliberal privatization and domestication of social justice commitments can go hand in hand with postmodernist/poststructuralist dissolution of the systemic critiques of structures and institutions evident in intersectional, transnational materialist feminist engagement. This compromising of our politics reminds us that it is always important to turn the critique of privilege on ourselves. The dissolving of the systemic analyses of women of colour and transnational feminist projects into purely discursive (representational) analyses of ruptures, fluidity, and discontinuities symptomatic of post-structural critique contributes to a threshold of disappearance of materialist antiracist feminist projects that target the state and other governing institutions. It is the danger of the appropriation of radical women of colour and transnational feminist projects that should be of deep concern to us all.

Below, I display Figure 1, accompanied by various scholars discussed above with positions in the ontological dimensions and epistemological frames (Figure 2). The transnational feminist scholars work across the epistemological frames, both empirically and theoretically, to capture the transnational nuances of gendered and racialised organising across time, space, institutions, and cultures.
3.3.5 Working with transnational feminism(s)

Echoing the comments made by Calás and Smircich, ‘transnational feminism(s) is not monolithic’ and includes several scholars working with various ontological dimensions such as structuralist (e.g. a concern of borders and the functions of the nation-state) and poststructuralist (e.g. moving beyond or transcending borders considered politically and socially constructed).

My definition of transnational feminism is the following:

Transnational feminism is critical of capitalist production and processes that transcend borders, national and organizational, and systematically gender and racialize humans (particularly third world women) in material forms. This calls for analysis beyond ‘post’, specifically, examining not only issues of representation but also concrete structural and material effects of capitalism and neoliberal ideology on women, men, and children’s lives.

In the following table (table 1), I display this research’s epistemological and ontological underpinnings, the object/subject of analysis and the definition of discourse when applying a transnational feminist lens. After the table, I position my research in the ontological dimensions and epistemological framework I discuss previously.
Table 3  My ontological and epistemological approaches to transnational feminisms

<table>
<thead>
<tr>
<th>Epistemological underpinnings</th>
<th>Postcolonial/postmodernism/post structural (BUT, beyond the epiphenomenal ‘post’; analysis of discourse and material), socialist feminist/Marxist feminism (anti-capitalist political activism) and political global economy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontological view of the nation state and work organisations(borders)</td>
<td>National borders are socially/arbitrarily constructed.</td>
</tr>
<tr>
<td>Object/subject of analysis</td>
<td>Gendering and racialising processes and practices of global capitalism. Emphasis on <strong>power and inequalities with material implications</strong>. Subject of analysis are usually immigrant women/third world-two thirds women/women of colour.</td>
</tr>
<tr>
<td>Discourse defined</td>
<td>Discursive representations, at various levels, within text and talk but also tangible material implications of discourse ((re)production, (re)dissemination, and (re) reception.)</td>
</tr>
</tbody>
</table>

Considering the above summary, I position myself in the middle of the two dimensions and the four paradigms (Figure 3). My transnational feminist lens is critical of fixed borders of organising and examines discursive representations as Grewal and Kaplan and Calás and Smircich, but I move beyond the limits of ‘post’ like Mohanty by gauging my focus on material implications of discourse (s) and structuring effects of discursive practices within institutions and organisations like Acker.
3.4 Transnational human resource management: the case of producer-based care networks

Transnational human resource management as a concept is applied to examine HR systems’ strategic processes, practices and functional roles in terms of a situated or geographical duality of centralisation (global integration) versus decentralisation (local responsiveness) (Festing, 2011; Ståhl et al., 2012). However, as criticised by Calás and Smircich within the discipline of management and organisation (2010), this ‘back and forth’ divide limits the understanding of the various flows and interconnections of organising across geographical areas that manifest in multidirectional nuances of people and practices.

A reconceptualisation of IHRM in terms of transnational human resource management (THRM) opens a deeper examination as to what Delbridge et al. (2011) labels the ‘black box’ of controlling, mediating mechanisms that are organising and managing people across various contexts. The theoretical and empirical examination turns to various representatives, networks, structures, and histories, to name a few, which appear in specific sites. Research of transnational organising and managing problematises the invisibility of relations, practices and processes that get lost in the prescribe understanding of mainstream international human resource management. Bringing in a
transnational feminist lens to the transnational situates the research and centralises on gender/sexuality/race/ethnicity/class relations and representations in terms of intersectional elements that materialise in organising practices and processes of managing human capital.

Transnational understanding of HRM practices and discourse in the global economy requires a multi-level analysis of various actors, complex networks, process and practices, but also situating the analysis. Centralising the method on producer-based care networks facilitates a narrowing of focus. The analysis of producer-based care networks examines health care service provisions (human capital) and their subsequent restructuring. According to Yeates (2011), the transnationalisation of care is exemplified through these networks as the concept expresses the management and organisation among public and private actors to produce, recruit, relocate, and settle care labour abroad (Yeates, 2009).

Yeates (2011) notes that most studies of care transnationalisation are concerned with cross border migration processes, and this is understandable as ‘the movement of people as a pre-eminent mode/expressions of transnational activity and consciousness’ (1117), but she questions the complex networks producing these movements and its various aspects. She states that producers care networks should be used as conduits for transnational economic flows (remittances of goods and capital) and transnational ideational flows (ideas and ideologies of care); as constituted by and formative of border-spanning social formations (global care networks, transnational families); and as an object of transnational collective action (e.g. advocacy and coalition campaigns, policy formation/responses in and through domestic and/or global fora).

She expands this concept by focusing on skilled workers and their management, but also the implication of restructuring the health care labour economy. Her analysis draws on her previous work of ‘global nurse care chains’ as she explains through nurse labour management transnationally but also through Catholic Irish religious workers.

In terms of IHRM studies and practices, this term can help situate discourse, practices, actors, and networks at various levels in accordance with both theoretical and empirical entires to the field. The concept and subsequent method of choice made by the research creates an initiative of reflection as the research must question who or what are the producer(s) of knowledge in regards to IHRM of care workers and what structural implications the production of this knowledge has.
3.5 Summary and concluding thoughts

As theoretical fields, international human resource management and international management have been subjected to critique by using theoretical approaches such as poststructuralism and postcolonialism and linguistic/discursive methods of analyses. These critiques request bringing more voices into the conversation of IM and IHRM practices, but also question the positivist, functionalist perspective that currently dominates the fields’ understandings. This request concerns the analysis with issues of representation within the field and practices, but also highlight dominant knowledge production and its discursive and materials consequences for the global economy’s workforce. Although suggested, transnational feminism has not been applied to IHRM analysis and can further the examination of the organisation of human labour in today’s global economy. A sector dominating in the global economy in terms of labour demands is healthcare, particularly nursing labour. The healthcare industry is gendered in terms of employing mostly women into the occupations and involves various levels of governance and management as well as actors and networks from the private, public, and third sectors. Through a transnational feminist lens and reconceptualising the field in terms of transnational human resource management (THRM), the theorisation and analysis of the management of healthcare workers transnationally can contribute to the discussion of IHRM studies and practice. In addition, using producer-based care networks as an empirical conceptualisation of how transnational processes and practices materialise constructs transnationalisation of care in terms of broader networks of actors, institutions, organisations and multi-levels/directions of organising.
4 REPRESENTATIVES AND SOCIAL WORLDS IN TRANSNATIONAL HUMAN RESOURCE MANAGEMENT OF NURSE LABOUR

4.1 Introduction

Working with a transnational feminist lens, I choose a methodology and method of data collection and analysis that facilitates and encourages understanding social and symbolic interactions, situated knowledges, discourses in talk and text, and a materialist construction of ‘the situation’. Considering this situation and its elements, requests multi-sited data collection, but also, moving away from a positivist notion of space, time, social action, and particularly a dichotomous, universal (generalisation) notion of practices and borders of organising workforces. It also endeavours examining gendering and racialising elements with ‘the situation of action’ (local) and the social worlds/arenas that embody collective action, discourse, and positionality at a meso-level of organising and institutions. As illustrated in the literature review, nurse work, migration of nurses, and the management and organisation of nurses as human resources are historically and symbolically gendered and racialised, encompassing powerful barriers to equality within the work itself and throughout the structure where the work is done.

This chapter begins by highlighting the case study method, and its criticism. Some of these criticisms are addressed by Dubois and Gadde’s article on ‘abductive theory’ through their systematic approach to a non-linear research process (2005). The chapter segues into Clarke’s call for taking grounded theory/social interactionism ‘around the postmodern turn’, by advocating for constructionist framings of the situation, and addressing problematic positivist recalcitrancies. Working abductively with a case and with a postmodern method of ‘situational analysis’ may seem redundant to the reader; and yet, as postmodernists argue the absurdity of a researcher working as a blank canvass in the research process, it is important for me to acknowledge explicitly the non-linear process of my research design and writing up. This research and its methodology problematises the representation of a series of events as progressive and/or linear and strives to create a discursive space in which the focus is not only on what is said, but in which context it is said, thus facilitating the analysis of how and why particular accounts were/are received (Paludi et al., 2014). Abductive theory as well as what Clarke calls ‘sensitizing concepts’ (2005: 52) accounts for the influences of the researcher’s lived experiences but also the literature review and course work throughout the research process.
The chapter then turns to how Clarke’s ‘situational analysis’ theory/method package and its ‘new roots’ (2005: 37-78): Foucaultian analytics of power; non-human actants, and the shift from Strauss and Corbin’s social worlds to Clarke’s situational analysis. I describe these new roots, but I also indicate where I differ from her understanding of power and discourse, particularly her emphasis on Foucault. I then highlight how situational analysis and transnational feminism work together to design a research that examines the dense complexity of social processes (practices/actions) in a transnational, gendered, racialised workforce.

Lastly, the chapter discusses the means of collecting data and issues of contesting grounds of access to the representatives and organisations involved in the social action of recruiting/placing the nurses. Through these negotiations of accessing representatives highlights the research process of the researcher knowing who was involved, but also the representatives acknowledging and becoming aware of themselves through negotiations and interacting. The negotiations also highlight an ordering (see Strauss’ negotiated order, 1979, 1982a, 1982b) of who recruits and places the nurses and decide how it should be practiced.

### 4.2 A situated abductive approach to mapping transnational human resource management

Case studies complemented with qualitative research can create a reflexive, in-depth, and context-sensitive understanding of practices, relations and discourses. The identification of a ‘case’ is a process where the researcher actively selects to examine some instances of a process and exclude others, in an effort to be able to identify a meaningful configuration of events, actors, and processes. The fluidity of a case study allows the research to be reflexive and interpretive when making sense of an empirical context (Carmel, 1999). Reflexivity and in-depth understanding of a particular empirical case, nonetheless, require the researcher to consider how the ‘issues’ are intricately connected to political, social, historical, and personal contexts (Stakes, 1995: 17).

Within the discipline of management and organisation, case study is criticised for its inability to provide scientific generalisation (Yin, 1994). This weakness has been argued to lie mostly in how the research is conducted. For instance, Yin (1994) states that ‘too many times the case study investigator has been sloppy and has allowed equivocal evidence on biased views to influence the direction of the findings and conclusions’.
Easton (1995: 379) also identifies three types of weaknesses in case study research:

Some case studies are simply rich descriptions of events from which the readers are expected to come to their own conclusions. Others are really examples of data that appear to provide, at best, partial support of particular theories or frameworks and are used in a quasi-deductive theory testing way. A third kind employs multiple “case studies” in a way that suggests that they are relying on some notion of statistical generalization.

And yet, as criticised in the theoretical understanding and discipline of IHRM and IM, the ‘situatedness’ of the research case should not demand oversimplifications of the social phenomenon by emphasising commonalities, universal truths, or the disembodiment of the researcher and participants from the actual context. An argument critically examining the transnational human resource practices of nurses asserts the situatedness of all knowledge producers and the complexities and differences within the elements of the story unfolding. This favours a shift away from dichotomous equations such as ‘us’ vs. ‘them’ or the ‘other’ and mapping practices in social worlds through negotiations with social interactions of representatives.

Beginning with the use of abduction in this case study eased the action of going beyond mere description and combines the development of theory by utilising in-depth insights of an empirical phenomenon and its contexts (Eisenhardt, 1989). It also helped with working various interrelated elements into the research. Dubois and Gadde (2002; see Figure 4), who argue for systematic combining, an abduction approach to case studies, found that

the researcher, by constantly going ‘back and forth’ from one type of research activity to another and between empirical observation and theory, is able to expand his understanding of both theory and empirical phenomenon (555).
The aim behind systematic combining is about ‘matching’ theory and data by using a nonlinear process. As such, matching, a foundation for systematic combining means going back and forth between framework, data sources, and analysis (see Figure 1). As Glaser points out (1978: 4), it is important to move from theory and reality and that data should not be forced into any pre-existing categories, rather that categories should emerge or be developed from the data itself.

Key features of matching, according to Dubois and Gadde (2002), are direction and redirection or as other authors have referred to as triangulation (Yin, 1994).

The call for reflexivity and acknowledging previous literature reviews and course work on this research topic facilitates an abductive approach to the case, but also segues into the application of situational analysis by Adele Clarke (2005). Clarke recommends, while approaching qualitative research, ‘a theory/method package’ (2005: 2-5). Her theory/method underpinnings are grounded theory, symbolic interactionism, and postmodernism. Grounded theory, which is not a theory but a method ‘grounded in data’, is rooted in the Chicago School in the 1960s (Glaser and Strass) and is interested in an inductive approach to collecting qualitative data. In grounded theory, data is collected at the beginning stages of the research process and analysed soon after through memos, maps, and various ways to try and grasp what the data entails. After this first stage, a ‘substantive theory’ is considered and ‘theoretical sampling’ is conducted to create new
data sources. Foundational to the method of grounded theory is symbolic interactionism.\(^9\) According to symbolic interactionism, reality is socially constructed, and a ‘situation’ is that moment where people produce common meaning of symbols in interaction (Blumer, 1969: 84). Paralleling symbolic interactionism in the 1960s and influenced by Mead’s theory on perspectives, Berger and Luckmann published in 1966 their book entitled ‘The Social Construction of Reality’. In this book, the authors argued that all knowledge, including the most basic, taken-for-granted common sense knowledge of everyday reality, is derived from and maintained by social interactions. When people interact, they do so with the understanding that their respective perceptions of reality are related, and as they act upon this understanding, their common knowledge of reality becomes reinforced. Such approaches emphasise the idea that society is actively and creatively produced by human beings. They portray the world as made or invented—rather than merely given or taken-for-granted (Burr, 1995).

Because of symbolic interactionist and social constructionist underpinning, Clarke argues that grounded theory should be and was (somewhat) positioned in the epistemology of postmodernism. Within what Clarke claims her postmodernist/poststructuralist understanding of the social, she argues that the analysis of the situation centres on ‘the organizational and institutional and the discursive relationalities rather than on organization and institutions’ (296, her emphasis added). This does not mean that the elements in the situations are epiphenomenal, and there is no possibility of analysing and discussing data collection of meaning making and relations, but more that partialities, differences, and hybrities exist. Complexities, differences, variations, silences, race, ethnicities, sex/gender, sexualities, and so on, all have implications on how meaning is constructed through symbolic interactions and social relations (2005: 297). As in empirical studies working with transnational feminism, discussed in chapter three, situational analysis facilitates examining who and how individuals interact and create meaning within a material world. As stated by Clarke (2005: 7), '[T]he social is relentlessly material, not “merely” epiphenomenal. As elsewhere, those meanings (Meadean attitudes, points of view, and perspectives) are not to be assumed but to be empirically examined'.

\(^9\) A term used by Blumer in 1969 but previously lectured on by Mead. Mead did not write on this; however, the notes compiled by Mead’s students were later published in Mead’s famous book entitled *Mind, Self, and Society*, 1934). The basic premise of Mead’s book was that a person (self) creates meaning (mind) based on interactions with others and with oneself within a social context (society).
Clarke’s empirical examination of the situation builds on Strauss’s pragmatist grounded theory tools of social worlds/social arenas/ and negotiations. As emphasised by her, ‘the situation per se becomes the ultimate goal of analysis, and understanding its elements and their relations is the primary goal (her emphasis, 2005: xxii). Moving beyond the micro level of the situation to the meso-level, Strauss and Clarke conceptualise social worlds and arenas as ‘modes of understanding the deeply situated yet always also fluid organizational elements of negotiations and discourses’ (xxix). Clarke argues, after Strauss’ death, that he foreshadowed postmodern assumptions in analysis of the situation and its surrounding social worlds such as ‘the instability of situations; the characteristic changing, porous boundaries of both social worlds and arenas; social worlds seen as mutually constitutive/coproduced in the negotiations taking place in arenas; negotiations as central social processes hailing that ‘things can always be otherwise’, and so on’ (13). As a result of these dynamics, negotiations, in social worlds and arenas, can signal micropolitics of power and the powers of discourses—‘decentring the subject and power in its more fluid and discursive forms (e.g. Foucault, 1979, 1980)—as well as “the usual” meso/macro structural elements’ (2005: xxix). To conceptualise visually the postmodern assumptions in the analysis of empirical data in the situation, Clarke creates a matrix where the whole situation and the distinctions between macro/meso/micro dissolve and the focus becomes what is present and not present in the situation (72; Figure 5).10

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10 There are close alternatives to the above chosen approach on ‘structuring the social world’: for instance, neoinstitutional organisation theory and actor-network theory. These theoretical approaches are frequently used in organisation studies to make sense of the structuring networks of network in and across formal organisations.
Using this matrix, Clarke does not dismiss Strauss’ social worlds/arenas but rather builds on them. She does this by considering the following assumptions (Figure 6) and by using the cartographic tools described below (Figure 7). Maps, according to Clarke, ‘are excellent devices to materialize questions’ (2005: 30).
I build on an abductive approach to a case by sensitising concepts from my literature review, and situational analysis by using Clarke cartographic tools. As I am influenced and constantly working through my theoretical lens of transnational feminism, I am interested in power relations and their subsequent claims and materialist consequences on/through/with/around, etc. the practices of recruiting and placing the nurses. One of Clarke’s challenging question is ‘who is authorized and not authorized to make what kinds of knowledge claims about whom/what and under what conditions?’ (2005: xxv), and to reinforce, this is what my research question number one aims to explore. Clarke’s
focus for this question is discussed first here, and then I discuss my way of analysing which is influenced by situational analysis but differing in the way I conceptualise power and discourse.

Clarke aims to answer the question of authority through three ‘new roots’ of grounded theory: (1) through Foucault and ‘turning’ to discourse and gaze/perspective; (2) taking the nonhuman explicitly into account; and (3) shifting from social worlds/arenas to situational maps and analysis. In the first root, Clarke discusses Foucault’s work on genealogies of knowledge and how language and discourses are interwoven through structures and institutions that create power relations which have, historically, been negative, repressive, and humiliating (e.g. through disciplining practices, subjectivation techniques or the productions of intelligible bodies). She centres this discussion around his work on the panopticon or the medical gaze. She argues that when Foucault became interested in agency, he became closer to the way that pragmatist social interactionists thought as they ‘have a long tradition of attempting to see the world from the perspectives of all those in the situation, including the underdog(s)-those with less (but never no) power’ (Clarke, 2005: 58). According to Clarke, both Foucault and Strauss center their understandings of power through practices and social actions. For Foucault, power was about analysing ‘regimes of practices’ not institutions, theories or ideologies in a given historical moment. According to Foucault (1991: 75), practices ‘understood here as places where what is said and what is done, rules imposed and reasons given, the planned and the taken-for-granted meet and intersect.’ For Strauss, social action was grounded in the actual work people are doing, individually and collectively, and work is usually organised as a set of practices related to the social world (s) in which they are involved and committed to for whatever reason. Serious conflicts may occur between or among segments of social worlds. Power relations for Strauss (1979, 1982a, 1993) are constituted in the practices of addressing such conflicts that he termed ‘negotiated ordering’. Here, “the various interactional processes-negotiation, persuasion, manipulation, education, threat, and actual coercion will each have different salience (Strauss 1993: 240, emphasis in the original). According to Castellani (1999: 267; emphasis in the original),

Strauss’s concepts are significant to a theory of discursive interactionism...[T]hey reveal that practice is a negotiated order, both in terms of practice and the interactions of the individuals involved in those practices...like power relations, interaction-as-negotiation is fundamental to any and all states of interaction, be they domination or any other form of control. As such, the overall organization that emerges from practices is a negotiated order.

Clarke’s work and this research project differ in terms of understanding discourse. Although she uses social interactionist terminology, she states that she needs and wants
to acknowledge Foucault’s analytics of power as it emphasises fluid flows of power and ‘drags’ history into the analysis (Clarke: 297). I find this confusing as she later indicates that when using a Foucaultian approach to discourses that she is interested in agency and discourse of the situation and that Foucaultian understanding of discourse as a master discourse problematically trumps this (175). In chapter five, I discuss my understanding of discourse and its subsequent analysis. I view discourse in terms of a small ‘d’ rather than the grandiose ‘D’ as Foucaultian approaches to discourse entails. This does not mean I am not interested in power, but the analysis of the discourses focusses more on organised control and compliance within the work practices of packaging the nurses which is in the same interest of Strauss’ research. I am concerned about the interaction and social actions of those involved in the recruitment of the Filipio nurses. As in my literature review, nurse work and its management have been empirically examined as institutionally gendered and racialised. There is a deskilling process occurring when nurses migrate and/or are actively recruited by countries where they are noncitizens that has been empirically documented. This deskilling process and the occupation itself subjects the nurses to lower paying spheres of their occupation, disuse of their qualifications, and working conditions such as shift work or overtime. The nursing workforce itself has also been constructed as flexible and versatile, where work experience, qualifications, and skill does not discriminate between all the nurses being recruited and placed. As written by Kingma, a nurse is considered generically as a nurse, no matter the background of that individual.

Clarke’s second root is nonhuman actors/actants/and elements. According to Clarke, nonhuman elements (e.g. technologies; material infrastructures; specialised information and/or knowledges; material ‘thing’) are significant in analysing the social construction of the situation and the objects within it. Non-human elements can be given meaning, agency and power by human actors through symbolic interactionism. As stated by Blumer (1969: 10-11),

The position of symbolic interactionism is that the “worlds” that exist for human beings and for their groups are composed of “objects” and that these objects are the product of symbolic interaction. An object is anything that can be indicated, anything that is pointed to or referred to—a cloud, a book, a legislature, a banker, a religious doctrine, a ghost, and so forth....The nature of an object—of any and every object—consists of the meaning that it has for the person [and/or social world] for whom it is an object.

This explicit constructionist and materialist view of the non-human has also been referred to by Watson (1998 et al.; 1995a; 1995b; 1995c) as ‘discursive resources’, where individuals and readers can socially construct identities and narratives from objects such
as human resource magazines. With this in mind, I would argue that texts are non-human, be it virtual or non-virtual, and are drawn upon by actors in relations to each other and their collectivities and part of their social action.

Clarke’s third root is to enlarge Strauss and Corbin’s social worlds/arenas maps into situational analysis. She does this by rethinking the relationship of conditions and the situation. Within Strauss and Corbin’s conditional matrices, they frame the structural conditions of actions to levels beyond the micro such as institutional, community, national and international levels (local to global levels). Clarke, in situational analysis, wants to destabilise the distinction as it is associated largely with modernist thinking. She does not view the world as separable. She argues that ‘the conditions of the situation are the situation. There is no such thing as context’ (2005: 71). She still sees the analytic importance behind social worlds/arenas maps, but wants to impose the fundamental question, ‘how do these conditions appear-make themselves felt as consequential-inside the empirical situation under examination?’ (2005: 72). The notion of destabilising the various levels of social in the situation is also a concern for transnational feminists.

### 4.3 Collecting data on the conditions of the situation

In this thesis, I build on a selected case study with interviews, documents, participatory observations, and a research diary. Specifically, the data includes interviews with representatives, documents and websites produced by organisations (this could include press releases by the organisations, presentation slides, human resource magazines, book sections written by representatives), and observations of some (but not all) key events from September 2008 (when I started my PhD degree) to December 2011 (when I stopped collecting data). I also kept a research diary to reflect on my research progress and how the data opened up. I used this diverse selection in order to give an overview and map the various representatives and social worlds, practices, and discourses involved in the arena of producing and packaging Filipino nurses for Finland.

The conditions of the situation that I was aware of before I started the data collection were from various scholars and media sources in Helsinki. My research interest surrounded the collaboration of three private organisations (Opteam, Esperi, and Amiedu) that wanted Opteam to recruit nurses from the Philippines, for Amiedu to retrain the nurses in terms of educational qualifications and Finnish language use, and for Esperi’s elderly care facilities to be the client in Finland. During the active years of recruitment, which was between 2008 and 2010, five groups of 75 Filipinos nurses were
recruited by Opteam and placed as practical nurses in elderly care facilities (3 groups were placed in Esperi) and as registered nurses for surgical wards in two hospital districts of Helsinki and Tampere.

Between the data collection years, my research exploration questions became (1) who and which organisations are involved in the recruitment and placement of these Filipino nurses, and (2) what practices are involved in the transnational transfer of these health care human resources? This exploration, in a way, can be considered grounded as I did not start my field work with particular access or understanding of the representatives and organisations involved in the recruitment of the nurses.

4.3.1 Representative entrepreneurs, implicated actors, and social worlds

In the data collection process and analysis, actors emerge into the situation, leave or remain. The actors interviewed and text given by the actors or accessible by their associated organisation are considered in this thesis as representative. I argue that those interviewed are representative entrepreneurs whom are deeply committed and active individuals in their social worlds and try to mobilise those around them (Hughes 1971: 54; Watson 1998 et al.; Becker, 1963). These entrepreneurs also produce meaning within their relations and discursive practices, and socially construct implicated actors in their social worlds and arenas. Implicated actors are socially constructed by others for their own purposes (Clarke and Montini, 1993). There are at least two kinds of implicated actors: (1) the implicated actors who are physically present but are generally silenced/ignored/invisible by those in power in the social world or arenas. Second are the implicated actors not physically present in a given social world but solely discursively constructed; they are conceived, represented, and perhaps targeted by the work of others; hence, they are discursively present. Neither category of implicated actors is actively involved in the actual negotiations of self-representation in the social world or arena, nor are their thoughts or opinions or identities explored or sought out by other actors through any openly empirical mode of inquiry (such as asking them questions). They are neither invited by those in greater power to participate nor to represent themselves in their own terms. The difference between the two is about physical presence. If physically present, they are largely ignored.

One could argue critically that I actively ignored the implicated actors by not interviewing individuals such as all recruited Filipino nurses, Filipino nurses in the Philippines,
elderly care patients, domestic Finnish nurses working in elderly care in Finland as well as hospitals, but I stand strong on how this illustrates which voices were dominating and accessible. Originally, I wanted to conduct an ethnography in the workplaces where the nurses were recruited for and placed. These organisations are private for profit, but over various occasions, I was denied access to interviewing the nurses or entering the organisations to make observations. I then proceeded to interview those whom the organisations involved in the recruitment and placement recommended or redirected me. In regards to the Filipino nurses I did interview, I consider them representatives as well in this case study. Within the interviews, they recant some of their lived experiences but the interviews, influenced by the interviewer as well as the semi structured questions, focused on the social actions of interest: recruitment and placement. These nurses could speak for themselves, but serve as representative of larger social worlds that transcend transnationally over space and time. The Philippines as written in the literature have a history of labour exportation, imperialism, and colonialisation all of which is steeped in racialised and gendered processes and practices. This thesis does not claim to capture empirically these postcolonial/neoimperial/transnational practices and processes nor how the nursing profession is gendered and racialised. Various actors, through my initiative of conducting interviews, but also, those presenting (and creating powerpoint slides) in public events as well as printing resources on the recruitment and placement of the Filipino nurses serve to socially construct meaning as to who has authority to represent how the domestic and foreign nursing workforce should be viewed and how the recruitment and placement of the nurses should be practiced.

4.3.2 Interviews: gaining access to social worlds

In-depth interviews were conducted with 17 representatives in the management of foreign nurses (from 16 organisations, two organisations had two representatives in the interview), and 10 Filipino nurses (6 recruited by a private agency for practical nursing and 4 not recruited but educated and working as practical nurses in Finland). The process of contacting these representatives over two years (March 2009-December 2011) consisted of internet web research of the organisations’ websites which were suggested by representatives, social networking (both virtually on Facebook and non-virtually), and asking each individual interviewed if there were other individuals I should interview or key events that I should attend. Many recommendations were made in regards to whom I should interview, and it also led me to key events such as both formal and informal group meetings of Filipino nurses both recruited and not recruited and conferences in
Helsinki on international recruitment of a foreign diverse workforce (in which I attended 1). This form of interviewing could be considered ‘theoretical’ and ‘snowballing’ sampling as patterns were examined in successive interviews and the directions to explore were influenced by the predecessor interview (Miles and Huberman, 1994; Jankowicz, 2000).

In addition, I asked, in the interviews, for text or any policies/laws that I should consider. Through these questions, I received pamphlets on working in Finland and recruitment, multiculturalism in the workforce, and governmental projects, some of which received European Union funding (European Social Fund (ESF)). The search for documents did not end at the interviews, nonetheless. While writing the methodology and data analysis sections, web searches for laws and projects’ details concerning labour migration in Finland were extensively performed in order to clarify who the actors are in the THRM of the Filipino nurses and what institutional practices and structures existed as well as the political, economic, and social context of the time. This ‘writing up’ and clarification of the details were directed by the previous social interactions, and to illuminate the social worlds and arenas that I had entered, am working in, and/ or that the representatives are potentially working and interacting in.

As the interviews were of representatives, the analysis proceeded on a meso level. I considered that those interviewed were working in various social worlds that intertwined the transnational nature of the recruitment and placement but also the European Union context as well as the national local context of Finland. And, as the interviews were post-hoc accounts, where the respondents are able to take into consideration the end result of the process, the documents collected before, during and after the interviews were complimentary as well as informative as to how the claim making/social understanding of the THRM practices and processes of the interviewee unfolded (Wrede, 2010).

At the beginning of this research, it was not clear as to who were the representatives. The access part of the interviews preceded with social contacts and then asking each participant interviewed if they could recommend someone who is also a stakeholder in the management of the Filipino nurses. It also included reading various newspaper clippings on Filipino nurse recruitment in Helsinki that various participants mentioned, and then asking if the contact information was as such then why can I not contact them and request information. Now writing this up, I realise that I was entering various social worlds myself and acting as a representative for social worlds and organisations (e.g. Academics and Hanken, English speakers in Finland, non-Finns professionals). For instance, I was told by a representative working in Ministry of Interior building that I
was the first foreigner the representative has met that entered the building. At the time, I was startled by this statement as the Ministry of Interior (circa 2011) was responsible for immigrant labour organisation and management.

Interviews included open-ended, semi-structured questions. Questions were created before the interviews and varied between groups of participants. For instance, the questions for the nurses were more oriented to their experiences and how they perceived the recruitment and placement processes in the Finnish health care system. Questions were asked about how they were recruited, did they receive training and by whom, what are their qualifications, where are they working in Helsinki, how they perceive their management, what were they doing before arriving in Finland, do they have families and are they in the Philippines or in Finland. Questions towards the recruiters focused more on the initiation of the recruitment and training such as how the recruitment began; why the Philippines; what is the future of the recruitment; how the recruiters perceive the advantages and disadvantages of hiring foreign nurses; Finnish language proficiency; and what work they do for the recruitment organisations. For the other representatives, the questions focused on what their responsibilities in their workplace consisted of; how they or their organisation are involved in the recruitment, placement, and retention of foreign workers, and, in particular, of foreign nurses; if they are collaborating with other organisations in the recruitment and placement of foreign nurses; and if they had views of the management of foreign nurses (e.g. advantages or disadvantages of recruiting foreign workers).

In the appendices are the consent forms that each participant was requested to sign before the interview and question sheets for (1) the nurses (2) recruiters of the nurses and (3) other representatives in management of the nurses. Although the questions were constructed for all participants, the questions were more as an initiator to open a dialogue but also to keep the interview to a maximum of one or two hours. Also, some of the participants, in order to get access to the organisation, asked for a research plan as well as the questions in advanced. Some key informants who were asked for an interview requested the questions and research plan in advance and decided they did not want to do the interview. There was an air of sensitivity and tension when asked to be interviewed about the Filipino nurses and their management. Emails and phone calls to reassure about the research process were sometimes not followed up or ignored. For instance, below is an email received by a private business representative involved in the
recruitment of the Filipino nurses in regards to accessing the organisations for interviews (email and research diary entry 18.12.10):

I am still against this, but lets (sic) see. [representative] will explain my opinion why I don't see our proposal too Optimistic.

All the interviews were conducted and accessed through English. Although the recruitment and the majority of the training that the Filipino nurses received were in English, some actors who were asked to be interviewed declined because they did not want to speak in English (I write ‘did not want’, but I was also told that they ‘could not speak fluently in English’). In the beginning, while accessing data through interviews, I had the impression that I was not succeeding with access in some organisations because I did not speak fluent Finnish. However, after many discussions with scholars and practitioners who are also interested in the recruitment and spoke fluent Finnish, I was informed that they were also denied access or had a confusing time trying to locate certain actors. There was an ambiguity as to who was involved in the recruitment and who was willing to share their expertise on the topic. 11

All the interviews were voice recorded and later transcribed by myself. The transcription followed these guidelines set out by myself:

[...] Three dots in brackets indicate a pause in the conversation that lasts more than 3 seconds.

[ - ] A dash in brackets indicates that the speaker is unclear/ incomprehensible.

(expression) An expression e.g. laughter is placed in the brackets such as (laughter). An expression is considered non-verbal communication.

Italics All talk that is not directly related to the interview (e.g. before and after the formal interview or the environment in which the interview takes place (e.g. knock at a door or phone ringing).

In each interview, the representatives signed a consent form of complete confidentiality. To honour the representatives’ anonymity, the data analysis revolves around social worlds constructed by the researcher through the interview questions and the text

11 As will be discussed in chapter seven, this limitation of understanding the various organisations and roles involved in the recruitment and placement of the Filipino nurses as well as other immigrant labourers was described in the Finnish European Migration Network (EMN) report on migration based labour to Finland (Asa & Muurinen, 2010).
suggested by the representatives. This construction of social worlds for the purpose of mapping will be discussed more in chapter five.

4.3.3 Documentary method: material presence of social relations and actions

Documentary methods (DM) involve the use of already existing materials. Documents are bound to a specific point in time, and they can be used to examine, for instance, how a specific actor argued in a specific stage of a policy process. Nonetheless, the nature of the documents should not be considered as stable, static, and pre-defined artefacts (Prior, 2003:2). Documents also have agency so it is important to analyse not only their contents, but also, how they were used, how they travel, etc. (Kendall and Wickham, 2004; Prior, 2003: 21-26; Clarke, 2005). As indicated by Dorothy Smith (1990: 162), documents also reflect their social relations.

Texts are situated in and structure social relations (extended social courses of action) in which people are actively at work. Texts enter into and order course of action and relations among individuals. The texts themselves have material presence and are produced in an economic and social process which is part of a political economy.

It is common for a researcher to combine document research with interviewing. DM involves the active role of the researcher who chooses the documents to include in the study, often from a great number of possible materials. These particular conditions do not, however, exclude multiple uses of documents if such conditions are taken into consideration (Prior, 2003).

One key aim of DM is to allow identification of the central actors or stakeholders, map their ties with each other as well as the arenas where they act and the strategies they use (Waitzkin et al., 2005). The mapping of key actors and other important empirical data served the planning of interviews but also the organisation and analysis of the data which is explained in more detail in chapter five where ‘situational analysis’ is introduced and the data is illustrated in ‘situational maps’ (ordered), social worlds and arenas, and positionalities.

Documents for this study were collected over three years (September 2008- December 2011), five months after the first group of Filipino nurses were recruited to Finland. Documents were found virtually and non-virtually. Each representative that was interviewed was asked if they have any documents that could be of use to the research or if they knew or wanted to highlight policies and laws in Finland in regards to immigrant based labour or a diverse workforce and actors in Finland interested in recruiting from
abroad. Below is a box of the documents given by the representatives in interviews and the events that I attended in which the documents were publically obtained. The box also indicates which discursive genre the documents fall under. Genre is defined as ‘a socially ratified way of using language associated with a particular type of social activity’ (Fairclough, 1995: 14). The genre of the discursive resource also can denote which social world the interviewee is conducting their activity. Also note that in the appendices, there is a table that indicates what the documents were, by whom, and when they were accessed (see table 2).

Table 4  Genres of documents

<table>
<thead>
<tr>
<th>Documents given or publically disseminated by representatives</th>
<th>Genre of discursive resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conferences power point presentation slides</td>
<td>Public event</td>
</tr>
<tr>
<td>European Migration Network’s annual reports</td>
<td>European Union</td>
</tr>
<tr>
<td>HR magazines and book on business and culture, power point slides of public events, websites, media clippings</td>
<td>Private business and corporate</td>
</tr>
<tr>
<td>Nurse union reports, power point presentation, advocacy pamphlets, websites</td>
<td>Public and advocacy</td>
</tr>
<tr>
<td>Ministries, municipality, and national supervisory authority’s websites, pamphlets, reports</td>
<td>Public and governmental</td>
</tr>
</tbody>
</table>

By using various data sources, the interview questions were influenced by internet sources of the different organisations in the case as well as attending events in which the representatives attended or gave a formal presentation with power point slides. In addition, after the interviews were conducted, a final question was posed as to whether or not the interviewee had documents related to the research topic. What was revealing about this triangulation or direction and redirection was the similarities in what was expected from the nurses and the processes of recruiting and placing the nurses within the various data sources. Although chapter seven covers in detail what discourses were used in the talk and text of managing the Filipino nurses, throughout the data collected, comparing the documents and interviews almost reinforced and contradicted themselves, revealing how stories about the social practice of recruitment can change.
For instance, after speaking to one of two representatives separately from the same private business organisation, the representative indicated that the representative recently wrote a chapter on the case with another colleague of the organisation. In both the interview and the chapter, the representative refers to the Filipino nurses as ‘warm and friendly and not that Asian’ when asked why recruit from the Philippines and not another country. Below are a few examples of this parallel between talk in the interview and naturally occurring text (‘naturally’ means that it was not influenced by the researcher or the research topic, see Phillips and Hardy, 2002).
Table 5  Reinforcing or contradicting empirical examples between talk and text

<table>
<thead>
<tr>
<th>Representative’s social world</th>
<th>Quote from Interview</th>
<th>Naturally Occurring text</th>
</tr>
</thead>
</table>
| **Private business and corporate**
  *Reinforcing* | "They bring a warmth, a very outgoing sort of natural that, I am not saying that we don’t have it here, we do, we are warm people, but it is just a different way. It comes across in a different way. They have to wonder at the start when they come, some people are going to fall over backwards here because of their outgoing, bubbly, warm, very tactile sort of nature that, from what I gather, and it is mostly through conversations with the likes of [Opteam HR consultant], maybe, is that, you know that certainly from a patient welfare point of view and things like that, they actually like it. They bring a dimension that, to us, and that is where the cultural advantage bill fits in. We all learn a little bit from each other.” | Book chapter: Managing mindsets
Under the subtitle of the chapter entitled “Friendly and Warm”: “They [the Filipino nurses] are seen as remarkably friendly and warm. Obviously, this can also be said of many Finns, if only one know what kindness and warm-heartedness look like in Finland. Finns themselves appreciate the friendly attitude of Filipinos. The Filipino nurses are talkative, caring and warm towards patients and colleagues, and it comes naturally.” |
| **Private business and corporate**
  *Reinforcing* | "So, we checked China, India, Thailand, and, I believe it was afterwards that we choose the Philippines. We checked out Vietnam, and, yeah, there are many things that speak for the Philippines. They value education and the quality of nursing education is good. It was basically planned by the Americans, so it is no wonder that there are so many Filipino nurses in the United States. So the quality of the degree and of course the culturally bound politeness and, when we think of the elderly people here, they (Filipinos) have a natural respect for the elderly which we could learn from actually. And, also, that they speak English and they have studied in English. Even though not everybody speaks as well as earlier because the schooling language can also be the local language in the primary schools and the secondary, I believe. But, the nursing schooling is in English. So, that makes it easier. We have, in a way, a common language then in Finland so we don’t need interpreters which is, actually, you couldn’t have as a doctor or a nurse within health care or even within elderly care as a practical nurse, you can’t have an interpreter with you all the time. And, most Finns speak English somehow. At least. So, it is easier to communicate and make sure that the recruited one and the employer understand one another.” | Text from the private business organization’s: Website
‘Filipinos have a long tradition of working abroad. Over 8 million Filipinos work abroad presently. A fairly large number of the Filipinos in Europe are nurses. 10% of the gross national product in the Philippines consists of money overseas Filipinos send back; it is the biggest source of foreign currency. Filipinos also have very good English language skills which is often the strongest language for many Finns, too’.
| **National security and police**
  *Contradictive* | "The Philippines has placed a lot of value in the training and development of nurses. I mean there are a lot of nurses in the Philippines. So, they had more nurses that they can ever hope for to look after their own, if you like, national and domestic requirements. And, the Philippines is a country that relies heavily on exporting their skills and talents, so they’re big earners, probably the major earner for the Philippines. But, why do we do that from a nursing point of view? They get good training, they speak English, which is which irrespective of coming here- I think the Philippines in general has a good international record...the Philippines for us is, I suppose, in some ways, like it is a natural, I don’t want to use the word resource-it sounds terrible-but, for us, we would go to the Philippines because one, the training is good there.” | Power point presentation at Spanish Embassy [5 years after interview]
Indicated that Spain was chosen because of "a lucky guess" and "professional tactics". |

When referring to travelling to other countries to gain information on possible recruitment of nurses to Finland: [the EU funded project] make some sort of continuation here that not everybody has to start from zero every time’. [Representative] later indicates that countries such as Bulgaria have been visited for the project.
4.3.4 Participatory observations: maps, memos, and reflection of the situation and its social worlds/arenas

Using participatory observations allowed me to consider various avenues into accessing information on the how, why, who, and when foreign nurses were being managed in the Finnish health care system. These observations took many forms: informal interviews, direct observations, participation in groups of the Filipino nurses and conversations with other actors and scholars interested in the research topic, analyses of personal notes taken during and after group meetings, self-analysis, and results taken after participating or reading online activities such as facebook events and recruitment information which sometimes had an online forum of discussion in Finland or the Philippines. I would argue that I tried to maintain ‘moderate participation’ (Dewalt at el, 1998), but I was also passionate about how the Filipino nurses were being managed as I considered myself a professional immigrant being managed by Finnish actors. As such, I would argue that there are limitations with this method and that is why it was important to include other methods. Dewalt et al. (1998) argue that limits to consider are (1) recorded observations about a group of people or event is never going to be the full description, (2) there is a selective nature of any type of data process; it is inevitable that the data will be influenced by the researcher’s personal beliefs of what is relevant, and (3) the analysis of the collected data is influenced by how the researchers decides to interpret and evaluate the data. This last limit reflects the worldviews or social understandings of the researcher.

Another aspect that arose from the participatory observations was my own individual background. I do not speak Finnish fluently nor do I speak or understand Tagalog. My mother tongue is English, and all the data was collected in English.

At times, I would participate in events when the other participants would switch to another language, and, as such, I was ‘technically’ excluded from the conversation. Also, my immigrant background created a different relationship with the key informants. There were times when it felt that I could relate to the participants in the sense that I understood the migration and integration process of Finland. Nevertheless, there were also times that as a Canadian, the key informants were interested in my perspective or experience, not as an immigrant, but as a Canadian. For instance, with the businesses and governmental officials, there were many comparisons made between Canada and Finland. With the nurses, I was asked questions as to how to migrate to Canada or the United States, and what have my experiences been so far with the Finnish language and finding employment in Finland.
During the data collection in 2010 and 11, I was also pregnant with my first child. My child was born in May 2011. Physically, it was apparent that I was pregnant, and I couldn’t help but wonder if my pregnancy may have influenced what the participants wanted to talk about in the interviews.

In the appendix (see appendix 6), I provide a cartographic tool that I used to analyse my memos and diary entries of the participations. This tool is what Clarke calls 'messy maps' and is used in grounded theory to brainstorm possible empirical conditions and elements in the situation (Clarke, 2005: 87-90).

4.3.5 Research diary entries and personal reflection/self-analysis

The research diary and personal reflection were used to facilitate an abductive approach to my case study. It was a way for the research to unfold over two years by constantly writing down reflections, ideas, observations, and maps of representatives and processes. At the beginning of the research process, it was still unclear who were involved in the management of Filipino nurses in Finland. Over the short span of two years, responsibilities of the human resource shortage shifted from one Finnish ministry to the next, and new actors became involved.

In addition, as the data analysis is interested in discourses, both content (e.g. claims) and the social interaction of text, the diary entries refocus the data as to how claims about recruitment and placement of Filipino nurses were made, how the perspectives of the representatives unfolded. The diary entries also paint a picture as to how I was interpreting the data and the context.

Discursive analysis and research acknowledges how the data is situated and the research process of collecting the data as well as the role of the researcher. Data is a reflection of a certain time and space, and the researcher participates in this construction of social reality (Taylor, 2001). One criterion for discursive analysis is that the researcher is not dissociated with the research process, from its initial to final stages. The researcher is always present, for instance, in the selection of the research topic, the collection of the data, the interpretation of data and analysis, and the writing of the dissertation (Wetherell et al., 2001). Another criterion is that the researcher acknowledges their own presence in the data and its interpretation, but maintains a systematic, rigorous approach to their analysis grounded in other scholarly theoretical and empirical work (Taylor, 2013).
Throughout this dissertation and the methods, I have selected for data collection such as a research diary, I continuously acknowledge my presence in the research process. Nonetheless, as described in chapter seven on discourse analysis and situational analysis, I attempt to ground the interpretation of the data in tools that will allow the reader to understand the situation of my case study better. Also, the tools can illustrate how the data was analysed and how the narratives and claims that were made by the representatives in their interviews became visible to the researcher. These tools were also simultaneously applied to the documents to see their relations to the interviews. By using these tools for analysis as well as the data collection methods, I believe I facilitated the process of abduction by making tangible organisational tools in order to ‘systematically combine’ (Dubois and Gadde, 2002) the data with the theoretical framework of transnational feminism and previous literature on the management and organisation of transnational nurse labour through the abductive approach mentioned above.

### 4.3.6 Research interest situated in lived experience

My PhD research journey began with an experience. Between the years 2006 and 2008, I started and finished a master’s degree in health care management at the University of Helsinki. This degree is in collaboration with the World Health Organization (WHO) and because of this, many of the visiting professors are practitioners and researchers at WHO. The programme is international and unlike most masters in Finland, the degree requested, at the time, a tuition fee of 5000€.

During these years in the degree, there were no Finnish students and no Europeans. All of the students came from countries considered ‘non-EU/EEA’. I was the only North American and the only one from the Americas. The rest of the students were predominantly from South and Western Africa (e.g. Nigeria, Cameroon, Ghana), Asia (e.g India, Pakistan, Japan, Bangladesh), and the Middle East (e.g Iraq).

Many of my colleagues in the degree had various working experiences in their respective fields of study and most practiced medicine, dentistry, pharmacy, and nursing in their home countries. Some lectured at universities, others are teachers of children.

As non-Finns with student visas, my colleagues and I could work for a maximum of 25 hours/week, and many of us wanted to work to not only afford daily life in Helsinki but also the tuition fees. When my close friend and colleague and I began to express the need to find work, a Bangladeshi colleague said that he could get us a job at Viking Line, a
Finnish cruise liner, cleaning rooms during docking period. I went to the interview at Viking Line and the manager who interviewed me expressed concern that I may not be satisfied with the work as a Canadian. In the end, my friend and I took the job. The job consisted of working from Monday to Fridays for 45 minute shifts. We were paid 7 euros a shift or 35 euros/week. My friend and I were assigned to clean toilets.

I worked at Viking Line for only three months until I found another job waiting tables through a Finnish recruitment agency. At the time, I considered this a career advancement. Nonetheless, during my time at Viking Line, I learned that a lot of us cleaners were non-EU citizens and many of us held a bachelor and master’s degree, and in quite a few cases, medical degrees. The professionals holding medical degrees, I was told, had to find flexible, paid work as they worked as unpaid apprentices to get experience in order to work in Finland.

The questions that kept coming into my head during this time was ‘why do some nationalities and not others work in low paid, flexible, unskilled jobs like cleaning when living abroad although highly qualified? And, why are highly skilled professionals such as medical doctors working as cleaners and not in their profession?’ While these questions came from experiences, in the classroom, my colleagues and I researched, quantitatively, patterns of medical worker migrations. The explanations associated with these patterns consisted of a discourse of ‘push’ and ‘pull’ factors of economics, demographics, and institutional health care restructuring. These macro explanations, although important, seemed limited and I wanted to know more about what is happening to health care workers during the process of transnationally moving care human resources from one country to the next, and how the workers are managed in the destination country.

4.4 Limitations

The largest limitation, particularly using a transnational feminist framework, is the analysis and discussion surrounding implicated actors/representatives. The study’s interview data is narrow in terms of conversations with all the recruited nurses (N75) as well as representatives working in the Philippines. All of these implicated actors were either physically present but silenced or present in the discourse, but socially constructed by the representatives interviewed as well as by myself.
If I could do the data collection over again, I would place more emphasis on interviewing the recruited nurses. Although through events with the interviewed recruited and non-recruited Filipino nurses in Helsinki, it was made clear that many of the recruited nurses were either too busy to meet or were concerned about the security of their job. This insight is considered a finding in terms of how precarious the occupation is for the nurses.

4.5 Summary and concluding thoughts

This thesis began with a research interest situated in my own lived experiences. While studying for my masters’ degree, I studied and worked in social worlds where my colleagues, who are mostly medical professionals, were deskilled through transnational processes and practices of qualification/education recognition by institutions in Finland as well as employment practices that favoured particular nationalities with student visas for cleaning and service jobs. These jobs are flexible, low paid and do not require Finnish language. My initial research questions, before beginning my PhD at Hanken, were ‘why are important health care human resources (such as doctors, nurses, and dentists) not being used in institutions that have largely documented labour shortages?’ and ‘do the human resource practices in Finland of non-Finns labour entail labour segmentation in terms of nationality, ethnicity, and language use?’

With these questions in mind, the situated case of the recruitment of Filipino nurses by Finnish private companies emerged into analytical focus, and I saw a way of conceptualising transnationalisation of care and human resource management through the analysis of representatives, organisations, and institutions recruiting and placing Filipino nurses into Finnish nursing institutions. Initially, I viewed the representatives in terms of their respective organisations, but after further investigation and with the help of discourse and situational analysis, various social worlds in which the representatives live and interact materialised through maps. The maps of the social worlds and situational analysis are discussed in more detail in the next chapter. This cartographic analysis materialises who are the representatives, organisations and institutions interacting and transnationally producing nurse labour for Finnish institutions (research question 1 (a) (c)) and their associated social worlds (research question 1 (b)) as well as positioning the representatives in social worlds of discourse(s) (research question two).
5 MAPPING SOCIAL WORLDS THROUGH DISCOURSE, TEXT, AND MATERIALITY

5.1 What is discourse and why analyse it?

Discourse and its analysis are largely associated with the ‘linguistic turn’. This turn to language, signified a departure from Enlightenment/positivist thinking that language is functional, detached from the social context, and referential rather than bearing strongly on how meaning is constructed. Scholars such as de Saussure (structural linguistics; 1974), and Wittgenstein (1967) and Winch (1958; both linguistic philosophers, respectively) recognised that language is constitutive and constructive of meaning rather than reflective and representative.

This epiphenomenal understanding of language and its constructivist role in viewing social reality calls into question what passes as truth and knowledge and scrutinises what things mean rather than how things work (Winch, 1958). The inner and outer dialogue of the researcher examining the social subsequently is fraught with questions such as ‘what is the social constructive meaning behind this object of analysis? Who is constructing meaning and why? Who is not constructing meaning and why? How is the meaning produced, disseminated, and received by others?’ The idea of language and its use to construct meaning, in this line of thinking, becomes malleable, ambiguous, and excessive. A single term or construct signifies multiply meanings, voices, and significances. The researcher as objective, neutral, and independent is problematised.

The constructionist view of a social phenomenon is largely accepted in many disciplines (Gergen, 1999) and various scholars contemplate issues of representation and legitimisation within their work (Denzin and Lincoln, 2000; Rosenau, 1992). In this vain, discourse analysis is not only a method but also a methodology. Qualitative researchers use various methods of analysing discourse but are mostly concerned with not only understanding and interpreting the object of analysis but how the object is produced and by whom.

Discourse is defined as ‘an interrelated set of texts, and the practices of their production, dissemination, and reception, that bring an object into being’ (Phillips & Hardy, 2002: 3). Interrelated texts transpire from systems of thoughts composed of ideas, attitudes, courses of action, belief and practices (Lessa, 2006), situating the knowledge producer in their surrounding context. These practices could be, for instance, talking with the use
of a group of statements that provide a language about a particular topic at a particular historical moment.

Social reality is produced and materialised through discourses (Carabine, 2001: 268), and social interactions cannot be fully understood without reference to the discourses that give them meaning. Discourses are embodied and enacted in a variety of texts, although they exist beyond the individual texts that compose them (Hardy, 2001). Texts can thus be considered ‘discursive units’ (Chalaby, 1996) or ‘discursive resources’ (Watson et al., 1998) and a material manifestation of discourse. Text may take a variety of material forms that become accessible to others (Taylor et al, 1996: 7), including written texts, spoken words (such as interviews), pictures, symbols, artifacts, and so forth (Grant, Keenoy, and Oswick, 1998).

Discourse analysis can be understood through three dimensions: text, discourse, and context (Phillips and Hardy, 2002). This consideration signifies that text and discourse are interrelated but also that they are constructed, produced, disseminated and received by an audience living and working in realms within and beyond their physical bodies and minds. As stated by Fairclough and Wodak (1997: 277),

[D]iscourse is not produced without context and cannot be understood without taking into consideration….discourse are always connected to other discourses which were produced earlier, as well as those which are produced synchronically and subsequently.

Criticism towards discourse and its analysis has been expressed by scholars arguing that the emphasis has become too focused on language use and language as a mirror. Subsequently, important elements of the situation get lost (Deetz, 2003: 423):

[M]ost of these studies look at texts and talking rather than looking through discourse to see the specific ways the world is produced. The problem of language as the “mirror of nature” that preoccupied the positivists was replaced by simply focusing on the “mirror” as an object. The central “turn” issues of how different worlds emerge, the power relations in this emergence, and the mechanisms of protection, get lost.

In addition, as addressed below, by solely focusing on language use and issues of representations (as in the case of most ‘post’ epistemologies), the material elements of discourse and the construction/meaning of the social becomes lost in the empirical analysis.
5.2 Varieties of discourse analysis

This section discusses the varieties of discourse analysis of empirical data. It begins with Alvesson and Kärreman’s article that focuses on what they call ‘core dimensions’ of discourse analysis. The sections then turns to framing discourse analysis in terms of theoretical approaches which is taken up by Phillips and Hardy. Lastly, I discuss the importance of the material relationship to discourse and its subsequent analysis with empirical data by referencing Phillips and Oswick (2012) and Hearn (2014).

5.2.1 Core dimensions of discourse analysis

Alvesson and Kärreman (2000) argue that discourse analysis of empirical data needs to recognise two key dimensions: (1) the relationship between discourse and meaning and (2) the attentiveness to detail and specific context versus an interest in more standardised forms of language use. What this means is that, although language use is central, the researcher still needs to clarify and reflect on how much ‘determination’ or ‘autonomy’ discourse is given to meaning, particularly how much the effects of discourse, or discursive practices (e.g. how language is used), shapes and defines subjectivity. It also indicates that the researcher needs to make the distinction between if the discourse is representative of a local micro context or a more general macro context. This highlights what the authors call ‘climbing the ladder of discourse’ in the sense that the researcher moves between Discourse (big D) and discourse (small d). This ladder is illustrated by them (depicted in Figure 8).

Figure 8 Alvesson and Kärreman’s core dimensions of discourse analysis
Climbing the ladder from Discourse to discourse refers to moving from general or mega discourse (long range interest) which allows the researcher to make connections with categories that have been historically, socially, and institutionally embedded in the larger society to specific discourse production, for instance, in a local context that is definitive for that locale (close range interest). The former also allows the researcher to make distinctions with the discourse and ‘non discursive’ elements such as power/knowledge relations. The large ‘D’ discourse tries to comprehend how social reality is discursively constructed and maintained within particular historically situated discursive moves whereas the small ‘d’ discourse works with text and talk within everyday interactions in organisations.

Moving horizontally on the scale from discourse and meaning (inseparable) to discourse and meaning (unrelated) refers to the position the researcher takes when making sense of language and language use within context and temporal space. Specifically, as posed by Alvesson and Kärreman, does the researcher give discourse ‘muscle’ or is discourse more ‘transient’? If discourse and its associated meanings are given a lot of muscle or determination, discourse and its practices can drive subjectivity (our sense of ourselves, including thoughts, feeling, and orientations). Meaning and discourse, therefore, is overlapping.

On the other side of the horizontal spectrum, discourse and meaning are considered not related. This means that the subjects and their subjectivities are not determined by discourse and that language may not have such a determining factor on the social construction of reality. For instance, the subject may be conscious of the use of language and tell particular stories or use particular emotions depending on which audience the user is in front of.

The authors conclude that when conducting discourse analysis, it is problematic when the researcher moves between the different spectrums when making sense of the empirical data. For instance, the researcher making fixed categories that are generalised to grand or macro discourses with empirical data from a local context such as interviews and other ‘social text’ of everyday interactions.

The authors end by suggesting that when examining empirical data, particularly data from a local context like interviews, the researcher should consider not only language use but also the social context in which the data was extracted. Hence, the researchers should provide various ways in which the interviews and other accounts in social text can be
interpreted as the accounts can vary in different settings that the interviews were conducted, the variety of discourses available to the subjects, and the verbal skills and creativity of the interviewee in producing their accounts.

The authors further this warning by suggesting how discourse analysis could be conducted beyond language by systematically examining all empirical data before considering what it can be used for. This critical evaluation would be for the researcher to decide whether the empirical material is associated with situated meaning or that the material and its meaning are consistent enough to be transported beyond the local context (e.g. interviews). With this in mind, the authors offer three interpretations of how statements made in the empirical data could be considered (2000: 1146):

1. statements say something about social reality (e.g. leadership behaviour, events);
2. statements say something about individual or socially shared ‘subjective reality’ (experience, beliefs, stereotypes, cognition, values, feelings or ideas);
3. statements say something about norms of expression, ways of producing effects (impressions, identity work, legitimacy) or something where accounts must be interpreted in terms of what they accomplish rather than what they mirror-as action rather than in terms of true or false.

The fourth interpretation, which overlaps the three statements above (particularly, two and three), relates to the question of Discourse (capital D). The authors reflect on this by posing the question as to when can a researcher with empirical data move down the discursive ladder from small ‘d’ to big ‘D’? One concern that arises is by moving too quickly from discourse to Discourse, the nuances and social significances of the empirical data at a local level is lost by quickly moving to grandiosise or muscularise the discourse. This may be a reflection of the researcher excited to explain ‘extra-discursive’ elements beyond the text. Nonetheless, this jumping from one level to the next may not reveal elements of the data that the researcher set out to explore in the first place.

Discourse analysis of this case study is conducted within what Alvesson and Kärreman call ‘close/determination’ perspective. The empirical data was extracted from a local context through interviews and documents, reflecting social text of past, present, and, perhaps, future intended social action of recruitment. Social text, at this local level, includes both talk and written text. Talk is considered less tangible than written text when examining the use of language in the sense that written text is more self-documenting of particular settings. According to Fairclough (1999: 203-205), ‘texts constitute a major source of evidence for grounding claims about social structures, relations, and processes’, and, historically, ‘texts are sensitive barometers of social processes, movements and diversity, and textual analysis can provide particularly good indicators of social change. Nonetheless, by focusing on both text and talk (by
representatives) a construction of social worlds (e.g. collectivities creating meaning around the representatives) can be displayed through the data as well as material implications of the interrelated texts (e.g. talk/text working in tandem).

When referring to ‘close’, discourse analysis is not at the micro-level but at a meso-level (Wetherell et al., 1992): being sensitive to language use in context but interested in finding broader patterns and going beyond the details of the text and generalising to similar local contexts. For this study, discourse is understood in regards to the use of language and its structuring effects. The social constructions of those involved in the social context are constituted through a ‘myriad of what post structuralists term ‘discursive practices’: practices of talk, text, writing, cognition, argumentation, and representation generally’ (Clegg, 1989: 151). Social construction, therefore, is a driving principle of discourse. As stated by Weedon (1987: 41), discourse is ‘a structuring principle of society, in social institutions, modes of thought and individual subjectivity’.

The tension, as discussed by Alvesson and Kärreman, at this level of discourse is how much meaning can be related to the discourse, and what conclusions can be drawn about this relationship (e.g. can categories or generalisation be made and if so, is there nuances or other significant elements of the case that are lost?). In interviews, the dynamics of the interviewee and the interviewer may have an affect on what is said or not said in the statements due to the participants in the discussion but also the social context and the topic that is spoken about. This does not mean that the statements cannot reflect local construction (including feelings and norms) on the research topic or subjects, but that the statements are not taken solely as true representation of the social world. To implement a close-range/determination analysis of discourse, the account in the data should have some structuring effects, either on the social construction of the interviewee (and other people in the site of question) and/or in terms of framing action. This implies that the researcher would examine whether normative ideals are translated into practices in the study under review. It would also entail understanding what effects these normative ideals have on the social construction of the interviewee and/or other people in the context/situation that the interview accounts or documents are located in. From this perspective, the researcher can draw on non-discursive elements such as power and knowledge production, but only for the particular, local domain of social reality under study such as conceptualising or mapping social worlds and arenas.
5.2.2 Theoretical approaches to discourse analysis

Phillips and Hardy (2002) also offer a framework that categorises approaches to discourse analysis according to two key dimensions: the degree to which the emphasis is on individual texts or on the surrounding context and the degree to which research focuses on power and ideology (critical studies) as opposed to process of social construction (more constructionist studies) (based on Phillips and Ravasi, 1998). They use this to provide a tool for understanding the diversity of theoretical approaches and for sensitising researchers to the important epistemological and methodological characteristics of different styles of discourse analysis (see Figure 9).

![Figure 9](image)

**Figure 9** Phillips and Hardy’s (2002) different approaches to discourse analysis

The vertical axis is similar to Alvesson and Kärreman’s as they advocate for explicitly stating the range in which the researcher is studying the discourse. For instance, although the continuum flows from text to context, does not mean the text does not have a context. What the authors are trying to explore is a distinction between what Wetherell (2001) entitles ‘distal’ and ‘proximal’ contexts. Distal context (Wetherell, 2001: 338), includes things like social class, the ethnic composition of the participants, the institutions or sites where discourse occurs, and the ecological, regional, and cultural settings. The proximate context, on the other hand, refers to immediate features of the interaction including ‘the sort of occasion or genre of interaction the participants take an episode to be (e.g. a consultation, an interrogation, a family meal-time), the sequences of talk in which particular events occur and the capacities in which people speak (as initiator or instructor or respondent).

Whereas the proximate context is always incorporated in one way or another, the distal context can be more or less included in the analysis depending on practicality and theoretical orientation.
On the horizontal axis, the choice for researcher is between constructivist or critical. For the authors, this continuum becomes a question as to how much focus the other has on a particular reality construction (constructivist) or more explicitly the dynamics of power, knowledge, and ideology. As stated by Phillips and Hardy (2002: 20), the question becomes “to what degree do studies focus directly on the dynamics of power—‘the relation of language to power and privilege’ (Riggings, 1997: 2) - as opposed to focusing more directly on the processes of social construction that constitute social reality”.

The theoretical approaches within the continuums are social linguistic analysis, interpretative structuralism, critical discourse analysis, and critical linguistic analysis. Below, I provide a table to explain and illustrate these different approaches by Phillips and Hardy (see table 6).
### Table 6  Theoretical approaches to discourse analysis and selected examples (source: Phillips and Hardy, 2002: 22-28 and 34-38; Phillips and Oswick, 2012:458; Alvesson and Kärreman, 2000)

<table>
<thead>
<tr>
<th>Theoretical approaches</th>
<th>Social linguistic analysis</th>
<th>Interpretative structuralism</th>
<th>Critical discourse analysis</th>
<th>Critical linguistic analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary discursive focus</strong></td>
<td>Range is close, constructionist (meaning is inseparable), and text-based.</td>
<td>Range is close and/or long (distal and/or proximate), constructionist (meaning is inseparable), and context-based</td>
<td>Range is long (distal), context and text based, and critical with a focus on power created and maintain by 'mega' discourses ('D')</td>
<td>Range is close (microdynamics) and long (proximate), text based, and interested in power dynamics ('mega discourse')</td>
</tr>
<tr>
<td><strong>Purpose of analysis</strong></td>
<td>To provide a close reading of the text to provide insight into the organisation and construction.</td>
<td>To understand context and study data that provides insight to the 'bigger picture' rather than microanalysis of texts.</td>
<td>To ‘explain how power abuse is enacted, reproduced or legitimated by the talk and text of dominant groups and institutions’ (van Dijk, 1996: 84).</td>
<td>To examine individual texts in order to understand the local structuring of domination and/or proximate context within an individual text.</td>
</tr>
<tr>
<td><strong>Sources of data</strong></td>
<td>Recording of conversations (e.g. Kleiner, 1998; Mauws, 2000; Stokoe, 1998); interviews (e.g. Dunford &amp; Jones, 2000; Gill, 1993a, 1993b; van Dijk, 1993), participant observation (e.g. Hardy, Lawerence &amp; Phillips, 1998), focus groups (e.g. Beech, 2000), and stories (e.g. Witten, 1993)</td>
<td>Interviews (O’Connor, 2000); archival materials (e.g. Wodak, 1991,1996; e.g. Ellingson, 1995), and documentation (e.g. Maile, 1995, multi-sited with interviews and archival data)</td>
<td>Ethnographic study and interviews (e.g. Covaleski et al.,1998); archival (Knights &amp; Morgan (1991); archival data and interviews (Lutz &amp; Collins, 1993)</td>
<td>Stories (e.g. Langellier &amp; Peterson, 1993; van Dijk, 1993); interviews (e.g. Wetherell &amp; Potter, 1992); written and oral accounts (Salzer-Mörling, 1998).</td>
</tr>
<tr>
<td><strong>Method of analysis (with references of empirical analysis)</strong></td>
<td>Literary analysis (e.g. O’Connor, 1995), rhetorical analysis (e.g. Mauws, 2000), and the micro discourse analysis (e.g. Potter &amp; Wetherell, 1987).</td>
<td>Narrative analysis (e.g. O’Connor, 2000), institutional analysis (e.g. Maile, 1995), archival analysis (e.g. Ellingson, 1995; Wodak, 1996; 1996)</td>
<td>Ethnography (e.g. Covaleski et al.,1998); genealogy (Knights &amp; Morgan (1991); photographic analysis (Lutz &amp; Collins, 1993 )</td>
<td>Narrative analysis (e.g. Langellier &amp; Peterson, 1993; van Dijk, 1993; Salzer-Mörling, 1998); conversational analysis (e.g. Wetherell &amp; Potter, 1992)</td>
</tr>
</tbody>
</table>
5.2.3 The material-discursive and multi-domains approach to discourse

In organisational and management studies, scholars such as Phillips and Oswick (2012) and Hearn (2014) question the importance of materiality in discourse analysis and the relationship between material and discourse. As argued by Hearn (2014: 7),

[M]aterialism can now be understood as more complex, as the economic/technological, the ‘reproductive’, and the bodily/corporeal (including sexuality and violence), as well as materiality of discourse.

Phillips and Oswick (2012) conduct a review on organisational discourse: the domains, debates, and directions. In this review, the authors define organisational discourse analysis as involving “analysis of collections of texts, the ways in which they draw on different discourses, how and to whom they are disseminated, the methods of their production, and the manner in which they are received and consumed” (Phillips et al., 2004: 636). The authors continue their discussion by highlighting existing classification approaches to organisation discourse(s) and create two categories for these approaches: (1) classification by level of analysis and (2) classification by type of method (Phillips & Oswick, 2012: 445). They argue that these approaches are inherently problematic and present alternatives ways to rethink discursive inquiry by approaching discourse(s) in terms of within domains and across domain characterisations (e.g. moving around on the axis of Figure 6), and taking up the material aspects of organisational life. As stated by the authors (2012: 464):

[I]n addition to the problem of parochialism, a significant impediment to the further development of the field of organizational discourse analysis is an enduring tendency toward isolationism (i.e. an unwillingness to engage with phenomena beyond discourse). In particular, organizational discourse analysts have been criticized for not paying attention to the material aspects of organizational life (Fairclough, 2005; Iedema, 2007; Reed, 1998, 2000). Indeed, Reed (2004) has noted: “Much of the intellectual inspiration and drive for the development of discursive forms of analysis in social science and organization studies has come from an avowedly anti-realist ontology and epistemology” (413). Drawing upon an earlier polemic on a “descent into discourse” (Palmer, 1990), Conrad (2004) enlists the term “discoursism” to represent the tendency to focus on discourse in organization studies to the exclusion of any consideration of material reality.

The authors also provide a table to illustrate the perspectives on materiality in discourse-based organisation research and divide the positions of discourse in relation to materiality. The categories are (2012: 466): discourse/constructionism not materiality/realism (competing); discourse/constructionism or materiality/realism (complimentary); discourse/constructionism and materiality/realism (connected); and discourse/constructionism as materiality/realism (co-constituted).

The authors conclude, with empirical examples of organisational scholars, that (2012: 470).
The problem is not just the need to work across levels that has been so often discussed, but also working across epistemological positions to move to a position that embraces the "discourse and materiality" and the "discourse as materiality" positions.

Hearn’s discussion about the relationship between discursive analyses and materialist relations is situated in the Critical Studies of Men and Masculinities and dates back in his writing to 1987 with his co-authored book entitled Sex at Work (Hearn & Parkin, 1987). In his article (2014), Hearn begins by reflecting on what Marx’s ‘historical materialism’ includes and believes that the term is limited to production and material as a structure of social formation that does not acknowledge reproduction as well as embodied existence (the human body). He further notes that his work, influenced by Marxist feminism, materialist feminism, and socialist feminism, attempts (2014: 7),

[...]to develop a materialist analysis of men (Hearn, 1983, 1987), particularly the recognition of bodily materialism and seeing sexuality as material (as what I people do rather than what people are or think).

In turn, Hearn defines materiality “as reproduction in a fuller sense, as both reproduction of the social relations of production, and the reproduction of society through ideas, ideology and discourse” (2014: 7). Hearn continues his argument by advocating for a materialist-discursive, material/discursive or even a material-discursive approach to men and masculinities. Hearn illustrates this argument through his work on men and violence and turns to the topic of men, and men’s and males’ material-discursive bodies. He later concludes by discussing the importance of situated knowledge, and the possibility to abolish the social category of men by introducing a new concept, ‘gex’, which he hopes to problematise the concept of men by speaking across the non-equivalence of males, men, and masculinity.

5.2.4 Discourse analysis of this research: some comments about linguistic language use and situated knowledge

In this thesis, discourse from various accounts is analysed in terms of content (claim making in the talk and text). The aim behind this is to understand the particularities of the case and the discourses’ structuring effects on the recruitment and placement of the nurses, but also to recognise that the interviews cannot be taken as ‘essential’ truths. The interviews were conducted in a particular social setting as well as time (after the recruitment and placement of all the Filipino nurses). As an interviewer, I, who am a woman, solely English speaking, an immigrant, and, at the time of the interviews, visibly pregnant may have evoked different accounts by the interviewees. In the interviews, I was also asked my opinion on the research topic and the dialogue, at times, the interviews
were quite informal. Particularly, as a Canadian, I was asked what my experiences were, even though, when living in Canada, I was not working in health care management nor was I an immigrant nurse. One important aspects of analysing discourse, in this social setting, is the use of English language.\(^\text{12}\) As written above, discourse is about the use of language to socially construct the objects and the social context in question. What should be noted about this language use is that the interviews are conducted solely in English in Finland, a country in which the primary language is Finnish. Although the use of English in the interviews and as an observer was first seen as a limitation by the researcher, through observation and practice, the use of English became very pronounced in the practice of recruiting the Filipino nurses. All the recruitment as well as the Finnish language training in the Philippines is primarily conducted in English. The marketing of recruitment of nurses from abroad, particularly the Philippines, is also primarily in English.

Considering the varieties of discourse analysis and their parallel approaches to empirical data, I display a table below with my approach to discourse and the methods of analysis (see table 7).

**Table 7  Discourse analysis of this research**

<table>
<thead>
<tr>
<th>Object of analysis (social action)</th>
<th>Primary discursive focus</th>
<th>Sources of data</th>
<th>Methods of analysis</th>
<th>Sensitized concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment and placement practices of Filipino nurses in Helsinki</td>
<td>Close range, but discourse is <strong>situated</strong> and interrelated with other 'situated elements or conditions' (see Clarke's matrix in Chapter 4)</td>
<td>Interviews, Documents, Participant observations, Research diary</td>
<td>Situational analysis; ordered situational maps and social world maps</td>
<td><strong>Power</strong> (constructionist and relational); ( 'd')iscourse (close range/local context and meso-level), but transnationalisation of levels of organising; <strong>materiality</strong> of discourse (interrelated)</td>
</tr>
</tbody>
</table>

\(^{12}\) There are various uses of the English language, particularly as a non-native language by the speaker. English use varied in the interviews as the language is used and understood different in accordance to the background of the speaker. Use and command of English language varied between the interviewer, a Canadian speaker, and the interviewees, Filipino, Finnish, and British. Although each interviewee had a strong command of the language, the accents and use of vocabulary were different as the interviewees learned and used the language in different cultural contexts.
5.3 Situational analysis as approach to discourse, power and materiality

In chapter four, I introduce Clarke's situational analysis as a method to analysing a situation through qualitative data collection. Clarke advocates examining the situation through various elements/conditions that make up the situation, with a focus on discourses, power relations, and material 'things' (or non-human actants). The method approach is cartographic and includes situational maps, social worlds and arenas maps, and positional maps. To organise my data before its analysis, I use Clarke's cartographic approaches. I begin with the ordered map and proceed to the social world/arenas, and then the positions taken by the actors (based on interview questions). In addition, I provide two text boxes with contextual background information: (1) immigration to Finland and (2) Finland as a Nordic welfare state. After organising the data, the following two chapters analyse and discuss categorises that I perceived as informing my research questions in the talk and text of the data. Therefore, in chapter six, I focus on the individual human elements and representatives (entrepreneurial and implicated) as well as their collective social worlds. The subsequent chapter discusses the discursive construction of individual actors (representational and implicated) and the implications of these discourses within the practices of THRМ and the material implications on the Finnish labour market of nurses and the transnationalisation of care labour.

5.3.1 Ordered situational maps

The use of ordered situational maps is to 'open up the data' and reach what grounded theorists call 'saturation (Strauss and Corbin, 1998: 143-162). And, I would argue, the maps pedagogically frame/illustrate for the reader which elements of the situation emerge and what elements become important for the researcher to tell the story they want to tell. The ordered situational maps also allowed me to focus in on relations between the different actors and frame discursive constructions of the social practice of recruitment and placement, the representative and implicated actors and their social worlds, and, lastly, actors and the non-human actants (material) discursive constructions. These maps facilitate a larger discussion of different levels in transnational organisation and management. The maps create a visual understanding of complex relations that involve negotiations of power, human agency, material welfare, and social infrastructure such as care provisions that stretch among countries (see table 6).
<table>
<thead>
<tr>
<th>Individual Human elements/actors</th>
<th>Nonhuman elements/actants</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. key individuals and significant (unorganized) people in the situation</td>
<td>e.g. technologies; material infrastructures; specialized information and/or knowledges; material ‘things’</td>
</tr>
<tr>
<td><strong>Collective human elements/actors</strong></td>
<td><strong>Implicated/silent actors/actants</strong></td>
</tr>
<tr>
<td>e.g., particular groups; specific organizations</td>
<td>As found in the situation</td>
</tr>
<tr>
<td><strong>Discursive constructions of individual and/or collective human actors</strong></td>
<td><strong>Discursive constructions of nonhuman actants</strong></td>
</tr>
<tr>
<td>As found in the situation</td>
<td>As found in the situation</td>
</tr>
<tr>
<td><strong>Political/ economic elements</strong></td>
<td><strong>Sociocultural/symbolic elements</strong></td>
</tr>
<tr>
<td>e.g. the state; particular industry/ies; local/regional/global orders; political parties; NGOs; politicized issues</td>
<td>e.g. religion; race; sexuality; gender; ethnicity; nationality; logos; other visual and/or aural symbols</td>
</tr>
<tr>
<td><strong>Temporal elements</strong></td>
<td><strong>Spatial elements</strong></td>
</tr>
<tr>
<td>e.g. historical, seasonal, crisis, and/or trajectory aspects</td>
<td>e.g. spaces in the situation, geographical aspects, local, regional, national, global spatial issues</td>
</tr>
<tr>
<td><strong>Major issues/ debates (usually contested)</strong></td>
<td><strong>Related discourses (Historical, narrative, and/or visual)</strong></td>
</tr>
<tr>
<td>As found in the situation; and positional map</td>
<td>e.g. normative expectations of actors, actants, and/or other specified elements; moral/ethical elements; mass media and other popular cultural discourses; situation-specific discourses</td>
</tr>
<tr>
<td><strong>Other kinds of elements</strong></td>
<td></td>
</tr>
<tr>
<td>As found in the situation</td>
<td></td>
</tr>
</tbody>
</table>

I interpret Clarke’s categories as follows and apply the subsequent ordered map to my data:

**Individual human elements and actors:** these elements are conceptualised as human actors who are considered representatives in the talk and text of the interviews and documents. For instance, the actors may have been interviewed or are predominately visible in the documents collected (e.g. power point presentations done by the representative’s organisation by themselves or on their behalf and the human resource recruitment magazines).

**Collective human elements/actors:** this refers to the dominant organisations, groups and projects that emerge in the data and are associated with the recruitment and placement of the Filipino nurses in Helsinki

**Discursive construction of individual and/or collective human actors:** these constructions are detailed in chapter six and seven, but I aim to understand who the actors are and what type of discourse is being constructed (produced) and disseminated.
to further understand who is claiming authority to recruiting and placing the nurses and how.

**Political/economic elements:** these elements are contextual as municipal and national governance in Finland; regional (governance in the EU); transnational (importing and exporting human capital). These elements also centralise around labour markets, the Finnish economy, and financing recruitment and placement of foreign labour (e.g. researching actively where to recruit and investing personal capital in the recruitment of nurses from abroad). In addition, the analysis considers ideologies of the Finnish nation state (social and health welfare and care) (also view context boxes).

**Temporal elements:** these elements in the case are contractual, training periods of the nurses (e.g. with Esperi), and the period of recruitment (e.g. how long the pilot studies last)

**Major issues/debates (usually contested):** data used for this category are both documents and interviews. The major issue/debates reflect discursive positions in the data that are not limited to the representatives or their social worlds.

**Nonhuman elements/actants:** important elements here are the material economic infrastructure in the nursing profession as well as the Finnish nation state; the financing over everyday lives; and specialised tacit knowledge in the nursing occupation but also Finnish language use. The last element, Finnish language use, is in terms of qualification or level of Finnish language by a non-native Finnish speaker.

**Implicated/silent actors/actants:** this is a category that I add to Clarke’s recommended ordered map. In the interviews and the documents, I want to capture actors that are implied or physically present in the situation but silent. The silence arises as another representative is referring to the actor on their behalf.

**Discursive constructions of non-human elements:** these elements are discussed in chapter six and seven; the aim of illustrating these elements is to emphasise the materiality of discursive constructions of the Filipino nurses and other actors in the situation as well as the practices of the recruitment and placement by Finnish actors.

**Discursive constructions of implicated actors by representatives:** this category as the one above on implicated actors was added by myself for analysis. I want to illustrate, in the data, how implicated or silent actors discursively emerge in the talk and text.

**Sociocultural/symbolic elements:** this category is based on the literature as I do not use mega discourse (‘D’) in my analysis. I aim to examine a discourse at a meso-level that

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13 The phenomena of nation branding has analysed and discussed by sociology and marketing scholars such as Kleppe, I. A. (2002); O'Shaughnessy, J. & O'Shaughnessy, N. J. (2000); Papadopoulos, N. & Heslop L. (2002); Kotler, P. (2002); Olins W. (2002).
cannot claim to capture a ‘grand narrative’. Therefore, the literature review that encompasses more mega discursive claims is used for these potential elements in the situation. For instance, discourse of gender and race in the nursing profession.

**Spatial elements**: these elements in the data comply to the need of multi-domain research as argued by Philipps and Oswick (2012). The idea here is the workforce in question is transnational and actors are working in various social worlds and domains.

**Related discourses (historical, narrative, and/or visual)**: these elements are also constructed based on the thesis’s literature review (also view context box 5.1 and 5.2).
### Table 9  My rendition of Clarke's situational ordered map with my empirical data

<table>
<thead>
<tr>
<th>Individual Human elements (representatives)</th>
<th>Nonhuman elements/actants (material 'things?')</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Representatives from private, for profit businesses</td>
<td>- Financial investments by recruiters</td>
</tr>
<tr>
<td>- Filipino nurses (non-recruited/recruited and working in Finland)</td>
<td>- Nurse wages in Finland and the Philippines</td>
</tr>
<tr>
<td>- Representatives of Finnish nurse unions</td>
<td>- Qualifications and certificates of nurses (nursing education)</td>
</tr>
<tr>
<td>- Representatives of European Union funded projects and networks in Finland</td>
<td>- Employment contracts and residential permits</td>
</tr>
<tr>
<td>- Representatives of the City of Helsinki</td>
<td>- Standardisations in Finnish language use</td>
</tr>
<tr>
<td>- Representatives of Adult Education in Finland</td>
<td>- Health care infrastructure in the Philippines</td>
</tr>
<tr>
<td>- Representatives of Finnish state ministries (Ministry of Interior, Ministry of Labour and Economy)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collective human elements/actors (organisations, institutions, projects)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Private for profit companies</td>
</tr>
<tr>
<td>- Finnish national ministries of Interior and labour and economy</td>
</tr>
<tr>
<td>- Vocational adult education centre</td>
</tr>
<tr>
<td>- Nurse unions</td>
</tr>
<tr>
<td>- Municipality (of Helsinki)</td>
</tr>
<tr>
<td>- National supervisory board for welfare and health</td>
</tr>
<tr>
<td>- Nurse Occupation</td>
</tr>
<tr>
<td>- European Union</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discursive constructions of individual and/or collective human actors</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Representatives legitimising control of the recruitment and placement of Filipino nurses in Finland</td>
</tr>
<tr>
<td>- Social constructions of the Filipino nurses in talk and text</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Political/economic elements (structural)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The Philippines as an exporter of nurses</td>
</tr>
<tr>
<td>- Finland's history of immigration and non-Finnish labour</td>
</tr>
<tr>
<td>- European Union financing and having an impact on the Finnish domestic labour market through projects</td>
</tr>
<tr>
<td>- Finland as a Nordic welfare state</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Temporal elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Training Filipino nurses in Finnish language and requalifying the nurses to practice in Finnish health care organisations</td>
</tr>
<tr>
<td>- Employment contracts</td>
</tr>
<tr>
<td>- Nurses migration from Philippines to Finland</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implicated/silent actors/actants</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Filipino nurses</td>
</tr>
<tr>
<td>- Finnish nurses</td>
</tr>
<tr>
<td>- Elderly patients</td>
</tr>
<tr>
<td>- ‘Clients’</td>
</tr>
<tr>
<td>- Immigrant skilled labourer</td>
</tr>
<tr>
<td>- ‘Family in the Philippines’ of the recruited nurses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discursive constructions of nonhuman actants</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Personal and private equity as an investment in recruitment; individuals and organisations that invest privately should receive financial gain in return (production capital)</td>
</tr>
<tr>
<td>- Nursing is a ‘calling’ and should not be about wages</td>
</tr>
<tr>
<td>- Contracts are temporary and flexible</td>
</tr>
<tr>
<td>- American education in nursing is of high value</td>
</tr>
<tr>
<td>- Nursing as a registered nurse more professional and skilled (more educated) than nursing as a practical nurse</td>
</tr>
<tr>
<td>- Finnish language as difficult to learn and practice (tacit, specialised knowledge)</td>
</tr>
<tr>
<td>- English language as working language (tacit, specialised knowledge)</td>
</tr>
<tr>
<td>- Health care in the Philippines a problem for the Philippines not Finland; Finnish actors are ‘ethically’ recruiting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discursive constructions of implicated actors by representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Filipino nurses as available human resources for importation</td>
</tr>
<tr>
<td>- Packaging desirable products for the clients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sociocultural/symbolic elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Catholic workers as charitable</td>
</tr>
<tr>
<td>- Nurses sexed bodies as female</td>
</tr>
<tr>
<td>- Migrant workers as victims</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spatial elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Transnationalisation of care</td>
</tr>
<tr>
<td>- Transnationalisation of producer networks</td>
</tr>
<tr>
<td>Major issues/ debates (usually contested)</td>
</tr>
<tr>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Recruiting nurses from outside of Finland</td>
</tr>
<tr>
<td>Requalification and training of Filipino nurses</td>
</tr>
<tr>
<td>Proficiency of Finnish language skills by non-native Finnish citizens</td>
</tr>
<tr>
<td>Commercialisation of health care services (for profit); making a business in the recruitment of nurses from abroad</td>
</tr>
<tr>
<td>Transnationalisation of families</td>
</tr>
<tr>
<td>European financed projects</td>
</tr>
<tr>
<td>Local provision of care services to the elderly in the municipality of Helsinki and Espoo</td>
</tr>
<tr>
<td>Care in a hospital v.s. care in an elderly care facility</td>
</tr>
<tr>
<td>Related discourses (Historical, narrative, and/or visual)</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
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</tbody>
</table>

### 5.3.2 Social worlds/Arena Maps

Social worlds and arena maps provide a meso-level analytical framework as they are actor defined and permit identification and analysis of collectivities construed as meaningful by the actors themselves (Clarke 1991; Strauss, 1993: 209-260). The actors are representative of social worlds and arenas, and the maps facilitate an understanding of collective action by the actors committed to their respective social world through negotiations, maintaining boundaries and gaining social legitimation for the world itself (Strauss, 1982). Discourses within social worlds and arenas are not explicitly present per se as social worlds are universes of discourse (Strauss, 1978) in arenas that are constituted and maintained through discourses. As such, the map analysis focuses on collective social action (Clarke, 2005: 114). To describe and capture the various social worlds and arenas, Clarke (2005: 115) recommends making detailed memos of the following questions for social worlds and arenas maps:
Table 10  Questions for social world and arena maps

<table>
<thead>
<tr>
<th>Questions for social world maps</th>
<th>Questions for arenas in which social worlds are involved or implicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What is the work of each world?</td>
<td>• What is the focus of the arena?</td>
</tr>
<tr>
<td>• What are the commitments of a given world?</td>
<td>• What social worlds are present and active?</td>
</tr>
<tr>
<td>• How do participants believe they should go about fulfilling them?</td>
<td>• What social worlds are present and implicated or not present and implicated?</td>
</tr>
<tr>
<td>• How does the world describe itself-present itself-in its discourse(s)?</td>
<td>• Are there any worlds absent that you might have expected?</td>
</tr>
<tr>
<td>• How does it describe other worlds in the arena?</td>
<td>• What are the hot issues/contested topics/current controversies in the arena’s discourses?</td>
</tr>
<tr>
<td>• What actions have been taken in the past and are anticipated in the future?</td>
<td>• Are there any surprising silences in the discourse?</td>
</tr>
<tr>
<td>• How is the work of furthering that social world’s agenda organised?</td>
<td>• What else seems important about this arena?</td>
</tr>
<tr>
<td>• What are technologies are used and implicated?</td>
<td></td>
</tr>
<tr>
<td>• Are there particular sites where the action is organised? What are they like?</td>
<td></td>
</tr>
<tr>
<td>• What else seems important about this social world?</td>
<td></td>
</tr>
</tbody>
</table>

As the data consists of interviews and documents collected parallel to the interviews and within the interviews, the maps and the subsequent memos underlines that representatives (individuals interviewed) are not organisations/institutions and social worlds, but rather working in a social collectivity with various discourses and ‘conditions of possibilities’ (see Foucault 1975; it has also been said that Foucault’s concept to explain this is ‘episteme’) and/or negotiations (see Strauss, 1978). This argument is also made in chapter four and refers to Clarke’s situational matrices, which illustrates various elements possible in a situation (Figure 5).

The maps below are my final social worlds and arenas maps. Each social world is based on collective social action; specifically, the intense focus is on actions taken by a particular world on particular issues. In this study, the central issue is the recruitment and placement of the Filipino nurses in the capital of Helsinki, but the issue also blurred or transformed into the management and organisation of immigrant nurse labour and/or immigrant labour, in general. In the interviews, I began by asking the participant the following questions (see appendices for all the questions):
1) What do your responsibilities and position entail at [your organisation]? Can you describe your daily activities?

2) How is [your organisation] involved in the recruitment and placement of foreign nurses?

The interviews always ended with the following question:

10) Is there anything else you would like to add to this interview? Are there any documents that are relevant to this research both in English and in Finnish? Are there other people that I should be in contact with in regards to this research?

These questions as well as the method of data collection endeavours to examine not only the talk and text of the representatives but also the text of the collective whole (organisation/institution).

In the centre of each map below (see figures 10, 11, 12), there is an arena entitled ‘producer-based care network’. The producer-based network serves as an arena or a domain in which representatives and their associate social worlds based on their work, social action and/or collective commitments in the THRM practices enter to assert authority in the talk and texts of the situation. Each social world, which is constructed through the data collection and analysis, reflects the commitment of the representatives and their organisational work, mandates, and social actions. Implicated representatives and social worlds are outside of the domain. Although these social worlds may be physically present or mentioned in talk and text, the worlds do not dominate in the arena of producer-based care networks (see figures 10, 11, 12).

![Figure 10 Social world maps with producer-based care network as the arena for year 2007](image)
Figure 11 Social world maps with producer-based care network as the arena for year 2008-2009

Figure 12 Social world maps with producer-based care network as the arena for year 2009-2010

The maps above are solely an introduction and are described in detail in the next chapter. In particular, the next chapter analyses who the actors (representatives) and collective
actors are in the situation. The chapter then proceeds to describe the various social worlds emerging from the discourses in the data and thematic issues that emerge. To facilitate explaining the worlds, I also provide a table below (table 11) which reflects my memos on the questions posed by Clarke (Table 10).

Table 11  social world categories and thematic issues in the data

<table>
<thead>
<tr>
<th>Social worlds</th>
<th>Organisations and institutions</th>
<th>Commitments and work of the social world</th>
<th>Projects</th>
<th>Representatives</th>
<th>Implicated and/or silent actors and social worlds</th>
</tr>
</thead>
<tbody>
<tr>
<td>My categories from memos based on Clarke’s questions (table 10)</td>
<td>The official name of the organisation or institution or workplace</td>
<td>e.g commitments of the given world, mandates of the organisation/institution, the work the given world does, etc.</td>
<td>Temporary projects that are funded for the topic of immigrant labour or immigrant nurse labour</td>
<td>Human actors interviewed; individuals representing their workplace /organisation/ institution</td>
<td>Human actors or social worlds who were mentioned in the interviews or the documents given during the interviews (e.g. the Philippines and Filipino nurses in the Philippines)</td>
</tr>
</tbody>
</table>

5.3.3  Positions in discourses

To examine major discursive issues (or claims) in the empirical data, Clarke recommends the cartographic approach of what she terms ‘positional maps’. In my analysis, however, I do not use this approach as in her suggestion. In her suggestion, she advises the researcher to extract basic (not always but often contested) issues in the discourse in which there are different positions and organise them in a two-dimensional fashion. She states (2005: 197):

> It is important to remember that positions here are not correlated with persons or groups. The goal is to elucidate all the seemingly important positions taken in the discourses. The goal is to elucidate all the seemingly important positions taken in the discourses. There may therefore, of course, be multiple positional maps.

The axes in these maps are usually polar opposites (e.g. positive or negative) that serve to illustrate contestations in the discourse.

For me, I found this two-dimensional analysis difficult to use and illustrate, even if she does suggest various positional maps in the data. Instead, I refer to both the ordered situational map and the social world maps to create thematic categories that emerge in the talk and text. An underlying assumption in this analysis is that the discursive claims or positions are not limited to one representative or social world but rather transpire across the arena of producer-based care networks. This analysis aims to capture close range situated discourse of the situation that is the recruitment and placement of the 75 Filipino nurses during period 2007-2010. In my analysis, a particular focus is placed on
the discursive construction of representatives and implicated actors, and the interrelationship between power, discourse, and materiality.

5.4 Summary and concluding thoughts

Discourse and its analysis vary in terms of epistemological and ontological assumptions. The research questions in this thesis are framed in terms of discourse (small d) as the analysis is close range and situated. Discourse and its implications on the social construction of THRM practices, as well as issues of representation, are also considered as material, having direct physical and non-human effects on human bodies and lives.

Social worlds and cartographic approaches as noted above are used to go beyond the ‘knowing subjects’, and create material products in a story told by the researcher. The story is a retelling of a journey of collecting and analysing data, and the investigation of a social phenomenon framed in terms of research questions set out by the researcher.

The interviews and documents collected ‘open up’ information on research question one:

a) Who are the representatives, organisations, and institutions involved in the recruitment and placement of Filipino nurses in Finland?

b) What social worlds are they representing?

c) How do the representatives, organisations, and institutions socially interact and relate?

To highlight how the representatives talked and produced texts, the representatives are associated with social worlds in maps created through categories and themes based on the collected data. The situated knowledge of the researcher, the representatives, Finnish organisations, and the THRM practices are influenced by intersectional identities of whiteness, language, and nationality. This emphasis draws attention to various situational elements in the case which give significance to practices of inclusion and exclusion in the nursing occupation within Finland and transnationally. This research question is addressed in following chapter, chapter six.

Furthermore, research question two is viewed in terms of positions. The research question two is

How, through discursive positions in the claims of the produced talk and text, are the representatives and organisations socially constructing the practices of recruitment and placement of Filipino nurses in Finland?
The positions that emerge are associated with the representatives but also encompass positions taken in the data as a whole. In other words, positions also go beyond the knowing subjects and transpire in the various social worlds and arenas in which the representatives interact. This research question is address in chapter seven.

In the following chapter, I present the data collected to tell the story of how various representatives, organisations, and institutions and their associated social worlds emerged and either dominanted or did not dominant the arena of the producer-based care networks in Finland.
The discourses surrounding immigration practices and policies within the Finnish government and municipalities, before 2006, revolved around issues of security and refugees, and the subsequent integration of these individuals (Integration Act, 1999). The propensity was reflected in the small amount of immigrants moving to Finland (Bartram, 2007), and their reasons for resident permit applications (mostly family ties), but also the organisation of different governmental ministries, municipality policies, practices, and projects (Korkiasaari & Söderling, 2003). Before 2006, the Ministry of Interior (Intemin) was the main institution involved in the design and enforcement of immigration policy and law but the municipalities provided social provisions and programmes to facilitate integration. As such, as one of the stated mandates of the Ministry of Interior is national security and border control and the municipalities are structured to provide social services that include elements of integration, policies and practices around immigration were strongly correlated with regulation of security and, subsequently, a need for security that derived from the integration of non Finns.

In the 1990s, the sharp rise of immigration was reflected in changes in refugee quotas as well as a programme implemented by the then government that promoted the return of Ingrains of Finnish descent (Aliens Act (301/2004); Korkiasaari & Söderling, 1998). The rise also coincided with a deep recession in Finland that led to record levels of unemployment. Subsequently, this meant that immigrants, returnees, and refugees found it extremely difficult to find work, and many refugees that had arrived in the previous decade lost their jobs (Tanner, 2011). At this time, the municipalities were providing social services such as housing to these individuals plus the changing demographics led the government to reformulate how to manage and 'integrate' foreign nationals. Particular issues considered were in the sphere of employment and training.

In 1995, the government at the time appointed an immigration programme and refugee policy commission who later created a report in 1997. This report resulted in the first immigration and refugee programme. The programme focussed on the immigrants that were in Finland at the time, which were largely refugees and not labour-based immigrants, and had the stated objective to facilitate the flexible and efficient social labour market integration of all immigrants (Seppelin, 2010).

The commission's report and immigration programme also resulted in the in the act entitled 'integration of immigrants and reception of asylum seekers' (493/1999) which took effect on 1 May 1999. This act contains provisions on measures 'to promote integration, equality, and freedom of choice of immigrants through measures which help them to acquire the essential knowledge and skills they need to function in society, and to ensure support and care for asylum seekers and beneficiaries of temporary protection in the context of a mass influx for their reception. The further purpose of this Act is to assist victims of trafficking in human beings' (1269/2006).

Integration in this law is defined as 1) ‘the personal development of immigrants, aimed at participation in working life and society while preserving their own language and culture’ (362/2005), and (2) ‘the measures taken and resources and services provided by authorities to promote and support such integration, and consideration for the needs of immigrant in planning and providing other public services and measures’ (1215/2005).

The law sets out who is responsible for this integration, and its design and implementation. It requires the close collaboration of various authorities. Before 2008, the Ministry of Interior was responsible for the general development, planning, steering, monitoring, and coordinating of the integration of immigrants. After December 2011 (1251/2011), the Ministry of Employment and Economy (TEM) became the main institution responsible.

The regional centres for Economic Development, Transport, and Environment (ELY), which also fall under the Ministry of Labour and Economy (TEM) since its establishment in 2008, are responsible for coordination of the integration of immigrants under the law. ELY distributes funding and decides on which projects and provisions will be implemented by the various Employment and Development Offices (TE). TE offices are responsible for the provision of labour markets services and promoting and supporting the integration of immigrants, of instruction in reading and writing and of basic education for immigrants registered as job seekers. Coinciding with the TE and ELY offices, munipalities are responsible for drawing up, implementing and developing an integration programme and for monitoring its implementation and impact. An integration programme contains a plan concerning both measures, services, cooperation, and responsibilities involved in promoting and supporting integration and consideration for the needs of immigrants in planning and organising other public services and measures. It also covers the promotion of ethnic equality and good ethnic relations, and the prevention of discrimination (Seppelin, 2010).
Contextual box 5.2: An emerging destination for migrant nurses: Finland, a Nordic welfare state

New destination countries for migrant nurses have been created through a demand influenced by structural changes within national welfare structures, policies, and practices. As in the case of Finland, which was predominately an emigrating nation before the 1990s, changes in policy permitting more labour emigration in the 1990s as well as structural and policy changes in the health care and social governance in the 1990s and early 2000s, created a new market for receiving external labourers as well as shifts in management ideologies.

In Finland, there has been an evolution of socially defined care that went from the private realm (the home) to the public realm (the institutions). Care work, before the 1960s, was predominately done by Nordic women in the home, but as women began entering the paid labour market, a care gap was created that the Nordic welfare states had to responded to (Wrede et al., 2008). This response was illustrated through welfare policies, provisions, and programmes. Through this institutionalisation of care, daycare and care for those dependent such as the disable and elderly was socially defined in constrast to the medically defined needs that were already historically professionalised.

Even as this care entered the public sphere, it was still defined as women’s work. As the care definition changed, Waerness argues that care work associated with traditional femininity was commonly devalued and portrayed as irrational in the welfare state rhetoric (1984). Furthermore, as care work becomes more professionalised through paid care, private patriarchy was shifted to a public one (Hernes, 1988) as masculine assumptions about rationality structured the way care was framed in the welfare states (Dahle, 2000) As Wrede et al. (2008:24) argues,

The professionalisation of social care in welfare state resulted in a series of separations and exclusions, where the ‘irrational’ and ‘dirty’ aspects of care became framed as non-professional and therefore inferior work.

Since the early 1990s, the Finnish welfare state has shifted ideologies from social definition of care work to a more managerial understanding of welfare services. The managerialist understanding of welfare provisions, particularly in regards to cost efficiency, hit the care occupations more severely than other welfare programmes (Julkuenen, 1990). Many care workers in the early 1990s lost their jobs due to governmental and municipalities cutting their spending on public health services and welfare programmes.

Many Finnish experts argue that this shift from welfare to neoliberal ideology has resulted in a ‘competition state’ (Heinonen, 1999; Sipilä, 2005). Others argue that expenditures in the social sector has not decreased and the ‘Finnish model’ continues to be successful in balancing growth, education, employment, and social policy (Saari, 2006).

Subsquently, within this context, the Finnish government is currently dealing with shortages in the health care workforce that has been a result of spending cuts in the 1990s, but also health care as an occupation has lost its attractiveness as a career option over the last 15 years (Kankaanranta et al., 2007).

The Finnish governmental programme has been trying to combat this shortage by promoting international mobility to Finland by foreign educated professionals. The government has developed recruitment programmes such as the Government Migration Policy Programme (2006) which promotes labour migration to Finland and The National Development Programme (KATSE), which aims to recruit unemployed migrants to work in the health care sector through long-term strategic objectives for the social health care system.

With these programmes and institutions in place, international recruitment of health care professionals has still relied heavily on private companies. The private recruitment for the care occupation has allowed for the business sector to work closely with the government in defining the occupation and care.
6 PACKAGING NURSES IN PRODUCER-BASED CARE NETWORKS

Various Finnish organisational actors and social worlds interlink through practices of recruitment and placement of Filipino nurses. Yeates’ conceptualisation of global nurse care chains and producer-based care networks opens up the analysis of how various private and public representatives and work organisations interact and negotiate within transnational human resource management (THRM). To illustrate negotiations and interactions between Finnish representatives and work organisations, the social worlds maps, in this chapter, focus on ‘producer-based care networks’ as a domain. In order to visualise and explain the data, I employ ‘the producer-based care networks’ as a metaphorical platform to show who are the representatives and work organisations within the practices of THRM. The platform also captures how the representatives and their social worlds interact and negotiate through discourses of talk and texts.

This chapter endeavours to capture a domain where representatives and their associated social worlds interact to dominate, pacify, or remain silent within the social action of recruitment and placement of nurses from the Philippines (research question 1(a)). What this reveals is the ‘who’ of the situation or ‘who cares’ when it comes to recruitment and placement of these nurses.

Within the domain of producer-based care networks, private and public representatives work in their associated social worlds to produce, recruit, relocate, and settle labour transnationally; in other words, they produce and package nurses for Finnish clients. How the representatives practice the transnationalisation of care is constructed in terms of the organisation’s work, commitments (e.g. selling and packaging a product), how the representatives of the organisations practice the work and commitments, and how the organisation and its work is described through discourse.

The following chapter is divided into subsections that discursively analyses and situates the initial development or design of the THRM practices by Finnish representatives to recruit Filipino nurses in 2007 and subsequently turns to the years 2008 to 2010 when the Filipino nurses were placed into Finnish nursing institutions.
6.1 Establishing domain of producer-based care networks

In Finland, prior to the year 2007, immigration related to family ties and refugee seekers as well as immigrants with Finnish ancestry reclaiming citizenship. The discourses and material practices that surrounded this immigration was viewed in terms of ‘integration’ into the social infrastructure (social and health benefits; learning Finnish language; ‘personal development’) rather than work-related or economic ‘integration’ of skilled and/or professional immigrants. In an interview I conducted in 2011 related to the question ‘why was there a shift in immigration responsibilities from the Ministry of Social Affairs and Health (STM) to the Ministry of Interior (Intermin)?’, the representative of Intermin reflects (interview #11),

The Ministry of health and social services was long passed, like fifteen years ago in the eighties. And, why for the background, the whole idea was before that only those who [sought] asylum were refugees or immigrants. We didn’t have...we had very few...or hardly any...still it is only three percent of the whole population is immigrant background. And, in the past, the majority of those people who came were asylum seekers[sic]. And, the whole idea was immigrant/foreign people would come first that there was social security questions. So, we would need social security aid. And, that is why the integration, it was only key users of security [those who, by law, are entitled to social security in Finland (KELA)].

Shifting responsibilities of immigration between ministries illustrates the social action of organising and managing immigration as moving between different social worlds and different representatives of those worlds. It also reveals shifts in discursive construction of immigrants as refugees and/or families (prior to 2007) to immigrants as labourers and/or individuals (post 2007). The immigrants for ‘integration’ before 2007 were managed in accordance to the social infrastructure of Finland whereas after 2007, the discursive construction of the immigrant becomes the ‘much needed labourers’ and is subsequently managed in accordance to the economic and labour market infrastructure of Finland.

The representative (interview #11) continues,

And then you have this time that, of course, you need labour...labour market is important and we try to recruit these people [immigrants] and help them integrate into our labour market. That is, of course, nowadays, the whole idea [as] ninety percent of immigrant people come to work here, or family members, or come to study. Only ten percent of immigration are for other reasons.

Parallel to the discursive shifts as well as movements of responsibilities between National ministries on immigration, the City of Helsinki began initiatives of active recruitment from abroad for labour shortages in the Helsinki public sector with the Inkeri project in

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14 see context box 5.1 in chapter five
15 see Integration Act (2005) in context box 5.1 in chapter five
The project recruited from regions where the recruits were of Ingrian descendants such as Russia, Karelia, and Estonia. Those recruited for the project were property managers, housekeepers, practical nurses, teacher aides, and school secretaries. The project recruited the employees through two years of advertisement and provided all the settlement necessary for integration such as Finnish language courses, mentors, housing, schooling for their children, and counseling. Nonetheless, even with the basic knowledge of Finnish, the project concluded that the City would not do any more direct recruitment. According to a representative of the City of Helsinki (interview # 9.b),

> It showed us just how difficult straight recruitment from abroad is. Even though it was really small scaled, people spoke some degree of Finnish, and they were professionals who just went through advertisement in order to get this Finnish credentials. There were a lot of issues which ate a lot of time of the person coordinating the project. And, basically, we made some conclusions as to not to do straight recruitment ourselves anymore, but to use professional companies who are making a business case out of it in the future.

The representative notes that, because of the experience with the Inkeri project, the city would contract recruitment services from an external source. The representative (as well as another representative interviewed at the same time) also notes that the City has had many discussions with key players involved in the recruitment of foreign labour. They both believe that the City of Helsinki as well as Finland are in the beginning stages of learning about the processes and practices of recruiting from abroad. Key concerns arising from the discussions are language and the involvement of non-Finns in top decision making processes. In regards to the language, the representative indicates that the discussions revolve around ‘what is enough?’ (interview #9.b):

> The official line is that we try to promote it very much that there should not be any difference as long as the person has Finnish plausible credentials and enough of language skills. So, the basic discussion goes around the issues ‘what is enough? What credentials are plausible enough? What is the ‘enough’ of Finnish language? And, that is where the most discussion is growing.

Both representatives expressed apprehensions in regards to the lack of immigrant involvement in the decision on integration policies within Finnish social welfare infrastructure and the Helsinki labour market (interview # 9.a.):

> We [City of Helsinki] hope to get more and more of immigrant voices in the positions of, at least good professional position, a better position of power. But, let’s see how long it takes before we have at least the first member of parliament with immigrant background.

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17 The Ingrians are descendants of Finnish-speakers who moved to the Eastern shores of the Gulf of Finland after Sweden had annexed this area from Russia in the beginning of the 17th century
The representative at the City of Helsinki reflects on work related immigration by stating that the discussions need to go deeper and communicate domestically rather than researching other cities and countries abroad. The representative states (interview # 9.a),

I think, in general, we are in the beginning of the whole recruitment [process] because we don’t have any senior position of immigrant background. And, this is where the issue goes deeper because we don’t debate with the HR people to really develop the system and what are their experiences, for example, their countries and benchmark through that way. For example, we are circulating surveys to our colleagues of various cities and Europe to give us [information] rather than our own staff people give us experience and knowledge.

The representative also notes personal frustration about the shift in ministries on managing immigration (interview #9.a):

I think the thing is that when the whole immigration business started, they were the lead Ministry [Ministry of Interior] in immigration but then it has been swapped from the Ministry to the Ministry of Labour in 2009, it was swapped again to the Ministry of Interior. And, you may ask the Ministry [Ministry of Interior] itself. I mean what are the reasons behind, we have our guesstimations, but I am quite curious the concrete. But, this is one of the, maybe, the challenges we are now facing. The more we get into receive immigrants; we would need more direct positions coming from the ministry of health and social issues.

Prior to and during the year 2007, there was an ambiguity as to who was responsible for the management and social and educational infrastructure of immigrant workers within the labour market. This ambiguity transcended to various public social and health sectors in need of human resources. The national ministries shift in responsibilities of the organisation of immigrant labour gives the impression to public servants that immigration to Finland was in its beginning stages and, therefore, the national ministries nor the City of Helsinki had a clear direction on how to proceed with governance. A space in the domain of producer-based care networks became available to other representatives interested in asserting themselves as the authority in the management of immigrant labour, in general, and immigrant health care labour, in particular.

Other representatives concerned with the organisation and management of care labour in Helsinki and Finland derive from the institution, Valvira, the Finnish regulatory body of patient care and safety. The representative of Valvira clarify that their institutional purpose is not to recruit and place health care professionals in workplaces but rather supervise and advise on procedures and regulations to safeguard patients’ safety and quality in health care (interview #8.a).

Well, to attract that is not really Valvira’s main aim to attract professionals. Valvira’s main aim, as I have just told you, is to be a safe guard for patients’ safety and quality in health care. But, of course, we want to work together with those officials and many, many institutions that work with this aim to have enough workforce in Finland. Well, we have been to many meetings and conferences where this has been the topic and even our point of view and our part to this work, for example, explaining all these procedures and in taking into account that it is important to start this process early enough so that, so that really the persons that come here to work know that what
kind of authorisation they can get and so on that they do not just be transported to Finland and then first start the process and after, perhaps half a year, see that it is not possible to get an authorization with this education. So, what we see as important for this recruitment for foreigners is that they very proactively take contact with us and look through that really the procedures is fair enough for those that are coming to Finland. So, that there are no misinterpretations and no false beliefs.

The representative of Valvira asserts that the institution, because of its purpose, does not directly contribute to the discussion of how and whom should recruit and place the immigrant nurses, and yet, the organisation is still concerned about future labour shortages in the health care sector and the nurses from outside of Finland being informed of Valvira’s qualification process. This means that Valvira is participating more in meetings about recruitment of non-European nurses, but also re-examining procedures of licensing and registering nurses in order to allow the nurses to integrate as paid professionals. These discussions transpire among different ministries, recruitment agencies, employers, and polytechnics/vocational training schools who are responsible to retrain and re-qualify the nurses and provide them with language courses. As such, Valvira can be considered a ‘gatekeeper’ for both domestic and foreign nurses applying for jobs in Finland, but also for the recruiters wanting to recruit and integrate labour into the nursing occupation in Finland. For instance, although in practice in the Philippines the diplomas nurses receive are for registered nurses (a four-year bachelor degree of nursing science), Valvira considers the degree in Finland to not be equivalent for working as a registered nurse but as a licensed practical nurse (LPN, licensed vocational nurse, state enrolled nurse in English, lähihoitaja in Finnish). According to Valvira, a person without LPN training can perform duties of an LPN if the person has related education, experience and professional skill. Practical nurses are qualified to work within elderly care, for instance. Also, Valvira’s criteria for practicing as a health care professional differ among non-Finnish applicants as Valvira cannot request Finnish or Swedish qualifications from EU members but can from non-EU citizens. Below are the qualifications requested from EU members and non-EU members18 (my bold font highlights the different criteria) (see table 12):

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18 All Valvira’s licensing guidelines are available on the URL: www.valvira.fi/en/licensing. I was also given, during my interview with the representatives from Valvira, print outs of the website and its licensing guidelines. These print outs were referred to by the actors throughout the interview.
Valvira’s criteria has material implications on where the nurses can work, their salaries, their career trajectories, if they need to attend professional training, if they are requested to complete tests on Finnish or Swedish language and their nursing qualifications, if they will be required to do apprenticeships as well as their day-to-day time schedules. In other words, although Valvira claims no responsibility for the recruitment and placement of the nurses, the organisation’s practices of setting the criteria to requalify trained professional nurses as well as attending to the Finnish language use is formative in the production of nurse human capital. Furthermore, through criteria and the reinforcement of laws to protect patient safety, Valvira claims authority in how the Filipino nurses’ skills and education are constructed and which position they can occupy in the local labour market.

### Table 12  Valvira’s licensing guidelines for EU nurses and non-EU nurses

<table>
<thead>
<tr>
<th>European Union Nurses Required Work Permission Application Documents</th>
<th>Non-European Union Nurses Required Work Permission Application Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a copy of a valid passport or other registration document for verifying your nationality;</td>
<td>1. a copy of a valid passport or other registration document for verifying your nationality;</td>
</tr>
<tr>
<td>2. copies of your diploma and study records;</td>
<td>2. copies of your diploma and study records;</td>
</tr>
<tr>
<td><strong>3. a copy of a certificate issued by a competent authority that your qualification complies with EU regulations;</strong></td>
<td><strong>3. a copy of a certificate issued by a competent authority for a valid licence to work as a nurse, if you have been granted such a licence in another state. The certificate must be no older than three months;</strong></td>
</tr>
<tr>
<td>4. a copy of a certificate issued by a competent authority for a valid license to work as a nurse, if you have been granted such a license in another state. The certificate must be no older than three months;</td>
<td>4. copies of certificates of employment for the period following graduation, if necessary;</td>
</tr>
<tr>
<td>5. copies of certificates of employment for the period following graduation, if necessary; and</td>
<td><strong>5. a copy of the National Certificate of Language Proficiency in Finnish (minimum requirement: level 3-4) or a certificate for passing the Civil Service Language Proficiency Test minimum requirement: satisfactory level). Separate certificates for completing Finnish language studies are not accepted; and</strong></td>
</tr>
<tr>
<td>6. a copy of a document certifying a change of name, if the name appearing on the enclosed documents is different from the one you are currently using</td>
<td>6. a copy of a document certifying a change of name, if the name appearing on the enclosed documents is different to the one you are currently using.</td>
</tr>
</tbody>
</table>
Valvira, as an organisation, enters the domain of producers of care in Helsinki, within the social world of regulation and advisory on national health and social welfare. The organisations’ participation in producing human capital in the nursing occupation is not direct recruitment or placement for profit. And yet, the organisation and representatives negotiate with other representatives in how the nurses and the work of nurses are managed and structurally regulated in Finland.

In another interview, the representative of the European Migration Network (EMN) also took the stance that the EMN, although under the umbrella of Intermin and physically located in Finnish Immigration Services (MIGRI), is representative and in accordance to EU directives and not involved in the recruitment and placement of migrants labour (interview #14):

"Actually, I am physically at the immigration services but I am doing an EU job. This European migration network (EMN) which is an EU wide organization. Each EU member state has to have this type of contact point where we gather information regarding migration issues and citizenship issues. And, it is eighty percent EU funded, twenty percent government funded. And, in Finland, the contact point happens to be at MIGRI. So, that is why I am here.

The representative clarifies that the purpose of EMN is to produce two annual reports as well as hold seminars and events on this topic to disseminate information. The representative states (interview #14),

This is, at the moment, the top research organisation. So, we have two annual reports that we repeat every year. We call it the policy report which means migration and asylum policy, and the other, annual report is migration and protection statistics report. And, then we have two to three thematic reports every year. And, depending from the topic of the thematic reports, where we acquired information from varies, but as far as the two, the annual reports that we repeat--annual reports- of course the people that make the report, the ministries, and how the policies are implemented. And, then we get the information about how the policies are implemented, i.e. from this immigration department, border control, police. So that is always the first part of that report, the legislation and how it is implemented on a policy level, a national policy level. Because, this actually, this is like the main bulk and then you have local actors, the third sector, media, and then we look at the research section, which research has been done in regards to immigration policy used here in Finland. Because these research reports are to give as wide as possible view, societal view, as to how migration policy is in each member's state.

In 2007, the thematic report produced by EMN was entitled ‘Conditions of entry and residence of third country highly skilled workers in the EU’, and although Finland’s national contact point at MIGRI was not yet officially established, the networking to disseminate EU ‘thematic’ issues on immigration was being implemented. According to the representative (interview #14),

When the EMN was established as an EU wide entity with a council decision in May 2008, it was already in our so called constitution. It states that when we have this national contact points, you need to have a minimum of 3 persons full time work effort per year for the contact point. And, each national state has to establish a contact point to support its work. Going back to your question, where do you get your information from, and that is the purpose of EMN to get as wide as possible
EMN’s purpose in the production and practice of disseminating information on and about EU derivatives, particularly on immigration, interweaves discourses within the EU on the management and organisation of immigrants in the EU’s member Nation-States. In 2007, the network was yet to be established in Finland, but the EMN’s themes and focus of the network, before and during the time of the Filipino nurses being recruited and placed, parallels to the context of Finland as a Nation conducting its policy and practices in the context of being part of a regional entity: the European Union. The contact point may explicitly say that the EMN does not have direct involvement with the recruitment and placement of the nurses, but by EMN disseminating and collecting information on particular themes contributes to the discourses on active (as in active recruitment) immigration of the Filipino nurses as well as immigrant labourers in general. This discursive entry point gives EMN space in the domain of producer-based care networks.

In terms of national governance in 2007, the Finnish national government (a representative democracy) was led by the Centre Party. Tarja Halonen was the then President, and Matti Vanhanen was the then Prime Minister. The governmental structure accords to the principles of parliamentarism, meaning that legislative power is vested in the Parliament of Finland, and executive power is exercised by the Cabinet, officially termed Council of State, which is led by the Prime Minister, the head of Government.

In 2006, the then government of Prime Minister Matti Vanhanen introduced, for the first time in Finland, an immigration programme that included the intention to promote employment-based immigration, but also define ‘migration policy values, with the aim of respecting human and fundamental rights, to reinforce a culture of good governance and to combat migration-related threats’ (Government Migration Policy Programme, 2006: 22). The programme also strives to form a comprehensive framework for migration policy planning and implementation, especially with regards to immigration into Finland from outside the EU and the EEA. Moreover, the programme aims to promote the development of a multi-value, multicultural and non-discriminating society and thus foster Finland’s internationalisation process, improve international competitiveness and serve as means of responding to the challenges posed by an ageing workforce and population as a whole (Government Migration Policy Programme, 2006: 22).
In 2007, an Action Plan for the 2006 government’s migration policy programme was drafted by the Ministry of Interior (Intermin) to be implemented during period 3 (March 2008 to 1 December 2008). The action plan is a document providing more detail on the policy guidelines stated in the migration programme. It is also the first action plan for labour migration in Finland and is essential to the programme’s implementation. The action plan states that Finland should engage in short term and long term policy to improve the ‘attractiveness of Finland’ (Government Migration Policy Programme, 2007) and promote recruitment from abroad that is led by employers and based on actual needs. The action plan was further required to assess the opportunities for arranging orientation training in the departure country, actions related to the recognition of skills gained outside of Finland, promoting opportunities for traineeship and employment for foreign students, remigration of Ingrian Finns, and research on needs of the local labour markets as well a potential for legislative reforms (Ministry of Interior, 2009c; Asa & Muurinen, 2010).

The Finnish government’s migration policy programme and the action plan to make Finland ‘attractive’ in the year 2008 are foundational for the producer-based networks to function. If political discourse is not conducive with the action of the corporate actors, the representatives’ authority in claiming practices on the recruitment of foreign labour, in general, and foreign nurses, in particular, may lose legitimacy or be stalled or not be able to start. A domain is established for actors to claim responsibility and authority in the recruitment and placement of foreign labour. Public, EU, and state organisations, discursively in talk and text, are present in the discussion of enforcing laws and policies in regards to the provision of care in Finland. And yet, the organisations do not claim the domain of how the transnational human resource management of nurses should be conducted and by whom. This unclaimed domain creates space for non-public actors such as private businesses ‘to make a case’ (interview # 9.b.) out of recruiting Filipino nurses for Finnish health care organisations.

The Finnish government in 2007 does not have a particular place in the producer-based care network domain but interweaves through all the social worlds in terms of political discourse and structural mechanisms of policies and laws. The discourse, at this time, is making Finland ‘attractive’ to immigrant workers from outside the EU and based on the employers’ actual needs (see figure 13: social worlds in year 2007).
6.2 Preparing for import: making a case out of the recruitment of nurses from the Philippines

On August 30th, 2007, the Finnish president, Tarja Halonen, met the Filipino ambassador to Sweden, Maria Zeneida Angara Collinson, in Helsinki, Finland. There was yet to be an embassy of the Philippines in Finland. This meeting was a year after the Philippines President Gloria Macapagal-Arroyo met the Finnish head of state. President Arroyo was the first Philippine top official to visit Finland, and President Halonen agreed to reciprocate the visit by going to the Philippines in 2009.19

After meeting with other governmental officials and representatives of the private sectors in Finland, the Ambassador secured an agreement from the Helsinki Region Chamber of Commerce to conduct promotional and business matching activities concerning the Philippine health industry. Following the visit from the ambassador, Esperi, a firm that produces elderly care and other care services, announced its plans to recruit about 100 nurses from the Philippines in 2008 and 2009 in partnership with Opteam, a recruitment company, and Amiedu, an adult education centre.20

At this time, Esperi was owned by the Finnish Red Cross as well as Unicus, an investor consortium group, Opteam was owned by Mika Eskola (the CEO), and Amiedu by Ami foundation. The Ami foundation was established in 1973 by the cities Helsinki, Espoo, Vantaa, and Kauniainen to provide adult educational services and other related educational labour needs.

After the collaboration, Opteam partnered with the company Filscandia in Manila as, according to the Philippines Overseas Employment Association (POEA) (2002), international recruitment companies cannot directly recruit unless in cooperation with

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21 Sillanpää, S (20.01.2008) 'Everyone who wants to go to Finland, raise your hands' Helsinki Sanomat international edition. URL: www.hs.fi/english/everyone+who+wants+to+Finland+raise+your+hands (Accessed October 23rd, 2008)
22 Filscandia is a recruitment agency in the Philippines, operating by citizen of the Philippines and registered by POEA (the Philippines Overseas Employment Administration). URL: www.filscandia.com
23 At the end of 2007, Opteam ended its business relationship with Filscandia over allegations that the company was accepting recruitment fees from the nurses recruited to Finland. Accepting recruitment fees is against Finnish labour laws as well as laws set out by POEA in the Philippines.
a local representative. Opteam actively involved itself in the recruitment process in the Philippines as representatives were present for the first and second interview processes (selection stage) as well as being directly involved in providing services in language training and relocation of the selected employees (e.g. work contracts (2 years), working visas, housing)(interview #1.a). At the time, Opteam had offices in Manila and Davao (interview #1.a).

Through the collaboration of Opteam, Esperi and Amiedu, three organisations interact to establish domain in Finland as representatives in the recruitment and placement of Filipino nurses. Discursively, this establishment is talked about as a new business and leadership intitative in Finland. The organisations negotiate positions of authority publically in the media as well as meeting with state officials and through their own private financial investments. Each organisation’s commitment to the recruitment of Filipino nurses requires them to invest money in the hope of financial gain. A representative of Amiedu explains (interview # 10.a),

it was brand new when we started with group. Anbody haven’t did it before. And it was something all days that we teach them we had to learn something new. This is a company [Amiedu], we have to always sell and get profit but when we target this process we understood that we don’t get nothing. We can only get some new learnings, and we can understand the whole system after this process. And we agreed that.

The recruitment became not about short-term financial gain, but a business case or pilot to legitimise the organisations’ authority in future recruitment of health care workers from abroad. The recruitment became about creating or establishing authoritative practices in the domain of producer-based care networks in Finland.

As the three organisations emerged in the domain, the representatives of the organisations began to work more closely with public officials and national policy decision makers in order to assert expertise in the preparation of immigrant labour. These discussions are not only about recruitment of one group but how to create a future infrastructure to managing a non-Finnish workforce for health care provisions. As one representative from Opteam reflects on the beginning of the recruitment (interview #1.b):

But, we do work close with the ministries and Valvira, for that matter. Because Finland is not really prepared for this type of immigration. We need educational system, for example, because the ones [immigrant nurses] that have come to Finland, they are like one now and another then. So, it hasn’t been in groups and it hasn’t been organised, and the lead hasn’t been there in the same way. So, that is something that will change. Laurea [polytechnique] is working on this, together with the rest of the polytechnique or university of applied sciences. I think they call themselves nowadays. So, that is something now that needs to be created. So, when a nurse comes to Finland, through us, for example, they can’t really wait, you know, when a certain content is only given within a year or two, because from an employer’s point of view, they have to get their license as soon as possible.
So, it is impossible for them to wait. And, we do know what is needed, basically now. What sort of contents for example need to be trained. And, these people need training, they can’t just, you know, present what they can do—there will be clinical tests, but they can’t just appear there because the language also needs, you know, the professional language, in order to develop needs, one-to-one training or training in groups. Like we done now. But, in a bit different way, since this is a pilot.

By declaring that Finland is not ready for this ‘type of immigration’ and that it is important for the private, for profit organisations such as Opteam to work with other representatives on the recruitment of labour from abroad illustrates the domain of who is responsible in the transnational human management of care. The foundation of the recruitment is such that it is talked about as being in the beginning stages and Opteam has the expertise and knowledge on how it should be practiced. Opteam claims authority as the recruiters of the Filipino nurses for Finnish health care organisations by emphasising the need for recruitment and language training models like Opteam has already created and implemented.

The initial networking of representatives in Helsinki and the meeting of the Philippines Ambassador to Sweden and the then Finnish President illustrates a catalyst of recruiting Filipino nurses through the trio of Opteam, Esperi, and Amiedu. Nonetheless, Opteam was researching other possible countries for the recruitment of the nurses before autumn of 2008. These countries included China, India, and Thailand, but Opteam decided to choose the Philippines, and the representative highlights ‘many things that speak for the Philippines’ (interview # 1.b):

So, we checked China, India, Thailand, and, I believe it was afterwards that we choose the Philippines. We checked out Vietnam, and, yeah, there are many things that speak for the Philippines. They value education and the quality of nursing education is good. It was basically planned by the Americans, so it is no wonder that there are so many Filipino nurses in the United States. So the quality of the degree and of course the culturally bound politeness and, when we think of the elderly people here [in Finland], they [Filipinos] have a natural respect for the elderly which we could learn from actually. And, also, that they speak English and they have studied in English. Even though not everybody speaks as well as earlier because the schooling language can also be the local language in the primary schools and the secondary. I believe. But, the nursing schooling is in English. So, that makes it easier. We have, in a way, a common language then in Finland so we don’t need interpreters which is, actually, you couldn’t have as a doctor or a nurse within health care or even within elderly care as a practical nurse, you can’t have an interpreter with you all the time. And, most Finns speak English somehow. At least. So, it is easier to communicate and make sure that the recruited one and the employer understand one another.

The response from another representative from Opteam coincides with the above quote as to why the Philippines became the country to recruit from (interview #3):

A couple of reasons there I think. There are plenty of evidence to support that. The Philippines has placed a lot of value in the training and development of nurses. I mean there are a lot of nurses in the Philippines. So, they had more nurses that they can ever hope for to look after their own, if you like, national and domestic requirements. And, the Philippines is a country that relies heavily on exporting their skills and talents, so they’re big earners, probably the major earner for the Philippines. But, why do we do that from a nursing point of view? They get good training, they speak English, which is—which irrespective of coming here- I think the Philippines in general has
a good international record. All of the nurses that come here have had previous international experience, so we know that they are not coming raw, they haven’t been anywhere else.

These claims to their selection of the Philippines create implicit actors in their conversations. The Philippines and the other countries such as India and China are present in the conversation but are constructed in terms of country-specific, cultural representations such as cultural bound politeness, respect for the elderly, positive international reputation of overseas workers and 'big earners', and US-Americanised. Opteam’s claims to research of ideal countries for recruitment also represent the Philippines to other Finnish representatives. The claims consist of the Philippines being ideal as the ‘evidence supports’ that the country has a good education in an American university system model, the nurses speak English, a surplus of trained nurses, and a national system experienced and reliant on exportation of human capital. These claims naturalise the institutionalised control mechanisms in the Philippines to produce nurses for import by other countries.

In regards to implicated representations and issues of inclusions to the domain of transnational recruitment of nurses, two interviewees, one with a Filipino nurse working and living in Finland (interview #2) and one with a representative from TeHy (interview # 5), recollect on the process of the first group of Filipino nurses being recruited in 2008 and their involvement in the talks prior to the recruitment. Both interviewees felt that they were left outside of the process, particularly, with the first recruitment. This is telling of the authority in recruitment of non-Finnish nurses as the actors were physically present in the discussions within the domain (e.g. the Filipino nurses) but were made silent.

In the interview with a Filipino nurse working in Finland, the nurse vocalises frustration at Opteam as well as Esperi (interview #2):

Interviewee # 2: But, in a way, I was also angry because we were approached by Esperi if we could go to there, if we could come to their office, and they informed us that there were these eight Filipino nurses coming. Can we go have a meeting with them?

Interviewer: with the nurses or Esperi?

Interviewee # 2: With Esperi (!)...So, we did! We did go, we did go. They ask me personally what they can do to make them [recruited nurses] a bit more...uummm...so they can settle down. What they could do more to keep these people here because they don’t know anything about Filipinos. And I put down, I gave to them, actually, it was only this project manager who was there, let me see, [name]? I don’t know what name now... I hope this is anonymous. I hope you don’t name

Interviewer: Absolutely, I actually have a consent form for you to let you know that it is anonymized. Everything is going to be confidential.

Interviewee #2: Good. Yeah, because we didn’t like what Esperi did, to be honest.
Interviewee #2: What, I did tell them that is Filipinos are this, this and this. Filipinos would like to have this, this, and this. But, all of those were trashed.

Interviewer: They didn’t even consider it.

Interviewee #2: They didn’t. Not at all! And, the last statement that was really insulting, but I didn’t dare say it to the Filipino nurses who are now presently working. I did tell to [an employee at Esperi] that sooner or later after the contract is finish and you still don’t support these Filipino nurses, they will leave. They will go somewhere else. And, you know what [an employee at Esperi] said? We don’t care. It is alright.

Interviewer: It is really interesting because they are making so much investment....

Interviewee #2: Exactly!

Interviewer: in language training, especially this recruitment agency, Opteam, who is recruiting actively for these organisations in Helsinki.

Interviewee #2: Exactly. We were 3 people there [names the two others]. So, umm, it was really sad that Esperi asked us to help them, and then we told them, especially when it came out of my mouth. I was thinking..(sigh)’Fine’ if this is what they are thinking, we can’t effect the situation. They are private entrepreneurs and when I heard that HUS [The hospital district of Helsinki and Uusimaa] started copying the pilot, I was hoping that it would be totally different in a way that these Filipino nurses would be treated equal. Well, yes, salary wise they are being paid, according, minimum wage or ummm according to collective bargain agreement. But, what we were wanting is that, we were wishing that these Filipino nurses could also take their families here, build their own lives here, have a mortgage...umm...ummm...get an education, develop their profession, and not just, you know, stay where they are.... Because what I noticed is every time we have a meeting [referring to a support network of Filipino nurses in Finland], they tell everything: their frustrations, their anger, their...umm...what they don’t know...why things happen this way...and, so, what I did is I set a goal that we would have a peer support and each one would think and write down their problem, and then we pick one problem and then we discuss. And, if possible, we could ask a lawyer, for example.

Although the nurse from the Philippines is physically present in the domain and the other Filipino nurses are represented by the nurse in the interview, the discourses of the nurses in the domain are disregarded. The nurse vocalises various issues in terms of how the recruitment and placement should be practiced but Esperi dominates the authoritative space by disregarding her claims on the treatment of the recruited nurses. The nurse is frustrated and enraged at the lack of care in retaining the recruited nurses in terms of changing recruitment practices and structural mediating mechanisms of family reunification, career development, and equal treatment.

In terms of unions as representatives in the importation of nurses, the representative of TeHy (The Union of Health and Social Care Professionals in Finland) states that the unions are involved in the monitoring of recruitment of nurses from abroad, but also that Opteam, before recruitment, contacted TeHy about unionising the nurses (interview #5):

Opteam has worked also then with us, like the centre organisation in so that they inform us of what is going on, and we have a continuous discussion, we just met in December, so we have a discussion all the time how is the processes going and what are the problems and so on because they want to keep us informed.
The interviewee also states that Opteam has invested a lot of capital in the recruitment from abroad rather than focussing on local structural reforms within the nursing occupation. The representative later states that by recruiting registered nurses to be deskilled in the recruitment process to become practical nurses, the Filipino nurses will leave Finland to look for better career opportunities. Parallel, the representative adds that the recruitment in English as well as training the Filipino nurses in Finnish or Swedish to work in Finland creates barriers to equal opportunities for the nurses to move up the career later. It also takes away from viewing the nursing occupation locally as gendered and hierarchical in terms of occupation and social status (interview #5):

Interviewee #5: Yes, that is what we have asked also because we see it as a threat that, you know, Opteam has spent so much money, it has been so expensive because they have been pioneers and, of course, then they need to put more effort and more money. Are the Filipino nurses, are they really going to stay here? That is a threat because then, but what can you do because, you know, you can’t tell them to stay here. It is a free world, you can go if you want to. And, so that, that is a little bit worrying that ahhh of course if they want to spend the money, and have a worker for two years, that is fine. But, for example, our thinking is that all that money that Opteam has spent on this process and HUS [hospital district of Helsinki and Uusimaa] has spent on this process, they could have used the money to give a little raise for the nurses to pay a little bit better and they won’t have the problem. And, you know, it is not only ahhhh the money issue like the wage but, we have bad leadership here in Finland. We have very like unflexible working hour system or that people can’t actually affect themselves when they...it is very unflexible these systems, we have...it is very hierarchy. How do you say that?

Interviewer: Hierarchy

Interviewee #5: Yeah, that is very strong, in Finnish health care. Doctors are here and nurses are there and you are there. So it is...There are a lot of difficulties that we have and we tell them that if something has changed in the hospitals and in there at the workplaces because it is the foreign nurses, they are going to face the same problems that the Finnish nurses are facing which is the reasons that they do not want to work in the health care system. They want to go somewhere else. So, how can we guarantee that these foreign nurses they, they don’t do the same thing, they go and work somewhere else in some other field, not in the health care system. So, something should change in the health care system, and at workplaces, and we always say that, we now talk a lot about this lack of workforce in the health care business. But, we shouldn’t talk about that, we should talk about how to have...uuummmm...good workplaces. So that people enjoy working, they get enough pay and there is good leadership and all that. And, if all that is in order than we would have enough workers. Because our statistics show that there are 35,000 nurses and practical nurses who work outside of health care. So, they work wherever at shops or there at home because they get better pay and they are tired of this shift work and everything so there are 35,000 people. Of course, many are those that don’t like working in the health care, and they would never, ever come back. But, you know, there are many people who would like that things would change at the workplace. So, we think that that is a waste of resources, you know, we train people and they become nurses, practical nurses, then they work one, two, three years, then they find out that, you know, I just can’t work here. I will go and work somewhere else. And, that is a waste of resources because then it doesn’t help that we, we increase the input in the schools, and we train more nurses and practical nurses if they then stay at the health care that is a waste of resources. So, something should change at the workplace that is a problem. We discuss too much about this lack of workforce that we need to have more, more people instead we should deal with the people, and deal with the workplaces. What are the problems there, why don’t people stay there?

Interviewer: I was finding that in my research too, it is like you replace the workforce that you already have without dealing with the internal problems, and you replace it with a workforce that is lower on the hierarchal scale, in the sense, that they are coming from poorer countries that they are willing to do any job that you request them to do and that they are willing to integrate the way that they see the employer wants them to. So, these jobs, instead of changing the nature of them, it is reinforcing them and actually making them worse.
Interviewee #5: Yeah, and what we are worried about is that, you know, this plan that because like in the Philippines they don’t have practical nurses, they don’t train practical nurses so we are very worried that we have as system now that we recruit nurses, they train here to become practical nurses, and they stay and work as practical nurses and that is not ethical because they wanted to do that job that they are trained to do. And, they are trained to be nurses, so in Finland, we lack kind of that path so that that way you are know a practical nurse, you learn Finnish, and then what. How you, what is the path for you, this personal career path that how you can become a nurse in Finland. And, that is what we are worried about that we should have this a lot of these migrant nurses who work here as a practical nurse and then they stay there. And, that is not what we would want to happen.

While interviewing a representative of SuPer (Finnish union for practical nurses), the representative echoes the same point that the union is advocating against the deskilling of nurses from abroad (interview # 6):

We think it would be ethical if a nurse would be employed as a nurse and a doctor would be employed as a doctor. Not a cleaner. That is our aim. That is also our common aim with the PSI [Public Service International] which is--- we have, it is not a union, but a collaboration with 9 public sector trade unions [global federation]. We have made our own ethical rules that we want to encourage. So, this is one of the main points that we have been discussing with the recruitment agencies that if they bring someone/somebody, we want it to be ethical. And, it means that a nurse should be working here as a nurse. And, what has happened is that they don’t always do it like that but they do something else....Some recruitment agencies but I know that the union for the recruitment agencies, they have very strict and very good ethical guidelines that every recruitment agency, if they are members. They don’t have members who don’t—I don’t know, it is difficult to explain in English—but some recruitment agencies, they don’t care. If a Filipino says that it is ok for me to work as a cleaner that is ok. So, they say that the person that is immigrating, they choose but—they can choose whatever but we don’ think it is similar. We want it if you move people from another part of the—you should take care that can do the things that they have studied or learned.

Working in the social world of advocacy and advisory in a country where unions have a strong influence on the regulation of the labour market gives TeHy and SuPer authority to claiming space in the domain of producer-based care networks. For both legal and pragmatic reasons, Opteam works closely with the unions but also disseminates information to the nurses who are being recruited about how to become a union member. Although in practice Opteam complies with union and labour regulations on ethical recruitment, the workplaces for nurses in Finland are structurally hierarchical in terms of gender, race, and occupation. Opteam’s assertion in replacing a workforce already experiencing high turnover due to unfavorable working conditions such as wages and working hours does not change the workforce but rather reinforces it by deskilling the nurses through transnational recruitment practices that do not recognise the nurses’ education and skills. Opteam creates packages of nurses for the current Finnish health care labour market in which the clients’ request educated, malleable, and less paid professionals.

In 2007, actors in the producer-based care networks began to emerge, remain or stay silent in the talk of the interviews with representatives in Helsinki. The uncertainty expressed by the public actors in the recruitment of the Filipino nurses and foreign
skilled health professionals in general, leaves a space in which recruiters, such as Opteam, to stake claims in the dialogue as to which country should be recruited from and how. Although Opteam representatives note in the above excerpts that the Philippines was chosen because of what the representative term as ‘evidence’, Finnish institutionalised practices illustrate how certain policies favour particular immigrants (e.g. EU) and enforce standardisations of language and skills that place the recruited Filipino nurses in a position of deskilling and segmentation. Also, by placing representatives outside the producer-based care networks, such as the Filipino nurses working in Finland and the Philippines creates a discursive sphere that materialises into restructuring the local care labour market to favour corporate practices of the recruiters and private clients.

Below is the social world map for the year 2007. In the centre is the producer-based care network which is considered the arena or domain in which authority is asserted through discourse of representatives and within social worlds as well as social action in the practices of recruitment and placement of Filipino nurses.

Outside the producer-based care networks are the social worlds of the Philippines as well as the European Union. As illustrated above, the entities or social worlds are referred to on various occasions by the representatives in both the talk (interviews) and the text (documents). The presence of these social worlds is acknowledged and is socially constructed by the representatives.

Each social world, in which I socially construct for the purpose of analysing the data, are described below. Again, the social worlds are constructed based on Clarke’s suggested questions (chapter five, table 10 and 11) and derive particularly from the represented commitments and work of the social worlds. The social worlds and representatives are described in no special order.

**Advocacy and advisory of nurse occupation:** this social world has organisations and representatives with the mandate to advocate for the labour rights of nurses, either practical or registered and both domestically and transnationally. The purpose is also to influence labour and education policies. This social world emerges from the data through the representatives of nurse unions. The organisations and representatives in this social world are TeHy and SuPer.

**Education and training:** this social world has the purpose to provide services in education and training in Finland. This social world consists of representatives from Amiedu and their organisation.
**Third Sector:** this social world received its title as it encompasses the Red Cross; it can also be termed ‘voluntary sector’ as the Red Cross works in collaboration with local authorities but is non-profit. In 2007, Esperi was mostly owned by Red Cross and provided services for the elderly in Finland. The organisation and representatives of this world is Esperi.

**Private business and corporate:** this social world encompasses organisations and representatives whose purpose or mandate is to produce profit and is privately owned. The work in this social world receives no funding from the Nation-State or European Union. Opteam’s representatives and organisation are in this social world.

**National security and police:** this social world, has the mandate to control and regulate national borders, security and immigration. The organisations and their representatives are Finnish Ministry of Interior (Intermin), immigration services (MIGRI), and European Migration Network (EMN).

**Municipal/city governance:** in this social world, the mandate is to provide, govern and regulate social and health services in the city of Helsinki. The organisation and representatives in this social world is the City of Helsinki.

**Regulation and advisory of national health and social welfare:** the mandate of this social world is to supervise and provide guidance to health care and social services providers with the nation state of Finland. Valvira’s representatives and the organisation are in this social world.

**European Union and the Philippines:** both the European Union and the Philippines (as well as the nurses in the Philippines) are mentioned at various times in the interviews with the representatives and in the documents collected. Displayed in the map, these social worlds are placed outside the producer-based care networks. The worlds are considered as implicated as they are discursively present.
The social worlds and representatives are emerging into the domain of producer-based care networks in Helsinki. Nonetheless, as illustrated in the Figure 13 of social world maps 2007, the elected government and its associated policies, laws, and practices permeate the rest of the social worlds functioning in Finland. For instance, former PM Matti Vanhanen’s 2006 and 2007 Government Migration Policy Programme as well as the subsequent action plans will influence the commitment and mandates of the social worlds interacting in Finland. The action plan set forth to make Finland ‘more attractive’ to immigrant workers from outside the EU and encourage policy and practices that suit the labour needs of Finnish employers.

6.3 Pioneering the supply practice of transnational nursing labour

In January 2008, the Finnish Ministry of Employment and the Economy (TEM) was established. This new ministry brought together the Finnish Ministry of Trade and Industry, the Finnish Ministry of labour, and the Department for Development of Regions and Public Administration, formerly under the Ministry of Interior (Intermin). According to the then Government Programme of Prime Minister (April 19th, 2007), Matti Vahanen, the new Ministry would
assume responsibility for the duties of the existing Ministry of Trade and Industry, the tasks of the Ministry of Labour, excluding migration and integration matters, and the functions of the Department for Development of Regions and Public Administration of the Ministry of the Interior, excluding the Regional and Local Administration Unit.\textsuperscript{24}

In 2008, TEM was responsible for the operating environment of Finnish entrepreneurship and innovation, the effectiveness of the labour markets, the employability of employees, and the regional development in the global economy.

To execute these responsibilities, TEM compiles employment services’ statistics from the regional Employment and Economic Development Offices (TE) such as job seekers using the services, those unemployed, registered open positions by employers, and labour policy actions to promote the employment of job seekers. TE offices fall under ELY (the Centre for Economic Development, Transport, and Environment) who provides funding and approves different projects according to the municipality or region that the centre is responsible for.\textsuperscript{25} Under the above legislation, nonetheless, means that TEM, in 2008, is responsible solely for the domestic labour and economy and not the integration of immigrants into the labour market unless the immigrant worker has an ‘A’ status. ‘A’ status can only be obtained if the immigrant, firstly, has a working or permanent residence permit, is living in Finland and is registered as a job seeker either as a requirement for social benefits or actively seeking a job. In other words, because of TEM’s mandate and practices, the social world of Finnish domestic labour and economy falls outside of the domain of producer-based care networks. This separation creates a divide between labour of Finnish citizens and working residence with migrant background and non-Finnish residences or those recruited and working (therefore, not an active jobseeker).

In April 2008, the first recruited group of Filipino nurses arrived in Helsinki. Opteam recruited eight practical nurses, four men and four women, from the Philippines. This recruitment began in the Philippines in 2007 (interview #1.a & 1.b). According to the representative from Opteam, the Philippines is an exporting country of human capital

\textsuperscript{24} TEM’s website. Title of page 'History of the Ministry' URL: https://www.tem.fi/en/ministry/history_of_the_ministry
\textsuperscript{25} TE and ELY services available in Finnish at URL: www.mol.fi/etusivu/index.htm. Also, a report with the responsibilities in the ministries as well as TEM’s approach to social and health care services labour market is in the report by Laiho, Ul-M, Grönberg, V., Hämäläinen, Stenman, J., and Tykkyläinen, S. entitled ‘Yhteiskunnallisen Yrityksen Toimintamallin Kehittäminen’ (in English ‘Development approach to social enterprise’, self translation) (4/11) Helsinki: Ministry of Employment and Economy.
and because of the structured production of supply, demanding care for another country does not affect the health care system in Philippines (interview # 1.a).

They [the Philippines] always had the excess production for purpose to send abroad...we [Opteam] do not worsen the health care system in the Philippines.

Before the initial group arrived, Opteam had offices in Manila and Davao. Through these offices, recruitment and language training took place. The recruitment process involved the receiving of applications, interviews, and selection by Opteam. The nurses recruited were highly skilled registered nurses (a bachelor degree of four years) with various years of work experience. Most of the nurses were older and also had lived and worked abroad (interview # 1.b). In an interview, the representative of Opteam reflects back that it was not a good idea to recruit overly qualified and experienced registered nurses for practical nurse jobs in Finland (interview # 1.b). The consultant believes, however, if initially the recruited nurse complains about being overly qualified, the nurse will later comply with the new position and its limitation because of the Finnish language use.

Interviewee #1.b: so, we didn’t want to have long working experience. We didn’t expect them to have worked, for example, in OR [surgical hospital ward] like we did with HUS. So, the criteria are really different.

Interviewer: So, for the first eight that were hired for Esperi, they were quite qualified---

Interviewee #1.b: they were older, men/women and basically, the best we had then [in 2008]. And, we were also as we are still looking for, you know, the ideal person who will make it here. What qualifications do they need for... (long pause)

Interviewer: making the transition? And, why was that problematic that they ranged in different skills, that they were overqualified in some aspects?

Interviewee #1.b: Like in Finland, you are overqualified for a job, you probably don’t settle for less, in a way.

Interviewer: Ok, and you found that out because the nurses complained or because they left or?

Interviewee #1.b: They experienced or some of them experienced that well...ummm...this is something I know I can’t, I work as a registered nurse. But, then of course, as soon as they, in practice, they realize---I remember an occasion where a nurse went to a doctor with a client and found it extremely difficult. And, after that, he said ‘well, now I see why I can’t work as a registered nurse yet.

The initial language and introduction training consisted of working conditions, basic rules of employment, the workplace, culture, and the basic training of Finnish language, and was done in collaboration with Amiedu in the Philippines. Amiedu continued their training efforts when the Filipino nurses arrived in Finland. Their main objective was to further train the nurses in Finnish language but also provide vocational training for six months in which the nurses would have their knowledge and skills assessed and tested to become equivalent to Finnish standards for practical nursing (interview #1.b). When
When the first group of eight recruited nurses arrived in Finland, they were placed immediately in the employment of Esperi as trainees. The training period lasted six months and was in joint effort with language and vocational training with Amiedu.26 With the joint effort of all three organisations, a steering and project group was created to coordinate the actions of the recruitment and placement (interview# 1.b). The organisation wanted to be innovative and pioneers in managing the labour shortage in health care in Finland. The CEO of Esperi noted on their website that Esperi ‘wants to become the Nokia of the caring field’ (translation from Finnish).27 In addition, it also appears that the companies did not want to restructure the practices and system within the Finnish health care. As discussed by the representative of Opteam, the ideal candidate would be a nurse willing to work as a practical nurse and continue to be satisfied with the hired position.

After the initial recruitment and placement among the three organisations, a forum was organised for those interested in multiculturalism and health care in the Helsinki region (this was not for the three joint organisations in particular but for all those interested in the topic). The conference was entitled ‘the First Nordic Leadership Forum: multicultural management in Health care’. It was considered the first leadership forum on a subscribed theme, which, at this forum, was health care and multiculturalism. Future forums would be on other chosen themes by the organisers, the Nordic Institute for Advance Training in Occupational Health (NIVA). According to the forum’s objectives, the conference was to

Provide insight into multicultural leadership through illustrations on specific strategies from multicultural workplaces. The idea is to not only discuss challenges related to work organization and management of multicultural working environments, but also to highlight the potential that multicultural workforce provides. The health care sector was chosen because it is one of the sectors that are at first instance most affected of these changes in all Nordic countries.28

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The target audience was

senior executives and government officials as well as managers and professionals working in the field of health care or alternatively, in any other field where obtaining, integrating and keeping multicultural workforce is an issue. Managers and professionals from other than health care fields dealing with similar problematic areas are therefore also encourage to participate in the Forum. The language of the leadership forum will be English.29

Although this forum was not solely meant for Esperi, Opteam, and Amiedu, the forum acted as a debut for these organisations as leaders in multicultural workplaces and human resource management of health care workers in Helsinki. Esperi, Opteam, and Amiedu had representatives at the forum as speakers. Within each of their presentations, it appears that the representatives of the organisations structured their power point slides in accordance to the forum’s objective: to share insight and illustrations of ‘multiculturalism in healthcare’ and leadership. Each power point presentation begins with what the organisation is and does (e.g. services, work, purpose, mission) and illustrations or cases in which the representative construct their organisation as engaging with a more non-Finnish, more ‘foreign’ labour force. In particular, the representatives’ examples for engaging in the dialogue on multicultural workplaces and leadership centralise on the organisation’s involvement in the recruitment and placement of Filipino nurses. They argue that there is a domestic labour shortage in Finland for the elderly health care sector, and the organisations they represent have strategies to resolve this problem. According to the representatives, they have addressed this problem successfully.

6.4 Declaring professional expertise in transnational recruitment and placement of nurse labour

Public platforms such as themed forums which target professionals, government officials, and senior executives gives a stage for representatives to assert themselves in their domain of work as experts or authority in their respective social world. The NIVA forum on multicultural management in health care provided a space for Esperi, Opteam, and Amiedu to assert not only what their organisations do, but also how the organisations can provide authoritative guidance in the management of transnational care labour through the illustration of the recruitment from the Philippines.

6.4.1 *Esperi: the ‘show stopper in strategy execution’*

In her presentation, the CEO of Esperi, Marja Aarnio-Isohanni, describes Esperi as providing ‘products and services for the elderly that increase the safety and support for independent living’ and Esperi ‘works in tight co-operation with municipal social services and support’. She also presents ‘facts’ (title of slide) about Esperi, listed as follows (Aarnio-Isohanni, 2008; direct excerpt from slide—Figure 14),

<table>
<thead>
<tr>
<th>Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Personnel 650 (incl. permanent and temporary personnel)</td>
</tr>
<tr>
<td>• Headquarters in Helsinki; other offices in Espoo, Kempele, Kerava, Kontiolahti, Kuopio, Liminka Loviisa, Oulu, Pori, Raase, Seinäjoki, Turku, Ulvila and Uusikaupunki.</td>
</tr>
<tr>
<td>• Customers in 150 cities and municipalities</td>
</tr>
<tr>
<td>• Turnover in 2007: 18 meur 80% municipal and 20% private customers</td>
</tr>
<tr>
<td>• Turnover (estimate) 2008: 30 meur and 2009: 50 meur; forecast 2012: 100 meur.</td>
</tr>
<tr>
<td>• Holding: Finnish Red Cross 10%, management 15%, Unicus, EQ Bank, Aktia Bank and private Finnish stakeholders</td>
</tr>
</tbody>
</table>

**Figure 14 Esperi’s Niva presentation—‘Facts’ on Esperi [power point slide]**

The CEO further presents Esperi in terms of vision and mission (Figure 15). According to Aarino-Isohanni, the vision of Esperi is ‘to become a leading senior care and major health care company in Finland’ and the mission is ‘to support elderly people’s independent life.’ This slide is presented with a picture of two elderly women having coffee in the Helsinki market place near the port. Locating the women in the picture is the Helsinki Lutheran Cathedral, an icon of Helsinki, which is behind and between them.

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After introducing Esperi, the CEO turns to the question ‘Why foreign employees?’ in which her slide is entitled (Figure 16). The contents of this slide explain why Esperi has considered recruitment from outside Finland. The reasons are as follows

<table>
<thead>
<tr>
<th>Why foreign employees?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demographic change in Finland</td>
</tr>
<tr>
<td>- The population is ageing-this gives us business opportunities</td>
</tr>
<tr>
<td>- But at the same time we experience staffing difficulties</td>
</tr>
<tr>
<td>• The change in labor market</td>
</tr>
<tr>
<td>- Young people get educated in health or social care but leave the sector for better paid jobs</td>
</tr>
<tr>
<td>- The work itself doesn’t bring fulfillment</td>
</tr>
<tr>
<td>• Heavy work in shifts</td>
</tr>
<tr>
<td>• Esperi’s growth strategy called for new ideas and innovations</td>
</tr>
</tbody>
</table>

By focusing on these reasons to recruit foreign employees, she touches on two points: (1) there is a demand for elderly care services because of changing demographics (e.g. Finnish citizens are ageing), and (2) there is a change in the labour market. In this last
point, the CEO argues that young people are not educating themselves for the nursing profession and are leaving the sector for better paid jobs. She also notes the work [in this case, practical nursing] does not bring fulfillment and is heavy work.

Within these introductory slides, Esperi, as an organisation, is depicted as a ‘leading’ voice in elderly care services but also in the provisions of practical nurses to work in the sector. The CEO claims that practical nursing, as an occupation, does not bring fulfillment and is heavy work. As such, according to the text, Finnish students are not entering the profession or getting educated as practical nurses. This leaves a space for ‘growth’ for new ideas and innovations, which Esperi can exemplify.

The next slide illustrates the new ideas and innovations with a call for action. In this slide, Esperi practices a ‘show-stopper in strategy execution’ (Figure 17). This execution entails the employment of practical nurses domestically and from abroad as in the Philippines.

**Need for action**

- The labour shortage is a challenge for Finnish welfare and also Esperi Care Oy as show-stopper in strategy execution
- Esperi’s solution is two-fold “both-and, not “either-or”:
  - Employees from Finland and
  - Abroad: Case Philippines

**Figure 17 Esperi’s Niva presentation-‘Need for action’ [power point slide]**

Presenting ‘a need for action’ is illustrated by the CEO with a picture (Figure 18) of her pulling her management team through snow within a forest. This picture locates the ‘need for action’ in a geographical location where it is cold, and there is snow (Finland) but also denotes an action of the CEO physically pulling or leading her team forward, displaying the execution of an action or a strategy.
The CEO presents two central actions to Esperi’s ‘show-stopper strategy’: hiring labour in Finland and hiring labour from abroad. The latter ‘action’ is discussed with a slide entitled ‘case of the Philippines’\textsuperscript{31}, in which she describes the ‘joint project’ (or ‘pilot’) of recruiting practical nurses from the Philippines with Opteam and Amiedu in its ‘final phase’. In this section of her presentation, she details that the project entails recruitment by Opteam in the Philippines, teaching Finnish language and giving vocational training by Amiedu in Finland, and the creation of a steering group and project group for coordination of actions. She notes that this joint project aspires to bring one hundred nurses from the Philippines in year 2008-2009. She details that the nurses work as trainees at Esperi homes for the first six months while receiving language training in Finnish and vocational training as practical nurses. After this six months period, the nurses are licensed practical nurses. A picture in her presentation illustrates the recruited nurses at work in an Esperi workplace (Figure 19). The recruited nurses, a man and a woman, are dressed in the Esperi’s uniform and serving elderly clients.

\textsuperscript{31} Presentation by Esperi’s CEO, Marja Aarnio-Isohanni. ‘Esperi Care Oy: Better Care’. Presented at the First Nordic leadership forum: Multicultural management in health care. October 6, 2008.
The slide follows with another slide entitled ‘**Case of the Philippines: lessons learned**’. In this slide, she indicates with various bullets (Figure 20)

### Case Philippines: lessons learned

- Doubts, misbeliefs; later on acceptance, even applauds
- Not to get too excited: nail your feet on the ground=economic realities, profitable business
- Prepare your organization in advance, adequately: Diversity and multicultural training, processes,...
- Prepare your clients and partners
- Have infrastructure in place in good time
- And check again

The CEO mentions that in Finland, there were doubts and misbeliefs about recruiting from the Philippines. It is not quite clear what these doubts and misbeliefs derive from and by whom, but it is assumed it is amongst other actors in the producer-based care networks as well as the media. The CEO also mentions in the slide that it is important to prepare your organisation as well as your clients and partners in terms of
multiculturalism and diversity, and this should be done with training and good infrastructure. Furthermore, she metaphorically grounds Esperi in economic reality and profits with nails into the organisation's feet, which associates the production of this transnational recruitment of human capital with capital investment and gains. Esperi, as an organisation, is constructed as actively leading transnational recruitment and placement practices.

This last slide is followed with the final slide of the presentation and is entitled ‘And as they came’ (Figure 21).

**And as they came...**

- **Understand people issues**
  - There will certainly be problems/challenges
    - Be prepared for anything
  - Understand reasons for working abroad
  - Understand cultural background; be flexible
  - Language is a big issue! Focus on it.

**Figure 21 Esperi’s Niva presentation- ‘And as they came...’ [power point slide]**

This last slide reflects Esperi’s imported package for their clients: nurse human capital. Humans come with people issues and Esperi as well as the collaborators, Opteam and Esperi, notes this as ‘problems/challenges’. These problems/challenges are transnational (reasons working abroad and cultural background) as well as communicational. What is left for the audience or the readers of this slide is the ambiguity of these problems. Why are the elements problems? Were these elements underestimated before the arrival of the nurses? What were Esperi’s expectations of the nurses? Did some of the recruited nurses leave back to the Philippines; what is meant by ‘reasons’ for working abroad? Is this family related or income related? These questions are left up to the audience to answer; nevertheless, Esperi, through their expertise and pilot recruitment, foresees these local challenges and can provide solutions.
6.4.2 Amiedu: seeking partnership in future trends and potential clients of health care labour

Amiedu's presentation entitled ‘Nurses from the Philippines- the future trend in Finland?’ was presented by Timo Karkola, the director of Ami Foundation and Amiedu. Timo Karkola introduces Amiedu in the first slide as ‘Finland’s largest vocational adult educator’. His slide describes Amiedu as (Figure 22)

<table>
<thead>
<tr>
<th>Amiedu is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• owned and maintained by the Ami Foundation</td>
</tr>
<tr>
<td>• dedicated to improving the skills of individuals and organisations</td>
</tr>
<tr>
<td>• a full service educator:</td>
</tr>
<tr>
<td>• more than 80 vocational, further vocational specialist vocational qualifications</td>
</tr>
<tr>
<td>• nearly 40 professional certificates</td>
</tr>
<tr>
<td>• needs analysis for training and development</td>
</tr>
<tr>
<td>• Consulting</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amiedu – key figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Over 18,000 adult students enrolled in 2007</td>
</tr>
<tr>
<td>• Some 350 adult education specialists and an extensive network of partners</td>
</tr>
<tr>
<td>• Turnover of EUR 25.5 million in 2007</td>
</tr>
</tbody>
</table>

Figure 22 Amiedu's Niva presentation- ‘Amiedu is’ [power point slide]

The slide is then followed with an explanation on the joint relationship with Opteam and Esperi. The director presents in the slide entitled ‘seeking partnership: benefits for the customer’ (Figure 23).
This slide on benefits illustrates Amiedu as a provider of training and educational services that are based on customer’s preferences but also the services are compliant with national and local standardisations (e.g. in the case of the Filipino nurses and the teaching of Finnish language as well as nursing license and requalification; this probably refers to Valvira).

The following slides focus specifically on the partnership with Opteam and Esperi to train nurses from the Philippines, which serves as an illustration of current and potential partnerships with local private businesses. A slide entitled ‘training nurses from the Philippines’ describes Amiedu participation (Figure 24),
Training nurses from the Philippines

- Pre-departure orientation
- Training staff from the host organisation to serve as workplace guides.
- Completion of the Vocational Qualifications in Social and Health Care (Practical Nurse) through competence tests in Finland

Figure 24 Amiedu’s Niva presentation-‘Training nurses from the Philippines’ [power point slide]

This slide places Amiedu and their teacher in the Philippines before the nurses departed in 2008 as well as in Finland when the recruited nurses arrived.32 Between the years of 2008-2010, Amiedu also created a project entitled ‘Coping with Finns (COFI)’ which was funded by the European Social Fund (ESF). This project’s objective was to promote work-derived migration approaches with school, business, public authorities and the third sector in Finland. The project was to assist in the integration of needed labourers. In 2010, COFI published a report in the book by ELY entitled ‘Open Finland-who is responsible? Employment based immigration’ (in Finnish ‘Avoin Suomi-kuka vastaa?: Työperusteisesta maahanmuutosta) (ELY, 2010) and a report in 2015 entitled ‘Working life certificate-for immigrants’ (Amiedu, 2015). Using the Philippines as an illustration of potential work-derived migration, Amiedu asserts the organisation’s potential and expertise as the dominant teachers and trainers for immigrant workers and integration into Finnish society or ‘coping’ with Finns.

In line with local collaboration with Amiedu and others in Finland, Karkola displays a slide entitled ‘Competence-based qualifications for Adults’ (Figure 25):

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32 At this time, there was only one teacher (Kirsti Hujanen) in in the Philippines (city of Mindanao) working for Opteam.
This slide illustrates Amiedu’s collaboration with not only the customers but other representatives involved in the testing and evaluation of work based competency. This puts Amiedu in relation to not only Opteam and Esperi as an educational provider, but also Valvira in terms of preparing the Filipino nurses for national and regional ‘competence-based qualifications’ tests. Following this slide is the question **‘Can a Candidate Prepare for Skills and Demonstration Tests?’** (Figure 26). This slide makes reference to Valvira testing for both registered and practical nurses, but also language qualification. By asserting Amiedu as the provider for models to prepare the nurses for these qualification tests, Amiedu becomes apart of the producer-based care networks by not only applying required and legal requirements in practice with the nurses, but also providing models and teachers on how to do so. This asserts Amiedu’s authority in how to recruit and place the nurses from abroad but also discursively defines their practices in the producer-based care networks. As Amiedu provides customer based services, the organisation works in collaboration with the Finnish State and municipalities, the European Union, and private, for profit businesses in accordance to the customer’s objectives and mandates. Working in collaboration with Opteam and Esperi lays the foundation for how human resource practices are formed in terms of training non-Finnish nurses in the Finnish language as well as certified nursing qualifications. The collaboration of the companies, particularly as the companies and their social worlds dominate the producer-based care networks, creates a highly,
politically coordinated national strategy as to how to transnationally recruit nurses and predetermines the path of the non-Finnish nurses into the Finnish nurse workforce.

Can a Candidate Prepare for Skills Demonstration Test?

- Skills demonstration tests normally involve educational establishments that arrange training for the qualifications or its modules, during which students demonstrate their skills through various practical tests.
- Preparatory training may either be voluntary or publicly subsidised labour market training for adults, in the form of an apprenticeship or in-service training.

The next slide entitled ‘Language competence’ refers to the language competence of the nurses from the Philippines (Figure 27).

Language competence

- The students are well-disposed to language learning, showing confidence and a sense of practical purpose.
- Despite distance learning modules, the standard of student language competence was very elementary at the beginning of March.
- Students involved in pre-departure orientation had reached A1.1 language competence standard by the beginning of May.
- Studying and working in the Finnish language remains laborious and difficult or even impossible.
- Positive feedback on language skills provides encouragement at a crucial stage and helps the student preserve.
- However, this feedback responds to superficial aspects of language (pronunciation, fluency) and says little about linguistic competence.
- The most rapid progress occurs in specialised language, and level B1.1. command of the vocabulary, topics and functions of the care sector can realistically be achieved in as little as six months. General communicative competence, on the other hand, takes much longer to develop.
This slide on language competence locates the recruitment and placement in time. The presenter notes that the students were involved in pre-departure orientation and have reached the A1 level (beginners) in Finnish language by the beginning of May, 2008. The first recruited Filipino nurses were recruited in April 2008, and the slide shows that the language training was during the apprenticeship at Esperi. The slides give the impression that the language was learned in practice as a nurse rather than in a classroom.

As in Esperi’s slides, the discourse in the powerpoints slides’ text about skills and competence as a practical nurse is closely tied with the use and level of Finnish language among the nurses.

In regards to the outcome of training the nurses from the Philippines, the director divides this into two slides: ‘Workplaces’ and ‘Lessons learned so far’. The latter slide refers specifically to the recruited nurses, and the pilot project between Amiedu, Esperi, and Opteam. The slide entitled ‘Workplaces’ (Figure 28) stresses again the use of Finnish language and language learning but also indirectly speaks of the practices in the workplace that can aide the nurses in their learning of Finnish. The director emphasises actions or practices such as ‘co-operation’, ‘teamwork’, ‘effective routines’ as well as sharing information, particularly if the Filipino nurse is not working together with the ‘workplace guide’ (the assumption is made that the guide is a native Finnish speaking practical nurse).

<table>
<thead>
<tr>
<th>Workplaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Good feedback from workplaces!</td>
</tr>
<tr>
<td>• Workplace guides are crucially important resource for language learning.</td>
</tr>
<tr>
<td>• A good sense of team spirit is needed at work. Many are already accustomed to speaking plainly.</td>
</tr>
<tr>
<td>• Co-operation is important. For example language learning is enhanced by effective routines and teamwork in creating systems (explaining, articulating, adequate repetition or basic questions and stock phrases in the same terms, etc.</td>
</tr>
<tr>
<td>• It is important to share information. There may be few shifts worked together with the workplace guide.</td>
</tr>
</tbody>
</table>

Figure 28 Amiedu’s Niva presentation-‘Workplaces’ [power point slide]
And, the last slide in regards to the nurses entitled ‘Lesson learned so far’ details as follows (Figure 29),

**Lessons learned so far**

- Foster the right attitude, learn the required skills.
- Multicultural training takes time, as does acquiring Finnish language competence.
- Excessive optimism is unwise. It is more realistic to expect a lengthy period of maturation for language skills, with reasonable competence ideally achieved in 8-10 months.
- Lay assessment are readily exaggerated.
- What’s newsworthy? 1,800 immigrants were involved in training courses in 2007, with just 8 nurses from the Philippines hogging nearly all of the headlines. the press sees what the press wants to see.

![Figure 29 Amiedu’s Niva presentation-‘Lessons learned so far’ [power point slide]](image)

If this last slide is compared to the last slide of the Esperi’s presentation (Figure 21), the slides are quite similar in their social construction of the pilot study of the recruitment. There is an emphasis on the patient and fostering the right attitude towards ‘multicultural’ training in the nurses’ workplace. This focus on multiculturalism appears to be out of place with the ‘lessons learned so far’ as there is more of an emphasis on Finnish use and acceptance of their learning rather than a focus on culture. It would seem that culture and Finnish language use by a non-Native speaker is interchangeable. As such, multicultural and multilingual training gives the impression to be the same word.

### 6.4.3 Opteam: ‘partner of the future’

In the presentation of Opteam, the first slide is entitled ‘OPTEAM Partner of the future: Partner for the Future’. The representative presenting on behalf of Opteam is the then HR director, Minna Vanhala-Harmanen. The slide explains what Opteam is and what its mission is (Figure 30):
Opteam’s mission is to produce the best possible HR solutions for its’ customer companies and to offer skilled personnel for their needs.

This slide is followed by four different countries that Opteam has offices. These countries are Finland, Poland, Slovakia, and the Philippines. In Finland, the slide indicates that Opteam has 27 offices across the country. In Poland, Opteam has offices in Warsaw and Katowice; in Slovakia, Prešov, Košice, and Bratislava; and in the Philippines, Manila and Davao. Nonetheless, the Philippines is the first country in which nurses are recruited. The other countries, Opteam recruits constructions workers and cooks.

The following slide breaks down the recruitment practices from the Philippines by Opteam, Amiedu, and ‘the customer organisation’ (which, at this time, is Esperi). The
slide is divided into six categories which are allocated according to organisations: selection of employees, introduction and possible Finnish language training, permit process employment contract, arriving and living in Finland, training/induction, and beginning work. The following table divides the categories and organisations similar to the slide (Table 13),

<table>
<thead>
<tr>
<th>Table 13 Opteam's Niva presentation-'Professionals from the Philippines'</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selection of employees</strong></td>
</tr>
<tr>
<td>1) application</td>
</tr>
<tr>
<td>2) interview</td>
</tr>
<tr>
<td>3) selections</td>
</tr>
<tr>
<td><strong>Introduction and possible Finnish language training</strong></td>
</tr>
<tr>
<td><strong>Permit processes and employment contract</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Arriving and living in Finland</strong></td>
</tr>
<tr>
<td><strong>Training/induction</strong></td>
</tr>
<tr>
<td><strong>Beginning Work</strong></td>
</tr>
</tbody>
</table>

This slide helps not only disseminate information of Opteam’s recruitment practices in the Philippines and placement practices in Finland, but also Opteam’s relationship to Esperi (customer organisation) and Amideu. As this presentation was presented in October 2008, the practices are in retrospect and applied specifically to the eight pilot Filipino nurses that came in April 2008.

The slide that follows is entitled *Recruitment in the Philippines: A possibility*. In this slide, a graph is shown that is titled 'Number of passers from 1994-June 2008. This graph shows that in year 2007 the number of ‘passers’ (referring to the Philippine Nurse Licensure Examinations) was 31,275, and in year 2008, 27,765. The slide explains this graph by stating (see Figure 32),

Results of the Philippine Nurse Licensure Examinations above

More nurses educated than needed, unemployment
More than 150,000 Filipino nurses are now working abroad
Overpopulation an increasing problem
Filipino nurses are highly appreciated everywhere

Figure 32 Opteam’s Niva presentation-‘Recruitment in the Philippines: A possibility’ [power point slide]

The slide legitimises the Philippines as a ‘possibility’ for recruitment because Filipino nurses are educated and go through a systematic evaluation of skills. As illustrated in the graph chosen by the presenter, the number of ‘passers’ of the nurse licensure examination in 2006-2007 is around the same time when Opteam recruits. The presenter also indicates that push factors such as overpopulation, unemployment, and international recognition of Filipino workers are reasons as to why recruitment from the Philippines is a possibility.

The slide is followed by a title ‘Recruitment in the Philippines: A Challenge’; this slide makes the following observations:

- Nurses (and other workers) are considered as important export product of the Philippines
- Recruitment is regulated and supervised by the government (medical examination, trade tests for the employees, registered agencies, bureaucracy)
- Illegal recruitment is a severe crime
- Overseas workers have great economical influence
- Through foreign exchange remittances, these workers account for approximately 10% of gross domestic product.
- Recruitment itself is an abundant business in the Philippines (Placement fees)

This slide as written above has a title that creates an expectation to the viewer that it will discuss recruitment from the Philippines by Opteam but also that it is a challenge. Although it reinforces the idea that the Philippines is an ideal country for recruitment
(e.g. recruitment is regulated by the government and oversea workers’ potential for remittances), the slide does not display challenges. Subsequently, this slide is followed by a slide entitled ‘Ethical recruitment process’ (Figure 33) which may be the reasoning for the previous slide. In this slide, the presenter refers back to ethical recruitment processes that comply with the regulation in the Philippines. Also, in this slide, the presenter argues that Opteam is ethical as there is ‘no placement fees’, Opteam co-operates with local authorities, and Opteam provides all the necessary tangible elements of the recruited nurses’ migration. This slide illustrates that Opteam is producing the relocation or transfer of this care human capital from one geographical location to another. And, from one heavily regulated social infrastructure to another heavily regulated social infrastructure, which is Finland, a Nordic welfare state which has various regulatory bodies in place to advise and control patient’s safety (e.g. Valvira).

<table>
<thead>
<tr>
<th>Ethical recruitment process</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No placement fees!</td>
</tr>
<tr>
<td>• Co-operation with local authorities</td>
</tr>
<tr>
<td>• Provision of language skills prior and after arrival</td>
</tr>
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<td>• key to society</td>
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<tr>
<td>• Adequate information prior to arrival</td>
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<tr>
<td>– Expected income, cost of living, working environment, employment legislation</td>
</tr>
<tr>
<td>• All arrangements taken care of in Finland</td>
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<tr>
<td>• Reception at the airport</td>
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<tr>
<td>• Accommodation with furniture arranged</td>
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<tr>
<td>• Recruitment on ethically-sustainable principles can increase well-being in the nurses’ old and new home countries alike.</td>
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Figure 33 Opteam’s Niva presentation-‘Ethical recruitment process’ [power point slide]
6.5 Opteam’s optimism as future producers of client focused nurse labour in Finland: Opteam’s HR magazine

Before the first group of recruited Filipino nurses arrived, Opteam produced and disseminated an HR magazine entitled *Optimist*.34 *Optimist* focuses on the first group of recruited Filipino nurses (issue #3), and then in the last issue, the theme focuses on the labour shortage in Finland and the need to recruit from abroad (issue #4). *Optimist*, discursively, socially constructs Opteam as the recruiter (and producer) of qualified, Finnish speaking nurses from the Philippines. *Optimist*, through messages from the editor, pictures, and interviews with representatives to inform the reader on *Optimist*’s chosen themes, creates a ‘discursive resource’ (Watson et al., 1998) to persuade and legitimise the potential of Opteam’s recruitment services to supply nurse human capital. *Optimist* is self documenting, in the sense, that pictures and texts create a ‘non-human’ or material discursive construction of Opteam as a recruiter, the Filipino nurse as human capital, the Philippines as an exporter of nurse human capital, Finland as an importer of Filipino nurses, and practices of transnational human resource management as set forth by Opteam. Opteam asserts its authority as the producer of care human capital to a local audience of potential paying customers but also national policy decision makers.

In an interview with an Opteam representative, I posed a question about the importance of *Optimist* as I saw the issues in a picture used by Minna Vanhala-Harmanen, the then chief operating office of Opteam, in her presentation at the European Migration Network (EMN) in September, 2010. The representative says that *Optimist* is a reference as it gives a history as to how the recruitment from the Philippines started (interview #1.b):

Interviewer: And, I noticed that she [Minna] was flashing by a couple photographs of people learning more about the recruitment of these Filipino nurses, and they were flipping through this magazine of the *Optimist* [referring to Vanhala-Harmanen’s EMN’s presentation]. So, I am wondering, did the clients receive the magazine?

Interviewee #1.b: Yeah, and then, well, just about anyone who wants to know about this.

Interviewer: So, it is a resource.

Interviewee #1.b: It is. It is used. Now, of course, with gaining experience, we have the clients who can also talk to new potential clients as we do in any branch here. So, references are often asked. But, the magazines still are in use at times even though they are a bit old now. They talk about the history, how it started. And, that is nice.

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34 The year is assumed to be 2008 as each magazine is not dated. I called Opteam various times and was told that they did not know the exact publication. In an interview with the Opteam’s consultant (#1a), she gave me the four issues published, but also in the second interview (#1b), she states *Optimist* is still in use but is old.
In total, *Optimist* has four issues. The first two issues are solely in Finnish, and the last two issues are in Finnish and English. The last two issues center on the Filipino nurses and immigration labour (issue #3) and the future of immigration labour to Finland (issues #4). *Optimist*, as a text, has a common structure throughout its issues. The magazine is divided into three sections: (1) a message from the editor on the issue’s theme, (2) ‘facts’, and (3) ‘stories’ (which relate to the cover page of the magazine). On the first page or the page after the cover is a list of quotes from the stories found in the theme issue. This page is followed with the message from the editor, which is followed by the themed stories.

In *Optimist*’s issue #3, the cover page lists four topics (or stories) that are addressed within the issue:

INTERNATIONAL WORKFORCE (*capitalised in the text*)
(*space to place under text*) and a versatile working community

NEW HEROES OF WORK (*capitalised in the text*) (*space to place under text*) PHILIPPINEAN (*sic*) PRACTICAL NURSES ARRIVING IN FINLAND

ESKO AHO (*capitalised in the text*) (*space to place under text*)
Observations on working life

ATTITUDE CLIMATE CHANGE (*capitalised in the text*)
(*space to place under text*) À LA RISTO LAAKKONEN

The picture that is captured behind this text is three recruited Filipino nurses by Opteem and Esperi smiling somewhat apprehensively (see Figure 34). There are two men and one woman in the centre of the group. All of the nurses look to be around or over the age of 30 years. The backdrop of the cover is white and the nurses are dressed in white uniforms, not the same uniforms as shown in Esperi’s presentation at NIVA’s forum, where one of the male nurses is also displayed. The colour for the cover is green and white which may be representative of the theme segment on the climate or environment but it can also refer to the nurses and symbolize freshness (beginnings), harmony, and safety.
Figure 34 Cover page of Opteam’s Optimist (issue #3)

The text of the cover page highlights the themes within the issue, but also describes the people of the text as ‘new heroes of work’, an ‘international workforce’ and ‘a versatile working community’. These topics are reintroduced on the second page which consists of a letter from the editor, Jaana Kaarela (Opteam’s marketing director), who writes that there is a shortage of labour in Finland and a need to recruit trained professionals wanting to work abroad. A piece of text that is solely highlighted in bold on the left hand side of the editor’s letter is ‘Opteam’s ethical principles include not collecting a placement
fee from applicants’. The text from the editor reads as follows (2008a: 3; the italicize are in the text),

In the current issue of Optimist, just as in today’s media generally, the words *immigrant*, foreign and *work-related* repeatedly occur in the context of working life. They are often found in the context of issues such as: Where will we get labour force from? The current issue of the Optimist finds answers to these questions. In 2006, 17% of Finnish employees were over 54. The amount of available workforce will start to drop in 2010. According to an estimate, 17,000 people will leave the market ever year, even if the number of immigrants grows by 7,500. In 2010-2025 the size of the working population will drop by a total of 265,000 (*source: Mol 2007, Prime Minister’s office*).

We have a labour shortage, but no shortage of people. The labour shortage may only be due to a lack of courage, of the right attitude and will to change things. The change can begin with small steps, such as employing the first non-Finnish speaker in the company. This could be the first practical measure to ensure that growth will not be prevented by shortage of labour.

Statistics Finland estimates that Finnish population will grow by 0.4% in 2007, due to a record immigration gain of 13,500 people. Work permit practices will play a major role in this trend. We at Opteam have also observed the process closely. We are happy to say that our first Filipino recruits have already obtained their work permits, and are currently awaiting decisions from Philippine authorities to begin their journey to Finland. Opteam ethical principles include not collecting a placement fee from the applicants.

For this issue, we interviewed these trained professionals wanting to work abroad; they are members of the international labour market, with Finland one option among many. We will hear their stories, why they want to work abroad and why in Finland. They are the people behind the words labour and foreign.

They will come alone at first, with families possibly following later. We will hope that as many as possible will stay in Finland. They will, if they find a community and a job at a company that is willing to take the steps towards a multicultural workplace and an open attitude climate. At the same time, the company will ensure its growth with foreign labour.

In the letter, the editor argues that there is a need for labour as the Finnish population, on average, is closer to retirement than working life. She also notes that it is important for employees in Finland to take steps towards a more ‘versatile working life’ (as in the title) and employ non-Finnish speakers. She indicates that Opteam has recruited from the Philippines practical nurses but that the nurses have yet to arrive. This illustrates that the Filipino nurses are interviewed for Optimist before they arrived and began work in Finland. As written in the text above, these nurses are behind the word labour and foreign are central to the theme’s issue (2008a: 3):
We interviewed these trained professionals wanting to work abroad; they are members of the international labour market, with Finland one option among many. We will hear their stories, why they want to work abroad and why in Finland. They are the people behind the words labour and foreign.

In addition, the editor describes the transnational linkages of these nurses to their home country of the Philippines by writing (2008a: 3):

They will come alone at first, with families possibly following later. We will hope that as many as possible will stay in Finland. They will, if they find a community and a job at a company that is willing to take the steps towards a multicultural workplace and an open attitude climate. At the same time, the company will ensure its growth with foreign labour.

As illustrated in the NIVA’s powerpoint presentations, the emphasis in the editor’s letter on the employees and Finnish workplace is to be ‘open’ and take steps towards a ‘multicultural workplace’. On pages four and five, this emphasis is reinforced with the titles from the cover page: international workforce and a versatile working community. On this page, this title is explained through what is called ‘facts’ (2008a: 4-5). These ‘facts’ include comments that the Finnish immigration services need to be more customer oriented, the Finnish population is ageing, the employer’s checklist when hiring an immigrant (this fact gives instructions on work permits through the police and social benefits through KELA), and lastly, there is an increase in leased labour in Finland. This last topic highlights how the public service in Finland is orientating to more leased work or contractual work that is placed by leasing companies. In other words, according to Optimist, a versatile working community is a community prepared and willing to hire non-Finnish employees that are versatile and leased or contractual.

Following these ‘facts’ are ‘stories’ on the migration of foreign labour as referenced in the editor’s opening comments. The first personal ‘stories’ covered by the edition are by the first recruited Filipino nurses. The title for these stories is ‘HERE WE COME!’ (all capitalised letters), and covers the stories of four nurses, three of whom are on the editions’ cover page: Ruby Tuton, Arnel Rivera, Francis Aguiling, and Arnel Noel Gellada. These stories consist of the perceptions of the nurses about Finland, working abroad as a nurse, and being a nurse. Two square boxes that are coloured green (1) and black (2) have the following titles: ‘New heroes of work’ (1) and ‘A diverse working community’ (2). The first box ‘new heroes of work’ justifies the title. It indicates that this
is what the nurses are called in their home country: ‘modern heroes’. It goes on to state that ‘large Filipino communities live in places as diverse as Hong Kong, the United States, Saudi Arabia and Nigeria-160 other countries. The Filipino have become one of world’s most international nations’ (2008a: 8). The text also mentions how Filipinos speak English as the language has a strong position in its educational system as a result of the Philippines being an ‘old’ ‘colony’ of the United States. The article also notes that the Filipinos have an incentive to move abroad because of remittance payments, and that ‘Filipinos are popular workers, as they are known for their positive attitude, quick adjusting and hard work’ (2008a: 8).

Figure 35 The recruited Filipino nurses of the first group and their ‘stories’

On the first page of the ‘stories’ (Figure 36 and 37), the text is authored by Antti Helin, not the recruited nurses. The reader assumes that the author also conducts the interviews with the nurses. Helin introduces the stories on page six (corner left side) with the text entitled ‘Filipino practical nurses arrive in Finland’. In this introduction, he also reinforces that Finland’s demographics are changing as the baby boomers retire, and there is and will be a labour shortage. The text reads (2008a: 7):

The welfare and health administration will face great challenges when the baby boomers retire. We will have fewer nurses and more patients to care for. 69,000 nurses, 29% of the current workforce, will retire from municipal health care by 2017. At the same time, population age and the need for care increases: by 2017 over 725,000 Finns will retire. Shortage of labour will be worst in geriatric care in the metropolitan area.
He also writes under the title ‘Here we come!’ how stories were retrieved by Opteam (2008a: 7),

Optimist went to the Philippines to visit nurses applying for positions as practical nurses in Finland. We now introduce some of them.

For each story of the recruited Filipino nurse, a quote is highlighted out of the text. For the first story of the recruited nurse, Ruby Tuton (age 28), the quote that is associated with her story is

In Finland I could cook for my new colleagues. I’m also good at dancing. I could go dancing or teach tango, salsa and waltz.

Her story also begins that she worked in Saudia Arabia until she became pregnant and her contract was not renewed (2008a: 7):

I worked in Saudia Arabia for two years. I returned from the Philippines when my work contract was not renewed and I was pregnant. My husband is a seaman. We have been married for seven years but see each other rarely. Before I moved to Saudi Arabia, we were together for four or five months per year and then more rarely when I lived in Saudia Arabia.

As her story continues, she comments that she is not nervous about moving to Finland as she learned the language in Saudia Arabia in two years and the conditions in Saudia Arabia were very different from the Philippines (2008a: 7):

I’m not nervous about moving to Finland. I adjusted well in Saudia Arabia. I learned the language in two years. We dressed in cloaks that covered our faces and lived next to the hospital. Men and women lived separately and we couldn’t leave our accommodations without permission. They took us women shopping for three hours at a time with a bus; all shopping had to be done in that time. We had the most fun when we Filipino spent the evening together and cooked together.

The following stories are by the male nurses. In total, there were four male nurses and four female nurses recruited in the first recruited group. The first story of one of the male nurses is Arnel Rivera (age 42). The story associated with his story and highlighted in black (2008a: 8),
His story begins with a quote on how he finds working as a registered nurses in the operation ward as rewarding, particularly after a successful operation. He is quoted as saying (2008a: 8):

I want to build a proper house for my family and get a good education for my children. That is my only dream.

The story continues that Arnel has worked as a nurse for 18 years. He applied to a nurse’s position in Finland because Opteam did not ask for placement fees like agencies representing Canada or Australia. He hopes that he could bring his family to Finland in the future (2008a: 8):

I work in the operating theatre and the maternity ward. The best moment of my work is right after a successful operation, when the patient has been saved. The feeling is very rewarding.

The next recruited nurse is Francis Aguiling (age 31). The bold quote associated with the text is (2008a: 9)

When I started as a nurse, I didn’t think about money or moving abroad. This is my calling.

Through his story, it is revealed that Francis’ father wanted him to be an architect, but that he always wanted to be a nurse since he lost his mother at a young age to Leukaemia (2008a: 8):

When I begun my studies as a nurse, I didn’t think about money or moving abroad. This is my calling. I was young when my mother died of leukaemia. In the end she didn’t recognise me any longer. Since then, I have wanted to be a nurse: to help people in situations like that.
It seems that Francis is also asked the question as Ruby was: will you be nervous to move to Finland? The text reads (2008a: 8):

I’m very open-minded, so I’m not nervous about moving. I believe I will adjust well in Finland and find friends easily. I’m still single. The only thing I’m nervous about is that I will be abroad for the first time in my life. It will also be the first time I will live alone. I still live with my father and grandmother. If possible, I will stay in Finland until I’m old. It would be great to be able to take my father there too some day.

The last interview and story is by Arnel Noel Gellada (age 33). The quote associate with his story is (2008: 9):

I am amazed at how well social democracy works in Finland.

In Arnel’s story, it reveals that in the Philippines, he divides his work life between being a nurse in a hospital as well as teaching nursing in colleges which allows him to make more salary for his six-year old son and wife. He also begins that he initially trained as a lawyer but could not find work so he became a nurse instead. He argues that this change of professions is common in the Philippines. The text writes (2008a: 9):

Now I divide my time between working at a hospital and teaching nursing in colleges. This way, I earn better than as a full-time nurse. My son is now six. I must work harder than ever to be able to send him to a good school. My wife works at the municipal government. My father and sister live in the United States. My uncle and aunt also live there. But it is so difficult to get into the States that I have tired of waiting and applied for work in Finland. My mother still lives in the Philippines. I have friends all over the world: the United States, Saudi Arabia, Dubai – and many Filipinos live in Norway. I know many people who have changed fields to become a nurse: doctors, engineers, even a policeman.

The text continues by saying that nursing was not a personal choice but the best for his family. He says that he will miss his family but hopes they join him in Finland eventually (2008a: 9):

I will certainly miss my wife and son at first, but they are also excited about my leaving, since I can help them better from Finland. And who knows, they may be able to follow me in a year or two.
Following the stories of the recruited nurses, on page eleven, the article is entitled ‘Welcome to work’ and is written by Minna Takkunen and is based on an interview with Opteam’s sector director, Sini Syväniemi. Above the title of the article is an introductory text to the article. The text writes (2008a: 10),

The healthcare sector is in need of new breezes. Filipino professionals will be given supplementary apprenticeship and language training to turn them into the workforce Finland urgently needs. Sini Syväniemi urges the development of new cooperation solutions to enhance the quality of operations.

Following this introduction, Takkunen describes the beginning process of integration by Opteam for the anticipated Filipino nurses. Takkunen writes that this integration and training period for the nurses is planned by Syväniemi. According to Takkunen, Syväniemi is experienced in health care management as she holds a Masters of Health Sciences and is an experienced educator with practical experience as a specially-trained nurse. Takkunen also writes that strong incentive behind recruiting the nurses from the Philippines was due to the lack of skilled health care professionals in Finland. Takkunen, when referring to the nurses from the Philippines, quotes Syväniemi as saying ‘the
quality of health care professionals’ education is so high that it is practically an export product’ (2008a: 10). This quote is also displayed on the first page of Optimist.

The rest of the article is divided into 3 subsections (all capitalised): QUALITY TO NURSING; IN FINNISH, LOUD AND CLEAR; WELCOMING NEW SOLUTIONS.

QUALITY TO NURSING: this section begins with a question: ‘What sort of idea does health care lean on?’ Takkunen states that, according to Syväniemi, it is interaction skills that leave room for improvement. Syväniemi is quoted (2008a: 10),

[New] ways of doing and thinking are needed. In addition to shortage of labour, signs of deteriorating competence and professional ethics can also be seen. Employees come in late or don’t bother to let anyone know that they will be late.

Takkunen then turns to the quality of nurses and indicates that ‘Opteam wishes to maintain the quality of Finnish health care’ and quotes Syväniemi as saying, ‘[O]ur knowledge of the field combined with the best recruitment skills makes Opteam a true training and recruitment partner for the welfare and health care sector’ (2008: 10). Syväniemi’s quote continues as (2008a: 10)

Since we wish to offer our customer the best possible quality, the right person for the job, a correctly timed combination of recruitment and training is crucial. When the right employee is found, the quality of work will be high; the organisation will be able to develop and the employee will want to stay on.

Takkanen then tells the reader that the carefully recruited and trained immigrant brings a refreshing breeze into the working culture by quoting Syväniemi as saying ‘[T]he Philippine culture respects the elderly; other people in general are treated with respect’ (2008a: 10).

IN FINNISH, LOUD AND CLEAR: in this section, Takkanen informs the reader that the Filipino nurses selected for recruitment by Opteam have studied nursing for five years, most of the nurses have international experience, and must be fluent in English. Syväniemi is then quoted as saying (2008a: 10),

The Filipinos have been given a detailed picture of what is expected from them. When coming to Finland, they will already be familiar with their curriculum. They also have an e-learning environment created for them in English.
Takkunen then describes how Amiedu will conduct the organisation of the apprenticeship training for the nurses once they arrive. The nurses’ skills will also be evaluated by Amiedu and accordance to National standards (through Valvira), and the nurses will be introduced to the Finnish health care system as well as a trade union. According to Takkunen, the six-month apprenticeship program with Amiedu will emphasise practical work and end with a competence test. The nurses will be paid in accordance to Finnish collective agreement.

Nonetheless, parallel to the apprenticeship, work, and testing, the nurses will be expected to learn and practice Finnish. As Syväniemi is quoted (2008a: 10),

![Boxed Text]

The article is ended with Takkunen remarking that the Filipino nurses will have permeant employment contracts, and Syväniemi quote ends the article: ‘We naturally hope that they will commit to their work and stay for good’ (2008a: 10).

WELCOME NEW SOLUTIONS: Takkunen informs the reader that residence and work permit bureaucracy has been a large part of the preparations. Syväniemi is quoted ‘[G]athering the paperwork has taken a month. Photographs and other original documents have been required from the Filipinos’ (2008a: 10). According to Takkunen, the process of administrating residence permits has required Opteam to work in cooperation with the employment office in Finland, the Finnish immigration services and the Philippine Embassy (located at the time in Stockholm, Sweden). Syväniemi is quoted (2008a: 10)

![Boxed Text]
Optimist’s issue #4 is entitled ‘THE FUTURE OF WORKING LIFE’ and the theme is ‘HEADED TO THE FUTURE’ and has the following names under it: Jan Vapaavuori, Ari Eskola, Erkki Virtanen, and Minna Vanhala-Harmanen. The heads of the individuals with these names are gathered in a semi-circle with their faces and torsos solely visible. Their faces are solemn with no smiles and all seem to be looking into the distance or, perhaps, ‘future’. All of the individuals are Finnish, three are men and one is a female. The backdrop of this coverpage is black. Who are these people in the year 2008?

Jan Vapaavuori: is a Finnish politician, Minister of Housing and Minister of Nordic Cooperation in Matti Vahanen’s second cabinet. He has been a Helsinki City council member since 1997 and has been a member of Parliament in Helsinki since 2003. He represents the National Coalition Party, a liberal conservation political party founded in 1918.

Ari Eskola: is Opteam’s appointed director of safety and security. He graduated as a police officer in 1987. Before joining Opteam, he worked as a police officer for more than twenty years, the last ten of those as a police sergeant and field supervisor in the Central Helsinki police district.

Erkki Virtanen: is the Permanent Secretary of the Ministry of Employment and Economy (TEM), representing the left alliance. The left alliance is a socialist political party. He is responsible for the ministry’s activities and for ensuring that its task are carried out; ensuring the quality of the work of drafting legislation in the ministry; coordinating preparatory work carried out by civil servants with the ministry; leading and developing the ministry’s personal management and other internal administration; drafting and monitoring the objectives for the ministry’s administrative sector; and the organisation of the ministry’s administrative sector and its development.

Minna Vanhala-Harmanen: is currently a board member of the Finnish Private Employment Agencies Association (HPL). She is also an HR director for Opteam for the past 3 ½ years. In the past, she was an attorney for Castrén & Snellman Attorneys Ltd, a firm that specialises in business law, a position she held for seven years.
Figure 37 Cover page of Opteam’s Optimist (issue #4)
The population of Europe is ageing at a rapid pace. By 2050, the average age of Europeans will have increased from 38 to 52, while the average age of Americans will remain at 35 years. Year after year, the number of wealthy purchases of services will increase in Europe while service providers are in great demand. There will be a lack of workers in the private and public sectors alike. One can only imagine of this one the European price level, and consequently on the economic development of the entire continent.

The theme of this magazine is the working life in 2015 when Finland’s baby boomers will be retired and Finland will be at the leading edge of ageing in Europe. In most cases, Finnish decision-makers have been able to use other countries as their model. This is not the case here. The next few years will be the time to decide whether to let the welfare state’s public sector wither away due to a lack of labour, or whether to try to solve the problem.

We at Opteam have made some daring choices and have implemented them in practice. We have not remained bystanders looking at the labour shortage but have solved it most appropriately for our clients. Until now, Opteam has been able to help its clients in need of labour by recruiting employees from Finland, nearby regions and Eastern Europe. However, this will not be sufficient in the future, as no more workers can be found nearby. For example, the population of the Ukraine, which is estimated to fall by a whopping 24% by 2027, mirrors the development in all of Eastern Europe.

Opteam’s Filipino nurses are an example of a solution looking into the future. The Philippines are struggling with a population explosion, and the country will have skilled workers for all sectors for decades to go. Recruitment on ethically-sustainable principles in co-operation with the country of origin can increase well-being in the employee’s old and new home countries alike. Such a bold way of working will make Finland a model country that can set an example of other European countries.

The two pages, following the text from the editor, are entitled ‘facts’ as in issue #3. According to this page, there are two categories of ‘facts’: statistical and themes. These facts are taken from various sources as the texts reference Finnish organisations and their respective websites. The majority of these sources are governmental. Below, the ‘facts’ are listed beginning on page seven and ending of page eight in accordance to how it is listed in the magazine. The sources used by Optimist are in parenthesis. First fact (2008b: 6):

The share of foreigners permanently resident in Finland is 2.5% of the population. There are approximately 133,000 foreign nationals in Finland. The Figure is the smallest in the EU (Optimist's source: STATISTICS FINLAND)
Second fact (2008b: 6):

FINLAND IS ATTRACTIVE: under this title, the editor, Minna Takkunen, writes that the number of residence permit applications by foreigners coming to Finland has increased by approximately 25% in January and April compared to last year during the corresponding months. These numbers are reflected in the applications of student (increased by 11%), employees (21%), and family ties (37%) since early 2007. According to Minna Takkunen, MIGRI estimated last year that the increasing employment based immigration also resulted in the family-based application. She also notes that the number of decisions made on the applications has increased by 28% in the first part of 2008, and approximately 87% of these decisions were positive (Optimist’s source: www.MIGRI.fi)

Third fact (2008b: 6):

Employment in focus: under this title, it is written that employment, entrepreneurship, and innovation are the focal points of the 2009 budget proposal by the Ministry of Employment and Economy (TEM). Tukkunen indicates that the structure of the budget proposal by TEM has been reformed to correspond to the structure and division of responsibilities of the new Ministry that started operations on 1 January 2008 (Optimist’s source: www.MOL.fi.)

Fourth fact (2008b: 6):

Title is ‘LEASED LABOUR ENSURES THE AVAILABILITY OF WORKFORCE’: Tukkunen writes that the Private Employment Agencies Association (HPL) conducted a study on the significance of leased labour in the Finnish working life. According to the study, approximately 80% of the companies that use leased labour ‘tell that leased labour plays a significant role in the resolution of challenges related to labour availability’ (2008b: 6). In addition to the companies, the survey also studied the opinions of more than 3,400 leased employees. Takkunen writes that (2008: 6)

86% of leased employees said that they would recommend this kind of employment to friends, and the proportion of those who like to switch to permanent work has decreased. Approximately one third of the respondents would prefer permanent employment with a private employment agency (Optimist’s source: www.HPL.fi)
Fifth fact (2008b: 7):

The number of residence permit applications for employees increased by 28% during the first four months of 2008 compared to the corresponding period last year. A total of 2,128 residence permits for employees were granted by the end of April 2008. The share of positive decisions this year has been 91%. (Optimist’s source: www.migri.fi)

Sixth fact (2008b: 7):

Title is ‘Substantial changes in the immigration administration’: Takkunen writes that the Ministry of Interior (Intermin) appointed a development project to develop the operations of the immigration administration and the Finnish Immigration Services between November 1st, 2007 to April 30th, 2008. The purpose of the project is to create preconditions for an active and logical immigration policy that will account for labour needs, the varying starting points for immigrants, and the obligations of implementing international protection and human rights. In May 2008, the report, which contains thirty policy proposals, was submitted to the Minister of Migration and European Affairs, Astrid Thors. The basic proposals for policy reforms emphasise increased immigration of labour, more efficient integration measures, and a customer oriented reform of the operating culture of the Finnish Immigration Service and immigration administration through improved service and expedited processes (Optimist’s source: www.intermin.fi)

To discursively construct the texts as authoritative claims in the recruitment of the Filipino nurses, the author uses various governmental sources such as Finnish immigration services (MIGRI) and Ministry of Employment and the Economy (MOL). These references to governmental authority as well as local business (such as referencing HPL, a business labour union), socially constructs a network of visible actors and organisations in the production of health care provisions. The ‘facts’ also enforce particular practices of labour management such as leased labour and recruiting from outside the domestic Finnish workforce.

Optimist issue # 4 cover’s theme is called ‘THE YEAR 2015 IS NOW’ and has a picture of Mika Eskola, the CEO of Opteam, surrounded by black smoke. He is quoted as saying ‘[R]ecruitment has to become professional’ (2008: 8). The introductory paragraph under the article’s title set the stage as to what is discussed in the article. It writes,

Concrete measures are required to address the shortage of labour in order to be able to sustain the welfare state. We need the skills possessed by immigrants. Any real long-term plan should give due consideration to the true need for labour, up-to-date competence and the ethical standards applied in recruitment. Sustainable operations also call for security, mobility and adequate living conditions.
Figure 38 Optimist's Issue # 4's stories: The year 2015 is now

The article seems to be written by Mika Eskola as it refers to the collective pronoun ‘we’ and does not have a name at the end of the article or a reference that states who the editor was.

The article begins by stating that there is a ‘mismatch between the supply and demand for labour’ (9), and he refers to the title of the article by the year 2015, which is after what he refers to as the ‘critical years’ between 2010-2014.

He writes (9),

> The critical years in the labour market will occur between 2010 and 2014. Then we will see what Finland’s competitiveness really is. During this period, we will have to learn to live with the fact that the baby boomers will retire en masse and the smaller age classes will refuse to work in low-paid professions. A good opportunity to prepare for the future is now.

He continues his argument that the opportunity to prepare for the future is through the professionalisation in Finland of recruitment and that there is a need to organise how recruitment from abroad is done. He notes that this is particularly important as private companies are investing their own resources which is expensive and may not yield financial returns, causing the company to postpone recruitment. He writes (2008: 9),

At present, there does not seem to be any organized effort to recruit; instead, labour is hired from abroad in a hap-hazard fashion. Companies are trying to recruit people from foreign countries using their own resources-often without any first-hand experience or expertise in this field. Failures in recruitment are expensive and after these costly attempts decisions on the growing company by means of foreign labour are often put on hold.
Mika Eskola then turns the dialogue to Opteam being part of the solution for professional recruitment to have ‘enough qualified and committed workers in the year 2015’ (2008: 9). He argues that Opteam markets Finland for prospective workers from abroad as Finland is small and distant. He also notes that Opteam can ensure ethical recruitment and the means necessary to provide skilled, competent workers (2008: 9):

Because the Finnish labour market cannot depend on tourist workers ending up here by chance, recruitment must be professional.

In the future, professional recruitment will require multi-language communications between the employer and job-seeker-an area in which Opteam is a pioneer. When recruitment is carried out systemically, competence evaluation and language studies are completed before leaving the country. Additionally, the prospective employees must be given a realistic idea of the work to be carried out in a far-away country, wages and the requirements imposed by daily life.

Ours is a small and distant country. Few people come specifically to Finland to look for work. Opteam markets Finland throughout the world and serves as a link between skilled worker and Finnish employer.

We should also shoulder a share of responsibility for ensuring that the donor’s country’s systems supports emigration and survives it. Accordingly, one of Opteam’s key duties is to guarantee the standard of quality and ethics of overseas recruitment.

Again, here, the assertion is that there is a labour demand for skilled workers and immigration is the best solution. He also claims that recruitment by private companies like Opteam invest capital in the recruitment of human capital, and because of unorganised governance, the practice of recruitment from abroad is placed on hold. He also argues that recruitment should be professional with competence evaluation and language studies of which Opteam is a pioneer.

The same article then turns to Ari Eskola (article written by Minna Takkunen), Jukka Hienonen (article written by Antti J. Peltonen), and Jan Vapaavuori (article written by Kati Ala-Ilomäki). Both Ari Eskola and Jan Vappvuori are on the cover of issue # 4. The article pictures the three Finnish men surrounded by smoke. All are wearing business suits and looking directly into the camera. Each featured person has quotes above their heads that are taken from the text written about them which is in line with the issue’s theme on the future of working life in Finland.
Ari Eskola’s article begins with a quote above his picture that states ‘safety and security belongs to business’ (2008b: 10). In this section, Peltonen writes on behalf of Eskola that the internationalisation of Finnish workplaces through the recruitment of foreign workers needs action and principles in regards to safety and security. When referring to safety and security, three main issues are addressed: national border control (Finnish national security), the safety and comfort of the immigrant workers, and occupational safety of a leased employee as, according to the article, ‘leased employees are more prone to accidents at work than permanent employees’ (10). In regards to border control, the article writes

> Ensuring the safety and security of people as well as information is important for both the employee and the employer—and ultimately for society.

Job interviews must focus attention on the correct things. It must be possible to prevent human trafficking. An employee starting work in a new country must have a proper employment contract and must get the agreed-upon compensation.
The article then turns to the safety of immigrants. On page two of this issue, Ari Eskola is quoted as saying ‘the integration of immigrants as members of society and their feelings of safety will also prevent social failure’ (2008b: 10). This is referring to both a secured employment workplace and the country that the immigrant is moving to. With this in mind, the article writes that (2008b: 10),

An employee recruited from abroad will need practical help, particularly crossing the language barrier. An interpreter helps with practical issues on site. Eskola says that if Opteam is unable to find an answer, a solution that supports the adaptation will be found somewhere else, through co-operation.

The article that follows in line with the cover page is written by Minna Takkunen on behalf of Erkki Takkunen. The article is entitled ‘Policy Required’ and has the caption above it (2008b: 21):

Finland is gradually becoming a horror example of labour shortage. Erkki Virtanen, Permanent Secretary of the Ministry of Employment and the Economy demands an immediate grip on the future.

In this article, Takkunen writes that the permanent secretary of the Ministry of Employment and Economy is concerned with labour shortage in Finland ‘that will be acute in ten years due to the changed age structure’ (2008b: 21). She quotes Virtanen as saying ‘for some reason, people prefer solving smaller day-to-day problems rather than the major issues of the future’ (2008b: 21). Under the sub-title ‘Immigration policy need intensive care’, Takkunen writes on behalf of Virtanen and Olli Sorainen, Chief inspector of the Ministry of Employment and Economy. Virtanen is quoted as saying ‘the baby boomers are so healthy and prosperous that it is difficult to perceive them requiring a lot of care services. At the next stage, they will consume hospitality’ (21). However, ‘one should realise that, ultimately, everyone will be a customer of the system (21). Takkunen’s article then turns to Sorainen who she says ‘tells that the combination of the Ministry of Trade and Industry and the Ministry of Labour creates better opportunities for influencing business management and entrepreneurs to promote the employment of immigrants’ (21). She then writes that ‘the new super-ministry is preparing an action plan with suggestions particularly targeted at developing services for creating jobs. She quotes Sorainen as saying ‘immigrants require more individualized service’ (21).
In the article, Takkunen also writes that Virtanen reflects on problems with communication amongst the ministries on immigration issues (21):

> The multitude of projects gives rise to one more carefully-aimed question. Even though there are many kinds of teams studying immigration policy in the meeting rooms of ministries, Virtanen wonders why they do not talk to each other.

The last subtitle of the article is entitled ‘Where to find the builders of long-span immigration’. In this section, Takkunen writes that Virtanen is frustrated with the ministries lack of policy on immigration and that business in Finland, through leased labour, are operating smoothly (21):

> During the Mikkeli summer event focused on working life, the Permanent Secretary also lashed out against reports of the Immigration Policy Workgroup that does not contain any concrete proposals for actions required. For example, actions to promote the employment of immigrants would require more staff at employment offices, but staff cuts are currently underway. There does not seem to be any clear immigration policy. ‘On the other hand, the leased labour business in Finland operates smoothly and responsibly’.

The article ends with Virtanen arguing that leased labour alone is not enough to help long term management of labour (21):

> However, according to Virtanen, the problem cannot be solved by leased labour alone. ‘People speak about bringing employees to Finland, as if it was possible to just move people around. We do not have the power to decide who will want to come here. Nearby regions such as Russia also have a shortage of labour’.

The last article of issue # 4 is entitled ‘We have a problem’ and is written by Kati Ala-Ilomäki. The article’s title is followed by a large text (subtitle) and is as follows:

> The care sector has a bad image. It could be rectified through wages, education and more positive media coverage.

In this article, Ala-Ilomäki writes that the building of the welfare state began in the 1950s and grew rapidly until ‘the depression of the 1990s’ (22). According to Ala-Ilomäki, ‘[O]n the Nordic scale, Finland was dominated by agriculture and built a welfare state relatively late’ (22). Referring to the quote under the title, she notes that the feminization
of welfare services in Finland has been reflected in the sector being dominated by women and associated with low pay. With this argument she quotes Jukka Lindberg, Sector Director for social and health care in the city of Hämeenlinna. He is quoted as saying ‘[P]artly due to this [the occupation dominated by women], these occupations still have a tradition of low pay’. She follows this argument with the questions ‘would it help to get more men working in the care sector? What if men—by their very existence—would increase appreciation for the occupation and thus the wage level, as the earnings level of women would seem to behave exactly the other way round in any sector?’ (22). The quoted response to this posed question is by Lindberg who states ‘I do not know if this would happen. Moreover, it seems that the care sector is becoming more and more dominated by women’ (22).

Ala-Iломäki then turns the article to what she calls the ‘bad image’ of the care sector. She writes

> The reason for a bad image is not that there would not be enough education or that the work would be easy, by any means. Citizens also appreciate the services they receive. This grim image has arisen partly through the media: care sector employees are portrayed as some kind of mongrels combining the features of a victim and a hero—employees working hard at a low wage, with poor social status but high morals.

According to the author, this bad image has led to an unattractive occupation where no one wants to work in the care sector domestically (200b: 22).

To the author, solutions lies in the foreign recruitment of care workers and this would require language training but also paying the foreign recruited a salary that is ‘the same wages as Finns’ (2008b: 22).

By introducing various actors and their ‘stories’ in the recruitment of Filipino nurses but also the management of the ‘labour shortage’ forecasted by Opteam and their ‘sources’ for the year 2015, illustrates Opteam’s production on textual discourses on the recruitment and placement of foreign workers. Optimist not only represents Opteam but also indicates the important representatives in the Finnish labour market and economy as well as the transnationalisation of care linkages by emphasising the families of the potential recruited Filipino nurses and their work experience abroad. The Philippines as well as the recruited nurses are implicated actors, but so too are the representatives in
As the text is based on interviews and not written by the representatives themselves. The only texts written by the representative is the editor’s message and Mika Eskola’s article on the future Finnish workforce and professional recruitment.

The last section turns to two projects being implemented at the end of 2008: ‘Polku’ project and ‘Attractive Finland’. These last projects highlight other initiatives on recruitment of foreign nurses by other representatives.

6.6 Making Finland attractive to recruit immigrant professional workers - public representatives asserting more dominance

At the end of 2008, the City of Helsinki began the Polku (path in English) project that was led by SEURE Henkilöstopalvelut Oy, a recruitment and placement agency owned and operated by and for the city.35 The Polku project offered counseling to employers regarding the recruitment processes for foreigners in the cities of Helsinki, Espoo, and Vantaa and assisted in the practical resettlement of foreign workers, who are recruited by those cities. According to a representative from the city of Helsinki, the Polku project began with the objective to facilitate recruitment and placement from abroad when it started in 2007 (interview #9.b). Nonetheless, when the economic recession hit in 2008, the project refocused its aims to advise in the hiring of immigrants already in the country. A representative from the City of Helsinki states (interview #9.b),

the situation changed dramatically and what was supposed to be the project where we would get a lot of international staff coming in, and the ‘Polku people’ would basically provide a first advisory point for those people. Basically, resettlement services. It turned out that there was only a trickle of people coming to work from abroad, and much more need from current employers to advise them on employing immigrants already in the country. So the projects profile changed, and it was advising immigrants within the country on their varying needs working for the city of Helsinki as well as Vantaa. And, it was also advising the employing supervisors in the bureaucracy issues connected to employment of immigrants..... Polku has also started in the capital area in discussion about recruitment and retainment practices so that there will be more similar to each other in different cities. They have organized a series of forums where these issues were discussed. And, if by now the project is finished, it was finished in 2010, there is still something called Polku network. It is basically meeting of HR personal who are interested in discussing these issues that are connected to that.

From 2008 to 2010, the National institute of health and welfare (THL) conducted a research project entitled ‘Attractive Finland’36. The purpose behind the project was to provide informed direction on the ways for recruiting foreign nurses in the European labour market. The project was in collaboration with the City of Helsinki (human

35 Polku project. URL: www.seure.fi/polku
36 Attractive Finland (2010) The report is published solely in Finnish and is entitled ’Attraktiivinen Suomi’.
resource centre), and the Helsinki Uusimaa Hospital District (HUS). The project was funded by the European Social Fund (ESF).

There were five aims to Attractive Finland. First, to forecast the health care workforce needs; second, to map nursing resources by understanding further nurse training and qualification as well as their international mobility, particularly in respects to the EU directive on the Recognition of Professional Qualifications (2005/36/EC); third, to establish networks and relations for successful cooperation in the acquisitions of employees; fourth, to consider ethical recruitment and draft alternative operating models based on bilateral cooperation; and, lastly, to compose a model of international recruiting with several alternatives.

In regards to the first aim, forecasting, Attractive Finland organised two workshops and conducted four study tours (Sweden, Hungary, and Poland twice) to understand the development of human resources in health care, both presently and in the future. The second aim was carried out through four country studies on the nursing workforce, its training and international mobility in the EU. One study was made on Estonia and Hungary, respectively, and two were made on Poland. The third aim was implemented by the project actively networking with other European Social Fund (ESF) work that was addressing labour immigration. For instance, Attractive Finland contributed to the project, INSITE.37

Lastly, the fourth and fifth aims were met by proposing cooperation with Poland to recruit nurses. This would not be the sole solution for the nursing shortage in Finland but the project strongly recommended actively recruiting from abroad.

Other proposals and suggestions of the project was to make Finland an attractive country for nurse mobility by considering salaries (as the project suggested that salaries in Finland and other EU countries are narrowing so this advantage will not last long), a national strategy to attain and retain foreign nurses in Finland, and to dispel prejudices concerning the Finnish language.

37 Presentation by Simo Mannila to explain the INSITE project ‘Työvoiman maahanmuuton ennakoitiseminaari rekrytointitarpeiden ennakoinnin työkalut ja muuttoliike’ (in English ‘Labour Migration: in anticipation of a seminar recruitment needs forecasting tools and migration). 4.3.2010.; Information about INSITE and its collaboration with Attractive Finland project is also available in the English summary in the Attractive Finland report published by THL.
The project also ended with suggestions that the ‘best way' to operate in the international labour market of health care professionals was to use the services of a recruitment agency. Nonetheless, the actors that contract the recruitment agency should also participate in the key phases of recruitment.

Furthermore, it was implied that diversity management, good guidance at work and non-discrimination are important ways of attracting good professionals.

Below is the social world map for year 2008. The social worlds emerge as their practices and commitments change with the collaboration to recruit from abroad.

**Figure 40 Social world map of year 2008-2009**

The social worlds shift in the year 2008. The social worlds of 'education and training', 'third sector', 'private business and corporate', and 'national security and police' move closer together and overlap as new collaboration are formed surrounding the practice of recruitment from abroad. These social worlds and their representatives socially construct authority in the producer-based care networks by producing discourses in talk and text about the recruitment and placement practices of foreign labour (as mentioned in the
editor's text in issue #3). The Finnish national government is still permeating all these social worlds and the municipal and governmental social worlds are still present as the worlds continue to negotiate their positions in the arena of producers through projects such as Polku and Attractive Finland. The ‘domestic and labour economy’, in which TEM emerges, is outside the producer-based care networks as the mandate is not the integration and organisation of immigrant labour. The mandate solely focuses on domestic workers and the domestic economy. All practices which are within the national borders of Finland.

6.7 The legitimisation of nurse imports during economic recession

At the beginning of 2009, under the Ministry of Interior’s direction, two projects were initiated and implemented: ALPO and MATTO. Both projects were funded by the European Social Fund (ESF) and had a projected end date of 2013 (interview # 7). The objectives behind the projects were to serve as support structures in developing work related immigration and integration projects. This support structure would be used to facilitate disseminating information on integration and work related practices and processes of a foreign workforce. They would also be used to build social networking and a foundation to understanding possible practices for recruitment and integration of immigrants. 38

ALPO project focuses specifically on integration. This project was launched by the Ministry of Interior and is used to develop a national model for initial guidance and orientation services such as electronic services for language learning and testing of linguistic skills; initial integration information provided in the most common immigrant languages; nation-wide guidance and orientation services; uniform testing and skills mapping methods; and electronic services in the most common immigrant language.39

The MATTO project, on the other hand, is used as a facilitator in different projects around Finland that focus on processes and functions that are associated with labour migration. These processes and functions are recruitment such as selection, training and placement, integration, Finnish language, and projection of what labour is needed in particular municipalities around Finland. The project does not implement or influence the processes and practices but rather serves as an information hub that accumulates

38 Ministry of Interior (2009b) ‘Developing work-related immigration and integration’ Helsinki: Ministry of Interior publication. Also, available information on this project at URL: www.intermin.fi/matto
39 ALPO project. Ministry of Interior. URL: http://www.tem.fi/alpojulkaisut
information on the experiences of the different projects in the municipalities related to work immigration issues. In 2009 to 2011, there were thirty projects being conducted in various municipalities in Finland and most of these projects were funded by ELY (centre for economic development, transport, and environment). ELY falls under the Ministry of Employment and Economy (TEM).

Some of these projects included the recruitment and integration of nurses. For instance, in northern municipal projects, when there was a nurse shortage before 2009, representatives of the region went to countries such as China and India with the intention to create networks that would allow recruitment and placement of Chinese and Indian nurses both at the time and in the future. Another project, in the southern province, Uusimaa, examined what potential countries could nurses be recruited from (interview # 7). The project entitled, INSITE, later produced a book on this project as well as various other projects that lasted from 2008 to 2010. This book entitled ‘Avoin Suomi – kuka vastaa? Työperusteisesta maahanmuutosta’ (in English ‘Open Finland-who is responsible? Employment-based immigration’) dealt with employment based immigration related issues from different point of views and concludes with practical solutions for the international recruitment of labour in different stages. Specifically, the book discusses the necessity of labour migration as part of the solution for an ageing Finnish work population, and how Finland can attract, recruit, and receive foreign labour. The book presents examples of projects dealing with labour recruitment of immigrants and discusses possible support structures, networks, and forecasting future labour trends. The book was co-fianced by European Social Fund (ESF) and ELY.

The main idea behind MATTO, according to the representative, was to not start from zero each time a municipality needed to recruit health care workers. At the beginning of the MATTO project, actors involved and invested in recruiting nurses were unsure as to how and whom to contact or network with. Coinciding with the project sat a steering committee of various Finnish ministries including Ministry of Education and Culture, Ministry of Social Affairs and Health, and Ministry of Foreign Affairs. Other representatives derived from Immigration Services, Centre of International Mobility, and Valvira. The Ministry of Employment and Economy (TEM) was also involved in the

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40 MATTO project. Ministry of Interior. URL: http://www.tem.fi/tyo/maahanmuuttajien_kotouttaminen/kotouttamisen_kehittamishankkeet/matto-tukirakenne
initial stages of the project but was responsible for funding not the implementation of the project.

According to the representative of MATTO, MATTO aims to capture employers of immigrant labour and their practices to create a report on whom the actors and practices are (interview # 7):

We started 2009 and these first two years, we basically-these projects have been active now, these thirty projects of the regions, they have been active now and they are like all the time being[sic] doing their job and now there is more or less like it is time where we can start to make some sort of like, how would I say, like sum up what has been done so far and we can draft it and think what would they look like and what would be included in these guidelines, for example. Finland is full of websites for employers and employees of migrant, migrant employees and for employers who plan to recruit from abroad, but I don’t think we need another webpage or another guidebook. I think we need to more like think how to make these current ones visible for all the participants who need guidance in this issue.

Although Opteam, Esperi, and Amiedu were not part of the steering committee or providing direct information to the MATTO project, as they were recruiting from outside the European union (EU) and the ESF funding is linked to the EU, the representative of MATTO indicates that MATTO is still very interested and aware of the recruitment of the Filipino nurses by the private organisations. The representative states (interview # 7),

Opteam has done good work. It is excellent, I must say....and we are very interested to hear about their achievements, and I think Opteam even invited us to go to the Philippines to study their system there, but so far it has not been realised.

The representative of MATTO also indicates that the relationship with private organisations is important to the recruitment and placement by municipalities because of training in Finnish language. The representative states that even if the municipalities recruit, they may not have the resources to provide language training, and this can be contracted out to private actors (interview # 7).

...and we are very interested to hear about their achievements and I think Opteam even invited us to go to the Philippines to study their system there, but so far it hasn’t been realised. But, these projects [case projects by municipalities in MATTO] are, of course, dealing a lot with private companies because if you think about this...if a project goes to Bulgaria and recruits the certain nurses to Finland, they must establish basically like give them language training, give them some training about Finnish working life there. So, these are many often done in cooperation with private companies. It is like, I don’t know, like procuring? [outsourcing] Like from these private companies, these services that projects are needed.

In 2009, MATTO and ALPO was being implemented during a time of economic recession, a recession that was discussed in most of the interviews conducted in this research. According to the MATTO representative, this changed the emphasis of the project as different municipalities and project funding had to re-evaluate their skilled labour needs (interview # 7):
I would say both, but also before we had this economic meltdown 2008 to 2009, there were like regions where, some regions were suffering very badly about this lack of skilled workforce. And, it was like regional like activities, there were somewhere like China or India, and they tried to create like some sort of context there, and create some sort of like network for getting skilled professionals there. So, this regional actors, I don’t know, who it was that was responsible there or who it will be now, maybe Helsinki centre or something like this, but we must somehow make some sort of continuation here, that not everybody has to start from the zero every time. When these things start, these other actors, they can be these regional authorities, they can be employers or employees, sorry, they can be basically that is more or less about it, I would say. Ok, some educational institutions, they are also doing a lot of these networking, they are just keeping it very much on themselves. They should make more visible these networks that they have there, and for everybody to take use of them also who need it. So, not that everybody, when there is lack of skilled workers that ‘ok, now we go to Bulgaria to look for nurses’, they know next time, ‘ok, how do we start this thing now? Is there information, somewhere already existing, this and this are the contact points in Bulgaria and here and here you might find these nurses and this is the- what is the market situation of the nurses in Bulgaria and this is how they might find jobs there and this information should be like somehow concentrated on somewhere.

From the first group in 2008 and from January 2009 to April 2010, Opteam recruited 75 Filipino registered nurses in five groups: three groups for practical nursing (three groups went to Esperi) and one group of twenty-five registered nurses who went to surgical and operational wards (twenty were placed in HUS\(^\text{42}\) and five were placed in Hatanpää\(^\text{43}\)), and one group went to an unknown private elderly care institution. As of December 2008, Opteam started their own language training model in the Philippines with a Finnish instructor named Susanna Hart. Hart published a section in EMN’s report entitled ‘Migration of labour necessary for filling in?’ (Maahanmuutto Työvoiman Tarpeen Täyttäjänä?) (2010). In Hart’s section entitled ‘Integration education in country of origin as a basis for working in Finland’ [Integrovia lähtömaakoulutus pohjana työskentelylle Suomessa in Finnish], she discusses her experiences teaching in the Philippines on behalf of Opteam and the models created by Opteam and herself to teach Finnish language before coming to Finland. In an interview with a representative from Opteam, Hart’s work in the Philippines is mentioned and how the recruited registered nurses, in particular, received intensive Finnish language training before departing (interview # 3):

Oh no, everybody did. Everyone who went into the hospital in the health care sector, all receive that [Finnish language training]-yes. That is important for them because, even though the- I mean the Filipino nursing staff, they have 9 months of quite intensive language training and that language training was linked to the job they were coming to do so there was medical terminology, etc., all involved in that. But, as you know, you land here and then you go into that environment and even then, they probably thought, they were speaking another language. So, there is so much more to learn, so the language training is an ongoing thing that we have with them and, if there was one issue, we ran a number of workshops, so like ‘get to know you workshops’, once the nurses were here and been working for a couple of weeks. We ran workshops within HUS and Hatanpää

\(^{42}\) The Hospital District of Helsinki and Uusimaa - is a Joint Authority formed by 24 municipalities. The aim is to offer patients in all member municipalities a timely and equal access to specialised medical care. This covers a population of approximately 1.5 million.

\(^{43}\) Hatanpää is a district of Tampere city and is a referring to a city hospital that provides services of surgery, neurology, internal medicine and general practice and geriatrics.
in Tampere. We needed to get feedback from both the Finnish mentors and the Filipinos. So, we had them all in one room, we had a morning with half day workshops related to them. Taking them through issues. And, I was pleasantly surprised at that, but what we got from that, they were all actually really open with each other. Even only after 2 weeks. If there was one thing that came out of there, it was from the Finnish perspective, was that we would have liked the language skills more advanced when they got here. Because they do have to write reports even basic stuff. They got to fill forms and it is medical, so you can’t sort of, get it wrong. That was a really, I think, big learn for us. And, it was a valid point that you, that we would take into the future. If Susanna Hart, I think you may have met Susanna at the Tikkurila office, but she runs the language programs. She is very, very good, but it is intense. But, it is hard work. But, of course, the nurses are encouraged to speak only in Finnish which at times can be a challenge for them because they can’t express themselves when things are not going right. They can only express themselves in their own language or in English. It is more difficult to express some of your inner emotions in a language that you are still learning, so some of that is taken offline a little bit because the Finnish nurses are expected to only speak Finnish with them.

The intensity of the training in Finnish language seems to increase timewise with the job selection. For instance, recruitment of practical nurses initially did not have the same intense training or mentoring as the registered nurses for the OR and surgical wards of the hospitals. According to one recruited Filipino nurses who came in January 2009 to work for Esperi, the recruited nurse received a few days of Finnish language training in the Philippines (interview # 11):

11.c: I was with [name of other recruited Filipino nurse being interviewed]. We were both selected for the second batch. But actually, the hiring to Finland, under Opteam, is that, one must have done a Finnish course. That is one of the qualifications. But in our case, we just studied it for two months. Actually, we haven’t finished it [as of the time of the interview] but I don’t know what is their criteria.

11. a. For me, I enrolled for weeks but only studied a couple of days. I only been in a class for five days.

Interviewer: that is funny. Because the recruiters said that the nurses received months of Finnish language training

11.c: I think because they promised to the employer that they would have this 19 who would speak Finnish [referring to the recruited nurses of the second group that came January 2009] but they lack one [only 18 nurses came]. I don’t understand what happened.

The website dedicated to international recruitment by Opteam, ‘Opteamglobal.com’, consists of tabs that allow the viewers to watch three videos: ‘the challenge’, ‘the solution’, and the ‘cases’, which consist of one case study: the recruitment of Filipino nurses by Opteam for HUS and Esperi. The videos are flashplays and the viewer is advised to ‘put the sound up’, as the video states, ‘we’ll [Opteam] open your eyes’.

Within the video on ‘the challenge’, the narrator explains that the current situation in ‘Finland 2010’ or ‘challenge’ is a ‘mismatch problem’. This problem derives from changing demographics and lack of skilled workers available, such as nurses, both presently and in the future. The narrator notes that
our neighbours’ [the rest of Europe] are experiencing the same problem. Opteam, therefore, wants to start recruiting from countries like the Philippines to solve this challenge. With this recruitment, according to the narrator, comes ‘language problems, the permit jungle, cultural challenges and ethics.

The ‘solution’ video details the process of recruiting nurses to Finland. To do this, the narrator takes us through a five step process: ‘planning, recruiting, training, practicalities, and working’. These steps are all animated one step at a time and have the goal of showing how the migration process starts from the Philippines to Finland.

The last tab is entitled cases. There is one case to choose from and it is entitled ‘Esperi and HUS: recruiting Filipino nurses’. This case has a video that is 2 minutes and 13 seconds and has a text written under the video screen that writes (Opteamglobal.com),

Esperi and Hus

The first pilot projects have been completed with Esperi and HUS [the Hospital District of Helsinki And Uusimaa]. The journey of Finland begins at Opteam’s training centre in the Philippines.

The video begins with a picture of 19 Filipino nurses which is followed by a screen shot with the title ‘Nurses from the Philippines in Finland’. The following screen shots are, first, a quote by Esperi’s CEO about the ‘first pilot project: Esperi 2008-2009’. The quote is as follows

These nurses have been skilled, conscientious, precise, reliable and flexible professional. They reached a sufficient level of Finnish language skills within the envisage period of time, 6 months after arriving. The group received a month’s language training in the Philippines.

The second quote is entitled ‘Second pilot project. HUS 2009-2010’ with the following quote

HUS [the hospital district of Helsinki and Uusimaa] made a recruiting trip to the Philippines and selected 30 nurses for the pilot project. Now these nurses are learning Finnish at the Opteam training centre in the Philippines and will come to Finland in 2010.
The video then shows two Filipino nurses speaking to each other in Finnish. A Filipino woman says to a Filipino man that she is a nurse in Finnish language. The video then starts showing images of the Philippines with music playing as a background. The video with the music also shows students in a classroom learning Finnish and Opteam’s office in Manila. Then pictures are shown of the first group of Filipino nurses being greeted by the Esperi’s CEO at the Helsinki-Vantaa airport which is followed by various snapshots of Finland’s landscape as well as clips of downtown Helsinki. The video then cues to the Filipino nurses at work in one of Esperi’s facilities, providing various services for the elderly such as dividing medication, doing administration of the computer, laundry, pushing an elderly man in a wheel chair, and talking to an elderly woman in the hallway. One of the male Filipino nurses from the first pilot group is shown seated and states ‘mina rakastan minun job’ (roughly translated as ‘I love my job’).

In January 2009, the second group of Filipino nurses arrived to work for Esperi. For this group of nurses, a representative from Opteam reflected in her interview that Opteam wanted less work experience of the nurses in the selection stage as the first group of nurses may have been overqualified (interview # 1.b),

Interviewee # 1.b : so, we didn’t want to have long working experience. We didn’t expect them to have worked, for example, in OR [operation ward] like we did with HUS. So, the criteria are really different.

Interviewer: So, for the first eight that were hired for Esperi, they were quite qualified---

Interviewee # 1.b: And, they had more, you know, they were older men and women and basically, the best we had then. And, we were also as we are still looking for, you know, the ideal person who will make it here. What qualifications do they need for---

Interviewer: making the transition. And, why was that problematic that they ranged in different skills, that they were overqualified in some aspects?

Interviewee #1.b: Like in Finland, you are overqualified for a job, you probably don’t settle for less, in a way.

In terms of future recruitment of Filipino nurses after the 75 nurses were placed, representatives from Opteam (interview #1b; interview #3) indicate that although there is a need, it seems that all eyes [as in other representatives in Finland] are watching to see how the pilot projects function. This comment relates to the idea that Opteam is investing in a new model of recruiting nurses for practical and registered qualifications. As of writing this monograph in autumn of 2015, no other nurses have been recruited by Opteam although according to Optimist, this is ‘the year of the future’.

Interviewer: And, what is, I am sure you have answered this, but is there any specific reasons why Opteam is hesitating now to recruit?
Interviewee #1.b: We’re actually not hesitating at all. The economic situation in Finland has led to this situation at--- all the eyes are on this pilot project. So, they, the other hospital districts, they want to see how HUS does, how it goes for them, and, of course, now that we have more experience and we have information and data on how they are doing, what they can achieve language wise and professionally. I am sure we will recruit this year. But, then it takes a year for them to study Finnish, so there is always a gap between order and the fact of the date when people are coming to Finland. And, we will recruit both practical nurses and registered nurses for those jobs in Finland.

Interviewer: Have you ever thought or has Opteam ever thought about recruiting within Finland like domestically?

Interviewee #1.b: There aren’t any people--- we do that too and we have temp working in certain cities, fields, and, you know, qualified people in Finland. But, for example, here, we don’t have those people anymore. And, if you get one, you can never be certain if he or she will be available next Monday. So, this is the problem for nursing homes and also cities and municipalities and also for hospital district that they can’t---

Interviewer: retain them

Interviewee #1.b: Yeah, HUS didn’t have--- they had a shortage of 200 nurses in the OR and surgical wards when we started this. The situation got a bit better. People came back, you know, during the recession to work—a husband, perhaps, lost his job so the wife came back to work as a nurse. And, still they don’t have enough people. So, that is a fact. But, basically, it is too late, in a way, well, it is not too late, but it is harder to find the resources, of course, for mentoring, for example, which is needed. Well, schedules change the mentors cannot always stay with the nurses who are practicing. So, that is a challenge. So, I only wish that more clients saw this, really.

Referring to another interview with Opteam, I asked an Opteam’s representative a question about possible recruitment from the Philippines in the future (interview #3):

Interviewer: And, I asked this question to you and [another representative of Opteam] too, but do you see more recruitment in the future of these nurses because before there was a lot of media attention about recruiting of thousands and thousands of nurses so far the number has been quite limited.

Interviewee #3: I am wondering if there is a little bit of ‘let’s wait and see’ from other hospitals. They want to see what is happening here and how that is working. There has been a lot of interest though, I have to say, regarding that. I couldn’t, hand on heat, I couldn’t say any more than that but we know that in some areas in Finland, there has been a lot of interest in recruiting or the possibility of recruiting Filipino nurses. But, they will want to see, and they all talk to each other—they are all in the same camp in that respect—and they will be watching and evaluating how things work within Hatanpää and here with HUS. I think they’ll be pleasantly surprised at how all that works out, but we are in close, and I know that [name of Opteam’s HR consultant] is on the team. They keep close contact with other nursing authorities. Because of what we do, we do have the, I suppose we are in the amiable position because we are the only company that has actually done this, embarked on this venture. And, it has been a hard, it is a rocky road, you make mistakes, of course you do. And, but we are learning from that and you continually learn as you go along and I think we are in a very good position both from our point of view and from a business perspective but also in the expertise that we have to offer to other hospitals.

The talk of Opteam’s representatives reveals a local problem of retaining domestic, Finnish nurses, and a hesitant policy strategy to recruit from abroad by local officials. Opteam’s representatives’ description of ‘let’s wait and see’ and ‘all the eyes are on this pilot project [recruitment by Opteam]’ of other authorities in Finland asserts Opteam’s ‘pioneering’ strategies. The local problems of nurse retention also indicate structural issues of workforce undesirable to local Finns unless during times of economic recession.
In May 2014, two Filipino nurses from the third group recruited for HUS, filed a complaint based on contractual infringements by Opteam and HUS to the Philippines Oversea Employment Administration. As a result of this complaint, POEA disqualified both HUS and Opteam from recruiting of nurses in the Philippines. The complaints are not listed below, but the decision was filed to POEA according to a letter I received in June 2014 after placing an inquiry (see appendix 7).

The below diagram reveals the social world of municipal/city governance emerging between the private business/corporate social world and national security and police (see Figure 41); the third sector is also located further away from the producer arena. These worlds emerge as HUS and Hatanpää become primary representatives in the production of care human capital from the Philippines by recruiting with Opteam and placing a group of Filipino in the hospital surgical wards. The five worlds—education and training, third sector, private business and corporate, municipal/city governance and national security and police—interact to create a larger network of producing Filipino nurses and share commitments and practices of recruiting, placing, and training the nurses in accordance to the social worlds.

Figure 41 Social world map of years 2009 and 2010.
6.8 Discussion: producing packages of nurses through transnational human resource management

This chapter has set out to retell a story with illustrations through social world maps. The story revolves around research question one, which strives to investigate the representatives, organisations, and institutions and their associated social worlds who were interacting and producing nurse labour through transnational recruitment from the Philippines. Research question one is as follows:

(a) Who are the representatives, organisations, and institutions involved in the recruitment and placement of Filipino nurses in Finland?

(b) What social worlds are they representing?

(c) How do the representatives, organisations, and institutions socially interact and relate?

Specifically, the story endeavoured to capture a domain where representatives and their associated social worlds interact in order to dominate, pacify, or remain silent within the social action of recruitment and placement of nurses from the Philippines (research question 1(a)). What this reveals is the ‘who’ of the situation or ‘who cares’ when it comes to recruitment and placement of these nurses, as well as the interactions of these representatives within social worlds constructed by the researcher through maps. The story also illustrates gendered and racialised hierarchies in the Finnish nursing occupation that become pronounced in the discourse of how to recruitment and place foreign nurses through authoritative claims by the dominant representatives. As argued by Acker (1990; 2006), institutionalised practices and socially constructed criteria of the idea worker or, in this case, the ideal nurse reinforces barriers to equality. Transnational feminists have contended that movements of historically gendered and racialised occupations, such as nursing, have structural and material implications in the way workforces are organised across geographical borders. Reconceptualising the discipline of IHRM to THR through the lens of transnational feminism facilitates the deeper examination of institutional and organisational representatives that have often not been a major focal point of analysis for ways in which human capital is organised. This chapter, with its focus on producer-based care networks, aimed to unwrap the representatives packaging labour transnationally and the implications of the discourse and practices that materialise in the Finnish nursing workforce.

To focus on the packaging and production of Filipino nurses, the producer-based care networks served as a platform to capture authoritative claims and pilot practices emerging from the recruitment of five groups of nurses from the Philippines. Within the
domain of producer-based care networks, private and public representatives work in their associated social worlds to produce, recruit, relocate, and settle labour transnationally. How the representatives practice the transnationalisation of care is constructed in terms of the organisation’s work, commitments (e.g. selling and packaging a product), how the representatives of the organisations practice the work and commitments, and how the organisation and its work are described through discourse. The social worlds maps are illustrative products of these worlds interacting as ‘seas of discourses’ (Clarke, 2005) The representatives’ social worlds interacting in the producer-based care network, as posed by research question 1 (b), were regulatory and advisory of nurse occupation, education and training, national security and police, municipal/city governance, private business and corporate, third sector, domestic labour and economy, and regulation and advisory of national health and social welfare. On the outside of the network were the implicated social worlds of the Philippines and the European Union.

Before the recruitment of the Filipino nurses by Opteam, there was a space in the producer-based care networks for representatives to assert authority. The responsibilities of regulating and managing immigrant labour within the ministries remained ambiguous as the central discursive focus and governing practices, before 2006, were on refugees and social integration rather than work based immigration.

On the other hand, in 2007, the City of Helsinki, through the implementation of the Inkeri project, recruited various social and health workers with Ingrian descent. Through the experience, however, the representatives in the City of Helsinki decided that it was too difficult to recruit transnationally in terms of costs and time and should be left to private businesses to make a case. This conclusion was also reached by THL through the ‘Attractive Finland’ project where it was recommended that recruitment companies be contracted for selection and placement practices of non-Finnish health care labour, and that the recruiters should play an active role in governing practices of the recruitment.

The human resource practices and discourses within the government ministries and the City of Helsinki provided a space for business and corporate social worlds and their representatives to assert their authority, both discursively and instrumentally, in providing human capital for health care provisions in Finland. In the Optimist, Erik Virtanen, the permanent secretary of the Ministry of Employment and Economy, is quoted as saying that immigration labour policy remained unclear in Finland whereas recruitment of leased labour for private, for-profit purposes operated smoothly (2008b: 21).
In 2007, in order to assert dominance in the producer-based care networks, Opteam, Esperi, and Amiedu publically claimed in the media that the companies would collaborate to bring hundreds of practical nurses from the Philippines. To justify this practice of recruiting from the Philippines, the companies invested time and financial capital to make a pilot study of how to transnationally recruit and place nurses into the Finnish health care system both presently and in the future. At the time, this initiative had strong political support as the Finnish government enacted, through legislation, a programme to promote employment-based immigration that would facilitate recruitment from abroad based specifically on the needs of Finnish employers. The government’s legislative and policy texts permeated through all the social worlds interacting in the arena.

To legitimise their claims to bring nurses from the Philippines, but also to provide models as to how to practice transnationalisation of care, Opteam, Amiedu, and Esperi presented with powerpoint presentations at a forum in which various governmental officials, executives, and other decision makers were present. The forum’s theme was multicultural management in health care, and Opteam, Amiedu, and Esperi assert their expertise on this topic through the ‘case of the Philippines’. In the text of the powerpoint presentations, each company discursively constructed the company’s role in recruiting and placing nurses from the Philippines through written text and pictures. Discursively, the companies’ works were described as action-oriented in which strategies to deal with Finland’s lack of practical nurses and ageing population were resolved by recruiting from the Philippines. The Philippines was constructed as an exporter of educated and trained registered nurses ready for export due to overpopulation and unemployment rates. In contrast, Opteam, Amiedu, and Esperi were constructed as the producers of selected qualified registered nurses who were trained in the Finnish language. This production or packaging of a product was customised in terms of both the Finnish client(s), those hiring the nurses, and in accordance to Finnish institutionalised regulations and laws. Each company asserted their relationship to regulatory and governing bodies in Finland and how their models, particularly in requalifying the nurses and teaching Finnish language to adults, obeys with local laws, but also was and has been instrumental in integrating the Filipino nurses into workplace.

In 2008, before the first group of recruited Filipino nurses arrived, Opteam produced and disseminated HR magazines called Optimist. Optimist served as a discursive resource to publically claim Opteam’s expertise in recruiting nurses transnationally as
ethical by working within international and domestic labour laws as well as with local unions and other governing officials. This practice was displayed through Optimist's writers’ interviews of various politicians, HR experts, and decision makers in Finland and three of the recruited eight nurses in the Philippines. The narrative on the recruitment transpires into a necessity for Finland’s future health care infrastructure as well as personalising the Filipino nurses through ‘their’ stories as caring, experienced, and wanting to come to Finland.

The practices that were defined by Opteam in Optimist discursively constructed the recruited Filipino nurses as a workforce expertly trained in the Finnish language, versatile but committed, hardworking, and leased. To sustain this workforce, representatives in Optimist requested national policy intervention in terms of qualifying non-Finnish nurses to work as well as the administration of working visas to make Finland more attractive to migrant workers.

The discursive practices of asserting dominance in transnationalisation of care was also done in 2009 and 2010 by Opteam making the website opteamglobal.com which sole purpose was to discursively present the recruitment of registered nurses for Finnish hospitals [HUS and TAUH] as necessary for Finland and Europe’s problems of an ageing population and lack of professional health care workers. These claims were made through the website’s video that requested the viewers to ‘turn up the sound, we’ll open your eyes’ as Opteam displayed the challenges of changing demographics in Europe, the solution of recruiting from the Philippines for Finland, and successful experiences and expertise in making ‘Finland attractive’ in the transnationalisation of care.

Within the various texts and talk, the Filipino nurses, the Philippines, the European Union, and the elderly clients in Esperi’s care facilities remain physically present in body, written texts and pictures but were discursively implicated by those who claim to represent them. Producing and disseminating socially constructed information on various groups of people (such as an occupation, a country or region) if given the space in local and national policy decisions created structurally mediating mechanisms for the management of a workforce and a population of people.

Amongst the dominant authoritative voices of Opteam, Amiedu, and Esperi, the Filipino nurses were discursively constructed through racialised and gendered representations that reflect traditional and historical pathways of migrants and unequal economic trade and development. The Philippines has exported nurses since the 1950s (Choy, 2003) and
one of the main reasons for this exportation was the country’s colonial history. Choy (2003) connects the mobility of Filipino nurses to the establishment of US-oriented health and nursing education systems in the Philippines. This system promotes Western ideologies of institutionalised allopathic medicine, and the nurses learn and work in US-American English. From the 1950s to present, groups of Filipino nurses have been actively recruited for the US-American health care system and systematically organised through institutional practices such as visa regulation, requalifying education, and in some cases, requested to live as residences on hospital property (Choy, 2003). The Philippine government has also established nursing schools and deploys governmental regulations that promote sending migrant nurses abroad. Some reasons for this systematic exportation are to serve Philippine indebtedness (Barber, 2000: 399), and remittance payments sent to families by the workers, transnationally linking government systems and economic exchange (Brown, 1997; UN-INSTRAW, 2007).

In 2008, Opteam selected the first eight Filipino nurses who were recruited on the basis of Esperi’s requests. The recruited nurses were to hold a bachelor degree in nursing science, have experience in working abroad, and speak English. By not requesting recruitment placement fees, Opteam and Finland became competitive amongst other recruitment agencies and countries in which Filipino nurses have historically migrated to such as Canada, United States, and United Kingdom.

The eight nurses were then flown to Finland to work for Esperi as practical nurses during a period of ‘apprenticeship’. This apprenticeship lasted six months and the nurses were expected to live together in a flat provided by Esperi, receive a basic practical nurse salary in accordance to Finnish regulations, and learn Finnish within their workplace as well as weekly classes. Opteam and Esperi also handled the nurses working resident permits, solely applying for the nurses and not their families. According to Opteam and Esperi, the promise and fulfillment of family reunification would come after the apprenticeship and the initial two-years contract.

The next four groups of nurses, with the exception of the third group of nurses recruited for hospital surgical wards, were expected to be less experienced and younger than the first group. Through the experiences of the first pilot group, ‘challenges/problems’ arose, and there was a concern that about the retention of the nurses. The representatives of Opteam, Esperi, and Amiedu acknowledged the deskilling process of transnational recruitment through regulatory mechanisms of Valvira as well as learning Finnish language, but vocalised and asserted that, through dedication and hard work to Esperi
and the Finnish language, the nurses could advance in their careers as well as apply through the immigration police to be reunited with their family.

The socially constructed attributes of the Filipino nurses by the dominant representatives in the producer-based care networks were hard working, modern heroes (referring to sending money back to the Philippines), warm and caring and embodying a ‘cultural bound politeness’ to their elders. The nurses were also perceived as entering the nursing occupation not as a career but as a vocation. This construction was legitimised in contrast to the Finnish domestic nursing workforce that was viewed as lower professional quality in terms of compliance, but also limited in human resource supply as students were not choosing the nursing occupation and qualified nurses are leaving the profession. However, instead of re-examining the reasons why domestic nurses were not working in their occupation, the private companies package nurse replacements that, through transnational processes of unequal development and regulation, are flexible, complaint, paid the lowest salary, and deskill to work in elderly care, which was constructed by the producers as heavy, messy, hard, unqualified work that is undesirable to the local Finnish nurses and could be done by anyone.

Representatives disagreed and conflicts arose in social worlds concerning this construction such as the Finnish nurses’ union or Filipino nurses working and living in Finland were silenced through lack of acknowledgement or dismissal by dominate corporate and business social worlds. At various times, discourses emerged about the hierarchical nature of the nursing occupation in terms of gender, class, and race, as well as the unsustainable practice of treating the Filipino nurses as replaceable, but these discourses were overpowered. The overpowering discourses related to a narrative of worsening labour shortages in Finland as well as the European Union and the urgent need to compete for this much needed labour as ageing demographics increase within the welfare state. This group of ageing demographics was labelled at various times as ‘baby boomers’. The baby boomers are a different generation than pre-World War II as indicated in the texts. They are healthy and work past retirement and, as Virtanen in the Optimist states, want to ‘consume hospitality’ within the private elderly care sector. This assumption goes beyond basic institutionalised allopathic care of past generations and creates touristic, individualised expectations of the patients when receiving assisted care. These expectations can be purchased and packaged with pre-selected nurses for pre-determined tasks and workplaces where the individual consumer is a resident or being ‘hosted’ as if on vacation or in a hotel. As the work commitment of the social worlds
changed, in terms of recruitment and placement of non-Finnish nurses, so too did the maps which addressed research question 1 (c) on how the social worlds and representatives interacted. What was revealed in the maps, particularly in the last two years of recruitment (2009-2010), was the overlapping of the social worlds around the production of nurse labour (see Figure 42). As the third sector was pushed out of the arena, the social worlds of private business and corporate, municipal/city governance, national security and police, and education and training join together which revealed not only collaboration amongst these particular social worlds but also the dominance of a private/business agenda of pre-selected packages of Filipino nurses through private recruitment.

![Figure 42](image)

**Figure 42   Social worlds map in 2009-2010**

By taking-for-granted the hierarchical nature of the nursing occupation in Finland, particularly in terms of working shifts, salary, and prestige, inequalities continue to be reinforced with the replacement of Filipino workers or a more transient workforce. For instance, as noted by Mackay in 1989 and Davies in the 1990s, the structuring of the nursing occupation in the UK based on ‘disposable ethos-use once-and throw away’ in which the ease of young learners replaced more experienced nurses, trivialises the
occupation and wastes the potential of the nurses. In Finland, the Filipino nurses are
deskillled from registered to practical nurses through transnational processes and easily
replace the high turnover of domestic Finnish nurses because of barriers in terms of visa
restrictions, Finnish language abilities, and limited contract associated with mandatory
apprenticeships. Kingma (2006) notes that this is a trend in various countries where
nurses' skills are devalued and the nurses are treated as ‘extra pair of hands’. This trend
has also been empirically documented in Portugal (Ribeiro, 2008), Australia (Ho, 2008;
McNeil-Walsh, 2008), and Canada (Kelly et al., 2008).

Through the lens of transnational feminism, the analytical focus on transnational human
resource management of nurse labour focuses on situated networks or ‘chains’ of various
representatives, institutions and organisations who are producing pre-selected packages
of workers that reinforce gendered, racialised and classed hierarchies. This reproduction
of unequal hierarchies that are taken-for-granted in the field of international human
resource management reinforces unequal development of trade and economies as well
as divisions of labour that favour production based on monetary profit and
competitiveness. The institutionalised ideologies of capitalism and neoliberalism as
seemingly rational, business practices that transcend borders and multiple levels of
organising naturalise dominant knowledge claims of businesses packaging ‘desirable’
workers as flexible, disposable and a commodity that can be imported.

Situating these transnational gendered and racialised processes and practices turns the
empirical focus onto representatives and networks that have, in the past, existed and
functioned outside the scholarly field of IHRM. Focusing on sites of nurse labour
production deconstructs discourses that have material implications for workers’ bodies,
and highlights the story on how knowledge claims dominate to create particular
controlling institutionalised mechanisms at high policy levels of governance, but also
within the workplace.

Although the dominant producers of nurse labour, in this thesis, have collective
mandates to make money through financial investment, the THR M practices
implemented by the dominant producers have little concern with retention of the
workers and sustainability of the future workforce. Reproducing a system of disposability
through ‘coping management’, in other words, not questioning institutionalised
practices of regulation and the hierarchical nature of the nursing occupation, designs
Finland as ‘stepping stone’ for mobile nurses to jump from in terms of other career
opportunities in countries that can advance their desired life trajectories. This resonates
with the situation of over 35,000 domestic Finnish nurses that choose not to be in their trained professions because of various material grievances such as low salaries, incompatible time work patterns for those with children such as shift work, and lack of status or prestige in comparison to medical doctors. As Mackay writes in 1989, ‘what a waste!’

6.9 Summary and concluding thoughts

This chapter retold a story of the various representatives, institutions, and organisations involved in the recruitment and placement of Filipino nurses into Finnish nursing institutions. This story captured an arena of producer-based care networks of representatives and their associated worlds dominating discursive space and authority in the talk and text surrounding the THRM practices of Filipino nurses. The dominant producers, Opteam, Amiedu, Esperi, through pre-selection processes, packaged recruited Filipino nurses based on the needs of Finnish employers. This pre-selection of packaged desirable workers reinforces structural inequalities with the Finnish profession and perpetuates a system of exportation in the Philippines, reflecting colonial histories and uneven economic trade. Using the lens of transnational feminism, this chapter further explores gendered and racialised institutional and organisational practices that reinforce hierarchies amongst nurses in the local Finnish workforce. These hierarchies have material implications for the lives of the migrating nurses and their subsequent career trajectories.

In the next chapter, I discuss research question two. Specifically, I examine the discursive positions within the social worlds that arose in the arena of producer-based care network. The aim of this analysis was to go beyond the discourses of ‘knowing subjects’ and focus on collective, contested discourses surrounding the social action of transnational recruitment and placement. By focusing on the discursive positions situated in the arena facilitated a close examination of structural barriers to equality for the Filipino nurses in Finland as well as the material consequences of these barriers.
7 DISCURSIVE POSITIONS AND STRUCTURAL BARRIERS TO EQUALITY IN TRANSNATIONAL HUMAN RESOURCE MANAGEMENT

This chapter addresses the second research question on the discursive positions of the claims in the talk and text of the representatives and organisations. Specifically, the question asks,

How, through discursive positions in the claims of the produced talk and text, are the representatives and organisations socially constructing the practices of recruitment and placement of Filipino nurses in Finland?

The aim is to illustrate the major contested issues in the discourses amongst the representatives on the practices of recruiting and placing Filipino nurses. As argued in chapter six, dominant representatives and their associated social worlds emerged into the producer-based care networks through claims to authority in the THRM of Filipino nurses. These authoritative claims were made in talk and text of the representatives and their organisations as well as social actions to negotiate and legitimise claims to an audience of other representatives and the Finnish public. A focus on the dominant discursive positions of the representatives highlight socially constructed expectations of the implicated Filipino nurses as a recruited group, how the recruited workforce is managed and structurally organised, and what is considered ethical practices within transnational recruitment.

Referring to the ordered map in chapter five and the analysis in chapter six, this chapter is divided into categories of discursive positions to discuss implications of these positions in terms of structural inequality barriers (Acker, 2006). The discursive positions are not from a particular representative or organisation but rather dominating the discourses within the domain of the producer-based care networks. As the talk and text from the for-profit organisations of Opteam, Esperi, and Amiedu dominant authoritative space in the producer-based care networks, the organisations gain control on how transnational management of the Filipino nurses should be practiced and how the Filipino nurses are regarded as working nurses. I argue that the discursive positions that emerge from the talk and text are in regards to the supply of ideal practical nurse labour from the Philippines for Finland’s ageing and under resourced health care system; Finnish language teaching and standardised work requirements as a practice for the placement of Filipino nurses; and ethical transnational recruitment.
The first discursive position on the Philippines is as an exporting country of nurse human capital as well as the issue of representation of the recruited Filipino nurse. Analysis focusses on how the Philippines is socially constructed by the dominant representatives in the domain of THR, and how this serves as a bases for structural inequality in terms of underlying gendered and racialised assumptions and expectations of the Filipino nurse as a worker. The next section looks at the ongoing practices of teaching and requiring Finnish language among the recruited nurses. These practices are textually informed through Opteam, Esperi, and Amiedu. The analytical approach to these practices is framed with Acker’s approach to the practices of managed work as (re)producing inequality regimes. This section tries to highlight how the Finnish language use and its requirement for work in Finland serves as a legitimate, institutionalised control of the nurses and their work as well as an internalised compliance amongst the recruited and non-Finnish nurses. The third section examines the positions on selecting and recruiting a Filipino registered nurse to work as a practical nurse in Finland, and how these practices are legitimised through the discursive positions on ethical recruitment.

In the discussion, I consider compliance amongst Filipino nurses as a result of these discursive positions and the subsequent ongoing practices and material implications in terms of structural inequality barriers that are transnationally gendered and racialised but also not limited solely to the domestic workplace.

7.1 The Philippines as a source for nurse human capital and the warm, optimistic Filipino nurse

The Philippines is constructed by the representatives of Opteam, Esperi, and Amiedu as a source for human capital; whereas, the Filipino nurse is constructed as an ideal worker to care for Finnish elderly patients through attributes of optimism and warmth. This construction is discursively produced in the talk of the representatives and text of the organisations by comparing Finnish nurses and Finland to Filipino nurses and the Philippines. These discursive constructions, subsequently, inform the practices of how the Filipino nurses should be recruited and placed as Opteam, Esperi, and Amiedu dominate the arena of producer-based care networks.

In October 2008, after the first group of recruited Filipino nurses arrived, the CEO of Esperi presents an action strategy to deal with the labour shortage in the Finnish welfare system at the NIVA’s conference. The CEO legitimises this ‘need for action’ as
demographic changes in Finland (e.g. population is ageing) and changes in the labour market. The CEO presents her claims in a slide where it is written that practical nurse work is heavy and an undesirable profession for Finnish young people (see Figure 17 in chapter 6).

The representatives’ discursive construction of practical nurse work with elderly patients as ‘hard’ or ‘heavy’ is illustrated through culturally specific proverbs and metaphors. Representatives from Opteam use a Tagalog proverb at various times in the data which is ‘walang matiga na tinapay sa mainit na kape’ and is translated by the representatives as ‘no bread is too hard for warm coffee’. For instance, in interview # 3, the cultural manager from Opteam says

But, the Philippines for us is, I suppose, in some ways, like it is a natural, I don’t want to use the word resource-it sounds terrible-but, for us, we would go to the Philippines because one, the training is good there. We know that we are not going to have to search too hard for the nurses there and they are-they have this ability to sell in other countries very quickly, just like the saying that you would be aware of, that Tagalog saying ‘there is no bread to hard for warm coffee’. And, that is a wonderful saying from the Filipino point of view that they will go anywhere. Just treat them right, look after them, and they will pay you back tenfold.

This proverbial reference is made in a text written by Opteam’s representatives and a report by the Opteam’s Finnish teacher and coordinator of the language in the Philippines (Huijser et al., 2011: 82; Asa & Muurinen, 2010: 96). This proverb is also associated with adjectives such as optimistic and warm to describe nurses from the Philippines. This discursively captures the Filipino culture and the Filipino nurse as warm coffee that can moisten hard bread or hard work. These attributes and the institutionalised educational training of the Filipino nurse becomes a natural human resource to be recruited externally.

The Philippines as a source for nurse human capital is constructed in Opteam representatives’ reflections of the nurses’ cultural attributes, nursing qualifications and English level proficiency in the Philippines, as well as the institutionalised educational system which derives from the United States and is set up to export nurses abroad. The following reflections are responses to my question ‘why was the Philippines chosen as a country to recruit nurses?’ by a representative from Opteam (interview # 1.b):

There are many things that speak for the Philippines. They value education and the quality of nursing education is good. It was basically planned by the Americans, so it is no wonder that there are so many Filipino nurses in the United States. So the quality of the degree and of course the culturally bound politeness and, when we think of the elderly people here [Finland], they [Filipinos] have a natural respect for the elderly which we could learn from actually. And, also, that they speak English and they have studied in English. Even though not everybody speaks as well as earlier because the schooling language can also be the local language in the primary schools and the secondary, I believe. But, the nursing schooling is in English. So, that makes it easier. We have,
in a way, a common language then in Finland so we don’t need interpreters which is, actually, you couldn’t have as a doctor or a nurse within health care or even within elderly care as a practical nurse, you can’t have an interpreter with you all the time. And, most Finns speak English somehow. At least. So, it is easier to communicate and make sure that the recruited one and the employer understand one another.

Another representative from Opteam echoes these points (interview #3),

Philippines has placed a lot of value in the training and development of nurses. I mean there are a lot of nurses in the Philippines. So, they had more nurses that they can ever hope for to look after their own, if you like, national and domestic requirements. And, the Philippines is a country that relies heavily on exporting their skills and talents, so they’re big earners, probably the major earner for the Philippines. But, why do we do that from a nursing point of view? They get good training, they speak English, which is-which irrespective of coming here- I think the Philippines in general has a good international record. All of the nurses that come here, have had previous international experience, so we know that they are not coming raw, they haven’t been anywhere else. And, a lot of have been to countries where they don’t get treated very well, but we won’t go any further down that line. But, here they do. And, when I speak to them, I meet them in the supermarkets, Tricia, and they always got a smile on their face and they are very happy, and I just talk to them, and I think that they are surprised at the way that they are treated here and been received here which is nice.

In the discourses of the representatives, Finland, as a country and a culture, is depicted as ‘better’ than other destination countries for Filipino nurses in terms of treatment and reception of the recruited nurses. ‘Here’, or Finland, entails work practices of commonality (e.g. English language and US-American model of patient care and medicine), but also fair work practices where the non-Finnish nurse is treated the same as the Finnish nurse by law. This fair treatment is reflected in the smile and happiness of the recruited Filipino nurse going about daily life in the supermarket.

In interview with a representative whose organisation works on behalf of private business employers⁴⁴, the representative compares Finland to Saudia Arabia as a better country. The representative states that ‘I think for them [Filipino nurse], it is better to work in Finland than some Arab country’ (interview #15). This argument is also illustrated in Optimist’s interview with a recruited Filipino nurse, Ruby Tuton. Ruby is said to have reflected on her experience in Saudia Arabia as being culturally different from Finland and Finland not being such an extreme adjustment to daily work and life routine. Because of her experiences in Saudia Arabia, she is not nervous about the move (2008a: 8).

Opteam, as a recruiter, selected registered nurses from the Philippines to work as practical nurses in Finland because the organisation’s client, Esperi, requested this particular human resource. A representative from Amiedu recalls this objective of the two organisations, and reiterates in the talk that the Philippines is chosen because of the

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⁴⁴ Private employment agency association (HPL): Union and legal service association for private business employers
country’s history of exporting nurses and what is termed a ‘culture’ that cares for elderly people and family (interview#10.a):

Opteam had the customer [Esperi] and they talked together and Esperi had needs about the new practical nurses and they decided how it is possible to get people from other countries. And, after quite long research, they decided the country should be the Philippines because they had long time experience about exporting the nurses out to say Canada, everywhere. And, that is why. And, the culture. It is really nice. Especially, the nurses. Because they love people. They understand that the elderly are very important. They are keen about other people’s feelings and they love the family. And, that is the point. Then they can understand easier when they come here. They have really tight groups and they live together when they get here and they support each other.

When the nurses arrived in Helsinki, they lived together as Esperi rented the flat for groups of nurses (the male nurses lived together and the female nurse lived together). The rent was paid by the nurses to Esperi and all the furniture was also provided by Esperi (source: interview #11). These practical aspects of the recruitment and placement are reminiscent of Choy’s (2003) historical account of Filipino nurse migration to the United States in the 1950s and 1960s in which they were placed together in residences near the hospital or their workplaces. The nurses’ lives become managed both in the workplace but also domestically, at least during the initial six months of their apprenticeship in Finland. The Filipino nurses are constructed in terms of a group, segregated by sex, which is accommodated because of commonalities in culture but also experience with the Finnish organisation.

The construction of the nurses viewing nursing as a calling or vocation rather than a career is illustrated in Optimist’s story of Francis Aguiling who is quoted as saying ‘[W]hen I started as a nurse, I didn’t think about money or moving abroad. This is my calling’ (2008a: 9). The calling to the nurse profession has been written about by various scholars as highly gendered through emphasis on feminine characteristics predominately of women and Asia men and care labour such as caring and warm (see Wrede, 2010: 11; Webster, 1998).

In Optimist, the recruited Filipino nurse and the producers are contrasted both within the written and visual text. For instance, in issue # 3, the nurses, through their ‘stories’ are described as hard working, versatile, international, experienced, family oriented, and viewing the nursing occupation as a calling rather than an occupation. The producers, on the other hand, are constructed in terms of ‘pioneers’, ‘action-oriented’, ‘visionary’, ‘ethical’, and ‘bold’. As written by the CEO of Opteam in Optimist (2008b: 5),

Opteam’s nurses are an example of a solution looking into the future. The Philippines are struggling with a population explosion, and the country will have skilled workers for all sectors for decades to go...Such a bold way of working will make Finland a model country that can set an example of other European countries.
These contrasting constructions of the recruited Filipino nurses and representatives of Optteam can be viewed visually with the choice of pictures on the cover of Optimist to represent the different groups. The titles are also telling. For the nurses, the titles are ‘International workforce and a versatile working community’ and ‘New heroes of work: Philippinean practical nurses arriving in Finland’. For the representatives of Opteam, the title is ‘Headed to the Future’. One issue is constructing the Filipino practical nurse workforce; the other is constructing the producers of the future workforce.

![Optimist's covers for issue #3 and issue #4 (2008a, 2008b)](image)

**Figure 43: Optimist's covers for issue #3 and issue #4 (2008a, 2008b)**

By constructing the Philippines as well as the Filipino nurse in terms of their nationality, culture or ethnicity and the practice of recruitment is foundational to constructing the nurses before they reach Finland. The constructions of the recruited nurses serve to direct the nurses into particular jobs that reconstruct the workforce of practical nurses. The work is constructed as hard and undesirable by local Finns, but instead of restructuring the domestic practices of organising work, the Filipino nurses are constructed and produced by the recruiters to serve the desired workforce or what Opteam calls ‘the new heroes of work’.
Using Acker’s framework of structural inequality barriers to organisations, the social construction of the employer of the employees, in this case Opteam, Esperi, and Amiedu’s discursive constructions of the Philippines and the recruited Filipino nurses, serve to entrench racial differences between the recruited nurses and the Finnish nurses. This entrenchment of racial differences legitimises hard work or the work not done by the domestic Finnish nurses to be done by the recruited Filipino nurse.

7.2 Standardised work requirements of Filipino nurses and the use of Finnish language in the workplace

The use of Finnish language is the most pronounced discursive position in the data. Each representative spoke about the use of Finnish language, and in the documents, the practice of recruitment and placement of the nurses is framed in terms of learning Finnish language. Within the NIVA’s presentations, the theme of multiculturalism in the workplace centralises around the topic of learning Finnish; in Optimist, Finnish language training and models of training the recruited Filipino nurses was central to the issues’ themes; and, in each of the 27 interviews, all the actors talk about Finnish language use. The focal points are on language competence tests, the recruited nurses working in Finnish, and patients receiving care and Finnish nurses working with non-Finnish nurses. The dominant discursive position by the representatives on the use of Finnish language is that the nurses should speak and work at a professional, competent level.

The dominant discursive position on work requirements and the use of Finnish language systematically, either intentionally or not, creates a high degree of internal segregation in the Finnish nurse occupation for the recruited Filipino nurses. Using Acker’s analytical approach to how inequalities in work organisations are produced, the analysis examines how textually informed practices socially construct differences based on ethnicity, class, and linguistic abilities that maintains systematic disparities between actors in control and implicated actors in compliance. The practices suggested by Acker that I focus on here in terms of Finnish language are (1) organising the general requirements of work, (2) organising class hierarchies, (3) recruitment and hiring, (4) wage setting and supervisory practices, and (5) informal interactions while ‘doing the work’.
7.2.1 Organising the general requirements

The recruited nurses are hired and placed by Opteam based on the customers’ needs as well as the regulatory system in place by Finnish organisations such as Valvira. All of the recruited five groups of nurses (with the exception of the third group hired for hospital surgical wards) are hired as practical nurses. The representative from Amiedu reflects that being hired as a practical nurse and not a registered nurse came as a surprise to the Filipino nurses. The surprised reaction became a question about ethics (interview #10.b):

Interview #10.b: When we began, it was some kind of ethical question, issue, in Finland. This workplace immigration, this whole thing, it was new. We have to be a little bit careful with and how we train and act. So, everything was like that.

Interviewer: What concerns of ethics did you have?

Interview #10.b: Well, the nurses were already nurses [registered] when they came to Finland and we agreed to practical nurses which is a different profession than a registered nurse. And, there was a little bit of a problem first because a lot of the Philippine nurses, they didn’t know, they didn’t know that, they hadn’t understand, they hadn’t understood that when they came here.

The other representative from Amiedu believes that the surprise about being hired not as a registered nurse but as a practical nurse is because of the Filipino culture which does not institutionalise elderly care but relies on the family to care for the elderly (interview #10.a):

It is the different culture. They don’t, there [the Philippines] they take care of their older people at homes. In Finland, this is very uncommon at present and we have places where the old people, maybe you know the system, how it works in Finland? It is so big culture difference. We have to learn them [teach them to] understand the system first. Because they are trained for the nurse. They understand that it is care. It is health care. It is not like different type of care. It is like caring for old people in Finland. We help people to do something. It is not only giving medicine….it is basic care.

The nurses, although experienced and qualified, are required to requalify themselves to become a certified practical nurse (LPN) in accordance to Finnish regulation and standards. This requires the nurses to take 120 study credits with Amiedu, which takes approximately two years to complete. The time is shortened if the credits are taken parallel to an apprenticeship. In the case of the Filipino nurses, the apprenticeship is six months in the customer’s organisation. It is believed that the Filipino nurses worked hard in comparison to other recruited nurses. In the case of Opteam, four Chinese nurses were also recruited but did not graduate with the Filipino nurses who started at the same time. The reason for the Chinese nurses not graduating is thought to be because there is no common language between the nurses and the trainer, but also difference in culture. The Filipino nurses are considered hard working but also clever (interview #10a. and b):
A: What we have noticed with the training period, with the three groups [recruited Filipino nurses]. We now have four people from China, and it is always different culture and now we understand better that the people that come here start to train as practical nurses. We know that they are already nurse. They must have very good English language or something because we have to start the training in English. That is the language we can both use. More or less. And, little by little, they have to learn Finnish because the customer, the elderly really need Finnish. Some don’t speak at all English. Some don’t speak Swedish, some speak only Finnish, and that is a little bit of a complication. Depends on the place because what type of people living in the homes [elderly homes]. Some speak [Finnish elderly] very good English, and that is a problem because they start to speak English with the Filipino nurse. And, it means when the elderly speak English, the nurses don’t learn at all Finnish.

B: But, the Philippine nurse, they have learned very quickly.

A: Very quickly. They [Filipino nurses] are very clever!

B: But, they worked very hard. We gave them extra, language studies because these language studies which we planned, it wasn’t enough. So they studied here in the evening, and we gave them extra studies all the time and support to the workplace to learn them [to teach them] these professional sentences [in Finnish language].

At the same time as the apprenticeship, the nurses are expected to take Finnish lessons and work in Finnish with the elderly patients, although the recruitment and initial training is in English. When the nurses complete their studies, they are expected to continue with Finnish language (representative from Opteam: interview #1.b)

So basically once they are here and they have accomplished their studies and are ready to work, they still need, all these people, they still need Finnish lessons. So, at that point, at least, I believe, the foreigners can get something.

The organisation of general requirements which, in this case, are Finnish language as well as Finnish practical nurse qualifications are institutionalised and enforced practices that exclude nurses that do not meet specific competencies textually set by the Opteam, Amiedu, and Esperi. If the non-Finnish nurse aspires to progress in his or her career or increase their wage or schedule their hours, for instance, the structure of their work and life pattern is subjected to the institutional structures and practices of the Finnish domestic model. The idea of transnational living or non-Finnish worker’s rights and needs become barriers to equality in the workplace.

Furthermore, the general requirements requested by the client become a search for nurses who are trained in an institutionalised system that separates elderly care to the home and the responsibility of the family. The conversation in the text begins to revolve around searching for a culture that is conducive to caring for the elderly as family and not patients and a work ethic of committing to the clients’ needs by working as an apprenticeship and studying after working hours. In Finland (or outside of the Philippines), these practices and expectations of the nurses deskill the recruited nurse
from a professional registered nurse to a family oriented, hard working, Finnish speaking practical nurse outside the private home.

### 7.2.2 Class hierarchies

The dominant discursive position on language creates structural class hierarchies within the nurse occupation in Finland. If the recruited Filipino nurses are not systematically evaluated as competent in Finnish language use, the recruited nurses cannot aspire to work as a qualified registered nurse in Finland as regulated by Valvira. The recruited nurses, however, are hired on the basis of being a qualified registered nurse with experience in the Philippines so to work as practical nurses in Finland is to be deskilled in the profession.

A representative from Opteam indicates that the recruited nurses have complained about not working as a registered nurse, but once the nurses realise their limitation in Finnish language, they comply with working as a practical nurse (interview #1.b):

> They [Filipino nurses] experienced or some of them experienced that well...umm...this is something I know I can’t, I work as a registered nurse. But, then of course, as soon as they, in practice, they realise—-I remember an occasion where a nurse went to a doctor with a client and found it extremely difficult [to communicate in Finnish]. And, after that, he said ‘well, now I see why I can’t work as a registered nurse yet’.

Working as a recruited Filipino nurse, the organisations pay basic salary. As an apprentice while requalifying and studying Finnish language, recruited nurses do not receive a full salary as a practical nurse; it is 5% less of the average salary. When the recruited nurses are qualified then, by law, the nurses receive 1700 euros/month. This is legitimised as the same as other Finnish practical nurses, but creates a hierarchy of registered nurses receiving a practical nurse salary because they are educated in the Philippines not Finland and cannot speak fluently the local language of the workplace. Therefore, the salaries between the Finnish nurses and the Filipino nurse are not equivalent.

### 7.2.3 Recruitment and hiring

The practice of recruitment and hiring, according to Acker, is about finding the most suitable worker for the particular position. From the start, Opteam researched a country for the nurses requested by Esperi. This nurse would be recognised as a practical nurse, work in Finnish, and be required to requalify themselves during a period of apprenticeship that would require lower pay and set hours by the client. In addition, the
working visa is applied for by the recruited nurse but, as in legal Finnish practice, the nurses would require a contract with a Finnish employer [in this case, Esperi]. In addition, the recruited nurses would come without their families, as set out by Finnish immigration regulation, but these families could be brought at a later date if the recruited nurses continue on a fixed employment contract for two years until a permanent contract is granted. The permanent contract gives the nurses ‘A’ status in Finland, which allows the nurse to apply for family ties.

7.2.4 Wage setting and supervisory practices

In interviews with Filipino nurses who are educated as registered nurses in Finland and have lived in Finland for over ten years, the nurses speak about ‘not being seen’ by those in management because of their limits in Finnish language. The use of the Finnish language becomes not only about being seen but complying with this limitation even though it is viewed as unfair (interview # 4.a).

Interviewee # 4.a: But, I think that is the biggest obstacle, that is the biggest problem for a foreigner. For a foreign nurse to progress here in Finland. Because with our degree, bachelor of science degree, we could be a ward manager already because that is the only requirement, you know. To be a bachelor of science degree in nursing then you could progress to management already. But, we couldn’t do that, we couldn’t do that, we couldn’t even be what they call specialised nurse because of the Finnish language. Because, what will happen is even if you know that you can be a specialised nurse, like an expert, you can have that title like an expert nurse...

interviewer: like a specialised nurse?

Interviewee # 4.a: Yeah, specialised nurse. You know that you can do that, but then you yourself have doubts. Can I, do I have the confidence to do it, whenever there will come a problem or papers to fill in, all in Finnish for you to do this and do that. Can I manage it? And, if I can manage to understand, can I manage to convey to my co-workers or to my subordinates. So that is the most difficult, that is the reason why I think the foreign nurses don’t progress here because of that. And, I find that, although the management say that they are hiring foreigners because they are not racist, but somehow, if you will notice it, they might not show it that they are racist...like show it...like superficially that they are racist. But, there are the hidden racism, you know. Because they could, even though you are capable, they might give you a little bit of leave, like ok, you can do this, we can trust you to do this, but they wouldn’t trust you to be an assistant ward manager, for example. They won’t trust you to be, probably they would trust you to be a specialised nurse if you had enough Finnish but seldom. For all the 10 years that I have been a nurse in the city of Espoo, I have only seen one foreign nurse who is a specialised nurse that is an African. She can speak very well Finnish. Very well.

Interviewer: So, just to get this point right. You think that the reason why foreigners are not progressing is because of the limits placed upon themselves because of the Finnish language?

Interviewee # 4.a: from the employer.

Interviewee # 4 a: You cannot progress. You do the jobs, in my opinion, you do the jobs that their people don’t want to do. How many young Finnish nurses want to be in a long-term ward or in a nursing home? Few. Very few. Most of the Finnish young nurses who graduated go to the hospitals. If you go to the hospitals, you could find that most of them are Finnish, the young ones. They don’t have in the hospitals now foreign nurses, no. You probably heard that they are hiring in mellähit, in the operating room, these foreigners, but it is in the operating room! Do you speak
Another Filipino nurse educated and living/working in Finland as a practical nurse (interview #4.b),

They don’t actually like really trust, 100% trust us because maybe because of the language

This comment is followed with the first nurse saying (interviewee # 4.a)

They don’t really see us, they don’t really see that we are capable to do what the Finns can do. Sometimes, you see, you might think that it could be also culture. They might think that maybe the culture is different because they do things differently then we, for example, Asians do things. Sometimes when we do things in an Asian way, they don’t agree, you know. So, they will say, ah that is because we have different culture, and you probably don’t understand. And that is the most common explanation

This supervisory practice of limiting the Filipino nurses because of the Finnish language is also expressed by a recruited nurse who views the language as a barrier to career progression, but the recruited nurse views it as temporary circumstances while being trained in the language.

And, for me also, it is very unfair for us that the other batch [the third group of Filipino nurses recruited for a hospital] because they got [recruited] from the Philippines and hired as to be a nurse here [a registered nurse in Finland]. It is also, how can I express, very unfair for us because we also have the same degree that we got from the Philippines, and how got the other group as a nurse here? Very unfair. They also gave us the option that they can give us, that they will give a chance that we can study to be a nurse here and the same salary as we got right now [referring to study and working solely as a practical nurse]. But, for this moment, maybe it is a bargaining. That I am satisfied in my job right now because of the language barrier is very difficult and it is very risky for us [Filipino nurses] (Interview #11.a).

This last comment sparks agreement in the interview, which consists of two other recruited nurses in the same group who are also working as practical nurses.

In addition, when asked by the interviewer why the recruited nurses decided to come to Finland and if they were aware of the deskilling of their degrees and work experience, most of the recruited nurses state that they wanted to work abroad for the salary. This is one of the main motivations, but nursing, to those recruited, is constructed as registered nursing rather than basic care provided by practical nurses in Finland.

In the Philippines, I don’t think of practical nurse because you always think of the salary. For that, I am not so aware of practical nurse. I think it [being hired as a practical nurse by Opteam and Esperi] because I am a registered nurse in the Philippines. I cannot do a broad scope in my professions. Like getting blood, I.V. I can give medications [in the Philippines]. There is no need for that [in Finland] because also the Finnish barrier, the Finnish language barrier. You cannot do anything. You cannot do everything. For now, maybe it is ok if I am practical because of the language; I cannot do as a full nurse because of the language (Interview #11.a).

The discursive positions of the employers and employed nurses contrast in the discourses on Finnish language use. For representatives employing the Filipino nurses such as
Opteam and Esperi, Finnish language use can be resolved through hard work, requalifying through language and nursing courses with Amiedu and taking competency tests through Valvira. For the Filipino nurses, the dominant discursive position on Finnish requirements is impeding their careers chances and segregate them in the workplace amongst their Finnish colleagues.

7.2.5 Informal interactions while ‘doing work’

The informal interactions while ‘doing work’ are pronounced in the talk within the interviews with both the recruited Filipino nurses and migrant nurses originally from the Philippines who obtained a bachelor in nursing from a Finnish institution and have been working in Finland for over 10 years. Informal interactions while doing work, as discursive positions, are capture in the talk of those doing the work. However, the dominanting discursive positions of the authoritative representatives such as Opteam, Esperi, and Amiedu structure social relations shaped by the organisations’ discursive social constructions of the recruited Filipino nurses.

Informal interactions in daily work routines and practices are shaped by gender-, race-, and class-based assumptions (Acker, 2006), and behaviors and expectations amongst the nurses become commonplace or taken-for-granted. For all the non-Finnish nurses, at the workplace, there is a period of time at the beginning of the job that the nurses do not have the skills or confidence to work in Finnish. They find themselves in situations where they cannot read important ‘black and white’ documents about the practices in their work or their rights in the workplace. Also, hesitation arises when doing assigned tasks such as answering the telephone in Finnish or asking a colleague for help. Sometimes the nurses find agency and speak in English to clarify their positions and duties, but as one Filipino nurse asserts, limits in communication are compensated by working harder than the Finnish nurses and not making any mistakes. The nurses take on extra work or jobs that their Finnish colleagues do not want as a way to hide discomfort and/or the feelings of inadequacy.

Below is interview #4 (a group interview of three non-recruited Filipino nurses who work in a Finnish private elderly care institution). It is an excerpt from of a conversation between three non-recruited Filipino nurses. In the conversation, the nurses discuss the use of Finnish language in the workplace and their Finnish colleagues’ interactions during daily work practices.
B: The good side is that they [Finnish managers] appreciate if you are a good worker, they appreciate it, and they will make a feedback about you.

C: yeah, they forget the language. The language is not the matter anymore. It is how you work, your skill, your knowledge.

A: they can tolerate

C: but the good thing also, I have not made any mistakes at all since I have started, until now. I didn’t get any mistake at all in my job including medications and everything, and communication with the doctor. I understood because I am also brave enough to ask the doctor in English if I don’t understand. But, my co-workers, they allow me to have a dictionary there, and now, they are also familiarised with the different kinds of foreigners who are working. So, they are now helping the foreign nurses

interviewer: And, do you find that you work harder than your Finnish colleagues, for instance, or co-workers?

All nurses agree forcefully that the answer is ‘yes!’

A: definitely.

B: I have plenty of experience with that.

A: And, sometimes, you can even feel that they are taking advantage of you.

C: yeah, that is the negative. There is also a negative side on that matter not only a positive side because even to answering the phone. You are a nurse and they will ask you to answer the phone even though they speak better Finnish then you. But, since you are a nurse, it is your responsibility to answer the phone. So, that is another negative, and if they...

B: but it is really like that. Because you are the one responsible for the work

C: But then again, just to pick up the phone... or they can give it to you afterwards if they need a nurse or they are just going to ask something. If they are just going to ask something, do you still need a nurse to answer the phone? And that, and also if they see that you are like easy to be...

B: bullied

C: yeah! Like, oh you can do that or ok, I can do that. Because as a Filipino we are like that...as long as we can do that, we don’t need to ask from our colleagues. We can do that.

B: we don’t need initiative.

C: we don’t need to give it to another co-worker although we can do that already, so we don’t need to pass it on. But, then, as long as they have learned that you are like that, they are not moving anymore. It is all yours.

A: Or sometimes they can do so that, ok, they can leave some work, they knew that you are coming in the afternoon, they are working in the morning, and you should be coming in the afternoon. ‘ok, i leave this because so and so is coming in the afternoon, anyway, she will do it. Just like her (pointing to B), she always do that because in our nursing home we have this ‘sauna day’ so then nobody in her department do Sauna, except her!

B: it is our responsibility! Because at least two times a week, they should go to sauna. That is like one of their activities that they really love, Finnish people, you know. So, and my co-workers doesn’t like, they don’t think about it at all. They are like somehow ah she has done this, so maybe she can do it for her.

A: whereas, in my department, in my ward, I don’t allow them to do that because sometimes, they will tell me that ‘ok, so and so have to go to sauna’ (response) ‘well, you can bring her to sauna if you want!’
The nurses then discuss how, as time passes and they become more aware and confident of their positions at the workplace, the Finnish nurses continue to expect the non-Finnish nurses to do work that is not their responsibility or assigned during their work shifts. The workplace dynamics shift and create resistance but also compliance amongst the non-Finnish nurses as they do not want to be troublesome or unfair to the elderly patients. The dynamics at this point seem to socially construct a hierarchy amongst the Finnish and non-Finnish nurses, although the language is no longer seen as a barrier.

C: you know at first, I was like that if they give me a job, I am just doing that responsibility. That was the first because I don’t complain, I don’t understand, I don’t know how to complain, but then again when I knew that this was my responsibilities, I give the limit also that now, you cannot do that anymore with me because now I understand everything and because at first, they were just, you know, telling you everything, you do this, you do that. I cannot complain anymore. Of course, I don’t have any choice I just have to do the job. But, then again, when I have more Finnish words, then I could already explain, I could already say no, I know my limits, so that I could explain. And, they knew that.

B: Actually, for me, it is really difficult to say ‘no’. If it is not done, I feel so stressed if it is not done. So, if they don’t do it, I will do it. I don’t know, is it my personality, maybe, that I feel stressed when the work is not done.

A: But, then, it is true what she says that when you know more about the Finnish language, then you know more your rights because you can read it, you know. Because they have all the papers. The Finns love papers, you see. They put everything, the rules and regulations on paper. In black and white. And, so, when you can read it, and you can understand your rights, then you can fight for your rights. If you just want to fight it but sometimes, it is so troublesome because then you will destroy the working environment because if you insist on your right, you can do so because you have the right to insist because it is in the paper but then you are destroying your relationship with your co-workers then in that way, you are destroying your working environment also. So, then you have to think twice before you...if you want to have a fight with them.

C: but, if you want to have a good relationship with them, with your colleagues, on that matter, it is with the schedules also, you know our work schedules are prepare already, one month in advance, 6 weeks ahead, yeah, so my co-workers, they are ok to change the shift with me, but if I am the one that needs to change the shift with them, it is too difficult... but on my side, just to have a good relationship with them it is also a part of me that if it is ok, i have nothing to do then, you can...but then once you need that it is too difficult to ask from them like can I change my schedule with you so somehow....

The recruited nurses also speak about being recruited as practical nurses and treated differently than their Finnish colleagues. They believe they work harder and receive a salary as a Finnish student who are entitled to social benefits from the state (interview #11):

A: Maybe today, I am happy with my salary but I am not happy with my profession because it is not growing. There is no knowledge.

C: There is no challenge.

A: There is no challenge. Because I want more challenge with my imagination, I want to rescue with a helicopter. Like that. (laughs). I want more challenges even though I don’t have that good communications. But, maybe I can show my skills, that I can do my own best. I want more challenge to care. Intensive care unit. But, here, I am satisfied with my boss and my colleagues. Finnish people are very nice, calm, supportive, they are not aggressive. But me, it is my professions, not more challenge. It is like some days I am very bored. It is always very routine. Assisting the
patient to the toilet. Baking a cake. Giving food to the patient, it is like that. And, my five years of experience in the Philippines, half of that is wasted. Because if a patient is having like a heart attack, you don’t know the history because it is in Finnish. For my experience and my knowledge, you should know the history of the patient because how can you care. The language is also the barrier. And, the first month in Finland, it is very difficult in me because every day we work in practical nurse, and every Wednesday we go to school and the salary is not good. It is almost 700 euros as a student. But, we were more than a full practical nurse. We overtime like the other [full time nurses]. But, when we compare some student here, it is different. They are more pampered, but unlike us Filipinos, we receive only that salary.

The discursive positions of the dominant representatives in the transnational human resource management of Filipino nurses in Finland materialise in the actual ‘doing of work’ of the Filipino nurses, either recruited or not. Preassigned roles are constructed amongst the Finnish colleagues as to who does the heavy work, works undesired shifts, and receives a lower salary.

7.3 Discursive positions on ethical recruitment

Within the interviews with the representatives as well as the text of the documents collected, there is a recurring debate on the ethics behind recruiting registered nurses from the Philippines to work as practical nurses in Finland.

According to the text and talk from Opteam, the organisation’s recruitment practices are ethical as there are no placement fees, there is cooperation with local authorities, provision of language skills prior and after arrival, adequate information prior to arrival (e.g. expected income, cost of living, working environment, employment legislation), and accommodation with furniture arranged (interview #1.a and 1.b). Optimist, in issue # 4, also creates a theme story based an interview with Dr. Jamie Galvez Tan, the Former Philippine Minister of Health (Optimist, 2008b: 12), to reinforce Opteam’s recruitment as ethical. Dr. Galvez Tan also presented at the NIVA conference and his presentation was entitled ‘Finland and the Philippines: towards a true partnership in global health care’. In his presentation, Dr. Galvez Tan concludes under the title ‘A global historic milestone in health human resources management’ that ‘beyond the boundaries of Finland and the Philippines, the Finland-Philippine Partnership will be a Global Trailblazer and International model for all countries in the world to emulate’ (Galvez Tan, 2008b).

In Optimist, Dr. Galvez Tan is interviewed by Antti Helin, who writes,

Galvez puts a lot of hope in Finland, which has proven to be a model student in ethical recruitment already at the first steps. No recruitment fees of any kind are collected from employees coming to Finland, and the intention is to get their families into the country as well. Employment contracts are also highly valued.
Discursively, ethical recruitment by Finnish actors is constructed through practices of no placement fees and treating the Filipino nurses equally to Finnish nurses by providing employment contracts as well as the possibility of the nurses bringing their families to Finland. The Finnish practices are considered a model by abiding by both national and transnational rules. In practice, by abiding by bureaucratic rules, Opteam and Esperi work with other social worlds in the producer-based care network such as the national Finnish police and security (e.g. Ministry of Interior and the police issuing work visas) and the regulation and advisory world of Finnish national health and social welfare (e.g. Valvira). In order to recruit transnationally, Opteam and Esperi must comply with the Finnish national regulations as well as Filipino national laws even though it is discursively constructed that this is a model of ethical recruitment.

In the same issue of *Optimist*, the editor’s message as well as Opteam’s CEO, illustrates an emphasis on ethical recruitment referring to Opteam complying to rules and Opteam’s recruitment of Filipino nurses being an example for future recruitment. There is also a strong emphasis that the Philippines is a country with an exploding population and will have skilled workers for all sectors for decades (2008b: 5):

> Opteam’s Filipino nurses are an example of a solution looking into the future. The Philippines are struggling with a population explosion, and the country will have skilled workers for all sectors for decades to go. Recruitment on ethically-sustainable principles in co-operation with the country of origin can increase well-being in the employee’s old and new home countries alike. Such a bold way of working will make Finland a model country that can set an example of other European countries.

As according to the Opteam’s CEO, ethical practices of recruitment are carried out systematically by Opteam (2008b: 9):

> When recruitment is carried out systematically, competence evaluation and language studies are completed before leaving the country. Additionally, the prospective employees must be given a realistic idea of the work to be carried out in a far-away country, wages and the requirements imposed by daily life.

Discursively constructing the practices of the dominant organisations of Opteam, Esperi, and Amiedu as ‘ethical recruitment’ masks the practices of systematically deskilling the Filipino nurses in the recruitment process to Finland. The nurses do not have to pay
placement fees or the logistics for their migration from the Philippines to Helsinki, but once in Finland, their skills as a registered nurse in practice are not recognised. The nurses are hired as practical nurses and work as practical nurses unless the nurse requalify themselves. This ongoing practice is contested in the data. As stated by a representative from the SuPer union (interview # 6),

Interview # 6: But, I know that some of the Filipino nurses, they are here working as practical nurses which is not equivalent to their training in the Philippines.

interviewer: Because they have been trained as registered nurses.

Interview # 6: And, that is why we don’t find it ethical. We think it would be ethical if a nurse would be employed as a nurse and a doctor would be employed as a doctor. Not a cleaner. That is our aim. That is also our common aim with the PSI [Public Services International] which is--- we have, it is not a union, but a collaboration with 9 public sector trade unions. We have made our own ethical rules that we want to encourage. So, this is one of the main points that we have been discussing with the recruitment agencies that if they bring someone/somebody, we want it to be ethical. And, it means that a nurse should be working here as a nurse. And, what has happened is that they don’t always do it like that but they do something else.

In an interview with the union of TeHy, the representative discusses how the term ‘ethical recruitment’ became part of the dialogue in the media as well as among recruitment agency because of the work done by TeHy to make the topic relevant in Finland. She notes that recruitment agencies work with TeHy and other unions because of the concern that the union will create problems for them. She also advocates the recruitment companies cannot ask for placement fees as it is against Finnish law and the unions reinforce this practice:

Interview # 5: what we are trying to do, the trade unions in Finland, we brought this term ethical recruitment to Finland. Nobody talk about it like a couple of years ago. But, we organised several seminars and we organised press conferences and so on about ethical recruitment and it has been, there has been a lot of discussion about that in the media. So these recruitment companies, they noticed it and now many of them tell in their webpages, you know, we have this ethical processes and ethical recruitment things, and they want to come and tell us that they work in an ethical way.

interviewer: right

Interview # 5: Yeah, so I think in that sense we have done a good job because people realise that there can be problems and these recruitment companies, they want to prevent the situation that when problems arise, you know, they are going to get difficulties with the trade unions, so they want to work with us. And, that why we were being in touch with them.

Within the interviewes with the recruited Filipino nurses (interviews # 11,12,13), the common argument surrounding the reason to come to Finland is not based on placement fees, but rather a desire for a larger salary and to go abroad. In all of the interviews with the recruited Filipino nurses, the nurses recall that they have applied to various countries including Finland, and it was because Opteam called first and interviewed the nurses before other recruitment agencies that the nurses migrated to Finland. According to one recruited nurse (interview #11 a.),
My idea in the Philippines is I want to go abroad even if I pay a placement fee, but I want to go abroad. It's like if you go abroad, your future is secure. It is like that. And, the Filipino culture, if you go abroad and work there, you are rich. And, that is the main point because my parents are also, I am thankful for them, they are very supportive. They don't want me to go abroad but if it is my decision, they will support me. I paid 50,000[pesos] to an agency to go to Canada, but Finland called me first, and I withdrew the 50,000 and paid it back. A whole 50,000, then I come here.

Another recruited nurse in the same interview says that she went to Finland because it was abroad and to go abroad was a dream. The nurse reflects (interview#11 b.).

I came here [Finland] for the salary but it is also my dream to go abroad, and we said let's try. Before, we don't know Finland that well; it’s like ok that’s right, once we are here.

Another recruited nurse states that she stopped working as a nurse in the Philippines to study for entrance exams in order to be recruited to the United States. Because she was still waiting for an American social security, she decided to have an interview with Opteam at the place she was taking Finnish classes. She recalls (interview # 11 c.),

And between these times, I took some Finnish language lessons, and on that place where I took that language lessons, I didn't know that there is also this recruitment agency. And, since they were reviewing the files of the students doing the lessons, so I was, I think, somebody asked me if I like to come to Finland and work. And, since I know it is taking a long time for the US to do the social security, although I do have the exams passed already, so I say why not.

When I asked the nurse why did she decided to take the Finnish lessons in the first place, she explains (interview #12),

Just because they were available. It was my sister, she has some friends who were taking the Finnish language test. I mean, for Finnish, they were already having a test. She was saying would you like to go there because you are not doing anything and I said why not.

The contested discursive positions in the producer-based care networks in Helsinki create structured exclusions in the Finnish nurse workforce through the evaluation of the Filipino nurses' qualification and competence in accordance to Finnish institutionalised rules. These processes are being constructed as ethical as Opteam is abiding by national and transnational rules. However, how the registered nurses are constructed in the Philippines differs from the construction of the Finnish recruiter and employers. And as argued by Davies in the 1990s about the gendered structuring of the nurse profession that makes it impossible for female nurses to demonstrate and enhance the value of their work, the practice of recruiting overly qualified registered nurses for practical nursing positions in Finland not only devalues the recruited nurse’s skills but also creates a workforce that is disposable, transient, and ethnicised.

Furthermore, the focus on ethical recruitment, whether or not Opteam is practicing this with the Filipino nurses, legitimises the inequalities between the Filipino recruited nurse and the Finnish nurse by arguing that there are no placement fees and the recruited
nurses are treated the same as Finnish nurses. Opteam as well as other dominant representatives in the producer-based care networks do not view themselves in a position of privilege to define the practices and discourses on how the recruited nurses live and work in Finland, and this creates a social construction of the Filipino nurses’ skills as less than valuable as the Finnish registered nurse. It also enforces inequality barriers through direct (e.g. bureaucratic rules) and unobtrusive controls (e.g. selecting powerless workers in terms of the Filipino nurses not controlling their own recruitment and placement).

7.4 Discussion: structural inequality barriers through transnational human resource practices

In chapter six, dominant representatives emerged into the producer-based care networks through authoritative discourses surrounding the practices of recruitment and placement of Filipino nurses. These discursive claims to authority in the recruitment and placement of Filipino nurses were conducted through various resources of public presentations, HR magazines, websites, and negotiations with public immigration, educational and health care representatives and institutions. The dominant representatives and organisations in the transnationalisation of care emerged as Opteam, Esperi, and Amiedu.

This chapter seven has discussed the collective discursive positions of the dominant representatives surrounding the transnational recruitment and placement practices of Filipino registered nurses. Specifically, the research question asked:

How, through discursive positions in the claims of the produced talk and text, are the representatives and organisations socially constructing the practices of the recruitment and placement of Filipino nurses?

The dominant discursive positions on the practices of recruitment and placement of the Filipino nurses not only shaped transnational processes but also the institutionalised ways in which the recruited nurses were subsequently managed in the workplace and treated by their Finnish colleagues. Dominant discursive positions structured the daily work lives of the recruited and non-Finnish nurses that reflected not only gendered assumptions of the nursing occupation but also racialised and domestic ideas on how daily life and work was done and managed.
To examine the structural inequalities materialising from the collective discursive positions within the claims of the talk and text, this chapter has framed the discussion on recruitment and placement practices in terms of Acker’s inequality regimes (2006). Inequality regimes are ‘loosely interrelated practices, processes, actions, and meanings that result in and maintain class, gender, racial inequalities in particular organisations’ (2006: 443). According to Acker, inequality regimes are sustained through six inequality barriers which are (1) bases of inequality, (2) degree and shape of inequality, (3) organising processes, (4) invisibility of inequality, (5) legitimacy of inequality, and (6) control and compliance. To conceptualise inequality regimes and barriers in terms of transnational processes, the analysis focused on not only subsequent organising practices in the workplace of the recruited and non-recruited Filipino nurses, as Acker does in her work, but also the claims surrounding the transnational human resources practices taking place in the Philippines and Finland during the time of recruitment and placement of the 75 Filipino nurses.

The analysis of the structured inequality regimes was grounded in the ordered situational map constructed in chapter five (see table 9), as well as the discussion on the dominant representatives in the producer-based care networks in chapter six. Various social elements in the situation were considered (as described by Clarke’s situational matrix in Figure 5), but as the focus is on discursive positions, the major contested issues in the talk and text were central to the analysis in this chapter. Through saturation in the analysis, the collective discursive positions of the representatives emerged in terms of the Philippines as a source country for nurse human capital and the Filipino nurse as the desirable worker (7.1); standardised work requirements and the use of Finnish in the workplace (7.2); and ethical recruitment (7.3).

Discursive positions on the Philippines as an ideal source country of human capital were based on the dominant representatives’ collective claims that, in the Philippines, there is an oversupply of trained nurses who speak English and are educated in an US-American model of medicine. The Filipino nurse was selected from this supply because of personalised attributes such as hardworking, well educated and experienced, caring and respectful to the elderly, English speaking, and family/community oriented. Through the naturalisation of these dominant discursive positions, the structural mechanisms of control, such as the Philippines systematically educating nurses with US-Americanised training specifically for export, remained unmentioned. And, the dominant social construction of the Filipino nurses in the claims created a collective discursive position
amongst the representatives of which nurses should be selected for recruitment, and the expectations of how the general work requirements of the nurses should be organised once the nurses begin work in the Finnish workplace.

Ongoing transnational practices of recruiting Filipino nurses on the basis of employers’ needs and requests, packages the Filipino nurses in terms of gendered, classed and racialised assumptions that produce inequality barriers, both formally and informally, as work processes are carried out, as captured in Acker’s inequality regimes. For instance, both recruited and non-recruited Filipino nurses said that they work harder than domestic Finnish nurses, get paid less, and cannot advance in their careers because of their limited Finnish language abilities and the underrecognition of their nursing degrees from the Philippines. They also pointed out that even as their Finnish abilities improve, their colleagues still demand and expect that the Filipino nurses do the tasks that are not assigned in their job description. Designing ongoing work and managerial practices of the nurse occupation in terms of who speaks Finnish and those who do not speak Finnish ‘well enough’ not only segregates, in terms of class and race hierarchies (with very material/ tangible consequences such as wages and working hours), but also internalises compliance amongst the nurses, both the non-Finns and the Finns. As mentioned by both the recruited Filipino nurses and the producers, the recruited nurses comply with their workplace status and wage because of their limited abilities in Finnish. As one recruited nurse indicates, ‘it is like a bargaining’ to stay in a lower status position while improving in Finnish (interview #11 a.). The standardised hierarchies become taken-for-granted and the foreign and recruited nurses become deskilled and a workplace as well as a labour market becomes flexible and compliant to the producers’ social construction of the nurse and nurse labour.

In addition, through the discursive positions of ethical recruitment, the low wages and status of the recruited Filipino nurses became legitimised as taken-for-granted, reinforcing racial and class assumptions that the Filipino nurses will comply as they are coming from a country that has high unemployment, an oversupply of nurses, and lower salaries. The discursive positions that no placement fee equates to ethical recruitment masks a hierarchy of nurses but also imposed managerial controls as benevolent before the nurses arrive in Finland. The emphasis on fees also creates a competitive advantage for the Finnish producers as they stand out from other traditional destination countries of migrating workers such as Canada, UK, Australia, and the US, which are countries that do ask for large recruitment placement fees. As mentioned by the recruited Filipino
nurses, there is a strong desire amongst Filipino nurses to work abroad and the recruited Filipino nurses interviewed for this thesis had already applied to the US and Canada and paid the fees (interviews # 11, 12). It was not until Opteam contacted them first that they decided to move to Finland and not another destination. This reveals that placement fees were not a determining factor as to which country the nurses would choose, but rather the chance to go abroad was the alluring factor to migrate.

By focusing on a meso-level of structuring inequalities through discursive positions by producers on transnational recruitment and placement practices broadens the dialogue on global care chains, nurse care chains, and the transnationalisation of care. Hochschild’s (2000) concept on global care chains creates links between service-providers and service-receipients, and these global linkages are textured within wider socio-economic inequalities that reinforce hierarchies of nation-states, genders, and ethnic groups. Hochschild’s analysis, as well as those of many other scholars who employ this concept empirically, examines the familial level of transnational linkages. For instance, within the global care economy research, Hochschild looks at unpaid domestic work such as nannies. She argues that, through the migration of these service providers of domestic reproductive care, networks are made between the migrating nannies’ families in their home countries and the service-receipient families in the destination countries (usually a Western country). By focusing on these linkages, she reveals the distributive nature of these global transfers of reproductive care labour. Within sending countries, (re)distributive features can be viewed in terms of social division of gender, absence of men in the distributive process as well as racial hierarchies in terms of who is working in place of the absence of the migrating women. In the receiving country, the migrant women nannies replace the working mothers which hide structural gendered divisions of reproductive labour already systematically entrenched.

In 2009, Yeates argued that global care chain analysis should be extended beyond unpaid reproductive labourers to include skilled care professionals such as nurses. Through this extension of the chain analysis, Yeates’ conceptualisation of ‘global nurse care chains’ points to the regulation and organisation of highly skilled and specialised workers in institutional settings by a variety of public agents, provisions and interests. These meso-level actors and institutions are transnational in terms of geographical space and porous borders of organising. As in global commodity analysis, meso-level actors are considered to be producers and consumers of commodities and/or packages that move along transnational chains or nodes that are nationally and internationally governed and
regulated. Institutions that become part of this analysis could be nursing institutions (whether hospital or nursing homes), educational institutions both in the source and host countries, recruitment agencies, training companies, trade unions, nation-states’ governance, and international agreements, particularly on ethical recruitment.

This chapter and this thesis, as a whole, have endeavoured to capture this transnational network of producers and providers of a service, nurse labour, through the packaging processes of Filipino nurses for Finnish nursing institutions. Discursively, to investigate and map discourses that are long-range interests (Alvesson et al., 2000) and distal contexts (Wetherell et al., 1992) of gender and racialised assumptions and hierarchies would be problematic, as the analysis would be likely to ignore the situational elements of the recruitment and placement practices. This investigation emphasised empirically the discursive positions of Finnish representatives on their practices of recruitment and placement of Filipino nurses during a time of political support and when the producers dominated the space to define how these nurses would be organised. These practices, subsequently, materialised in the workplaces where the recruited nurses were placed and have the potential to structurally control how the future non-Finnish nurses are treated in terms of inclusions and exclusions in workplace practices. Complicity to transnational human resource management practices outside of the traditional empiricial divide of ‘global integration’ and ‘local centralization’ in the field of IHRM (Ståhl et al., 2012), recasts patriarchies and imperialism in the division of care labour and other unequal power relations that are systematically divided and historically produced. Transnational flows of unequal power relations, specifically in terms of control of the producers and compliance of workers, within practices and discursive positions by dominant producers re(produce) gendered and racialised negotiations which are institutionally embedded in regulatory practices, normative expectations, and rules and behaviours both within and outside the workplace. This embedded and taken-for-granted quality of transnational power relations makes the analysis of the transnational producers of human capital even more important. Conceptualising and empiricialising transnational human resource management stresses a shift in the IHRM field of discipline from monolithic, centralised conceptualisation of borders and levels of organising to a complex web of various actors, organisations and institutions working with, around and amongst transnational, multi-linear flows of people and capital.
7.5 Summary and concluding thoughts

The chapter has attempted to advocate a meso-level analysis of the producers of transnational nurses’ labour and how, at this situated level of organising, structural implications in terms of inequality barriers to the local workplace transpire. Specifically, the examined data and discussion on dominant discursive positions within the claims of the representatives’ talk and text illustrated a chain or linkage of transnational processes and practices of organising nurse human capital. The transnational process and practices of this organising has the potential to be deconstructed in terms of taken-for-granted or prescribed practices of the dominant representatives. These discursive positions of unequal power relations in terms of control of the employers or producers and compliance of the recruited workers through historical and colonial institutional mechanisms that socially construct the Filipino nurse as an available raw resource to be packaged, when materialised, recasts migration pathways into the domestic workforce that are hierarchical in terms of race, gender, and class (mis)representations as well as makes invisible the inequalities amongst the workers organised in a transnational capitalistic economy.
CONCLUSIONS

This thesis began as a journey with research questions and ended as a retelling of that journey's story and analytical insights into those questions. The premise of the journey and the story were based on a first research question that led to a deeper investigation to examine a second research question. The first research question was (1) (a) Who are the representatives, organisations, and institutions involved in the recruitment and placement of Filipino nurses in Finland?; (b) What social worlds are they representing?; and (c) How do the representatives, organisations, and institutions socially interact and relate?

In September 2008, after presenting my PhD research interests on the international migration of health care workers, it was suggested at a course on postcolonial feminism in Denmark by a fellow Finnish colleague that I should investigate the recent active recruitment of eight Filipino nurses by Finnish private businesses, Opteam and Esperi. She mentioned that this recruitment had made national and local news in Helsinki, and it would be an interesting empirical case. I came home from the course and decided to enter the field to know more about this case by conducting websearches and reading the local media. I also started to try to make contact with the companies to conduct an ethnographic study on the placement of the Filipino nurses within Esperi elderly care facilities. I was yet to make sense of the recruitment and placement situation so I wanted a 'theoretical sample' to make notes and reflections of possible data and the data implications. Through the demands of PhD course work, as well as Opteam and Esperi not answering my postal letters, emails, and phone calls about my research interests, the data collection beyond websearches and media did not begin until January 2010 with my first interview with Opteam (interview #1.a.).

After the initial access to an interview with Opteam, I was emailed a month later by the interviewed representative that Opteam was not interested in granting research access because of concerns that information about their practices may be leaked to their competitors. That autumn, the HR director of Opteam, presented at the European Migration Network's (EMN) themed conference on the migration of skilled labour. Through my participation at this conference, I observed the presentations of the 'experts' on this migration, and I received a document with all the participants and their emails. Through this conference, I gained more research access as I emailed some of the
participants including Opteam. This juncture was crucial as I was able to make myself visible in the discussion as well as more knowledgeable of the field.

From the end of year 2010 to August 2011, I conducted various interviews with participants from the EMN’s conference list and through the recommendations of those participants on who else could provide information on my research interests. During this time, I was also invited to participate in some of the informal meetings of both recruited and non-recruited Filipino nurses working in Finland. Through these meetings, I conducted interviews after the meetings or during an arranged time with the nurses.

As I conducted the interviews and collected documents either through participating in events, meetings or formally arranged interviews, I made notes and tables of the interview data and received documents. Through these notes and tables of the data, representatives began to emerge as central to my analysis of research question number one. To illustrate the emergence of these representatives recruiting and placing Filipino nurses into Finnish nursing institutions, I created situational maps, both messy and ordered, which became by-products of the story’s journey to guide the investigation (see appendix six for a messy map). Through these maps, I was able to create social world maps informed by the data. In the social world maps, the focal points were an arena, or as Strauss et al. (1964) metaphorically refer to a ‘battle field’. Through work-oriented social worlds constructed by me with the other maps, the representatives in their associated social worlds enter into an arena where negotiations surrounding the practices of recruitment and placement of Filipino nurses took place. By entering the arena, the representatives produced knowledge claims on how to recruit and place nurses, and the dominant representatives, Opteam, Amiedu, and Esperi, were able to pioneer pilots of recruitment and legitimise their dominant roles in the management of non-Finnish nurses in Finland. Through these social actions and negotiations of the representatives, dominant and implicated representatives and social worlds emerged, and the arena became conceptualised to be a ‘producer-based care network’ (Yeates, 2009). The producer-based care network not only conceptualised the social actions and interactions of the recruitment but also metaphorically described the arena where products are being produced. In this case, the dominant representatives produced packages of 75 Filipino registered nurses through pre-selection of the nurses on the basis of Finnish customer needs through transnational process and practices of managing human resources.
8.1 Packaging nurses: Mapping the social worlds of transnational human resource management

The title of this thesis starts with a metaphor: packaging. This metaphor is used as an alternative description of the action of recruitment and placement. Even though Filipino nurses were not literally packaged as tangible commodities as in industrial manufacturing, this thesis illustrates that Finnish companies branded products of human capital to be sold in Finland for clients with particular needs.

Much like a commodity is linked through a supply chain, migrant nurses who are recruited for selected destinations intersect with transnational processes and practices. This mobility and physical organising allows nurses to be recruited, relocated, and resettled in other areas of the world. Nurses are human capital and are interlinked at various levels of social organising through, for instance, individuality and families. Subsequently, the transnationalisation of care links people, institutions, nation-states, and places across politically and socially defined borders.

To illustrate the various links in the transnationalisation of care, Hochschild (2000) developed the concept of ‘global care chains’ to examine connections within the transnationalisation of reproductive care labour such as private child care. With the use of ‘global care chains’, Hochschild’s analysis focuses on the familial/micro levels of various people (mostly women) migrating from poorer to wealthier economies to work in paid domestic care. These chains serve to highlight the links between the service-providers (the migrant care workers and their families) and the service-recipients (the private employers and their families). As the concept of GCCs derives from global commodity analysis (GCommC), this analysis also considers the mechanisms of production and exchange of care labour, the creation of value and distribution of care labour within the chains, and the emotional as well as material inputs into the transnationalisation of care. This analysis situates the chains in wider social-economic inequalities deriving from hierarchies of nation-states, classes, genders, ethnic groups, and families. The conceptualisation of the chain is also a metaphor which derives from global commodity analysis, which construct links through the movements of industrialised commodities not human labour.

Yeates (2009; 2011) extends Hoshchild’s GCCs to include skilled migrants such as nurses with her concept ‘Global Nurse Care Chains’ (GNCCs). Global Nurse Care Chains consider migrant nurses as highly skilled professionals with qualifications that can be regulated in institutional settings by a variety of public and private agents, provisions,
and interests. GNCCs consist of many actors and institutions such as nursing institutions (e.g. elderly care facilities and hospitals), educational institutions in the sending and receiving countries of the nurse labour, recruitment agencies, training companies, governance (state ministries and regulatory bodies), and international agreements. Other groups that influence the chains are trade unions, NGOs, advocacy groups, as well as friends, families, and colleagues that facilitate the entry into the chains either through financial or emotional support. These actors and institutions like GCCs form a global value chain and are considered to be producers, service providers, and consumers (e.g. patients) which are regulated, governed, and yet the chains are far from linear in directional force.

Visually and to provide a deeper understanding of the practices of transnational human resource management, I strived to map the representatives of organisations claiming authority on and about the recruitment and placement of the Filipino nurses from 2007 to 2010. The representatives, within the talk and text, legitimised and negotiated their work roles, commitments, and mandates to enter the domain of producing nurses for the local labour market, whether or not their organisations were directly involved with the Filipino nurse recruitment.

8.2 Transnational human resource management: a theoretical contribution

International human resource management (IHRM), as a discipline and field of study, has been subjected to critique by management and organisational scholars for lack of engagement with the discipline’s dominant epistemological stance of ‘functionalist-positivism’ (Jack et al., 2008). The epistemological stance has favoured prescribed and instrumental theories and methods of understanding the management of people in various geographical contexts through multinational corporations (MNCs), multinational enterprises (MNEs), and/or transnational corporations (TNCs). The people being managed within these organisations are working either in headquarters or subsidiaries and are often conceptualised as expats or locals. These dual geographical divisions of management across nation-state borders are viewed in terms of centralisation (global integration) versus decentralisation (local responsiveness) and organised around the production of global capital (Ståhl et al., 2012).

Many scholars have argued that the IHRM field’s narrow focus prompts an inefficient examination of the research’s inclusions, exclusions, and its effects such as the
reproduction of universalist assumptions that marginalise voices and decontextualise practices (Westwood, 2004; Nkomo, 1992; Jack et al., 2008). The discipline’s managerial and functionalist approach to the field, as argued by Delbridge et al. (2013), also limits the scope of examining social and structural questions such as the production of knowledge and power amongst various actors through negotiations and networks, the situatedness of managing people, and the economic and political institutions and structures regulating borders in which practice and people cross. This narrow scope to the examination of the management of human resources may also explain why the field privileges MNCs, MNEs, and TCs as empirical entry points to the field as these examinations spend little focus on other levels of organising. Other levels of organising are, for example, meso-levels of nation-state governance where representatives are interacting and networking to produce, manage, and gain profit from the human resources from more regulated sectors of health and social service sectors.

In this thesis, I have wanted to engage with the discipline of international human resource management (IHRM) by empirically highlighting actors, organisations, and institutions that are practicing human resource management (for instance, recruitment and placement of human capital) across national borders through complex networks of historically and socially situated practices and processes. These private actors are not recognised in the conventional analysis of MNCs producing global capital which gain financial profit from the production of reproductive care labour in the sectors of health and social services. These services are highly regulated by nation-states, and the sectors are predominately made up of female employees.

Socially situating the management of human resources locally and at a meso-level questions prescribed models and practices that control people in socially constructed ways that are historically gendered, racialised, and classed. Occupations within the health care sector have been empirically analysed as hierarchical in terms of gender (Davies, 1995; Mackay, 1989), and class (Apesoa-Varano et al., 2004). When health care workers migrate abroad, either through their own initiatives or through active recruitment of an agency, the intersectionalities of gender, class, and race impact transnational practices of the various representatives interacting in networks to move human resources from a source country to a receiving country. Scholars have revealed that gendered, racialised, and classed transnational practices of migrating health care workers, particularly nurses, have led the workers into career trajectories of downward mobility in terms of occupational seniority and overall financial status through lack of
education recognition (Ho, 2008; McNeil-Walsh, 2008). Furthermore, as pointed out in Ribeiro’s study (2008), institutional conditions and regulatory control mechanisms of the nursing occupation have created both female migratory tracks towards low status professional segments and new intra-professional divisions that reflect the status of citizenship and place of graduation of the migrant nurses.

In this thesis, I suggested a transnational feminist framework (transnational + feminist). The transnational conceptualisation is critical of the concept ‘international’ which suggests rigid borders between nation states and within processes of connectivity between people, ideas, and organising. The feminist lens deconstructs social constructions of organising workers and questions issues of representations particularly in terms of exclusion, inclusion, and organising control within institutionalised practices. These focal points of transnational feminisms are discussed in terms of real material implications on worker’s bodies and lives. Reconceptulising IHRM as transnational human resource management (THRM) situates HRM practices in terms of geography, structures, economies, and societal and ideological histories that intersect with gender, race, and class. Transnational intersections of structures, identities, and practices interact in networks within the transnationalisation of care labour providing space for an empirical examination of dominant discourses and practices that have material implications on domestic and transnational workforces of care labour.

Transnational feminists’ works, which I discussed in chapter three, framed my theoretically understanding of transnational feminisms and my subsequent data analysis in terms of intersections of gender, race, and class. These socially constructed intersections recast transnational organisational control of workers’ lives, particularly women, with material and structural implications. These material and structural implications not only impact the physical and social lives of nurses (e.g. salaries, occupation status, family reunification, where the workers live), but also the future institutionalised pathways of other recruited non-Finnish nurses or workers.
8.3 Transnational human resource management of nurses: an empirical contribution

This thesis examined the transnationalisation of care through value chains of nurse work like Global Nurse Care Chains. Specifically, the thesis strived to understand the representatives, organisations and institutions involved in the recruitment and placement of Filipino nurses into Finnish nursing institutions (elderly care facilities and surgical wards in hospitals). Between the years of 2008 and 2010, Opteam recruited 75 Filipino nurses in five groups for Finnish nursing institutions. The first, second, and fourth group of Filipino nurses were placed in a private elderly care company called Esperi and the third group were place in the Hospital District of Helsinki and Ussimaa (HUS) and Tampere University Hospital [TAUH].

In 2007, Opteam, Esperi, and Amiedu publically announced in the local media that the organisations would collaborate to bring hundreds of Filipino nurses to Finland. Although the organisations invested time and money into the social action of recruiting, placing and training the Filipino nurses for work in Finland, a deeper analysis of the situation reveals various Finnish private and public representatives, organisations, and institutions working within the production of the recruited Filipino nurses for Finnish customers.

The Finnish representatives and their organisations conduct their work (in this case the recruitment and placement of Filipino nurses) within social worlds. The social worlds reflected the representatives and organisation’s work objectives and roles as well as the deeper commitments to the work in the social world. This commitment to a social world reflects what the representatives consider meaningful, and the representatives maintain their commitment to the social world through negotiations, maintaining boundaries and gaining social legitimisation for the world itself.

The first research question asked:

a) Who are the representatives, organisations, and institutions involved in the recruitment and placement of Filipino nurses in Finland?

b) What social worlds are they representing?

c) How do the representatives, organisations, and institutions socially interact and relate?

I explained that although there are various private and public actors negotiating within the arena of producer-based care networks, Opteam, Esperi, and Amiedu, through various discursive resources, dominate the arena and discursively legitimise themselves
as experts. This dominance created an authoritative voice for the three organisations on how and by whom the recruitment of Filipino nurses is conducted within the discursive positions.

As the thesis addressed the practices of recruitment and placement of Filipino nurses by various representatives and their respective social worlds, the second research question examined the discursive positions about the practices amongst the representatives interacting and working in social worlds. The second research question asked:

How, through discursive positions in the claims of the produced talk and text, are the representatives and organisations socially constructing the practices of recruitment and placement of Filipino nurses in Finland?

Through the analysis of the collective discursive positions amongst the representatives, social constructions of the Filipino nurse as warm and caring and the Philippines as a supply country of nurse human capital becomes legitimised and naturalised amongst the other representatives. Other discursive positions on practices such retraining the Filipino registered nurses to work as practical nurses and testing the levels of Finnish language abilities through regulatory mechanisms materialise in the nurses’ workplace through deskilling, low salaries, and long working hours during a six-month apprenticeship. These practices which create hierarchies amongst the nurses in terms of ethnicity, nationality, and linguistic use were justified through the discursive position of cultural differences between the employers and the recruited nurses and ethical recruitment in which the representative comply to domestic and international regulations and laws.

To map the social worlds in which the representatives interact and negotiate through various discourses and discursive resources, this thesis used the method of situational analysis. Situational analysis provides cartographic approaches to various elements in the situation and asks the question ‘what are the conditions in the situation?’ As discussed through the conceptualisation of Global Nurse Care Chains, investigating empirically the networks of various private and public actors, organisations, and institutional that work and negotiate in transnational processes of care labour requires deep exploration. By situating the empirical study, the study examined the different actors in the chains and the nuances of practices within the transnationalisation of care.
8.4 Mapping social worlds in the arena of producer-based care networks: a methodological contribution

Social worlds and arena maps provide a meso-level analytical framework as they are actor-defined and permit identification and analysis of collectivities construed as meaningful by the actors themselves (Clarke, 2005). The actors are representatives of social worlds and arenas, and the maps provide an illustration of collective action by the representatives committed to their social worlds through negotiations and practices and discourses of legitimising the social world itself.

In the thesis, I have created cartographic maps of seven social worlds: (1) advocacy and advisory of nurse occupation, (2) education and training, (3) third sector, (4) private business and corporate, (5) national security and police, (6) municipal/city governance, and (7) regulation and advisory of national health and social welfare. These categories of social worlds in the maps derived from the interviews with the representatives and the documents functioning in the work organisations. The worlds were based on collective social action reflected in actions such as work responsibilities of the representatives, vision and mandates of the organisations, and the organisation’s goals, such as to make profit or sell products or services to clients.

The arena that the social worlds emerged onto was entitled ‘producer-based care networks’. This concept developed by Yeates (2011) captures the network of various public and private actors, organisations, and institutions recruiting, placing, and settling labour transnationally. In other words, the producers of labour negotiate practices and discourses within the transnationalisation of care. Production of the transnationalisation of care takes structural and material forms through practices and discourses of the producers, which have various implications on the recruited nurse’s life such as how and where the nurse works, what the nurse is paid, and how the nurse is constructed as employees in the workplace.

As discussed in chapter six, the dominant representatives emerging in the producer-based care networks were Opteam, Esperi and Amiedu and their associated social worlds with the social action of recruitment and placement of Filipino nurses. The collective discourses of these representatives and social worlds were constructed as private business and corporate (Opteam, Esperi, and Amiedu), third sector (Esperi), and education and training (Amiedu). As these social worlds dominated the arena, the agenda of making profit and packaging nurses in compliance with the needs of the Finnish customers (in this case private elderly care institutions and public hospitals)
became a legitimate practice. Subsequently, structural barriers to inequality within the domestic workforce in terms of language, recognised qualifications, race, and gender became silenced as a legitimate discourse in the recruitment of the nurses. The recruited nurses were socially implicated to fit the needs and goals of the producers. The structural barriers led to control of the recruited workforce, but also these practices materialised in the interviews with the recruited and non-recruited nurses through talked about behaviours of compliance with Finnish language as the language restriction was perceived as a temporary limitation until the language was acquired. And, yet, after the language was fluent, the Filipino nurses still talked about feeling they were being ignored and facing limited career mobility.

Strauss et al. (1964; 1978) and Clarke (1991; 1995) methodologically examine social worlds and representatives of those worlds at situated national and local levels. The scholars functioned in the disciplinary fields of sociology and health sciences, and through empirical investigation, the scholars mapped social worlds based on ‘condition within the situation’ as influenced by grounded theory. Strauss and his colleagues empirically investigated institutional settings such as mental health hospitals, and Clarke’s work centralised on reproductive medicine and techniques (e.g. Clarke et al. 1993).

In this thesis, the ‘conditions of the situation’ were institutionally situated in Finnish nursing institutions but also moved across national boundaries (Hearn, 2004) through transnational process and practices of organising nurse human capital. This thesis builds on Strauss and Clarke’s social world maps by adding a transnational dimension which not only extended the situational boundaries, but also problematised these boundaries. The critical extension of these boundaries also aimed to explore other actors and institutions that are producing nurse capital and may be unrecognised in the investigation of managing and organising nurse human capital from outside national borders.

8.5 Policy implications

In this thesis, structural mechanisms, particularly in terms of institutional, national, and international policy and law regulations, have been addressed in terms of THRM practices as well as discursive positions dominanted by representatives in the producer-based care network.
Before 2006, discourses and practices concerning migration of people to Finland were organised and viewed largely in terms of refugees and family ties. Work-based immigration was, statistically, low, particularly in comparison to other European countries. Because of this immigrant demographic, national and municipal policies and practices centralised on ‘social integration’ (learning Finnish language and receiving state social financial benefits) instead of work or economic related integration. In 2006, the former government of Matti Vanhanen introduced, for the first time in Finland, an immigration programme and ministerial action plan with the intention to promote employment-based immigration or make Finland more ‘attractive’ to migrating professionals. As the action plan was to increase professional immigration to Finland, it was suggested, through recommendations of governmental projects, that private companies should be contracted for active recruitment from abroad and that the recruitment should be based on Finnish employer’s needs. A space of opportunity was opened for private companies in the arena of the producer-based care network because of political support and political directives.

Through the domination of private and corporate social worlds within the producer-based care network, future national and municipal policies were influenced with the work agenda of the dominant social world. In this case, the private and corporate social world, in which Opteam, Esperi, and Amiedu function, is oriented to private financial investment for a return in financial profits. They recruited and packaged 75 Filipino nurses, through a transnationally regulated process of deskilling, for Esperi, a company who requested practical nurses, without their families, willing to learn Finnish and work for basic salary while requalifying and completing an appendiceship. In terms of immigrant integration such as language training, education recognition, state benefits, family reunification, workplace salaries, and professional status, these social constructions of the Filipino nurses and the Philippines as an ideal exporter of pre-selected packages reinforce transnational hierarchies and institutionalised these practices through knowledge claims on how to recruit future nurses.

8.6 Not the end of the journey: future research possibilities

This is not the end of this journey’s story. In this thesis, a situated case study of the recruitment and placement of 75 Filipino nurses by Finnish private companies served to highlight a more complex phenomenon of transnational human resource management.
These transnational human resource management practices organised nurses who work in an occupation which has been empirically documented as socially and historically gendered, racialised, and classed. Through transnational flows of migrants, individualised ‘push’ and ‘pull’ factors that have been widely used by the World Health Organisation, as well as other international authorities on global health, do not encompass the multi-linear and multi-linked transnational flows of actors, organisations, processes and practices which define and redefine transnational patterns of care workers’ migration.

Ignoring and complicitly enacting transnational practices of managing nurses which reproduce what Acker entitles ‘inequality regimes’ (2006) may comply with the demands of the Finnish private employers and recruiters for a flexible, transient workforce. Nonetheless, this workforce may become unsustainable for not only the producers, non-Finnish and Finnish nurses, but also the Finnish Nordic welfare state as the migrating nurses view Finland not as a country to lay down roots but as a ‘stepping stone’ to more desirable countries in terms of pay, professional trajectories, and equal opportunities.

Building from this case, future research could investigate other groups of recruited nurses by Nordic private actors (e.g. recruitment agencies and private elderly care facilities) as well as public actors (such as hospitals) from countries within and outside the European Union. Examination of transnational conditions (e.g. actors, institutions, networks) may be mapped to investigate further emerging conditions and provide more information and insight on HRM practices of inclusion and exclusion.

Furthermore, deeper investigation of the transnationalisation of care beyond macro and micro levels that centralise on statistically generated patterns of migration as well as the nurses’ experiences and subjectivities can shed light on power relations of institutionalised control and compliance at meso-level which potentially perpetuates uneven development of transnational health care systems. Working towards an integrated agenda that recognises conditional and situated organisation of care transnationalisation questions wider developmental impacts of social and economic restructuring within Nordic welfare states and the other countries.
REFERENCES


Watson, T.J. (1995a) In search of HRM: beyond the rhetoric and reality distinction or the dog that didn’t bark. *Personnel review*, 24(4), pp. 6-16.


Legislation and websites


Amiedu. URL: [www.amiedu.fi](http://www.amiedu.fi) (accessed October 29th, 2008)

Esperi. URL: [www.esperi.fi](http://www.esperi.fi) (accessed October 20th, 2008)

European Migration Network (EMN) URL: [www.emn.fi](http://www.emn.fi) (accessed October 10th, 2010)


Immigration services. URL: [www.migri.fi](http://www.migri.fi) (accessed October 29th, 2010)


Ministry of Interior. URL: [www.intermin.fi](http://www.intermin.fi) (accessed April 1st, 2011)

Ministry of Labour. URL: [www.mol.fi](http://www.mol.fi) (accessed October 10th, 2009)


The National Supervisory Authority for Welfare and Health URL: [www.valvira.fi](http://www.valvira.fi) (accessed October 22nd, 2011)
Power Point Presentations


APPENDIX 1  EMAIL TEMPLATE FOR DATA COLLECTION ACCESS

I am a third year doctoral researcher from the Hanken School of Economics on full time funding until the end of my studies. My supervisors are Professor Jeff Hearn and Professor Sirpa Wrede.

For my doctoral research, I am currently interviewing individuals who are involved and knowledgeable in the management and organisation of migrant, skilled workers in Finland.

My research specifically examines the role of institutions, actors, policies and practices in the management of Filipino nurses being recruited and placed in Finland.

Would it be possible to conduct an interview with yourself? The interview will be no longer than an hour, and I can meet you on a day, time, and location that is convenient for you.

I look forward to hearing from you,

Tricia Cleland Silva
APPENDIX 2   INTERVIEW QUESTIONS WITH ORGANISATIONAL REPRESENTATIVES

1. What do your responsibilities and position entail at [your organisation]? Can you describe your daily activities?
2. How is [your organisation] involved in the recruitment and placement of foreign nurses?
3. Can you tell me about retention of foreign nurses in the Finnish health care system? How is retention developed by [your organisation]?
4. How does [your organisation] work with private and public organisations in the recruitment and placement of foreign nurses?
5. What is the relationship between [your organisation] and the state?
6. What is the relationship between [your organisation] and the city of Helsinki?
7. What are your views on the advantages and disadvantages of recruiting and placing foreign nurse at is the experience of [your organisation] in the recruitment, placement, and retention of Filipino workers? Can you give an examples?
8. How do you perceive [your organisation]’s involvement in the future of recruitment, placement and retention of foreign nurses?
9. Is there anything else you would like to add to this interview? Are there any documents that are relevant to this research both in English and in Finnish? Are there other people that I should be in contact with in regards to this research?
APPENDIX 3   INTERVIEW QUESTIONS WITH FILIPINO NURSES, BOTH RECRUITED AND NON-RECRUITED, LIVING IN FINLAND

Introduction: I have a list of questions that I would like to ask you all, but my intention is to keep this interview as open to discussion as possible. The questions mostly have to do with your education, your work, and your experiences working as a nurse in Finland.

1. When and why did you move to Finland?
2. How long have you lived in Finland? Are you married? Do you have children?
3. Do you plan to stay in Finland for a long period of time?
4. Where do you work? What type of nurse are you?
5. Where were you trained to become a nurse? Why did you want to become a nurse?
6. What have been your experiences working as a nurse in Finland?
7. Have you had to do further training/requalify in your field of work?
8. Do you have family in the Philippines? Are you in close contact with them? Do you send money to family members? Will you return to the Philippines?
9. Do you feel your qualifications as a nurse are being used?
10. Are you aware of Opteam and the Filipino nurses that were recruited since 2008? How do you feel about this recruitment?
11. Why do you think it was important to establish a Filipino Nurses Club in Finland?
APPENDIX 4  INTERVIEW CONSENT FORM

I, _____________ (participant’s name), understand that I am being asked to participate in an interview that will contribute to the empirical data of Tricia Cleland’s final PhD dissertation entitled ‘international human resource management (IHRM) of Filipino nurses to Finland’. This project has been funded full time by Hanken School of Economics and is supervised by Professor Jeff Hearn. I have been given some general information about this project and the types of questions I can expect to answer. I understand that the interview will be conducted at a place and time that is convenient to me.

I understand my participation in this project is completely voluntary and I am free to decline to participate, without consequence, at any time prior to or at any point during the interview. I understand that this interview will be audio recorded and any information I provide during the interview will be kept confidential, used only for the purposes of Tricia Cleland’s PhD dissertation, and will not be used in any way that can identify me. All interview notes, tapes or records will be kept in a secured environment. It is also understood that the data from the interview will be published in journals or conferences during and after Tricia Cleland’s completion of her dissertation.

I also understand that there are no risks involved in participating in this activity, beyond those risks experienced in everyday life.

I have read the information above. By signing below and returning the form, I am consenting to participate in this project via face-to-face interview.

Participant name (please print): ______________

Signature: ____________________________

Date: ______________

Please keep a copy of this consent form for your records. If you have other questions concerning your participation in this project, please contact me at:

(puh) +358403521499
(email) tricia.cleland@hanken.fi

Thank you for agreeing to participate in my project.

I, Tricia Cleland, agree as a researcher to the above written protocol for the interviews.

Interview’s signature ____________________________
APPENDIX 5  INTERVIEWS WITH THE REPRESENTATIVES

Tables of interviews and document materials. Note also that the interviews are numbered in order to make references in the text.

Table 14  Interviews with Opteam (1.a, 1.b and 3), Filipino nurse (2)

<table>
<thead>
<tr>
<th>ORGANIZATION OR COLLECTIVES</th>
<th>Opteam</th>
<th>Filipino nurse (non-recruited and working in Finland)</th>
<th>Opteam</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL WORLD OF REPRESENTATIVE</td>
<td>Private business and corporate</td>
<td>Occupation and Philippines</td>
<td>Private business and corporate</td>
</tr>
<tr>
<td>INTERVIEW #1</td>
<td>Interview # 1 a., 1.b</td>
<td>Interview # 2</td>
<td>Interview # 3</td>
</tr>
<tr>
<td>YEAR OF INTERVIEW</td>
<td>2010 (1.a.) and 2011 (1.b.)</td>
<td>2010</td>
<td>2010</td>
</tr>
<tr>
<td>NUMBER OF REPRESENTATIVES</td>
<td>1 (2 interviews with same representative)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>DOCUMENTS RECEIVED</td>
<td>Nonvirtual: 4 recruitment magazines (2 solely in Finnish and 2 in English and Finnish). Virtual: I was told to explore the organization’s websites: <a href="http://www.opteam.fi">www.opteam.fi</a> (old version from 2008-2010) and <a href="http://www.opteamglobal.com">www.opteamglobal.com</a> (new version, available after year 2010).</td>
<td></td>
<td>Nonvirtual: I was sent by post a practical guide for real life of professionals working with multiculturalism.</td>
</tr>
</tbody>
</table>
Table 15  Interviews with nurses (4), The Union of health and social care professionals in Finland (Tehy) (5)

<table>
<thead>
<tr>
<th>ORGANIZATIONS OR COLLECTIVE</th>
<th>Social World of Representative</th>
<th>Interviewee</th>
<th>Date</th>
<th>Number of Representatives</th>
<th>Documents Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filipino nurse (non-recruited and working in Finland)</td>
<td>Occupation and Philippines</td>
<td>Interview # 4</td>
<td>2011</td>
<td>3</td>
<td>Nonvirtual: a pamphlet on Tehy entitled ‘Tehy: health and social care professionals in Finland’ and a Tehy publication entitled ‘immigrants at the workplace in the health care sector: Tehy survey on multiculturalism’</td>
</tr>
<tr>
<td>The Union of Health and Social Care Professionals in Finland (Tehy)</td>
<td>Advocacy and advisory of nurse occupation</td>
<td>Interview #5</td>
<td>2011</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>


Table 16  Interviews with SuPer (6) Ministry of Interior and European Social Fund (MATTO project) (7), Valvira (8)

<table>
<thead>
<tr>
<th>ORGANIZATION OR COLLECTIVE</th>
<th>SuPer (Practical nurse union, Finland)</th>
<th>Ministry of Interior (Intermin) and European Social Fund (project)</th>
<th>Valvira (the national supervisory authority for welfare and health)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL WORLD OF REPRESENTATIVE</td>
<td>Advocacy and advisory of nurse occupation</td>
<td>National security and police &amp; European Union</td>
<td>Regulation and advisory of national health and social welfare</td>
</tr>
<tr>
<td>INTERVIEW NUMBER</td>
<td>Interview #6</td>
<td>Interview #7</td>
<td>Interview #8 a., 8.b</td>
</tr>
<tr>
<td>NUMBER OF REPRESENTATIVES</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>YEAR OF INTERVIEW</td>
<td>2011</td>
<td>2011</td>
<td>2011</td>
</tr>
<tr>
<td>DOCUMENTS RECEIVED</td>
<td>Non virtual-3 pamphlets on the MATTO project</td>
<td></td>
<td>Non virtual but the documents were also available online. Three pamphlets on professional guidelines for working as a nurse in Finland and one document on legal rights of nurses domestically.</td>
</tr>
<tr>
<td>ORGANIZATION OR COLLECTIVE</td>
<td>City of Helsinki</td>
<td>Amiedu</td>
<td>Ministry of Employment and the Economy</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------</td>
<td>--------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>SOCIAL WORLD OF REPRESENTATIVE</td>
<td>Municipal(city governance)</td>
<td>Education and training</td>
<td>Labour and economy</td>
</tr>
<tr>
<td>INTERVIEW NUMBER</td>
<td>Interview #9.a, 9.b</td>
<td>Interview #10.a, 10.b</td>
<td>Interview #11</td>
</tr>
<tr>
<td>NUMBER OF REPRESENTATIVES</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>DATE</td>
<td>2011</td>
<td>2011</td>
<td>2011</td>
</tr>
<tr>
<td>DOCUMENTS RECEIVED</td>
<td>Nonvirtual: Implementation plan of the City of Helsinki Strategic programme on diversity and immigration Powerpoint presentation of the Immigration division of the City of Helsinki entitled ‘Immigration policy issues at the city of Helsinki’ (dated for 8.3.11) Virtual: directed to the city’s website on the immigration division, particularly on work-related immigration.</td>
<td>Non-virtual: book entitled: Avoin Suomi-kuka vastaa? [Open Finland-who is responsible] Pamphlets: in Finnish and English about acquiring professional competencies in Finland Power point presentations: various presentations on Amiedu’s teaching methods</td>
<td></td>
</tr>
</tbody>
</table>
Table 18  Interviews with recruited Filipino nurses (11.a, 11.b, 11.c; 12; 13 a., b), European immigration network (EMN) (12), Private Employment Agencies Association (HPL) (15)

<table>
<thead>
<tr>
<th>ORGANIZATION OR COLLECTIVE</th>
<th>Filipino nurses recruited by Opteam</th>
<th>European migration network (EMN)</th>
<th>Private Employment Agencies Association (HPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL WORLD OF REPRESENTATIVE</td>
<td>Recruited nurses and the Philippines</td>
<td>European Union and Finland</td>
<td>Private business and corporate</td>
</tr>
<tr>
<td>INTERVIEWEE(S)</td>
<td>Interview #11.a,b,c.;12;13.a,b</td>
<td>Interview #14</td>
<td>Interview #15</td>
</tr>
<tr>
<td>NUMBER OF REPRESENTATIVES</td>
<td>Interview 11 (3 representatives)</td>
<td>Interview 12 (1 representative)</td>
<td>Interview 13 (2 representatives)</td>
</tr>
<tr>
<td>DATE</td>
<td>2011</td>
<td>2011</td>
<td>2011</td>
</tr>
<tr>
<td>DOCUMENTS RECEIVED</td>
<td></td>
<td></td>
<td>HPL codes of conduct (2009)</td>
</tr>
</tbody>
</table>
Table 19  Interviews with the Ministry of Employment and the Economy (TEM) (16), Esperi (17)

<table>
<thead>
<tr>
<th>ORGANIZATION OR COLLECTIVE</th>
<th>Ministry of Employment and Economy (TEM)</th>
<th>Esperi</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL WORLD OF REPRESENTATIVE</td>
<td>Labour and economy</td>
<td>Private business of corporate &amp; third sector</td>
</tr>
<tr>
<td>INTERVIEWEES</td>
<td>Interview #16</td>
<td>Interview #17</td>
</tr>
<tr>
<td>NUMBER OF REPRESENTATIVES</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>DATE</td>
<td>2011</td>
<td>2011</td>
</tr>
<tr>
<td>DOCUMENTS RECEIVED</td>
<td>40 media articles on Esperi and the recruitment of Filipino nurses</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 6  CLARKE’S SITUATIONAL ANALYSIS’S MESSY MAP BEFORE ORDERED MAP (CIRCA YEAR 2013)
APPENDIX 7  Letter from Philippines Overseas Employment Administration (POEA)

Republic of the Philippines
Department of Labor and Employment
BFO Building, Ortigas Avenue cor. EDSA, Mandaluyong City 1501
Website: www.poea.gov.ph  E-mail: info@poea.gov.ph
Hotlines: 722-1144, 722-1155

24 June 2014

TRICIA CLELAND SILVA
Doctoral Researcher
Hanken School of Economics
Finland
Tricia.cleland@hanken.fi

Dear Ms. Silva:

We refer to your email inquiring on the status of Opteam Yhtiöt Oy and Helsinki District Uusima Hospital relative to the complaints of Ms. Darlyn Cabalida and Adela Diesta docketed as POEA Case No. DAE 11-11-1637.

Please be informed that on May 12, 2014, this Administration has issued an Order finding Helsinki District Uusima Hospital and Opteam Yhtiöt Oy liable for default on their contractual obligations. As a consequence thereof, they are disqualified from participating in the overseas employment program. However, with the filing of a timely appeal to the Office of the Secretary of Labor and Employment, Helsinki District Uusima Hospital and Opteam Yhtiöt Oy are yet to be included in the Administration's List of Permanently Disqualified Principals/Foreign Employers. As such, they can participate in the overseas employment program of the government pending the determination of their appeal.

We hope we have addressed your concern.

Truly yours,

ATTY. HERNANDO B. REYES
Director
Legal Research Docket and Enforcement Branch


TRICIA CLELAND SILVA
PACKAGING NURSES:
MAPPING THE SOCIAL WORLDS OF TRANSNATIONAL
HUMAN RESOURCE MANAGEMENT

This monograph is a study on how, from 2007 to 2010, five groups of nurses from the Philippines were recruited and transnationally managed and organised to live and work in Finland for both private elderly care facilities and surgical wards in Finnish municipal hospitals. The thesis is critical of international human resource management (IHRM) as a discipline and practice, and discursively analyses structural and societal issues of control and compliance of the historically gendered and racialised occupation of nursing. Furthermore, the transnational processes and movement of human capital from the Philippines to Finland is discussed in terms of (re)producing managerial practices of nurse work which create barriers to equality in the workplace.

The study identifies and maps the interaction of various private and public representatives through the transnational practices of recruitment and placement of Filipino nurses into Finnish nursing institutions. Through the identification of the Finnish representatives and the subsequent construction of their associated social worlds based on work practices and commitments, the maps illustrate the organising of human resources transnationally. Subsequently, structural mechanisms, particularly in terms of institutional, national, and international policy and law regulations, are addressed by highlighting transnational human resource management (THRM) practices and discursive positions dominated by public and private representatives in the packaging of the nurses.

As a whole, the study strives to broaden the theoretical and empirical examination of migrating nurses to encompass the transnational management of private and public representatives involved in the recruitment and placement practices at institutionalised, meso-levels of organising.