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Connected by Care: The Skilled Migration of Philippine Healthcare Workers to the UK and the Reconfiguration of Transnational Family Relationships

by

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Thesis for the degree of Doctor of Philosophy

June 2025

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Abstract

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This thesis investigates the skilled migration of healthcare workers, mostly nurses, originating from the Philippines to the UK and how relationships between migrants and parts of their families who remain in the Philippines are reconfigured through migration. Central to this thesis is notions of care which encompasses an instrumental part of human social life. Care, in this regard, cuts across the scholarships on skilled migration and transnational families. This thesis engages with care in two ways; first, the skilled migration of workers in healthcare sectors and second, the care exchanges within and between transnational families separated by distance. However, migration studies literature has predominantly focused on the economic aspects and macro-level issues of the skilled migration of nurses and less so on the social dynamics of these particular skilled migrants' lives including the crucial role of families in these migration journeys. Therefore, this thesis aims to explore the factors enabling the skilled migration of Filipino migrant healthcare workers (P-HCWs), their everyday lived experiences in the UK and the reconfiguring of transnational family relations from the perspectives of those who move and those who remain behind. To understand these experiences, the thesis employed qualitative approaches, in particular, in-depth interviews and participant observations with 21 P-HCWs and 20 family members who remained in the Philippines.

This thesis has three major empirical findings. First, the factors leading to skilled migration of healthcare workers are more complex than previously understood. Alongside economic motivations, the social, cultural, historical legacies and structural conditions of the Philippines and the UK were equally integral in shaping these migrations. Second, this thesis found that definitions of transnational families are expansive, whereby this thesis has de-centred Eurocentric notions of family as universal in migration literature, which also impacts how their relationships are reconfigured through migration. Third and finally, the experiences of P-HCWs are varied in terms of how they fare in their working professional lives, as well as their transnational family lives in the UK where it has also explored how they have been impacted by the Covid-19 pandemic. Overall, the thesis' contributions to migration literature are threefold: first, it enriches our understandings on migration decision-making, where the family emerged as a key factor in this process. Second, it provides invaluable insights into the multidirectional and interdependent practices of care among the P-HCWs and their families. Third, it provides empirical insights into the labour segmentation and career trajectories of Filipino nurses in the UK.

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Research Thesis: Declaration of Authorship

Print name: Bianca Marie Gutierrez Luna

Title of thesis: Connected by Care: The skilled migration of Philippine healthcare workers to the UK and the reconfiguration of transnational family relationships

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission

Signature: .....Date:.....

Acknowledgements

First and foremost, this thesis would not be what it is without the generosity of the nurses I interviewed in the UK, as well as the families I interviewed in the Philippines. Thank you for allowing me into the comfort of your computer screens. I will always be grateful for your graciousness in taking the time to share your life stories that also mirrored mine in so many ways. I will forever cherish the reflections you parted with me. Thank you.

To my supervisors, Dr. Carol Ekinsmyth, Dr. Julie Vullnetari and Dr. Suzanne Reimer, thank you for all the support, guidance and mentorship you have given me throughout the years. I am very proud to have three kind, strong and intelligent mentors as my supervisory team. I am grateful to Carol for opening the doors to academia for me. I went home that day after my undergraduate dissertation meeting with a brand-new word in my vocabulary which was: 'academia'. Sometimes, all it really takes is for a small spark like that which has ignited this whole postgraduate journey. Suzy, thank you for taking a chance on me and for your support during my master's and the first few years of the PhD. I will always be grateful for our chats in your office and our walks. Julie, thank you for being a great role model and for going above and beyond for me always. I am grateful for the professional opportunities you have given me, as well as the wisdom you have shared in all thing's migration and more importantly, in social justice. To be half the academics you all are is something I can hope to be one day. But for now, I will start by paying it forward to others.

I am grateful for the South Coast DTP for their generosity in funding this whole PhD. I am also thankful to the University of the Philippines, Diliman and specifically to Dr. Elma Laguna, for hosting me during my three-month fieldwork in the Philippines despite the delay from the Covid-19 pandemic.

Thank you to my friends from the Geography PGR hub and South Coast DTP such as Chloe, Beth, Yanna, Winfred, Ailish, Timo, Mandy, Hao Che and especially, Charlotte. Naiara, my other half within IMISCOE's MITRA SC – thank you for the company both online and in the conferences. You have all made this PhD journey so much more colourful! To all my other friends at home whom I have not mentioned here, I am also grateful for you all.

To my partner, Michael, I am forever thankful for you and your family's kindness and support throughout this journey. Thank you for being my biggest cheerleader, for keeping me sane, for always being proud of me and reminding me to celebrate all my achievements, no matter how small.

Finally, this thesis would certainly not be what it is today without the inspiration I gained from my own family's experiences. To my siblings, thank you for lending an ear when I needed it, especially in the crucial thesis writing stages. Lastly, I am especially grateful to my parents, Ricardo and Rizza. Your determination, perseverance, courageousness and selflessness as you embarked on your migration journeys is the catalyst that has made all of this and who I am possible. I do not even know where to begin to thank you for all the love, support, patience, guidance and opportunities that you have provided me by putting our needs above your own. You are my lifeline. It is *our story* that has inspired this research. For that, this thesis is also *your* achievement as much as it is mine.

List of Abbreviations

BAME .....Black and Minority Ethnic

BPO .....Business Process Outsourcing

CBT.....Computer-Based Test

CHEd .....Commission on Higher Education

DHSC.....Department of Health and Social Care

DMW.....Department of Migrant Workers

DOLE ..... Department of Labour and Employment

EDSA.....Epifanio De los Santos Avenue

EEA.....European Economic Area

EU.....European Union

EVP.....Exchange Visitor Programme

ICN .....International Council of Nurses

ICU .....Intensive Care Unit

IELTS.....International English Language Testing System

IEN.....Internationally Educated Nurse

ILO.....International Labour Organisation

IOM.....International Organisation for Migration

MOA.....Memorandum of Agreement

MOU .....Memorandum of Understanding

NARS .....Nurses Assigned in Rural Service

NCLEX.....National Council Licensure Examination

NELM .....New Economics of Labour Migration

NHS .....National Health Service

NLE.....Nursing Licensure Examination

NMC .....National Midwifery Council

OEDB .....Overseas Employment Development Board

List of Abbreviations

OET.....Occupational English Test

OPEC .....Organisation of the Petroleum Exporting Countries

OSCE .....Observed Structured Clinical Examination

OWWA .....Overseas Workers Welfare Association

POEA .....Philippines Overseas Employment Administration

PPE .....Personal Protective Equipment

PRC .....Professional Regulation Commission

UAE.....United Arab Emirates

Chapter 1 Introduction

1.1 Rationale

1.1.1 Personal motivation for this study

When I was six years old, in 2003, my father embarked on his migration journey to the UK to work as an adult nurse for the National Health Service (NHS). This was not his first stint of migrating as it came years after passing the National Council Licensure Examination (NCLEX) in the USA and briefly working as an adult carer in Canada. The following year in 2004, my mother followed him to the UK. She first worked as a hotel receptionist near Heathrow Airport and eventually as an adult carer within a nursing home, despite having graduated with a Psychology degree in the Philippines. This was the time when my life, or rather my world, expanded beyond my hometown of Pampanga in the Philippines. Every year in March and April, my parents would come back home to the Philippines during the summer months to see my siblings and me. They would bring with them large bags of *pasalubong* or goods that consisted of chocolates and sweets, makeup, t-shirts, and toys for all the family. However, in between the months of May to February, we would wait by the landline (and eventually Skype) every weekend to speak with our parents in the UK. This would become our annual ritual over the five years that followed, until I was eleven, when my siblings and I were eventually reunited with my parents in the UK, where we have lived ever since. This story is one similar to millions of families all over the world, from the Philippines and other migrant origin countries in the Global South, who have had to leave their home countries in pursuit of "greener pastures" for themselves and their families. This story is also the personal rationale for pursuing this topic for my PhD research, detailed in the rest of this thesis.

1.1.2 Academic rationale: Why does it matter?

Currently, the International Organisation for Migration reports that around 3.6% of the world's population reside in a country outside of their place of birth (IOM, 2022b). Migration overseas is driven by wide ranging factors relating to the social, cultural, political, and economic, and has been made easier by the availability of advanced communication and more efficient modes of travel (Liu-Farrer and Yeoh, 2018). Migrants' decisions to move are part and parcel of complex factors that are dependent upon their socio-political status but also their natural environment. Many of these migrations, especially those motivated by economic factors and employment, are also influenced by the ways in which global capital and unequal relations of power and development have an impact on livelihood opportunities. However, it is not just the availability

of livelihoods abroad that determine migration. Other, and perhaps, equally important factors, include the resources available, for instance, financial costs, time, as well as intra-family dynamic factors, all of which are shaped and influenced by an individual's gender, race, ethnicity, age, generation, and social class. Nevertheless, migration patterns have become more complex and intense than in previous decades, as evidenced by increasingly diverse migration pathways (Czaika and De Haas, 2015; De Haas, Castles and Miller, 2020). Resulting from these migrations is a group of people whose social networks, everyday personal and professional undertakings, and other aspects of their lives, are no longer bound to one nation state and instead, straddle both the countries in which they settle and those they originate from. These are transnational migrants, the focus of this research.

The Philippines is certainly no exception as it is a country in which a 'culture of migration' is deeply embedded in society (Massey *et al.*, 1993; Asis, 2006). An estimated 10 per cent or around 10 million of the Philippines' population are working abroad where it remains unchanged. Many Filipinos migrate, temporarily or permanently, for various and overlapping reasons such as to see and experience different lifestyles, to study, work, and to reunite with other family members abroad, to name a few. But the prevalence of migrating as part of strategies to improve their economic situations, as well as their families' wellbeing, continues to be the most significant. Thus, Filipinos migrate for employment, with many receiving countries driving such demands. As a result, they emigrate to work within a range of (often gendered) occupations across different places. Typical migration patterns are the migration of Filipino men to work in construction or engineering in the Middle East, and seafaring more widely. Meanwhile, many Filipino women enter care work as domestic workers, adult social care workers or nurses, although these sectors are seeing an increasing number of men (Panopio, 2010).

The Philippines is one of the largest and leading sources of nurses in the world. According to a report by the International Council of Nurses, it is estimated that there are 27.9 million nurses within the global nursing workforce, with nine out of 10 nurses being women (Buchan, 2020). To put their migrations into perspective further, one in eight nurses practice in a country outside either their country of birth or where they trained (ibid, 2020). In the Philippines, some 15,000 to 20,000 nurses move annually to practice abroad (ibid, 2020). Arguably, this is by no means surprising considering the historical legacies of the Philippines when it comes to the migration of nurses, as will be detailed in Chapter 3. Traditionally, therefore, Filipina nurses have primarily migrated to the USA, testimony to the enduring impact of colonial ties and associated legacies such as healthcare training and infrastructure. In recent decades, however, as global migrations have diversified, increasingly more Filipina nurses have moved to the UK, where no such direct colonial links existed. For its part, the UK traditionally drew nurses from the realm of its own

former territories of the British Empire such as India, and specific African and Caribbean countries. The migration of Filipina nurses to the UK, therefore, the focus of this thesis, has not been well researched as we will see in Chapter 5.

The skilled migrations of nurses connect these two islands – the Philippines and the UK – located at two opposite sides of the world. Through uneven and dynamic circuits of economic and non-material flows, in important ways, forming what is known in academic literature as a 'migration and remittance corridor' (Mata-Codesal, King and Vullnetari, 2011), through which financial and in-kind remittances, emotions and care flow and circulate, in so doing shaping transnational family relations across borders. The significance in exploring this Philippine-UK 'migration and remittance corridor' is that it illustrates the increasing diversity of contemporary global migrations. In this context, there is no history that directly links these two countries to colonialism and Empire which has traditionally shaped migration patterns globally, and to Britain specifically. In the case of the Philippines, their emigrations were traditionally towards Spain in the early 19th century, and the USA in the 20th century. Nevertheless, the significance in investigating the emigrations of Filipinos to the UK illustrates the other factors involved in shaping the movements in this Philippine-UK direction. Notably, these include, but are not limited to, demands in the UK's healthcare sector, the role of intermediary agents in facilitating and 'brokering' these movements, as well as imaginaries about the 'Filipino nurse' as a 'desired' group suitable to work in care as this thesis will show.

However, Filipinos' migrations consist of more than just these migration-remittance corridors governed by states and global labour markets. They also encompass personal aspirations, professional development opportunities and the pursuit of better living conditions for their families who – more often than not – are significant forces in shaping and enabling these migrations. Central to these discussions is how family relations are re-worked through skilled migrations. Therefore, this thesis draws on a transnational migration approach as a lens through which to understand these skilled migrations and how families maintain these connections across borders.

Transnational families are connected through often a mutual social obligation to caring for one another throughout, or at various points of, separation. They do so by engaging in a range of transnational practices that include sending remittances, communication technologies, visits that allow for personal hands-on care, among many others (Baldassar and Merla, 2014). It is here that transnational approaches are useful as it allows for the understanding of how families maintain these relations across borders. Therefore, transnational families' relations are re-worked through migration beginning with the organisation of care across borders which are shaped by gender, race age and generation. The skilled migration of migrant Filipino healthcare

workers (P-HCWs) and how family relations are re-worked through migration are, therefore, a culmination of the intersections between migration and care where transnational approaches are useful in observing this phenomenon. The discussion of care in this thesis addresses the two spheres, namely, productive (associated with formal, paid work) and social reproductive (informal care that can be (un)paid) care, which are often analysed separately in academic literature.

1.2 Significance of this research

This thesis explores the skilled migration of Filipino healthcare workers (P-HCWs), in particular nurses, to the UK, and how relationships between migrants and parts of the families who remain in the Philippines are reconfigured through this transnational migration. This is a qualitative research using in-depth semi-structured interviews and participant observations with 21 P-HCWs in the UK and 20 family members from migrant families who remained in the Philippines. The thesis is concerned with three distinct, yet interrelated, bodies of literature, namely: skilled migration, transnational families and the intersection of migration with care.

The thesis makes three contributions to migration studies scholarship:

The first contribution is to the literature on migration decision-making by focusing on the role of families in this process, and in shaping the migration journeys and experiences of migrant healthcare workers. It demonstrates that migration is indeed a family project undertaken to improve the welfare of the family and supported by family members. It goes beyond the focus on transnational mothering in the literature by exploring broader familial relations and how such relations evolve throughout migration journeys. The second is by offering rich insights into the multidirectional and interdependent practices of transnational caregiving among the P-HCWs and their families in the Philippines, through reference to the care circulations framework (Baldassar and Merla, 2014). However, while the existing framework captures the reciprocity of care, it does not fully account for the power dynamics and asymmetries that characterise these relationships. The thesis extends upon this framework by foregrounding the asymmetries in transnational caregiving, highlighting how care practices are negotiated and at times, unequally distributed within transnational families. Third and finally, it provides insights into the organisation of the UK's healthcare system, including the entry, segmentation and career trajectories of Filipino nurses. The thesis sheds light on the systemic gendered and racialised inequalities that P-HCWs face, while further connecting these to the disproportionate impacts that crises such as the Covid-19 pandemic had on the P-HCWs, providing much needed empirical insights as a result.

1.3 Research aim and questions

This thesis brings together three sets of literature, namely, skilled migration, transnational families and care. Previous studies on skilled migrants have been carried out in the fields of economics with most studies focusing on their skills, impacts on the economy and impacts of changing migration policies. Theoretical research on skilled migrants has predominantly focused on their role as economic agents moving to maximise their human capital. However, there remains an under-emphasis in studying skilled migrants as not just economic agents, rather as social, cultural and political agents that are marked by their race, ethnicity, gender, generation and class (Bailey and Mulder, 2017). Furthermore, their lives are also intrinsically linked to their families and loved ones, whether the latter take part in the migration journey or remain behind in areas of origin. In other words, skilled migration is undertaken and experienced in relation to personal family relationships which are embedded in social and cultural systems that have gender-based expectations of work, family roles and responsibilities (Dodson, 2021). Therefore, the gap this thesis aims to address is between the current focus of most studies on skilled migration of healthcare workers, particularly nurses, on the economic aspects and macro-level issues concerned with the supply and demand of these migrations, on the one hand, and the limited attention paid to the social dynamics of these migrants' lives including the family's role in migration journeys and how care obligations shift across borders once migration takes place.

To address this gap, this thesis explores the skilled migration of nurses originating from the Philippines to the UK, their everyday lived experiences in the UK, and how transnational family relations are reconfigured through this migration and such experiences. In particular, it aims to shed light on the complex processes of skilled migration and how notions of care, as both productive and social reproductive work, are shaped and organised using a transnational lens to this phenomenon.

Arising from this, my research questions are threefold:

1. What factors shape migrant healthcare workers' decisions to take up nursing that eventually lead to their migrations overseas?
2. How are social relationships within Filipino transnational families shaped by transnational migration?
3. What is the overall experience of P-HCWs in the UK concerning both their career and personal life?

1.4 Structure of the thesis

Seven chapters follow this introduction. **Chapter 2** provides a review of the relevant literature and outlines the theoretical framework for this research. It explores the mechanisms which have enabled the migration of skilled workers and therefore, have given rise to transnational families. The discussion bridges these two notions by viewing the relationship as the migration-care nexus. **Chapter 3** provides deeper context into the migration of Filipino migrant healthcare workers from the Philippines to the UK. For background, this chapter takes a brief chronological approach to the history of migration within the Philippines from the Spanish occupation in the 1500s to American colonisation just shy of the turn of the 20th century. Such context is important as these influences have shaped the contemporary migrations of Filipinos, especially healthcare workers. What follows is a discussion of contemporary migrations, with a focus on those connecting the two islands of the Philippines and UK. **Chapter 4** outlines the methodological approach and methods used in data collection during fieldwork in the UK and the Philippines. This consisted of a mixture of in-person and remote qualitative interviews and participant observations with two participant groups, namely the P-HCWs and family members living in the Philippines, although they are not a matched sample. The chapter also discusses how the resulting data was subsequently analysed which informed the empirical findings of this thesis. **Chapter 5** is the first of three empirical findings chapters. The focus of this chapter is the context in which the migration of healthcare workers from the Philippines to the UK takes place. Situated in the Philippines, the chapter presents the motivations behind, and circumstances that led to, these migrants training as healthcare workers in the first place, the precariousness they then faced in the healthcare sector after graduating and what shaped their migration decision-making to their country of destination, including to the UK. **Chapter 6** explores the transnational lives of my research participants – both for migrants and their 'remain-behind' family members. In this chapter, understandings of what it means to be 'family' and how relationships with certain family members are re-worked are discussed, arising from the linked but somewhat different perspectives of the two groups of interlocutors. **Chapter 7** focuses on the everyday lived experiences of P-HCWs in the UK. This chapter examines how these migrants have fared in terms of their adjustment and settlement to everyday life but also their working lives in Britain. In addition, since data collection began during the Covid-19 pandemic, I had the opportunity of a rare glimpse into their lives under Covid-19, such a difficult and uncertain time in healthcare. As the concluding chapter, **Chapter 8** synthesises the key findings to address the research questions set out above in this chapter, discusses the limitations of the study and outlines areas for further research.

Chapter 2 Literature Review

2.1 Introduction

This chapter provides the academic context in which my own empirical findings can be situated and understood by reviewing the key debates in the fields of skilled migration, transnational families and care. After this introduction, the chapter first provides a discussion of the skilled migration literature where 'brain drain' debates have predominated. However, unlike the vast literature that frames skilled migration as synonymous with 'brain drain', the thesis challenges this perspective and suggest a reframing of the way skilled migration should be viewed through a focus on transnational approaches. At the heart of these discussions is how skills are generated and valued in society which has shaped how most scholars have understood the impacts of skilled migration on development in migrant-sending countries. The thesis challenges the traditional and often-economistic definitions and measures used to determine what counts as 'skill' and therefore who is, or becomes, 'skilled'. This brings us to the gendering of skills and related debates in the skilled migration literature. Here, scholars have argued that the economically driven debates on 'brain drain' have failed to recognise that skills are *embodied* by individuals who are gendered and who also move through gendered labour markets both in countries of origin and destination (Raghuram, 2000). Thus, a gendered analysis is needed to make visible the varied skills of migrant women and their incorporation into labour markets (Christou and Kofman, 2022a). This leads us to the importance of recognising care work, such as healthcare, including nursing, as skilled work. The discussion of healthcare work including nursing will be compared to other sectors often seen as highly skilled within the knowledge economy.

Second, this chapter moves on to link this to the transnational dimension and the ways in which transnational families are reconstituted through care work. It begins with a review of the contested definitions of families and unpacks this from various disciplines where it challenges Western-model constructions of families and offers a different perspective to these structures – ones situated within scholarship from and about societies in Asia, where this thesis is also situated empirically. The discussion then moves to the role of the 'family' where its significance has been overlooked within migration decision-making scholarship. In an increasingly interconnected world, migration presents significant challenges to traditional structures and dynamics of the family, thus necessitates a transnational approach to their analysis. Using this lens, the discussion moves to exploring how family relationships are reconfigured in contexts of transnational migration, across borders and over time. It will explore families' engagement with

transnational practices and the gendering of these practices that shed light on intra-familial dynamics as found in the transnational families' literature.

The penultimate section of this chapter before concluding, turns to the concept of care, placing it in conversation with ongoing debates on skilled migrations as part of a broader umbrella. Here, I question what it means to care and whose responsibility it is to care in a migratory context. In so doing, I share the same sentiments as care ethics scholars who argue that care is a social and moral obligation that should be seen as a collective responsibility and shared by everyone within society. In these discussions, I analyse productive and reproductive care as intertwined, departing from most existing literature, where they are considered separately. While the boundaries of what is public and private care are often blurred, this is even more so in the context of nursing and healthcare, as exemplified by the question: is healthcare provision by a nurse in a social care setting, such as looking after an ill patient or child, productive or reproductive? From this simple example we see how much of society's productive and reproductive work is framed with profit and markets in mind. In this chapter I argue that transnational approaches are a useful methodological tool in connecting migration and care. It allows for researchers to observe the contexts in which care is organised in relation to different places, people and institutions, as well as the intersections of different types of care from the often informal social reproductive to the more formal productive care sectors such as health and social care.

2.2 Skilled migration and nursing

Skilled migration is one of the key dimensions through which scholars and policymakers alike understand the mutual and dynamic relationship between migration and development. It refers to the spatial movement of skilled persons, who have accumulated a high degree of formal human capital (Weinar and Klekowski von Koppenfels, 2020b). This type of migration continues to be a subject of interest for many researchers and policymakers because of its social and economic impacts and implications for places of origin and destination (Bhardwaj and Sharma, 2022, p. 1). Key contributions have come from economics perspectives, where skilled migration has been conceptualised as a 'brain drain' for migrants' countries of origin, thus associated with negative impacts on these countries. The term 'brain drain' itself is traced back to the early 1960s, when, according to Skeldon (2020), it was coined by British journalists to describe the exodus of a large number of scientists, engineers and doctors from the UK to other countries in the Global North such as the USA and Australia. The term was quickly adopted by academic researchers – mainly economists – where scholars such as Bhagwati and Hamada (1974) turned the term into theory to emphasise this exodus as producing negative outcomes for migrants'

countries of origin, especially where the latter were low-income or developing countries. The concept of 'brain drain' has retained this meaning and its negative connotation more or less intact over decades of academic research. The catchy wording and simplistic idea behind it, have arguably made it easily adoptable in fields other than economics, while the causality around the negative impact of this type of migration on development of migrants' countries of origin, is rarely questioned. According to Docquier and Rapoport (2016, p. 1), 'brain drain' refers to the transfer of resources, in the form of human capital, through the migration of highly skilled individuals, from one country to another. Although the term originally referred to the migration of skilled individuals in the North-North direction, as noted earlier, in academic literature – especially development economics, but also elsewhere. The term is mostly associated as describing a phenomenon in the Global South to Global North direction, and the impacts of these movements on developing countries of the Global South. The vast academic literature that has resulted has focused primarily on impacts measured through a gains and losses balance, in the context of nation states with sending countries in the Global South often at a loss, while recipient countries located in the Global North often gaining. Linked terms such as 'poaching' of the skilled workforce have followed too. This dominant literature that sees the 'West' as a hub for attracting skilled migration has paid scant attention to other moves that have a more regional dimension, such as towards the Gulf states, Singapore and Malaysia, all of which receive skilled migrants from surrounding Global South countries such as in South Asia but also the Philippines. Some acknowledgment of these moves are noted in more recent literature (see Ewers *et al.*, 2022).

From the sending countries' perspective, the negative implications lie in the commonly held view that skilled workers embody an investment their country has made in them, primarily in the form of public expenditure on their education. Therefore, it is argued, through migration, the origin country loses while the destination country benefits from the returns of this investment (Gentile, 2019). Put this in the context of uneven global development, the already rich Global Northern countries are seen as extracting benefits from already impoverished Global Southern countries, all of which is unethical. Often policy recommendations are made around ethical recruitment or even stopping such international recruitment altogether. However, scholars such as Clemens and Skeldon make three key points of contention here (Skeldon, 2009, 2020; Clemens, 2013, 2016). First, that the focus is on the country, overlooking the needs of the individual. Besides the perils of methodological nationalism for social science research, is it ethical to sacrifice the benefits that would accrue to the individual migrant through migration, for the sake of national development? Second, and equally important, is the causality – the link that it is this migration that causes the further under-development of the origin country. And finally, that skills necessarily have been all generated in the country of origin. The latter is

particularly pertinent for my study, and the focus of the further discussion in this part of the thesis. As an area that has been under-explored in academic literature, it is also the focus of the empirical findings in Chapter 5 of this thesis.

Here, let us look at some key debates in this literature. Scholars such as Beine, Docquier and Rapoport (2001), Clemens (2009, 2013) and Skeldon (2009, 2020) have argued that while there is a certain level of public expenditure from 'home' country governments in the education of skilled migrants, not all skilled migrants have benefitted from public subsidy to higher education; where this has been the case, it has not been the only source of funding. Indeed, as scholars have argued skilled migrants also usually pay for their own education, at least partially, and at times fully. Moreover, not all prospective skilled migrants are willing, or able, to (successfully) emigrate (Gentile, 2019). If migration acts as a motivator for higher education, while not all who will be highly educated will migrate, there is a likelihood that this will result in a larger pool of highly educated people in the origin country, which will positively impact national development overall (Stark and Taylor, 1991). On the other hand, the implications for receiving countries are also equally controversial. For instance, some argue that skilled immigrants depress labour market opportunities of their non-migrant counterparts, also known as the 'crowding-out effect' (Gentile, 2019, p. 37). However, researchers have come to understand that viewing the impacts of skilled migration through 'brain drain' narratives can be detrimental to our understanding of this phenomenon as it reinforces binary and simplistic notions of skilled migration, similar to the simplistic push-pull migration theories which ignore complex processes that characterise migration. As such, the empirical evidence suggesting that this emigration of the skilled is indeed detrimental to the country of origin, is still lacking (Clemens, 2009).

However, other, arguably more central, questions in the skilled migration debates that require attending to, are linked to the idea of skills: what constitutes 'skills' (and what does not), and who are the arbitrators or gatekeepers of skills? Therefore, the following section will discuss how skills valuation have been developed in academic discourse and its pivotal role in shaping policy frameworks. By exploring these relations, it unravels not only the criteria for identifying 'skilled migrants', but also the broader implications for defining skill itself.

2.2.1 The social construction of skills in 'skilled migration' – beyond market value and economics

The definitions of who is considered a 'skilled migrant' and how skills are constituted, and therefore, valued, remain contested in academic and policy discourse. In migration policy, it is usually nation-states that set the definitions of who counts as a skilled migrant, where often, they are strictly defined by their salary and/or level of education which then determines under which visa categories they can enter. On the other hand, in academic literature, definitions of skills and who is skilled are more lenient and expansive compared to those adopted by nation-states for their policies (Boucher, 2020). Scholars interested in policies on skilled migration tend to employ these policy-driven definitions. Meanwhile, other scholars who are more interested in the lived experiences of skilled migrants tend to contest the dominant – often economistic and policy-driven – conceptualisations (Weinar and Klekowski von Koppenfels, 2020b). This thesis and therefore in this section, is more interested in the latter.

In recent years, more critical questions regarding who are, and what constitutes as, skilled migrants, have started to be asked in academic migration literature (see the review by Hercog and Sandoz, 2018). Scholars who have contributed to this literature point to the power dynamics behind how skills are defined and constituted globally, whether for the purposes of academic understandings or policymaking, and who arbitrates these skills in terms of the degree to which people are able to claim skill ownership, as well as how different measurements of skills are evaluated (Liu-Farrer, Yeoh and Baas, 2021, p. 2244).

'Skill' is defined in a variety of ways within global debates around skilled migration (Boucher, 2020, p. 2536). Much of this definition is based on human capital theory, which assumes the effects of individual decision-making, market mechanisms and personal choice upon educational attainment and language (Becker, 1975). In other words, this traditional – and commonly held – view of 'skill' developed within the economics literature, considers 'skill' on the basis of one's education, occupational experience, wages or salary threshold and even language acquisition (Boucher, 2020). With this in mind, 'skilled migrants' are often defined as migrants with tertiary-level education, 25-years old or above, and who are often legally residing in a country other than the country of their birth, including through a skilled worker visa (Docquier and Marfouk, 2006; Clemens, 2009; Skeldon, 2020). In general, a combination of age, education and legal status are often widely understood definitions and measures for skill in skilled migration (Skeldon, 2020). Furthermore, in migration studies literature, skilled migrants are also often hierarchised as 'low', 'middle' and 'high' where a combination of type and years in formal education and salaries determine one's place in this hierarchy (Skeldon, 2020).

However, the traditional notions of what 'skill' is, as stated above, have been criticised as problematic for their portrayal of skills as a simple "measurable and marketable product which has become highly fetishized in current business and political discourse" (Hercog and Sandoz, 2018, p. 503). According to Hercog and Sandoz (2018), skills are not valued in and of themselves, but are instead determined in relation to specific economic, social and political situations that are highly selective. Therefore, defining skills in such economistic terms is both technically and inherently simplistic as it treats skills as *fixed* attributes innate within people, rather than something that can be earned, gained and developed over time. According to Liu-Farrer, Yeoh and Baas (2021, p. 2247) treating skills as such, makes it an easier subject of control with its selectivity running the risk of categorising people too, and thereby reinforcing racial and gender prejudice that can perpetuate global social hierarchies. Furthermore, these economistic definitions of skill justify the selectivity of global immigration policies that countries of destinations as recipients of migrants apply, in order to attract valuable 'high-skilled' immigrants, while simultaneously limiting, or in worst cases, excluding, 'low-skilled' immigrants (Czaika and Parsons, 2015). Skills in this way are used in immigration policy to differentiate between wanted (skilled) migrants and those whose (unskilled) labour is needed, but whose presence is (socially and culturally) rarely tolerated (Czaika and De Haas, 2013; Yeoh and Lam, 2016; Raghuram and Sondhi, 2020).

As a result, more recent studies have proposed defining skills in a way that goes beyond these selective and economistic conceptions. There is now growing recognition that instead of approaching skill as reliant upon deterministic and selective criteria based upon one's education, occupational experience, wages and so on, it is imperative to understand how they are socially constructed by a constellation of actors in specific local, national, transnational and global contexts (Liu-Farrer, Yeoh and Baas, 2021). The idea that skills are socially constructed is not new, as it emerged in feminist sociological writings since the 1970s, essentially showing how skills in society were valued and rewarded based on skilled workers' gender, race and class (Hartmann, 1976). Its application to migration, however, is more recent (see Nowicka, 2014; Hercog and Sandoz, 2018). For instance, in their remarkable special issue of the construction of skills in migration scholarship, Liu-Farrer, Yeoh and Baas (2021) have offered an analytical approach which highlights that skill is socially constructed. In this approach, the authors argue that skill is not an inherent quality within individuals, and that its evaluation, identification and development depend on who decides what skill is and in what contexts these processes take place, which, they suggest, are subject to negotiation of multiple actors in a network of power relations (Ribeiro, 2018). They identify three ways in which skill is socially constructed.

The first is that it is arbitrated or decided upon by certain actors such as institutions (universities), employers, intermediaries (recruitment agencies and accreditation boards) and the state (regulation of education and migration policies) where they have their own sets of agenda; second, skill is evaluated and determined based on power relations and social hierarchies; and third, skill is impacted by the process of cross-border mobility. In this context, it is then useful to view skill from a socially constructed perspective as it rejects the often, arbitrary categorisation of skill that is traditionally and widely used in selective immigration policies. Similar to other scholars' work, Liu and colleagues' (2021) approach recognises that skills are decided upon by nation-states, namely the governments of migrant-receiving countries (Weinar and Klekowski von Koppenfels, 2020a). Meanwhile migrant-sending countries can also reinforce these notions by becoming 'labour-brokerage states' – a concept coined by Rodriguez (2008) that help shape and regulate people's skill to fit global demand as Rodriguez and Ortiga found in the context of the Philippines (Rodriguez, 2008, 2010c; Ortiga, 2014, 2021).

Second, the social construction of skill approach recognises that skill and its ideological constructions exist within social (gendered, classed and racialised) local and global hierarchies (Liu-Farrer, Yeoh and Baas, 2021). It emphasises that people's demographic characteristics such as gender and ethnicity directly influence how their skills are valued and the jobs they perform are compensated. For instance, 'women's work' is particularly undervalued, especially within caring jobs, as they are often thought less complex compared to other jobs that men often do (a detailed discussion of this follows in the next section). When women then migrate, an additional layer of hierarchy is added through which global inequalities arise, whereby skills become determined based on racialised assumptions instead of purely on one's skill. Thus, determining one's skill is far from neutral and is further complicated by migration (Dodson, 2021).

Third and finally, this approach considers that skill is impacted by migration and recognises the important role of migration in helping individuals to acquire more skills. Hence, this approach considers other types of skills that migrants may acquire beyond the skills only needed to perform work. These may include social and cultural skills developed through the process of migration. Having such skills, Liu and colleagues (2021) argue, helps individuals to navigate their place and space in an increasingly global world where it can help them gain self-confidence, foster networks and become self-reliant in destination countries (as other empirical studies have also shown (Williams and Baláž, 2005)). Migration can also help them upon return to origin countries by giving them a competitive edge in the labour market as found by Hagan, Hernandez-Leon and Demonsant (2015).

For the reasons above, viewing skills through a socially constructed approach helps to clarify that how skills are valued and constituted are contingent upon a wider process beyond the traditional and simple categorisations of skills centring on one's education, occupational experience and salary that countries continue to use which determine the entry of skilled migrants. Furthermore, this approach also employs a transnational perspective which recognises the process that the validation of skill occurs across nation-state borders. Thus, a transnational approach that considers the historical and socio-economic context of the place where people acquire skills and how this is applied in destination countries is needed. In other words, "the way skills are defined, acquired and valorised in the country of origin has an influence on how migrants mobilise them in the receiving society and on how they perceive their chances for negotiating strong positions in the labour market of the host country" (Nowicka, 2014, p. 1). Lastly, such an approach is significant as it highlights that 'skilled migrants' should not be treated as only visa categories. Therefore, a human-centred approach such as this is needed so as not to overlook the lived experiences of individuals involved in navigating these processes.

2.2.2 Gendering of skills in skilled migration scholarship

Following on from the previous discussion that skills are socially constructed, this section unpacks some of the earlier literature that formed the foundation for this conceptualisation, with a specific focus on gender. Analysing men's and women's roles and engagement with tasks, feminist scholars such as Mills (2016) argued that the division of labour in society within the Global North was a highly gendered process. This 'gendered divisions of labour', as Mills (2016) coined it, was clearly visible in the ways in which men historically dominated the public realm (commonly associated with labour market and employment), while women were more active in the private sphere (within the home and associated with reproductive labour) (Huws, 2012). This 'work' was not just concerned with paid employment, but also in terms of the tasks and responsibilities assigned to both genders in their everyday lives, which in turn, can also determine their entry patterns into the labour market. The gendered division of the public and private was later revised and more nuances and blurring between the two were identified and recognised. The notion that women stayed at home within the context of the UK, was a product of Victorian middle-class imaginaries and expectations, as working-class women had always needed to go where the work required. In addition, advances in the conceptualising of gender as not a fixed category, were important to recognise the complex systems of meanings, practices and identities it comprises (Mills, 2016, p. 285). As such, the division of labour too must be understood in relation to these complex processes of social and cultural construction.

People's skills are valued differently in society and often based upon a hierarchy of skills that reinforce traditional roles, leading to the perception that some skills are inherently associated with certain genders. Thus, the dynamic ways in which we understand gender today can also be applied to how skills are acquired. For scholars such as Raghuram (2000) skills are embodied by individuals who are gendered and move through gender-selective and often-times, *gender-discriminatory* labour markets – and in the context of migration – both in countries of origin and destination. In other words, women and men do not have equal access to skills and skills acquisition, which affect their capabilities and access to certain jobs, opportunities for career-progression, wages or skills development. While the entry of women into the 'public realm' of work in the industrialised, Western societies, has increased exponentially since Miller's writings in the 1970s, the notions that underpin the 'gendered division of labour' noted above continue to shape ideas about gendered valorisation of labour.

The empirical work of feminist scholars has shown how women's and men's skills and entry to paid work in various employment sectors are valorised differently within society. For instance, the occupations that tend to be valued the most both in ideological and monetary terms in most industrialised, Western societies, are 'men's jobs' within knowledge sectors such as science, ICT, engineering, and banking and finance (McDowell and Court, 1994; Kofman, 2013a). These sectors tend to be male-dominated, while women's entry have been in what are traditionally seen as 'female' sectors such as education, health and social care, all of which are undervalued as reflected by the low salaries they receive (Folbre, 2006, 2012). Even when men and women are undertaking the same tasks in the same sector, labour market divisions within these sectors value men's work more highly than women's work (Phillips and Taylor, 1980). Moreover, men tend to negotiate higher starting salaries and better terms, upon entry into the same jobs, and in general progress faster across career stages, than women, including in academia.

Care work and by extension, its associated skills, have been undervalued in care-related sectors of the economy because they are often seen as 'feminine' activities that women do 'naturally' out of affection, or as an extension of the work that they already do within the home (Raghuram, 2000; Noddings, 2003; Huang, Yeoh and Toyota, 2012). As such, scholars have argued that it was because of women's association with reproductive labour that has contributed to the marginalisation of skills within skilled migration research. Care work is also 'embodied knowledge' gained through physical presence which, according to Kofman and Raghuram (2015), are traditionally associated with women's knowledge, and therefore socially devalued in its contribution to social wellbeing and within the commoditized services economy. Therefore, due to this devaluation of care work, institutional and other employers recruit those with the least bargaining power, including non-migrant working-class women.

When we consider these questions within a context of migration, we observe an additional layer of inequality for migrant women, whether in internal, or international migration contexts. Here, low-paid migrant women have even less bargaining power, which makes them an attractive group to be employed (and exploited) in these lowest paid sectors of the economy. Within countries of the Global South, these women are often internal migrants from rural areas, while internationally, migrant women from the Global South are often seen by employers and policymakers as the answer to filling the gaps in care provision (Williams, 2010). In addition to the migration status, an international migration adds another layer of inequality produced by racialised hierarchies. In this way, gender then intersects with other forms of inequality: class, race, ethnicity, nationality and sexuality, to name a few (McDowell, 2008; Mills, 2016; Greenhough, Davies and Bowlby, 2023). Thus, it can be safely argued that skilled migration is not only gendered, but also racialised and classed.

Consequently, scholars have argued that skilled migrant women and their skills must be given attention so as to recognise that they are often at a disadvantage in terms of negotiating aspects of their life pertaining to the gendering of their skills, occupation and family dynamics (Raghuram, 2008; Kofman, 2013, 2014). This is especially pertinent to women in care professions, whether in the informal or formal sectors of the economy, as these are rarely considered skilled. Yet, according to feminist scholars, despite the vast research strides within skilled migration in recent years, there is still limited attention to gender in this scholarship (Kofman, 2000, 2004; Meares, 2010; Kofman, 2013b; Isaakyan and Triandafyllidou, 2015; Dodson, 2021; Christou and Kofman, 2022a).

The literature on skilled migration have explored skilled workers' employment in knowledge-based sectors and focused on the workplace and career experiences of 'white company men' (Raghuram and Kofman, 2002; Kofman and Raghuram, 2005). This prompted academics to expand on this as it did not include the heterogeneous nature of skilled migration, even though many skilled workers are employed in diverse occupations that besides knowledge-based jobs, includes also healthcare and education (ibid, 2005). This resulted in the inclusion of gender to address the migration of skilled women to provide some balance on the large interest in migration within male-dominated sectors. For instance, scholars now have begun to pay attention to the entry of skilled women migrants in some male-dominated occupations such as medicine (as doctors or physicians), engineering and ICT sectors (Raghuram, 2008a; Marchetti, 2018; Sondhi, Raghuram and Herman, 2019). This research has acknowledged skilled women's entry into these sectors, adding to understandings of the intersection of gender and skilled migration. However, the skilled migration literature still has yet to fully recognise other gendered care work such as nursing, as skilled work, which the following will now discuss.

2.2.3 Recognising care work including nursing as 'skilled' work

Scholars such as Dumitru (2014) have been critical of how care work, including nursing, is rarely considered as skilled work in migration studies literature. She argues that assumptions about care skills and who typically performs them contribute to this issue. In her paper, Dumitru (2014) discusses how metaphors such as the 'care drain', coined by Hochschild (2002) to describe the loss of care for origin countries when women hired as care workers migrate, have further contributed to the problem. The metaphor emerged as a counterpoint to the notion of 'brain drain', debates on which had largely ignored discussions around gender, or women (Kofman, 2000). However, Dumitru (2014) argues that this metaphor has exacerbated the undervaluation of care work. She argues that instead of separating skilled migration (or 'brain drain'), as if women cannot be skilled and as if care is different from brain, we should recognise that the work of migrant care workers, including nurses is skilled and should be valued as such.

First, as noted earlier, assumptions that care and its associated skills are a characteristic inherent among a particular group, usually women, have contributed to its devaluation. In this case, assumptions that only women can be potential caregivers for the young and elderly in origin countries, or professional care workers in receiving countries, or both have been harmful (Dumitru, 2014, p. 207). However, Dumitru (2014) argues that the issue is not about whether migrant women are caring or not; rather, it is the assumption that caring is a natural trait of certain groups (i.e. women) which devalues care work. If most people are seen as capable of providing care for others, then there would be no need to measure the impacts of how much care is lost when one emigrates. Thus, when care is defined simply by a group's presence (or absence), it lacks a clear definition and where Dumitru argues that the 'care drain' metaphor fails to increase the value of care work. The second way in which care becomes devalued stems from assumptions that care is 'drained' or lost when someone emigrates because they are physically absent from being able to carry out such care tasks. However, the work of care ethics scholars such as Tronto (1994) have emphasised that physical presence is just one way to care for someone and other types such as 'caring about' someone are also just as important. For instance, sending remittances can be a form of taking care of someone and imbued with emotions, rather than 'caregiving' per se and so arguably, this can still be a form of care. The third way in which the metaphor has devalued care is its assumptions that care cannot be gained through migration. By only focusing on the loss of care when one emigrates, it risks overlooking the potential of how care can also be gained. Dumitru (2014) points to some examples of how care skills can be acquired through migration. For instance, migrant mothers learn new ways of caring for their children by being emotionally present and expressive with them from afar.

The above also applies to nursing, which is part of care work. By definition, nursing meets the economistic definitions of what constitutes as a 'skilled' migrant – that is, having a higher degree qualification and the ability to meet immigration regulations to enter receiving countries. However, processes in recognising their skills and qualifications are still influenced by institutions like the state and professional regulating bodies which applies to both sending and receiving countries. Even when considered as skilled migrants in their own right, the academic literature has only focused on women's experiences of entry within feminised sectors of the labour market such as education, health and social care work (Anderson, 2000; McGregor, 2007). This has added to the perception that healthcare work such as nursing is still considered less skilled compared to the knowledge sectors, such as finance and banking, academia and the ICT sector which Kofman (2013a) pointed out through the gendered emblematic dichotomies. Kofman (2012a) argues that the literature has predominantly paid attention to the contribution of skilled migrants in the knowledge economy since these are what drives monetised global wealth creation. For instance, some researchers have shown that migrant nurses employed by states also face similar experiences with other migrant care workers, in relation to the gender and racial discrimination they experience in the form of lack of recognition of skills which is reflected in their low pay, concentration in least desirable specialisms in the hospitals, as well as the differences of status between other healthcare workers such as doctors and physicians (Bach, 2003). Thus, nursing is typically seen as 'less' skilled in comparison to knowledge sectors precisely because it is concerned with reproductive labour which adds to the devaluation of care work (Kofman, 2012). As a result, this has justified the ongoing gendering of this line of work and lack of recognition of skills in healthcare. Taking this all together, Dumitru (2014) argues that instead of describing the migration of women in feminised professions as a 'drain', it speaks to a much wider issue that involves the call for better recognition that care work, including nursing is skilled work in and of itself.

2.3 'Doing families' across borders: Maintaining relations in transnational families

2.3.1 An Asian perspective on families and households

The term 'family' has come to be understood in different ways in social science research, which remains a matter of dispute as a highly contested term. Given knowledge produced in the vast majority of these academic disciplines has been dominated by Global North concepts, such definitions of the family, have therefore also been understood through a Western-centric lens. One of the most dominant conceptualisations of the family as a unit of analysis refers to the heteronormative, two-parent nuclear family along gendered divisions of labour with the husband/father performing breadwinning duties, while the wife/mother being the homemaker. Inspired by the typical middle-class Victorian model of the 'ideal' family in industrial urban Britain, this notion of the family has endured in the popular imagination and public discourse of UK and arguably, northwestern European societies (Sear, 2021). The notion often serves as the benchmark against which all other types of family formation are measured, often discarding deviations from this ideal as 'dysfunctional' (Ribbens McCarthy and Edwards, 2011). While industrial and post-industrial Britain and much of the capitalist Western world may have seen this family type become the norm, this is vastly different from other societies around the world (ibid, 2011).

However, rather than understanding family as a fixed identity where certain members perform certain roles under these nuclear ideals, scholars such as Morgan (2011) have argued that a more useful approach to understand family is through 'family practices' which focuses on what families *do* as opposed to how they are defined. Family practices include the everyday actions, social activities, routines and rituals through which family life is enacted (Morgan, 2011, 2020). In viewing 'family' as *a set of practices* as Morgan proposes, is of value because it opens up the possibility of movement between the perspectives of observers and of family members.

Other scholars such as Finch (2007) have introduced the idea of 'displaying families' to show how family practices are connected with the *meanings* we attach to them. Finch (2007) builds upon Morgan's earlier work and describes 'displaying families' as the "process by which individuals convey to each other and to relevant audiences that certain actions do constitute 'doing family' and thereby, confirm these relationships" (Finch, 2007, p.67). In simple terms, family actions must not only happen; they must also be seen and understood by others as representing family life. As Finch puts it, family life must be both "done" and "seen to be done" (ibid, 2007, p.79). In essence, these approaches emphasised the activities that family members do in relation to each other, and through carrying out such practices affirm and reproduce

relationships understood to be ‘family relationships’ (Morgan, 2020, p.734). This suggests that family is not just a descriptive term but is also a practice that can be applied to a range of experiences, interactions and different aspects of living (Ribbens McCarthy and Edwards, 2011). However, this thesis will use the term ‘family practices’ as it remains a useful term which recognises the fluidity of who ‘counts’ as family and the designation of family membership. Furthermore, it recognises the blurred boundaries between family and non-family and also to describe ‘gendered’ and ‘generational’ practices of families. The ‘family practices’ approach aims to capture the sense of both significant life events that all families go through (birth, marriages, deaths) while equally focusing on the mundane realm of everyday life. Finally, it acknowledges the diversity of families by focusing on the processes of ‘doing family’ rather than familial structures alone (Seymour and Walsh, 2013).

In understanding who the family is and how its practices differ, the notion must also be delineated from other terms it is interchangeably used with such as ‘households’. Households are referred to as physical structures that may contain individuals, not necessarily family, but who co-reside and share resources and domestic activities (Ribbens McCarthy and Edwards, 2011, p. 106). Often sharing activities such as housework or budgets have been used as relevant criteria in these definitions of households. Thus, families are based on kinship ties, while households can be viewed as (economic) units for resource pooling (Kofman and Raghuram, 2015). The term ‘household’ is often used in economics and quantitative studies and remains distinct from the term ‘family’ as it predominantly emphasises the distribution of resources and division of labour among its co-residents, while the concept of family brings together issues such as solidarity and care between generations (Ribbens McCarthy and Edwards, 2011). Thus, sociological, anthropological and qualitative studies often focus more on these emotional and social relations. Some scholars have also argued that emotions are built into family life. For instance, Morgan (2011) argues that emotions are an essential component of everyday family living which is what is distinctive about the approach of ‘family practices’. Despite this, both terms used in academic scholarship to describe families, ‘families’ and ‘households’, have some similarities such as the sharing of resources and reproductive activities, which are often unequally distributed and measured along hierarchies of gender, age, and social position within these units.

Nevertheless, some similarities between Western ideals of family and those of other cultures exist. The first is that families continue to be shaped by socially constructed hierarchies based on gender and age. For instance, the division of labour within the family is generally reflective of tasks and responsibilities along genders and generations, similar to that purported in the typical Victorian model of the ‘ideal’ family. Despite advances towards understandings of gender relations in many Western societies, overwhelmingly work in the caring domain such as

childrearing, caring for the sick and older people, and household chores, continue to be considered as 'women's work'. As women have entered the paid labour force in significant numbers, mostly these responsibilities have been passed on to other women as paid domestic care workers; oftentimes these are migrant women from the Global South. An increasing number of men in these households have taken up these tasks, but they remain for the most part, the provider. This is also prevalent in families where family members who are able are expected to work. However, work done by older family members and by men are considered of greater moral worth than those by younger family members and by women (Lazar, 2023).

Key for this thesis is the fact that not all family structures and ideals follow the typical, Western nuclear family (Francisco-Menchavez, 2018b). Families vary globally and encompass variations in structure as discussed comprehensively in Waters and Yeoh (2023)'s review, including factors such as shape and size, social and cultural values and beliefs, as well as the intricate relationships among family members within the family unit and in relation to external networks. Their formations may also shift and change over space and time especially when migration takes place. Scholars such as Raghuram (2012) have clearly shown that the use of a definition that speaks to realities in only a small part of the world as universal, is highly problematic as it has no resemblance to how families are constructed, and in turn how they work, in the majority world. Therefore, it is important to acknowledge the different types of families, and how they are formed and function, that do not fit this Western nuclear family ideal.

Thus, conceptions around the notions of the family, and associated values and beliefs, differ between those that dominate in Western and non-Western societies. First, there are the family structures: while the nuclear family may be the norm in Western societies, this is not the case in majority parts of the world. Instead, individuals and nuclear families, are embedded within networks, and rely on, extended families (Raghuram, 2012). For example, Asis, Huang and Yeoh (2004, p. 6) argue that in the context of Asia, including in the Philippines, the notion of family membership is expansive, encompassing grandparents, aunts, uncles, married children or siblings.

A second difference is around societal values and beliefs: Western societies are formed around ideas of individual freedom and independence, while many societies in other parts of the world, including in Asia, value the individual as part family structures that are interdependent within a collectivistic ethos in society. In the latter model, an individual is supported as part of a collective, while this collective also limits the individual as an individual's actions are seen as having an impact on the entire collective, such as the family. There are historical, as well as cultural, reasons behind these characteristics, whose discussion is outside the remit of this thesis. Examples include how in many Asian countries, social constructions of the family are

based on 'nostalgic vision of femininity' where decision-making is hierarchical in terms of gender and generations, thus individual desires are rarely considered in favour of the 'greater good' of the family (Yeoh, Graham and Boyle, 2002; Yeoh, Huang and Lam, 2018, p. 309). In the Philippines, kinship systems are demarcated by generation to reflect the value of having strong and close connections with each other, especially in the family. This has made it virtually impossible to have a 'distant' relative since they are all connected somehow (David, Sharma and Petalio, 2017). In addition, the family often performs a variety of functions to take care of the needs of individual members throughout the life course, especially in countries where the welfare state is poor or non-existent (Asis, Huang and Yeoh, 2004; Yeoh, Huang and Lam, 2005). This is also true when it comes to support and sharing resources where the family then becomes a "source of emotional, economic, material and social support for the individual; in return, individual members strive to promote the interests of the family" (ibid, 2004, p. 202).

What holds these families together, then, is the sense of obligation they have for one another which is determined by social and cultural values unique and different for families. For instance, filial piety is common among East Asian families, which has influenced society's treatment of one's family. This social attitude is demonstrated through service to elders and has shaped family caregiving intergenerationally and other aspects of individual, family and social relations (Spielman, 2012; Lamas-Abraira, 2021). Similarly in the Philippines, '*utang na loob'* is a strong value in society. It refers to the sense of reciprocal social and moral obligation that individuals harbour to those whom they feel indebted to (Agaton, 2017). For example, parents have a duty to raise their children and provide them with the necessary resources to thrive in life; in return, children are expected to reciprocate this towards their parents, especially in later life. Nevertheless, it is clear that the family in various contexts is socially constructed with values and beliefs defining family members and their relationships with them. In this sense, the family is a site of affirmation, debate and negotiation on various levels and perspectives (Grillo, 2008). In a globalised world, the family also play a crucial role in processes of migration, including on decision-making which the following section will now discuss.

2.3.2 The role of family in migration decision-making

In line with the points above, the family as a social unit and its influence particularly in the migration process should not be taken for granted. However, they have not always been regarded as significant in discussions around migration decision-making. Early migration theories such as the neoclassical (based on Sjaastad's (1962) cost-benefit model) and push-pull theory Lee's (1966) argued that the decision to migrate or not was purely an individual one, that of the migrant, who supposedly rationalised the outcome based on a cost-benefit analysis of individual economic opportunities available to *him* at the place of origin and destination

(Czaika and Reinprecht, 2022). This approach has been criticised for the focus on the individual as atomistic and for ignoring the fact that individuals are part of families and households and belonging to communities, all of whom are influential on this decision in one way or another.

Such a critique led to the recognition of the role family and households play in migration decision-making in the New Economics of Labour Migration (NELM) theory that became prominent in migration studies from the late 1980s onwards (see Stark and Bloom (1985); also Massey *et al.*, 1993). NELM centres the household in migration decision-making, both in the way it argues members pool resources together to send individual migrants away for work, as well as in its conception of migration as a family risk spreading and resource diversification strategy. A key insight of this theory is that larger units of people, typically families or households act collectively to maximise income by allocating individual family members to specific income sources and therefore, alternative migration options (Haug, 2008). In addition, it was understood that families or households process and act on opportunities or threats caused by major structural changes and acts as a link between socio-economic, and political change (Yeoh, Lam and Huang, 2022). In other words, who migrates, why and how becomes a whole family affair for the purposes of investment and diversification of its resources. Such a collectivistic approach to migration is even more pertinent to societies that have collectivistic orientations, such as in the Philippines and Asia more widely.

While NELM centred the household as the migration decision-making unit, it often treated such a unit and related analysis, as homogenous and static acting rationally in the collective interest of household members (De Haas and Fokkema, 2010). However, empirical studies have shown that there are other circumstances in which migration decisions are made without the family. For instance, an empirical study by Belloni (2020) have demonstrated this. The study explored the migrations of young unaccompanied minors from Eritrea to escape the protracted crisis they face as a result of war and conflict they experienced in the country. In this context, it demonstrates the agency of young migrants in their personal decisions to leave where many have done so against the will of their families or without the knowledge of their parents, highlighting the lengths they will go in order to escape socio-economic stagnation and political oppression. However, although they make these decisions on their own, it does not mean they are entirely individualistic as their "decisions emerge in a social, cultural and economic systems that places high value on migration as a means to family survival in times of crisis" (Belloni, 2020, p. 349). Although this study is in the unique context of crisis, it nevertheless highlights how in some circumstances, such decisions are not always made within the collective interest of the family, as well as illustrating the importance of considering generation and age, where this study has provided useful insights into the agency of young people in the making of such decisions.

Moreover, the family unit within NELM was often modelled on the universal Eurocentric household type (nuclear) discussed earlier, although as a theory, it was mostly used to analyse migration (and development) in countries of the Global South. Feminist (development) scholars such as Chant (1998, 2001) pointed out these shortcomings quite early on (1998), although their critique remained marginalised from mainstream migration-development theories in particular, for quite some time. Other feminist work has also been vital in illuminating these decisions and conflicts emerging from gendered power relations within migrant families as demonstrated in a review by Nawyn (2010). However, although significant, there has been an overemphasis in exploring these power relations from a gendered perspective. As such, more recent work by Kofman, Buhr and Fonnseca (2022) for example, has unpacked the ways in which the 'black box' of households is permeated by inequalities which considers not only gender, but also one's generation, age and social positioning within the family.

Far from a homogenous unit that acts for the collective good of everyone, the household is in fact ridden with power hierarchies and intra-family conflict beyond only geographically-contained and nuclear families and instead, encompasses the extended family – whether that is between first born and last-born brothers, or mother and daughter-in-law. For example, an empirical study by De Haas and Fokkema (2010) which looked at decision-making of Moroccan families found that migration decisions are indeed part of livelihood-improvement strategies pursued by families, though these decisions are typically not egalitarian and made along the lines of gender, generation and age (see also Salik (2023) in the context of internal migration in Pakistan). When it comes to considerations of families or households generally the literature has based these understandings upon the traditional notions of the nuclear family without giving much flexibility and recognition to the roles of extended family members in these decisions (although see recent work by Vullnetari (2023) on the role of grandparents in the context of Albanian migration). This thesis, therefore, seeks to move these ideas forward, especially highlighting the importance of intra-family power dynamics which show that even in what has been often thought as a collective entity such as the family or household, migration decision-making processes are made in spaces of unequal power relations.

Nevertheless, it is clear that the family or household is an important driver of migration particularly in its role in migration decision-making as they are sources of social and material support for potential migrants. However, significant to note here is the power relations involved in making these decisions along the lines of not just gender, but also generation, age and social position within the family. Therefore, as scholars aforementioned here have argued, we must also refrain from considering the family as a homogenous unit that act rationally for the collective family unit. Furthermore, though intra-family inequalities are prevalent, it does not mean that certain groups, for instance young people are without agency as Belloni's (2020)

study has shown. Overall, in order to gain a holistic understanding of the motivations behind people's migrations and how such decisions are made and negotiated in spaces such as the family, we, as migration scholars, must recognise that these decisions do not emerge in isolation. Instead, migration decisions are embedded in social, cultural and economic systems that are also shaped by intersecting individual factors such as race, gender, age and class with each functioning as part of a broader system of power relations that influences every aspect of the migration experience (Christou and Kofman, 2022b).

2.3.3 A transnational migration perspective on families

So how do family relations change in a context of transnational migration? Integration and assimilationist theories previously assumed that once migrants left their country of origin, they cut off ties with their communities of origin and the people they 'left behind' (Kivisto, 2005; Laubenthal, 2023). However, this assumption was far from the reality. In the early 1990s, Basch, Schiller and Blanc (1994) coined the term 'transnational migration' to highlight that some migrants continue to be active in their homeland while simultaneously becoming part of societies they settle into (Levitt and Jaworsky, 2007). Thus, transnationalism in migration studies emerged as a concept that sought to study and understand "the process by which migrants forge and sustain multi-stranded relations which link societies of origin and settlement" (Basch, Schiller and Blanc, 1994, p. 6).

According to Pries (2022) transnational migrants are not distinguished by their places of origin or destination but instead develop an ambiguous and hybrid mixture of adherence and belonging to both (p. 242). They do so by participating in various social, cultural, economic, political and familial processes that extend across borders while also acclimatising to the places they settle (Glick Schiller, Basch and Blanc-Szanton, 1992; Levitt and Jaworsky, 2007; Tedeschi, Vorobeva and Jauhiainen, 2020). Thus, migrants become transnational through their engagements with various practices such as sending financial remittances (Carling, 2014, 2020), keeping in touch via communication technologies and/or visits to the home country (Baldassar, 2023; McNeil-Walsh, 2023) and political activities such as voting, lobbying and so on (Bilgili, 2014). These activities serve for them to maintain these transnational connections. However, often missing from these discussions are the emotional aspects of migration. Boccagni and Baldassar's (2015) edited special issue on this topic shone a light on the gaps in transnational migration literature, whereby they argued that up until then, there had been a tendency to overlook emotions in migration studies as economic and political analyses of migration continued to dominate discussions. They argued that emotions should be considered precisely to critique economistic approaches to migration. Furthermore, the emotional lives of migrants should be considered not just in individual, household and community-levels, but also transnationally as

emotions are key to these ties (Hoang and Yeoh, 2012). For instance, migrants' belonging and identity in places but also among families – which are central to transnational migration – are also emotional and affective processes (Skrbiš, 2008; Alinejad, 2019; Alinejad and Olivieri, 2021).

The transnational migration perspective is methodologically useful as it goes beyond understandings of integration and assimilation theories which only focus on migrants' incorporation in one nation-state as its unit of analysis. The latter coined by Wimmer and Glick Schiller (2003) as 'methodological nationalism', falls short of reality and limits our understanding of many migrants' de facto transnational lives (Faist, Fauser and Reisenauer, 2013). Instead of being contained into only one nation-state, this approach recognises that many migrants' lives are impacted by their connections to both the country they live in, and their former homeland. Therefore, transnational migration is mostly concerned with the social relations of people and acknowledges that they organise and structure major parts of their lives in more than one nation-state (Pries, 2022). This is not to say that transnational migration ignores the importance of borders, or the role of nation-states in regulating people's movements, and by extension, migrants' everyday life. This is because nation-states still act as units that regulate and control immigration policies, which inform the rules of entry and exit of migrants in a particular country and also issue travel documents like passports and visas that allow people to travel.

Three key additional benefits of using transnational migration as an approach and an analytical tool are further outlined below. First is the inclusion and recognition of the temporal dimension in migration: this approach acknowledges migration not merely as a unidirectional or a linear process, but as a continuous process that may change over time. Besides allowing for changes over time, the key to this approach is the concept of 'simultaneity', i.e. recognising that migrants are involved in the economic, political and socio-cultural life of both their countries of origin, and of destination, simultaneously. This is because transnationalism recognises migrants can be involved without having to move physically, which in turn links to multi-sitedness. Second, and connected to the first, through the focus on the migrants and their multi-sited cross-border (transnational) networks and connections, we are able to provide a more informed analysis of migrants' lifeworld that spans geographically across multiple sites (Levitt and Jaworsky, 2007). And third, these connections bring into the analysis also non-migrants – whether as members of migrants' families, or other people in local communities of origin – who are also involved in this migration, and (indirectly) impacted by it. These features of a transnational migration approach are especially useful when applied to the analysis of the family and how these are shaped and transformed through migration, resulting in the concept of the 'transnational family', the focus of this thesis.

The ‘transnational family’ was defined by Bryceson and Vuorela (2002) as “families that live separately from one another caused by the migration of one or multiple family members abroad and yet hold together a feeling of collective welfare and unity, namely familyhood, even across national borders” (p. 18). The authors demonstrated that migrants and their families are relational, constituted by their ties that aim at welfare and provision of mutual support which provides families their sense of ‘familyhood’ defined as the “feeling of mutual belonging among people separated across national borders, who still identify as ‘family’ in terms of their reciprocation of care, concern and communication” (Bryceson, 2023, p. 316). Essentially, these families are organised under a rubric of sustaining familial ties, kinship networks and fluid relations that span multiple nation-states (Christou and Kofman, 2022b).

The past three decades have provided fruitful research into transnational families to explore this ‘familyhood’. From this literature, many scholars have also shown some of the contradictions of living in transnational families, particularly when focusing on transnational parenthood which shows some of the impacts of migration on migrant parent and child relationships. The literature has pointed to some distinctions between transnational parenthood where ‘transnational mothering’ (Hondagneu-Sotelo and Avila, 1997) and ‘transnational fathering’ (Parreñas, 2008) have become a very distinct phenomena where it is affected in gender-specific ways. Though migrant men and women’s parenting activities may remain similar before migration, they face different experiences regarding how their roles are perceived by society (Carling, Menjívar and Schmalzbauer, 2012).

When mothers and fathers migrate, both continue to fulfil their parenting duties by sending gifts, financial remittances and maintaining long-distance communication with their children who remain behind. However, mothers are expected to provide for emotional care alongside their new ‘breadwinner’ status when they migrate (Parreñas, 2001a, 2005b). Stay-behind fathers neither increase their caring work in the family as these become relegated to other women in the family such as grandmothers or aunts, or local domestic workers (Parreñas, 2005c; Yeoh, 2016; Kõu, Mulder and Bailey, 2017). Despite their efforts, transnational mothers have often been criticised by society viewing their migrations as abandoning their traditional caregiving roles. In response, Parreñas (2005) found that migrant mothers engage in ‘intensive mothering’ from afar in an effort to fulfil their gendered normative roles. However, these efforts can fall short, as children continue to miss and yearn for their mothers. The emotional costs of this on mothers are profound, with studies indicating that many mothers express feelings of guilt, hopelessness and distress over ‘abandoning’ their children. This emotional labour is particularly significant for women where they face greater emotional costs, as they navigate their dual role of financially sustaining their families while also trying to maintain a nurturing presence from afar (Mazzucato and Dito, 2018).

On the other hand, migrant fathers are expected to continue with their role of financially providing for the family. In some cases, they perform a 'heightened version of conventional fathering' conforming to traditional gendered norms of breadwinning and male authoritarianism as found by Parreñas (2008) in her study of Filipino transnational fathers. These also has some emotional costs for migrant fathers as when they are not able to meet these financial expectations, they become distant from their children (Dreby, 2006). In turn, migrant fathers may go through phases of fulfilling or becoming distant with their parental roles over time. Yet, unlike migrant mothers, they are generally less criticised when they fail to meet their caregiving responsibilities (ibid, 2006). This highlights the persistence of gendered norms around parenting, but also how this becomes heightened in the context of transnational migration.

However, beyond examining transnational caregiving relationships, some scholars have argued that research has yet to adequately address the intra-family dynamics, frictions and hierarchies that exist within transnational families (Kofman, Buhr and Fonnseca, 2022). In only looking at the homogeneity of families, these dynamics that are prevalent in all families and more so when separated by distance, are then overlooked. In reality, even in the 'family', migration decisions about who leaves, who stays, who becomes cared for, continue to involve negotiations that are shaped by gender, age and relationships within the family unit (Chant, 1998; Yeoh, Graham and Boyle, 2002). This is still prevalent as according to Bryceson (2019) the influence of the family on migration decision-making that considers these intra-household dynamics are still sidelined in migration literature to date as earlier mentioned. Similarly, sense of belonging in the family unit are also a matter of choice as transnational family members actively choose to maintain material and emotional attachments to varying degrees and to certain members, while others may opt not to foster such transnational relations at all. I also extend this to the ways in which they foster or maintain these relationships in relation to their engagements with transnational practices, and how these are also affected by gender, race, age and class as the following section will show. Overall, similar to how transnational migration served as a way to argue that migrants maintain ties with countries of origin as they settle in the host society, transnational families demonstrate the ongoing relations of family members across borders. Whereas previously, distance has been thought to create broken family ties, a transnational perspective shows how family members foster these relationships across borders albeit, they are subjected to intra-family negotiations and shaped by social factors. Therefore, one way in which these relationships are maintained is through transnational practices.

2.3.4 Maintaining family relations through transnational practices

As explained above, families maintain relationships through migration and at the heart of this is the transnational practices they engage with that tie them all together. The scholarship on

migration and transnational families has theorised the various ways that family members, whether migrant or not, have engaged in transnational practices which serve as a way of sustaining or reaffirming family membership. Therefore, this section will discuss some of these transnational practices and offer examples by drawing on empirical work from around the world. This is important for this thesis as this shows 'family practices' in action which contribute to the collective welfare that transnational families have for each other which are also imbued with emotions. First, I will focus on remittances, before moving onto visits and communication. It is the former two that the overall thesis is concerned with.

2.3.4.1 Economic transnational practices

Remittances are arguably the most studied type of transnational practices, that include the transfer of primarily money (financial remittances), but also goods (material/in-kind remittances), as well as ideas, beliefs, practices and norms (social remittances), from migrants to their families and communities in origin countries (Levitt, 1998; Levitt and Lamba-Nieves, 2011; Vullnetari and King, 2011; Carling, 2014; Erdal, 2022). Financial remittances typically refer to the transfers of money that migrants provide for their non-migrant counterparts, usually their families (Erdal, 2022, p. 358). While small sums individually, collectively they are significant globally, which is arguably why they have been the focus of attention for many development policymakers for some time. From an economics perspective, remittances are important as they aid in the development of migrants' countries of origin through providing much-needed capital injection into the national economy, but also serving as a lifeline for many households. Remittances are a transnational practice that individual migrants (and at times migrant organisations) engage in, at least occasionally, which has been the focus of study for scholars who take a political and/or socio-cultural approach.

Many studies have examined that sending economic remittances is one, if not, the most common transnational practice that has dominated classic migration scholarship. This scholarship tended to view financial remittances as the driving force behind, and justification for, migration among families and households. These may take the form of cash or other goods and services including but not limited to food items, clothing, gifts and paying household bills (Baldassar and Merla, 2014). Studies have shown that remittances are important sources of income for families (Erdal, 2012), a lifeline for individuals when crises strike (Lindley, 2010) and enable better access to education, healthcare and livelihoods for families in origin countries (Eversole and Johnson, 2014). Beyond this economic dimension, other scholars have argued that remittances can also be something intangible such as ideas, practices and values which have become known as 'social remittances' (Levitt, 1998; Levitt and Lamba-Nieves, 2011). Nevertheless, scholars have argued that sending remittances in whatever forms they make take

is something that is personal and private that goes beyond national development strategies, as they are embedded in a network of family obligation, expectations and emotions (Schmalzbauer, 2004, 2008; McKay, 2007; Erdal, 2012, 2022).

Remittances are essential ways to show 'feelings', i.e. that migrants 'care for' and take care of family members, thus highlighting that it is a way to forge and sustain relationships (McKay, 2007; Carling, 2020). This has led researchers to argue that remittances are part of intimate social relationships. For instance, Carling (2014) proposed a conceptual framework for studying remittances that brings together the often fragmented approaches in understanding remittance transactions. These fragmented approaches relate to the often economics-oriented way which views remittances as a way to boost countries' financial development through foreign investments. On the other hand, ethnographic studies have approached remittances as private transfers between individuals embedded within interpersonal relationships (Åkesson, 2011; Yea, 2015). However, scholars have argued that remittances are social practices warrant a need to understand this transaction as a whole (Yeoh *et al.*, 2013; Carling, 2014; Erdal, 2022). That is, according to Carling (2014) remittance transfers need to be seen as 'compound transactions' infused with material, emotional and relational elements (p. 219). Therefore, in his conceptual framework, Carling (2014, p. 220) considers remittances as 'scripts' or structures of expectations for specific types of situations that facilitate social interaction. He argues that the dynamics of remitting, for instance, who receives, what determines remittance amounts, why remittance-sending may stop and so on, inform and shape global flows of remittances (ibid, 2014). This framework is invaluable as it demonstrates a structured way for conceptualising remittance transactions as relational exchanges among individuals that often entail emotional dimensions. Furthermore, it is also variable in that these are governed by different motivations that depend on different circumstances.

2.3.4.2 Sociocultural transnational practices

Aside from sending financial remittances, scholarship on transnational families has also highlighted other ways that geographically distant families live their lives across nations. Scholars have coined the term 'transnational care' which encompasses different ways of caring for one's family across distance (Baldassar, Baldock and Wilding, 2007). One example is through practical care, which takes the form of exchanging advice and information, running and assisting with errands or tasks that may be provided (Baldassar and Merla, 2014, p. 49). Another way is through transnational families' engagement in personal or 'hands-on' care involving activities associated with childcare but also nursing the sick or vulnerable and the elderly (Baldassar, 2007b; Baldassar, Wilding and Baldock, 2007; Baldassar and Merla, 2014). The two examples can apply to internal or international migration situations, but they have additional

dimensions in the context of transnational families, especially when geographical distances are significant. However, the latter example can only be exchanged face-to-face and normally exchanged by migrants during their own or proxy visits to the 'home' country. Other empirical studies have shown that this can occur the other way around too. For instance, personal care can also be provided through visits by older members of the family, usually the parents of adult migrants with young children in destination countries (Baldassar, 2007b; Vullnetari and King, 2008; Vullnetari, 2023). However, the ability to engage in these depend on having the time, physical ability, financial means, travel documents and legal status. Furthermore, the intensity of these personal and practical care practices, including visits, may vary over time depending on the life course and migration process. For instance, transnational migrants' visits to the home country may follow as a result of crises where 'being there' proximately may be valued over other forms of staying in touch. On the other hand, visits from stay-behind family members to migrant family members' country of settlement may also be needed in some circumstances such as support with caring for children, as some studies mentioned earlier have shown. Although these visits are still strongly influenced by home and host countries' immigration policies, they are also shaped by gender, age, generation and class (Baldassar, 2014, p. 49).

Moreover, transnational practices are impacted by access to technologies that include communication, travel and international banking and their reliability and affordability, as well as knowledge in using them. Recent research on transnational families have shown that family networks of care become more expanded as the use of older and newer technologies (such as SMS text messaging, email and the internet through video conferencing platforms) has given rise to frequent, intense and multidirectional communications between transnational family members across generations (Madianou and Miller, 2011; Cabalquinto, 2020a; Chen, 2022). Scholars have argued that this allows for shared co-presences to be created among transnational families which has enabled their social and emotional ties to be strengthened (Madianou, 2016; Alinejad, 2019, 2020). It has been plenty argued that migration has social costs to family relationships and so access to, and the use of, communication technologies have attributed to their reliance on it. In other words, communication technologies have allowed for care or affective ties to be exchanged as they serve as conduits for sending remittances, but also as a way for family members to reaffirm and negotiate social ties as found in some empirical studies (Madianou, 2016; Cabalquinto, 2020a, 2020b). For instance, these platforms can also be a way for transnational families to express their frustration and ambivalence towards other family members (ibid, 2020a, 2020b). Nevertheless, it is evident that social uses of technology have become a key feature in the scholarship of migration and transnational families.

2.3.4.3 Gendering of transnational practices in the family

Building on the above examples, it is evident that families engage with transnational practices and the ability and intensity in which they do so depend on a range of factors. Migration and transnational families literature have shown that engagement with transnational practices may vary and are shaped by social factors and familial roles. The capability and intensity of these engagements may also wax and wane throughout time, highlighting that life course factors affect this too. The gender aspect is at the heart of these discussions. For instance, gender determines migrants' labour market opportunities, where women are usually disadvantaged as they are hired in less than prestigious positions and paid less, compared to their male counterparts. Similarly, this is also true on a micro-level where roles in the family are shaped by gendered norms.

Consequently, this can influence transnational families' engagement with transnational practices. More strides have been made in exploring remittance behaviours of migrants. According to Erdal (2022) transnational migration scholarship have shown that remittances are sent by both migrant men and women where both share similar remittance-obligations but may differ in context. This has been the focus of empirical studies that have explored the remittance-sending behaviours of transnational families. For instance, Abrego and Larossa (2009) found that in the context of Latin America, women significantly remitted higher, and more consistently than men, even though they earned significantly less. They argue that this is influenced by gendered expectations of being self-sacrificing and self-depriving associated with motherhood, while men are less restricted by these expectations. However, in other contexts such as Albania, scholars have found that men were primary remitters than women which also depended on their age and generation (Vullnetari and King, 2010; King, Castaldo and Vullnetari, 2011). Again, this is owed to traditional gender norms where women's remittances in this context were given less precedence as it was considered 'out of the ordinary' or families may feel 'ashamed' that their migrant daughters have to do so. Nevertheless, in looking at how remittances are gendered, also places significance to the fact that these are social practices that go beyond simply as just economic exchanges (Kofman, 2006; Carling, 2008; Vullnetari and King, 2011; Erdal, 2022).

Similarly, other types of transnational practices such as maintaining long-distance communication has also been argued to be gendered. As mentioned earlier, transnational families literature have highlighted that the migrations of mothers have led to their taking on both roles of breadwinner and nurturing mother. In the context of Filipina mothers in the UK, studies have shown that they use communication technologies to ease the emotional ambivalence that their stay-behind children harbour (Madianou and Miller, 2011; Madianou,

2012). In these studies, the scholars show that these technologies can present opportunities to 'feel like mothers' again, suggesting that transnational mothers are able to negotiate their maternal roles and identities across borders. Furthermore, scholars argued that although these transnational practices may exacerbate these gendered roles, it may also present changes to it. For instance, some have found that it gives women more authority and bargaining power within the family but also participate in economic and community life (Kunz and Maisenbacher, 2021). Nevertheless, across this scholarship, researchers highlight the importance of looking at how these processes are gendered. They argue that examining transnational practices with a gendered lens sheds light on aspects of the power asymmetries that are prevalent within and beyond the family (Carling, 2008; Marchetti, 2018; Kunz and Maisenbacher, 2021; Christou and Kofman, 2022a; Erdal, 2022).

2.4 Migration-Care Nexus

Taking everything that has been mentioned above, this thesis is interested in the relationship between migration and care otherwise known in the academic literature as the 'migration-care' nexus (Williams, 2010, 2017). The term emerged to describe the mutual relationship between migration and care work, particularly how migration patterns are influenced by the demand for care work both within and across national borders. In this nexus, there are two directions in which migration and care are interrelated. The first is how migration is shaped by care needs. In this direction, factors such as an ageing society, declining fertility rates and cuts in health and social care expenditure have increased the need for care in these sectors countries of the Global North. Many of these Global North countries rely on migrant workers – usually from the Global South – to fill shortages in these sectors, whether domestic or institutional care. This in turn shapes the types of cross-border migration that takes place, which is generally of a gendered nature given these are sectors with a majority of women in the labour force. Meanwhile, and the second direction in the nexus, migration goes on to shape care provision in both origin and destination countries (and transnationally), influencing both the supply and demand for care services. Here, migrants make up the bulk of healthcare workers in health and social care sectors of the Global North, thereby shaping its provision of care. In origin countries these impacts are related to the availability of working-age people, or more precisely women, taking on (paid or unpaid) care roles for those who stay behind such as older people, children and others. In this section, I explore the organisation of care work across borders, highlighting the significance of transnational approaches in this literature.

2.4.1 What does it mean and whose responsibility is it to care?

Care is fundamental in our daily existence, as each one of us inevitably relies on, and seeks care, at various stages of our lives, from infancy to old age, and simultaneously provides different forms of care during our lifetime. Care ethics scholars have argued that care is best understood as a relational process that is co-produced by recipients and providers embedded in networks of relationships (Tronto, 1987). This thesis will adopt Chopra and Sweetman's (2014) definition of care as the "wide range of activities that take place within the home or local community, and contribute to meeting the material and developmental, emotional and spiritual needs of one or more people with whom the carer is in a direct personal relationship, often within the family" (p. 409). These authors conceptualise care to include the direct care provided and received on an individual level, but also the indirect, often unpaid forms of care (informal) as well as paid care provided by professionals such as carers, health and education workers and cleaners. This recognition of care is invaluable as it should not just be limited to meeting the

needs of immediate family members but should encompass the activities that reproduce the broader wellbeing of local communities and the natural, social and cultural environments that link them together (Withers and Hill, 2023).

Thus, care sustains and reproduces societies, but we live in a society where divisions of labour still persists, often resulting in gendered disparities with the recognition and distribution attributed to caregiving. Care remains a largely gendered activity embedded within gendered norms and traditions and is located within histories of relationships between care providers and receivers that are also located in unequal capacities and obligations to care (Baldassar and Wilding, 2022, p. 394). Conceptualising care, how it is performed and by whom becomes even more complicated when migration is factored in, given the disparate regulatory contexts of nation-states where providers and receivers of care are situated. The majority of care work is undertaken for free with it remaining to be under women's responsibilities. As a result, this adds to the devaluation of care work precisely because it is perceived as a responsibility and activity that women do innately (Dumitru, 2014).

Moral responsibilities, which refer to the norms that reaffirm social expectations relating to gendered divisions of labour in organising care needs, make it difficult for women to escape from this obligation (Withers and Hill, 2023, p. 3). It is even more difficult as the ways in which societies recognise care remains an issue dealt with privately within the home and for individuals and families to negotiate, instead of a social good that wider communities and the state should support. Consequently, care ethic scholars and others have argued that care is a moral responsibility that should not only involve the individuals – those that provide or receive care – but should also include wider institutions like communities and by governing states (Chopra and Sweetman, 2014; Nguyen, Zavoretti and Tronto, 2017). For instance, Nguyen, Zavoretti and Tronto (2017, p. 207) argued that "care also involves practices and processes of institutions, bureaucracies and corporations, cutting across [the] public and private, formal and informal". In other words, care should be a collective responsibility shared by those who have the capacity and resources, ensuring that caregiving as an activity is equitably shared across societies. However, care responsibilities are currently not seen as such, especially by those with the power to enact these changes. For instance, states and policymakers across the world continue to deflect and divert this responsibility as a 'social problem' that individuals and families need to settle privately within the home. They do so by taking advantage of prevailing social and cultural ideologies which continue to uphold care within this private sphere.

Another issue is that care is not considered as 'real work' because much of it is unpaid and a natural quality associated with women generally, which adds to its devaluation (Williams, 2018). In this regard, care and how it is recognised, reproduced and redistributed, is shaped by

power asymmetries. The significant work that scholars who have contributed to this body of work demonstrates that we need to challenge the current way in which we recognise care in order to transform how it can be redistributed fairly which should also involve providers and receivers of care, as well as wider communities, markets and states (Williams, 2010). Indeed, some have argued that care also affects economic development (Datta, 2014; Withers and Hill, 2023). For instance, the unpaid care work that women migrants do enables the productive economy to function as it frees up time for individuals, for instance other women to participate in the workforce (see also Vullnetari 2023). Despite this, care work is rarely included within economic analysis and states do not always recognise the costs this has to employment and education, both of which are crucial to country's economic and social development.

Consequently, it is imperative that we challenge our current way of thinking of how care work is distributed and whose responsibility it is where some scholars have been advocating for an interjection of the concept of global social justice. That is, the moral and political claims that our duties and obligations to other people should extend beyond state borders – and understand care as a practice, a responsibility and an ethic embedded in people's everyday lives (Williams, 2014, 2018; Papaioannou, 2022). This justifies the need for understanding the various forms of care, the multiple sites in which this takes place and how these are connected since it is built on complex, yet interrelated social relations, where it combines the often-asymmetric relations crossed by gender, age, race, and class (Todaro and Arriagada, 2020). Therefore, this thesis intends to explore the care that healthcare workers provide within a migratory context as well as, how this links with their care responsibilities in the home for their families across national borders.

2.4.2 The missing link? Connecting different types of care work within migration

We now move on to the 'missing link' that continues to be absent from the literature on migration and care. This missing link refers to making visible the global (care) interdependencies which challenges the devaluation and invisibility of care and recognises its value as equally skilled work in all the forms it may take, both within and across national borders (Williams, 2014). It highlights how care is shaped by global processes including migration, economic systems and social policies (Williams, 2018). Here, 'global care interdependencies' refers to the complex yet interconnected ways through which care work is organised and valued across borders. According to Williams (2014) there are two ways in which care work is devalued. First, care work including childcare, elderly care or care tasks in the household in general are often seen as less important than other paid jobs in the public sphere due to social and cultural factors including gender constructions. Second, the inequalities that exist in personal

relationships (i.e. women as traditional caregivers at home) are mirrored in a global scale, where some countries consequently depend on the labour of others to take up these caring roles.

For some time now, society has been described as experiencing a 'crisis' or a 'deficit' of care, which refers to the shortage of care provision in the context of increasing demands of care, in particular within the Global North (Raghuram, 2012). In the 1990s to early 2000s, researchers have documented a trend whereby migrants, predominantly women from countries from the Global South were meeting the demands for various types of care work in wealthier countries in the Global North. Notable analytical concepts that arose from this scholarship were the 'international division of reproductive labour' by Parreñas' (2000, 2001b), and 'global care chains' by Hochschild (2000) which she drew from Parreñas' doctoral work (more on this in the following section). In Parreñas' (2000) concept, she examines how globalisation has led to women from the Global South migrating to wealthier countries where they take on roles as domestic care workers, where she has examined this from the context of Filipina migrants to the USA and Italy. She highlights how these migrant women, in turn, leave their own families behind, in particular their children to be cared for by other family members, usually other women or paid domestic workers from rural areas in the home country. Parreñas' work emphasises the emotional toll of this on migrant women who experience guilt and sorrow over their inability to provide hands-on, practical care for their children as they care for others' children. This concept not only highlights the global inequalities in care work but also perpetuates traditional gender roles where women are tasked with caregiving responsibilities even when they migrate.

The care for elderly people in domestic settings presents another dimension of migrant domestic work. Countries in southern Europe such as Italy, Spain and Greece have increasingly relied on migrant domestic workers from countries in Asia, Latin America, Africa and Eastern Europe to care for their ageing populations as shown in empirical studies (Shutes and Chiatti, 2012; Boccagni, 2014; Marchetti, 2017). In these contexts, the demand for elderly care has been due to demographic changes, including rapidly ageing populations and declining birth rates. Furthermore, as native women in these countries enter the workforce, the traditionally family-based care models have been supplemented or replaced by migrant workers (Bettio, Simonazzi and Villa, 2006). The restructuring of welfare states in the Global North, where states have withdrawn from providing institutional care in favour of privatising care through 'cash for care' policies (e.g. cash provisions or tax credits) for private households in Europe are also factors that have driven this demand for care (Lutz, 2017, 2018).

Consequently, while the migrant women provide care for various sectors of care in the Global North, their own children and other dependents remain in the home countries where they are deprived of hands-on and personal care. Often, these children are cared for by other family

members, usually also women such as grandmothers or aunts where it has been noted to have emotional impacts due to the absence of mothers (Parreñas, 2005b). This absence disrupts traditional parent-child relationships, leading to what has been called a 'care drain' (Hochschild, 2002) in sending countries though this has received it share of criticisms as I discussed much earlier. The consequences of this separation have also been documented including the wellbeing of those who have remained behind such as the children, but also the caregivers (Parreñas, 2005a; Mazzucato and Schans, 2011; Mazzucato, 2015; Chen, 2022).

Another component that has been developed in the 'migration-care' nexus is the migration of healthcare workers. Yeates (2009) built upon the global care chains concept by extending the analysis to migrant workers in formal care work including, healthcare and social care. Similar to migrant domestic workers, many healthcare professionals, particularly doctors and nurses have increasingly been viewed as important reserves of workers for countries with ageing societies and a scarcity of care workers which have been unsuccessful in meeting local healthcare demands (Bradby, 2014). Likewise, the issue of healthcare worker shortages and the use of migration as a solution to meet this demand has long been an area of study discussed along the lines of brain drain as earlier sections of this chapter have shown. Numerous empirical studies have examined these healthcare migrations and its processes, ranging from receiving countries' lenient immigration policies for skilled healthcare workers and also from the perspectives of sending countries' export-oriented policies (Buchan, 2002, 2008; Walton-Roberts, Bhutani and Kaur, 2017; Ortiga, 2018). Meanwhile, other studies have shown the role of intermediaries such as private employment agencies operating in sending countries in facilitating migrants' international mobility and labour market integration (Guevarra, 2010; Ortiga, 2021; Walton-Roberts, 2021). However, some have argued that studies of the migration of healthcare professionals have tended to focus on macro issues of supply and demand with much less attention paid to the family and social dynamics of their lives, including how care obligations change once migration takes place (Christou and Kofman, 2022a). Therefore, it is this gap that this thesis will address.

Across the literature that has connected migration and care, scholars such as Anderson and Shutes (2014) have suggested that central to this analysis is understanding the interconnected relationships between productive and reproductive labour, waged and unwaged care work, as well as the public and private responsibilities of care. Thus, they argued that research must make connections between the multiple sites in which care takes place, the different types of care work involved, but also between different academic disciplines, theory and politics (ibid, 2014). Some scholars have suggested that care work within a migratory context is a continuum that connects the private and intimate reproductive care with formal and institutional care provision of states within health and social care sectors, also termed as the 'productive' type of

care (Williams, 2014). Both types of care need to be explored in tandem with one another in order to have a holistic understanding of migrant care work (that includes domestic, healthcare and social care work) and its implications for global labour markets, social inequalities and the wellbeing of providers and receivers of care across various contexts (Williams, 2014). Despite this, there is still a disjuncture in the way that 'migration' and the productive (formal and paid) and social reproductive (informal and can be paid or unpaid) forms of 'care' have been theorised in academic scholarship and public policy according to Withers and Hill (2023). Overall, the analytical connections to be made with both types of care work is significant as it challenges the traditional economic ways, often with profits and markets in mind, in which care work has been framed. It also urges researchers to re-evaluate how care is valued and supported locally and globally. Thus, transnational approaches have been crucial for understanding the interrelationships between migration and care, with many scholars contributing to various analytical frameworks which the following section will now explore.

2.4.3 Transnational approaches to analysing care and migration

The notion of care has been discussed with relation to the (transnational) migration literature with specific reference to transnational families. Over the years, care has been considered as a fundamental part of transnational ties by scholars in various ways. Some academics have formulated it as a 'care chain' (which was later built upon to include other professions such as nursing) 'care circulation', 'care diamond' and so on. This section will now discuss each framework, as they continue to shape our theoretical understandings of care organisation across borders. It will highlight the merits and limitations of each beginning with the 'international division of reproductive labour' which later became known as the 'global care chains'.

The most enduring contribution to this analytical framework encompassing migration and care is from Parreñas' (2000, 2001b) concept of 'international division of reproductive labour' or 'international transfer of caretaking'. As part of her doctoral thesis, Parreñas (2000) studied the movement of Filipina migrant women who left their families 'behind' and went to work as domestic workers in Rome and Los Angeles. While they provided childcare and covered other domestic household duties in the homes of wealthy Italian and American couples, they were physically separated from their own children in the Philippines. Some of these children were very young, often similar ages as the children these migrant women were looking after. Parreñas' account of the experiences of these women and their families is heart-wrenching in showing the ways in which migrant families are emotionally impacted by such migrations.

Conceptually, Parreñas showed how reproductive labour was globally distributed, and how caretaking was transferred from the Global North to the South (Parreñas, 2001b). Her concept of the 'international division of reproductive labour' built on Glenn's (1992) *racial division of reproductive labour* and Sassen's (1984) *gendered analysis of the international division of labour* by connecting the countries of origin and destination of migrant women from the Global South and their entry to the care markets of the Global North. Parreñas argued that a three-tiered process resulted from this transfer of caretaking in the Global South-North direction: migrant mothers leave their dependents in the care of another, so they can migrate and care for the dependents of a two-income household in a richer country. Usually, this other person providing the childcare for the migrant mother is another woman, often a member of the family, who provides this care informally. However, it can also be a migrant woman who has migrated internally within the origin country such as the Philippines, and who is paid for this care work from the remittances that the international migrant woman sends back to the Philippines. This analysis demonstrated the ways in which countries have addressed their care needs which have allowed employers (usually middle-class women) to 'balance' family and work by transferring the childcare 'burden' onto other – migrant – women.

Hochschild (2000) who was Parreñas' doctoral supervisor at the time, built on this concept and her empirical material to coin the 'global care chains' defined as a "series of personal links between people across the globe based on the paid or unpaid work of caring". According to Baldassar and Wilding (2022), this notion of care chains is rooted in a labour market perspective, whereby it defines care as embodied in migrant domestic workers, while emphasising the physical aspects of care work and care provision. It is arguably one of the most studied concepts on transnational migration and care, bringing as it does together the care work performed by, and most associated with, women and migration (Todaro and Arriagada, 2020). Furthermore, it has shed light on the importance of social reproductive work in reproducing societies and sustaining individuals.

While Parreñas' concept allowed for a more dynamic analysis of care relations, the 'care chains concept' has been criticised for its tendency to view care relationships as dyadic – only between providers and receivers of care – and as too linear and unidirectional in its framing of how care is transferred. A second set of criticism has been around the charge that 'care chains' essentialises the idea that caregiving is performed solely by individual women, and does not consider other 'actors' such as states and community that also determines the organisation of care which Parreñas has addressed in a 2012 special issue (Yeates, 2004, 2012; Parreñas, 2012; Raghuram, 2012; Amrith, 2016). A third criticism has related to the focus on poorer women (or often perceived as such from the Global South) providing this care, which overlooks the fact that many migrant women who work as care workers may come from middle-class backgrounds, or

indeed have attained higher levels of formal education (Yeates, 2012). A final criticism is the focus of much of the early literature on 'care chains' being on domestic care workers, which Yeates (2004, 2012) sought to address by proposing the concept of 'global nursing care chains'. This was meant to not only turn attention specifically on migrant nurses, another significant group of migrants who move to provide care, but also to include in the analysis the role of the state in the development of these 'care chains', and, applying this to formal sectors of care such as nursing. While traditionally the concept was applied to care for children, some academics used it to analyse care for older people, or that in the Global South-South direction (Bastia and Piper, 2019; Coe, 2023). Others have recommended for this framework to be more locationally sensitive, and to engage with an intersectional lens that includes social divisions of race, ethnicity, religion, class, age, disability, sexuality and locality (Raghuram, 2012; Yeates, 2012, p. 146).

Follow-up work has shown how more 'actors' are involved in care provision – other family members, the 'welfare state', institutions, and so on – both in care provision, as well as regulations and organisation of this care. As a result of this, concepts such as 'care diamonds' were proposed, to allow for the inclusion of these multiple actors and does not assume the dominant caring roles of only families (Razavi, 2007). Scholars have argued that this is important as the delivery of care, whether physical, emotional and affective, should involve political and economic infrastructures (Raghuram, 2012). For instance, this concept recognises that the burden of care usually falls on women which may risk their ability to seek employment and income, and therefore, advocates for other institutions to fill gaps and become involved in the everyday provision of care. This is significant as care does not only occur in the household, rather it is a site where market relations are also played out through the employment of paid labour (Kofman and Raghuram, 2015).

Frustrated with the limitations of the 'care chains' framework, not least its unidirectionality, Baldassar and Merla (2014) proposed the idea of 'care circulations' as a vehicle that offers more flexibility. They defined this framework as "the reciprocal, multidimensional and asymmetrical exchange of care that changes over the life course that is subjected to the political, economic, cultural and social contexts of sending and receiving societies" (Baldassar and Merla, 2014, p. 22). In this framework, they show that transnational family members continue to exchange care and that this circulates and is reciprocated depending on the stage in the life course of family members in these networks. Furthermore, Baldassar and Merla (2014) identify different typologies of transnational care practices which include personal (hands-on), financial, practical, emotional and moral. In addition, they also highlight the role of communication technologies as a way to achieve various types of co-presences, bearing in mind that people's access and affordability to this may differ, but nevertheless is a significant part of transnational

caregiving (Baldassar, 2007a; Baldassar, Baldock and Wilding, 2007; Baldassar and Merla, 2014).

Similarly, the 'care circulations' framework has many merits as it acknowledges that much like geographically proximate families, transnational families also take varied forms and that exchanges of care can travel in multiple directions across different people and places. For instance, migrants may engage in transnational care practices as a way to show their love and support for families who remain behind. Additionally, it acknowledges that families who remain may also engage in these without having to be mobile at all. For instance, many studies have applied this framework to analyse intergenerational relationships in which care is exchanged showing that non-migrant elderly (who are often categorised as a vulnerable in need of care) can be a source of care provision too (Schröder-Butterfill and Schonheinz, 2019; Lamas-Abraira, 2021). This framework is a useful methodological tool in looking at the intersections of migration and care as it follows these exchanges of care and captures the actors involved, as well as the extent of the care activity, practices and social relations that define transnational family membership or support networks (Baldassar and Wilding, 2022, p. 394). Furthermore, this framework captures the asymmetries of care that are experienced by different types of transnational families which acknowledges that each family, and members within these units, engage in care according to their various socio-economic, educational, cultural positions, as well as in relation to their ethnic and religious identities (ibid, 2022, p. 395). In other words, this framework sheds light to the differences in power and resources that shape the interconnected lives of those part of these families which complements 'global care chains' as it provides nuance to these relationships beyond the dichotomies of providers and receivers of care (Kofman, 2012b).

Although it adds more nuance to the fluid mobility of care among different types of transnational families, it still presents some limitations in its framing. For instance, this framework limits its analysis towards only the family. However, Baldassar and Merla (2014) have recognised this limitation and claimed that it needs further developing which includes other actors who are part of these care exchanges such as wider communities in both sending and receiving countries. In addition, it has received criticisms that it overstates the extent that these care exchanges are able to transcend spatial and temporal boundaries (Withers and Hill, 2023). For instance, part of this framework is based on the important role of new communication technologies as a way to achieve 'co-presence', that is different ways in which presence can be constructed among transnational families. However, some have argued that although it has eased communication and opened up more ways of caring through its ability to exchange emotions beyond proximity and corporeal presence, these technologies are still not a replacement for practical or 'hands-on' care that many families may still value (Lutz, 2018). Finally, another limitation is that

although it allows to highlight the moral obligations of family members, it tends to glorify and prioritises the mutuality of these care relationships across families (ibid, 2018). This is a limitation in that not all transnational family members may want to actively sustain these relationships and so assuming this mutuality may risk oversimplifying and generalising the varied experiences of transnational families. Indeed, in this thesis, I show that participating in these care exchanges fluctuate over the life course, where some may engage more or less at specific periods of time or situations depending on changing personal circumstances, social and economic contexts or the evolving needs of families.

Nevertheless, the transnational approaches to care and migration discussed in this section each serve a different purpose that is integral to conceptualisations of how care is organised and circulated in relation to various factors such as families and households, labour markets, and role of other actors like states in producing but also controlling care flows. In this thesis however, I use the 'care circulations' concept on which to base the care exchanges prevalent in the context of Filipino transnational families because of its flexibility, which complements the other approaches mentioned above. First, this concept recognises all the people involved in sustaining these care relationships across borders that go beyond the 'nuclear' family. Second, it acknowledges the asymmetries of these care relations, viewing them as dynamic and subject to negotiations over time and the life course. Third and finally, it views migration and the separation it entails as constitutive to transnational family life, without the stigmatisation associated with the migration of certain family members, such as mothers. Instead, it emphasises the roles of not only women, traditionally seen as caregivers, but also the agency of men, children and extended family members in these care exchanges.

2.5 Conclusion

In conclusion, this chapter sought to lay the groundwork for this thesis by providing a review of the existing literature on skilled migration with specific reference to three key sets of literature: that on skilled migration, on transnational families, and the migration-care nexus. The overall gap that this thesis aims to address is that the skilled migration of healthcare workers, particularly nurses, have focused mainly on the economic aspects and macro-level issues concerned with the supply and demand addressed by these migrations. Meanwhile, less attention has been paid to the social dynamics of and everyday lives of these migrant healthcare workers, including the family's role in their migration and how care obligations shift across borders once migration takes place. In order to address this gap, I draw on the framework of 'care circulations' first coined by Baldassar and Merla (2014) situated in the transnational families literature. This framework provides a valuable lens through which to understand how care is exchanged and how it flows between migrants and their family members within transnational spaces. However, this framework has yet to be fully applied in the context of skilled migration, especially in healthcare settings. Therefore, this thesis builds upon the 'care circulations' framework, expanding it to capture the complexities of transnational caregiving in skilled migration and integrating the social dynamics that shape these experiences. By doing so, I challenge the traditional separation of productive and social reproductive work and move beyond the simplistic and often-economistic models by illustrating the complex, relational and familial dimensions of skilled migration. I argue that it is valuable to do so as skilled migration, particularly in nursing, involves both productive (through the provision of professional healthcare services) and social reproductive work (migrants caring for family members afar and vice versa). In other words, it is impossible not to consider one without the other emphasising the need to develop a framework that captures these interconnections.

Thus, I apply and further develop this framework throughout the empirical chapters of this thesis to show these interconnections. For instance, Chapter 5 reveals the decision-making processes of becoming a nurse and a migrant whereby the family clearly plays an integral role in influencing and enabling the migrants' careers and subsequent migrations overseas. Chapter 6 demonstrates that caregiving is a multidirectional process across borders that both migrants and stay-behind family members engage in that may wax and wane depending on which stage they are in the life course. It shows that P-HCWs are engaged in dual forms of caregiving. For instance, as paid healthcare workers and family members maintaining relationships across borders where they strive to balance both obligations. Meanwhile stay-behind family members also engage in sustaining care relationships from afar, though they may at times be asymmetrical. Finally, Chapter 7 demonstrates precisely how both caregiving responsibilities

converge in the lives of the P-HCWs highlighting the connections between their professional duties in the UK and their continuous familial obligations across borders. Although this is situated in the unique context of the Covid-19 pandemic, it nevertheless offers insight as to how these responsibilities shift and become reshaped in times of crisis.

Overall, the theoretical intervention this thesis makes to the literature is to illustrate the cross-border social dynamics that are apparent that inform and shape skilled migration and caregiving within transnational families. All of which are demonstrated in the empirical chapters of this thesis. Having established the theoretical foundations of the thesis, the following chapter will explore the historical, social and cultural contexts that have shaped migration between the Philippines and the UK. It will highlight the colonial legacies that both islands indirectly share and examine how these histories have influenced the contemporary migration of Filipino healthcare workers.

Chapter 3 A tale of two islands: Philippine nurse migration to the UK

3.1 Introduction

Figure 1 Map of the world situating the Philippines and the UK.

This chapter provides the geopolitical, economic, social and cultural context in which to understand the migration from the Philippines to the UK. The similarity of both being islands is perhaps all these two countries have in common (Figure 1). They are otherwise very different, although some historical connections exist. The UK is infamously renowned for its extensive history of colonising countries across the world, while the Philippines stands in contrast, in having endured the brutal legacy of colonial domination. While the Philippines was never a UK colony, it was colonised by the United States of America (USA) swiftly after the USA itself gained independence from Britain, so one could argue that there was an indirect cultural influence. Despite lacking direct colonial ties, both island nations share a common thread: the profound impact of imperialist and colonial histories on the modern migration patterns of healthcare professionals. Currently, the UK and the Philippines occupy global rankings that reflect these colonial legacies and continued uneven development: Global North vs Global South, developed vs developing, Europe vs Asia, ageing vs youthful society, individualistic vs collective societal

values, nuclear vs extended family, a country of (predominantly) immigration vs a country of emigration, respectively. The contemporary migration of healthcare workers from the Philippines to the UK, therefore, connects these two islands in complex ways, as this thesis will further show. Taking a postcolonial view is important for, as some scholars have argued, colonialism is "fundamental to [shaping] contemporary migrations, mobilities, immobilities, receptions and social dynamics" (Mayblin and Turner, 2020, p. 2).

3.2 From being a colony to becoming the Republic of the Philippines

3.2.1 The Philippines during Spanish colonialism (1566-1898)

Located in Southeast Asia, the Republic of the Philippines is an archipelago made up of more than 7,000 islands. The country is divided into three island groups, namely, Luzon, Visayas and Mindanao. It is an archipelago filled with people whose social and cultural values, religion, economic structures, and politics bear the marks of over three centuries of colonial domination by Spain, the USA and Japan. In pre-colonial times, the Philippines did not have a unified cultural group and instead were made up of multiple indigenous groups who inhabited the islands, engaging in trade with other cultures and economies regionally, but also with some neighbouring countries (Boquet, 2017). That is until the Spanish conquest in the 16th century, where multiple expeditions from Spain had reached the Philippines. What is today the archipelago was eventually occupied in the mid-1500s. Spanish colonisation of the Philippines had three major purposes: first, to establish itself as a crucial actor in the global 'spice trade'; second, to convert Filipinos to Christianity; and third, to use the Philippines as a springboard for developing contacts with countries such as China and Japan, in order to further the spread of Christianity there (Boquet, 2017). Spanish colonial rule in the Philippines lasted for more than 330 years formally ending in 1898. This long-spanning history of colonialism inevitably changed the social, cultural and economic landscape of the Philippines which I discuss next.

As part of establishing Spain as an integral actor in the spice trade, the colonisation changed agricultural practices in the Philippines transforming the archipelago into a hub of crop production and trade in the 19th century. Spain brought a range of crops where indigenous Filipinos were tasked with this production for the growing urban population (Boquet, 2017). However, the colony's main source of income came from the Manila-Acapulco galleon trade connecting the Philippines with other colonies such as Guam and the Marianas and Mexico (Fajardo, 2011). This trade lasted for 250 years, where many Filipinos became seafarers aiding in the exchange of goods, commodities, people, wealth and culture and forever changing the economic landscape of the country (ibid, 2011). Seafaring continues to be one of the key

occupations amongst Filipino migrant men to this day. But it was not only this that changed, but also Filipinos' everyday social life.

Philippine society transformed following the introduction of a Western social class system, stratified by class and colour, by the Spanish.[1] Spanish colonisers used both brute force and religious conversion to pacify the indigenous Filipino population, practices quite similar to their ventures as colonisers and missionaries in other parts of the world such as in the Americas (Rodriguez, 2006). Spain introduced Catholicism after the Spanish clergy, made up of Franciscan friars and other monks, settled in various parts of the Philippines. Thus, the Catholic Church wielded primary influence over Philippine society and culture. Both Church and state were linked in carrying out Spanish policy over the Philippines.

The Church transformed Philippine society establishing new social and cultural values, traditions and rituals. Cultural transfers included introduction of Spanish architecture, agricultural tools, crops and language. The Church founded several educational institutions and adopted a formal Western education, teaching indigenous Filipinos their ways of learning which was effective in converting the masses to Catholicism.[2] However, this also meant the erasure of the rich and diverse cultural practices of the indigenous Filipinos which included *Baybayin*, the local writing system of pre-colonial Philippines. It was also during this time that some Filipinos, known as *Ilustrados* ('Enlightened') became frequent travellers to Europe for education or influence political reform (Teodoro, 1999; Aguilar, 2005). This group comprised of young intellectuals, often male, from a privileged social class that afforded them to travel and receive international education. This marked the first wave of migration to Europe, mainly Spain, from the Philippines.

The Church also imparted social values. For instance, gendered norms in the Philippines originated from the Spanish influence of *machismo culture* or the belief of male superiority over females, which in turn, has contributed to Filipino culture considered as a conservative and patriarchal society (David, Sharma and Petalio, 2017, p. 46). Its introduction influenced parenting practices according to specific gendered roles, as well as marriage and childbearing. This conversion not only marked submission to Spanish authority but also involved the

[1] According to Rodriguez (2006, p. 8), at the top were white European or Philippine-born white Spaniards who occupied the highest administrative positions. Next came the 'Filipinos'. However, this name at the time referred to those who were of Spanish-Indio descent (those with mixed Spanish and indigenous parents) also known as the *Ilustrados;* they occupied lower positions in the administration. These were followed by Chinese migrants who were merchants. Then, at the very bottom of this classed and racialised hierarchy, were placed the so-called *Indios* or the indigenous Filipinos, who were generally assigned menial labour. It was only in the latter half of the 19th century that the term 'Filipinos' would be referred to all inhabitants of the Philippines (Gripaldo, 2001).

[2] Friars also founded several educational institutions including a University in 1611, that is now known as the University of Santo Tomas and is one of the oldest universities in the world (Boquet, 2017).

promotion and adoption of religious ideals that govern Philippine culture and have shaped its people's outlook, gender relations and way of life to this day (Guevarra, 2010, p. 24).

3.2.2 American imperialism (1898-1946)

Towards the end of the 19th century, Spanish influence globally was waning, including in the Americas, while the USA whose existence as a country was comparably shorter, was casting its net widely for global influence. The Philippines became part of this Spanish-USA war for global dominance, which came to a head on 12 June 1898. Spain lost. The Treaty of Paris that followed marked the end of Spanish colonial rule and with it, began the start of a new colonial era for the Philippines (Asis, 2006). This also formed the context of the Philippines' second wave of migration. As part of colonialisation efforts, the then-US President William McKinley issued the 'benevolent assimilation' drive towards the Philippines, whereby American teachers and missionaries were sent to 'Americanise' Filipinos (Choy, 2003). Similar to the Spanish friars in previous centuries, these missionaries too sought to inculcate western ideals amongst the local population, once again bringing changes to the Philippines' physical infrastructure, government, and more significantly, education. By 1900, there were 1000 schools in the Philippines where most American soldiers became teachers.

The American colonial rule in the Philippines, also came at a time of great population movements globally. In the early years of the 19th century the Transatlantic trade of enslaved people from Africa was formally abolished, first in Britain, then gradually over many decades, in other Empires. Although importing of enslaved Africans was banned around the same time in the USA too, slavery remained legal in that country well into the middle of that century. To address some of the labour shortages that resulted in the many plantations set up by the European colonisers across the Caribbean and the American South, the European Empires instigated the indentured labour regimes drawing labour migrants, this time from South Asia. The colonisation of the Philippines presented an opportunity for the USA to recruit much-needed labour to pick up this work in its North American territories (Allen, 2017).

In the late 19th century, Filipinos migrated to work as fruit pickers in sugarcane and pineapple plantations in places such as Hawaii (Asis, 2006). In contrast to these labour migrants, a small elite group of Filipino scholars were encouraged to migrate to the USA in the 1920s for study.[3] The *Pensionado* programme was an education abroad programme whereby the US colonial government sponsored Filipinos to study at American universities with the expectation that they would return home and assume positions in US-established institutions, with views that were

[3] The term *pensionados* referred to a group of Filipinos who were given scholarships study overseas.

sympathetic to the USA (Choy, 2003; Asis, 2006). This was the extent of Filipinos' mobility outside of the Philippines until nursing rose into prominence in the country that paved the way for Filipinos to migrate *en masse* continuing even after independence and which remains prevalent in the country's contemporary migration.

3.2.3 Becoming a Republic (1946-1991)

In 1946, the Philippines had once again gained its independence, this time from Japan and the USA and the country became a republic in its own right. However, the Philippines continued to maintain relations with the USA in terms of economic and military affairs. Trade acts were offered in exchange for the rebuilding of the Philippines post-World War II, while US naval bases were also maintained across the country. From 1946-1972, the Philippines' political system was formally democratic, and presidencies followed each other in rapid succession. In 1965, Ferdinand Marcos Sr. came into power. He ordered immediate improvements to the country's transportation infrastructures and other public works, and the improvement of electric power capacity and water services (Boquet, 2017). Marcos Sr. mobilised the Philippine military in all his efforts with regard to infrastructure construction, regional planning and industrial developments. However, he called for martial law in 1972 where he temporarily closed down Congress, limited press freedom and imposed curfews (ibid, 2017). It was also during this time that the Marcos Sr. administration undertook a neoliberal approach to the economy which shifted the Philippines to a labour export country as will be discussed in the following section.

After years of civil unrest during martial law, Marcos Sr. stayed in power up until 1986, when a massive rally of four million Filipinos took to the streets of EDSA in Manila for a peaceful demonstration with the Church's encouragement.[4] Marcos Sr., without any support from Washington, fled in exile with his family and a snap election was called. Corazon Aquino – wife of Benigno Aquino Jr, the late political opposition to Marcos Sr. – won (Bueza, 2015). From here, succession of presidents in the government remained democratic and stable where terms were only limited to six years, though corruption still occurred. The Church also remained an influential force in politics aligning itself with the plight of poor farmers regarding land conflicts but stayed conservative in some other aspects (Boquet, 2017, p. 110). In 1991, the Philippines gained full independence from the USA when its lease on military bases ended.

[4] EDSA is an acronym for Epifanio de los Santos Avenue and is a highway that connects most of Manila in the Philippines.

3.3 Migrations from the Philippines: A focus on the nursing profession and its changes to social life

3.3.1 Contemporary migration from the Philippines

The colonial and imperialist legacies of the USA shaped the labour market in the Philippines that we see today, especially that of healthcare workers. Yet, as a result of attitude shifts in the Philippines towards the migration of its citizens, the democratic state itself played an active role and became the primary force in facilitating out-migration. Given the history of migration to the USA, mass migrations of Filipino nurses in this direction continued. However, international migration from the Philippines to other parts of the world became more prevalent in 1974 when the Labour Code was signed under the Marcos Sr.'s administration and has continued to today celebrating its 50th year in 2024. In the last five decades, the economy of the Philippines has followed a boom-and-bust cycle against a series of political changes – from martial law, protest and civil unrest following the assassination of Benigno Aquino Jr., and the political crises that followed in the 2000s (OECD/Scalabrini Migration Centre, 2017, p. 43). These events also reflect global changes, such as the oil crises in 1970s, IMF-ordered structural adjustment programmes in the 1980s, and a global recession in 2008, amongst others (ibid, 2017).

The 1970s and onwards was an important period that shaped contemporary international migration from the Philippines. See Figure 2 below for a timeline of events that occurred shaping the systematic labour migration from the Philippines. The early 1970s came at the height of the OPEC oil crisis where many countries', including the Philippines' economy, were left worsened and experienced rising unemployment (Ball, 1997; Asis, 2006). As a result, the Philippine government sought to encourage temporary labour migration of its citizens to address these issues and increase state revenue. The country's legislation was adjusted to achieve this aim, through the Labour Code in 1974 and the creation of the Overseas Employment Development Board (OEDB) which was a government agency tasked with the promotion and systematic deployment of Filipino workers overseas.[5] This was also a period associated with immigration reforms globally whereby traditional destination countries such as the USA allowed for permanent settlement. Meanwhile, demand for overseas labour from oil-rich countries in the Gulf states, predominantly Saudi Arabia and the United Arab Emirates (UAE), made these new

[5] On a practical level, the OEDB was set up in 1974 with the dual aim of publicising the availability of Filipino workers to overseas labour markets, while also evaluating overseas employment contracts and recruiting Filipino workers for work abroad. This agency' responsibilities to migrants, therefore, include sharing information about employment overseas, providing loans and organising the migration trip which entails helping the migrant apply for suitable work visas and give advice on the necessary knowledge examinations (Chan, 2022, p. 1994).

destinations for Filipinos, who went to work there in construction, engineering and as mechanics (OECD/Scalabrini Migration Centre, 2017). New openings emerged in sectors such as domestic care which channelled the entry of Filipina migrants to the region and other Asian countries that experienced a labour shortage in domestic care in the 1980s (CMR, 2015). Thus, the Philippines responded yet again in meeting this labour with Filipinas migrating to Hong Kong, Singapore and Japan. The 1990s saw an increase in the migration of skilled workers from the Philippines, with nurses and other healthcare workers being in demand not only in the Middle East and Asia, but also in Europe (Ball, 2004; Brush and Sochalski, 2007; Lorenzo *et al.*, 2007; CMR, 2015).

Data published by the recently formed Department of Migrant Workers (DMW) shows that in 2023, there were a total of 2.3 million deployed Filipinos with 1.7 million land-based, while 578,000 being sea-based.[6] Among the 1.7 million land-based migrants, 55% were based in the Middle East, in particular Saudi Arabia and the UAE, followed by various countries in Asia that accounted for 34%, and then Europe which had 4.7% of the share. A major country of destination for Filipinos in Europe was the UK according to the DMW report on overseas deployment statistics (DMW, 2023).[7] In terms of remittances sent by Filipino migrants, the latest statistical information available from the Philippine Statistics Authority showed that the total amount of remittances sent was $153 billion with $127 billion sent in cash or in-kind in 2021(PSA, 2022).

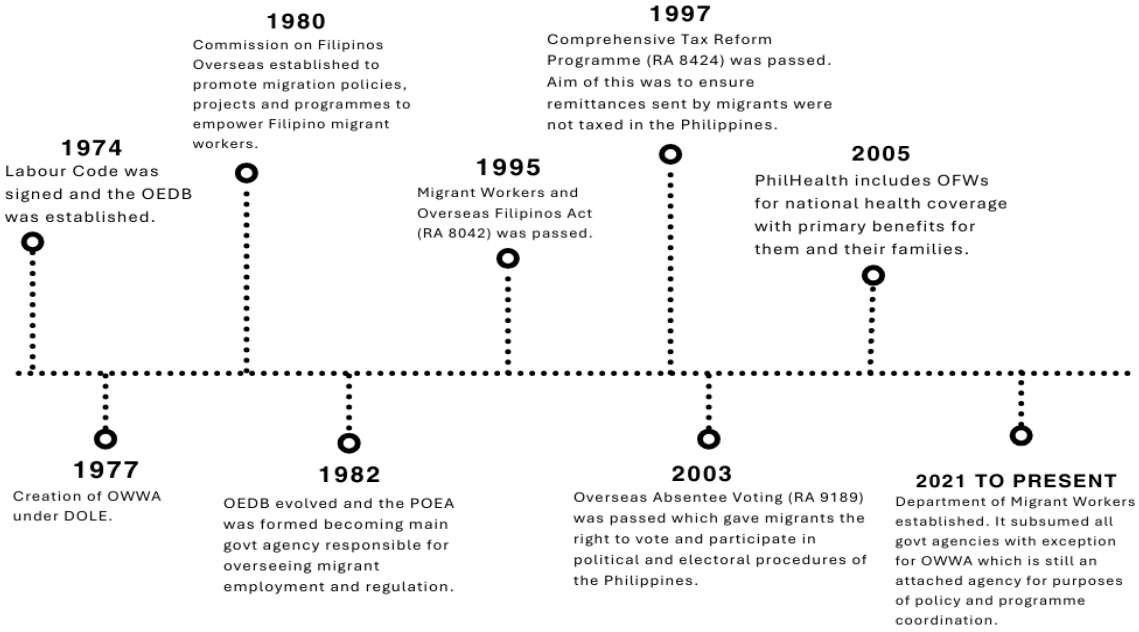

Figure 2 Selective timeline of events that shaped labour migration from the Philippines.

[6] Statistical information on Filipino migrants undertaken by the Philippine government are usually disaggregated between land-based and sea-based employment, top destination countries, type of contract, occupation and gender.

[7] The deployment of Filipino migrants by gender were nearly an equal split, with 50.22% men and 49.78% women migrants dominating land-based jobs, accounting for 1.1 million out of the 2.3 million total.

3.3.2 Migration intermediaries: The state, recruitment agencies, labour brokers and bilateral agreements

As part of the shift to the Philippines becoming a labour export-economy, the OEDB outsourced the marketing of Filipinos to private labour brokers and Philippine-based recruitment agencies, to secure work for potential migrants abroad. As the Philippine government sought to open official access to foreign labour markets, it had a dual purpose of ensuring that Filipinos do not resort to unregulated immigration channels. Thus, Filipinos are recruited by licensed recruiters, government agencies or must have their employment contracts approved by the Philippine Overseas Employment Administration (POEA). In 1977, it enrolled its first official benefits programme known as the Overseas Workers Welfare Administration (OWWA) under the Philippines' Department of Labour and Employment (DOLE). OWWA is another government agency aimed at developing and implementing welfare programmes to support the needs of Filipino migrant workers and their families.[8] Some services they provide include social benefits (e.g. disability, bereavement, medical assistance), education and training, reintegration for migrant returnees, pre-departure orientation seminars and repatriation.

In 1982, the OEDB was transformed into the POEA that managed and oversaw the country's overseas employment programme.[9] Its functions ranged from workforce training, processing of visas, finding overseas labour markets and providing pre-departure orientation seminars (O'Neil, 2004; Encinas-Franco, 2010). It helped returning Filipinos by providing repatriation support, facilitate re-integration programmes and cultivate re-skilling upon return (ibid, 2010). Its responsibility expanded to ensuring the protection of Filipino citizens' rights abroad after the trial and execution of Flor Contemplacion in 1995 in Singapore. The execution generated significant momentum for reform in the government, leading to the passage of the Migrant Workers and Overseas Filipinos Act (RA 8042) in 1995 (Gonzalez, 1996).[10] This turned into a burning political issue where this legislation brought the social protection and rights of migrant workers to the forefront of policymaking in the Philippines (Guevarra, 2010). It has remained a key policy priority, with continuous amendments to this Act to ensure its relevance and effectiveness in addressing the needs of Filipino migrant workers. Since the 1990s and onwards, other social protections and policies have emerged to support the ongoing social, economic

[8] It is a membership-based programme that migrants pay into which costs around 1,400 PHP (£19.00) subject to renewal every two years.

[9] More recently, in 2021, the POEA became the Department of Migrant Workers and assumed the functions of agencies that deal with migrant Filipinos' employment. Similar to the POEA, it mandates the overseas employment, reintegration and promotion of employment and protection of all Filipino workers.

[10] The Act was intended to establish a higher standards of protection and promotion of the welfare of migrant workers, their families and Filipino workers in need of support for other purposes (Department of Migrant Workers, 2023).

and political participations of Filipino migrant workers, even while based overseas, as seen in the timeline provided in Figure 2 above.

The Philippines managed the flow of migrant workers through bilateral frameworks with receiving countries, some of which have been binding agreements and others more informal 'memorandum of understanding' (MOUs) or 'memorandum of agreements' (MOAs). According to the International Labour Organization (ILO), the Philippines had the most bilateral agreements in the Asia Pacific – some 12 agreements with labour-receiving countries and one with Indonesia as a labour-sending country (ILO, 2013). However, this did not include other main destinations for Filipino migrant workers such as Saudi Arabia, Singapore and Japan. This demonstrates that while government policy is key in regulating migration to labour markets and destinations, there is still a significant amount of migration that takes place outside of this framework. The sending country may not always be in a position to request formal and binding agreements as shown by the case of Philippines' and Saudi Arabia connection. This example, which I expand on below, is illustrative of both how migration can take place outside of policy and governmental frameworks, as well as how migrants can be used by governments in difficult diplomatic and geopolitical relations.

Migration of Filipino workers to Saudi Arabia had been going on for several decades, with a concentration of women working as nurses and domestic helpers, and men in construction (OECD/Scalabrini Migration Centre, 2017). Yet, it was not until May 2013 that the Saudi government agreed to sign an agreement with the Philippines that covered this migration. The Saudi government's resistance to doing this before was attributed to it fearing it might set a precedent, whereby it would be forced to sign similar agreements with other countries that supply its labour market with workers (Blank, 2011). Meanwhile, there was no clear way to offer protection of migrant workers living there and upholding the rights. Relations between the two countries have seen highs and lows, and Filipino migrants have been caught up in the middle of tensions. For example, in 2020 the Philippine government halted processing new applications for deployment to Saudi Arabia stating unpaid wages of Filipino construction workers and the continued abuse of Filipino workers as reasons for doing so (Abad, 2022). It went on to lift this ban in November of the following year.

Overall, these intermediate processes show a transnationally coordinated phenomenon involving both sending and receiving countries which also puts workers in particular types of migration trajectory enabled by the state through these intermediaries. It demonstrates a systematic process that reflects a neoliberal mode of governing from a distance where the aim is to regulate Filipino migrants' conduct and produce a reliable and disciplined labour

commodity that benefits not just the receiving state, but also the sending nation (Guevarra, 2010, p. 5).

3.3.3 Nurse migration from the Philippines: From colonial legacies to contemporary migrations

The international labour market of the Philippines is highly gendered with many Filipinas employed in health, social and domestic care working all over the world, while their male counterparts work in construction, engineering and seafaring boarding cargo business and cruise ships. Here, I focus on nurse emigration specifically. The gendering of migrant healthcare work is one that has also been influenced by the colonial legacies left in the Philippines as detailed in Choy's (2003) pioneering work in 'Empire of Care'. Nursing schools were established in 1907 after the arrival of missionaries from the USA. They were run mostly by white American women where they taught Filipinos and nurtured ideologies that reinforced and exacerbated racialised hierarchies and beliefs of Western medicine and exacerbated racialised hierarchies. This education was built on the racialised assumptions that Filipinos were inferior (to white Americans) and that teachings from these white Americans would transform them into a healthy and strong nation with the ability to self-govern. Similarly, the gendered social construction of the 'Filipina nurse' was rooted in these same racialised tropes that considered nursing as women's work, where many nursing schools recruited young women from 'respectable' families (Choy, 2003). More nursing schools were established that continued to adopt American professional training where English fluency became a requirement (Nazareno *et al.*, 2021). Eventually, this led to the temporary emigration of Filipinos to the US to alleviate shortages in hospitals and nursing homes there during World War II.

This training continued well after the war through the Exchange Visitor Programme (EVP) established in 1948 which allowed Filipinos to receive formal educations and training in the USA for two years before eventually returning to the Philippines (Choy, 2003). However, not all decided to return with some Filipinos staying in the USA indefinitely. This migration continued and increased after the US government passed the 1965 Immigration and Nationality Act whereby many skilled Filipino scientists, engineers, but mostly nurses, took this opportunity to settle in the USA. This increased the socio-economic status of Filipinos and their families and provided liberation for Filipina nurses to live independently. This marked the long-term implications for the education and healthcare sectors of the country in which nursing became seen as a profitable sector. Thus, nursing schools became increasingly privatised and spread out across the country and beyond urban into rural areas, making them accessible to all Filipinos from any social background.

The emigration of nurses from the Philippines continued through to the Marcos Sr. administration in the 1970s and were one of the most important migrant groups under the country's shift to a labour export-economy. Filipino nurses were seen by the government and overseas employers alike as a 'product' of domestic mass production (through this rapid expansion of nursing education) but one which was of high value, given the background of nurse training as noted above. Meanwhile, this served Marcos Sr.'s agenda of accumulating foreign currency through the remittances sent back by migrants including nurses, while simultaneously alleviating unemployment. In essence, the aim of this policy was for Filipino migrants to build the Philippine national economy by depositing their hard-earned income into Philippine banks.[11] A cultural shift in the attitudes towards nurse migration then followed. The emigration of Filipino nurses was no longer a concern for, but a boon to, the economy. Recognising their key role in the Philippines, these migrants were hailed as the *bagong bayani* or the modern-day heroes of the Philippines (Guevarra, 2010).

However, this continued emigration of nurses also sparked some concerns in the country regarding its detrimental impacts to its own healthcare sector in line with migration-development debates on the notion of 'brain drain' noted in Chapter 2 of this thesis. Indeed, the Philippines has been used as an example in these debates to illustrate these detrimental impacts. However, such discussions do not fully recognise that a growing number of migrant-sending countries regard the emigration of their skilled workforce as an economic strategy, where they train workers for international labour markets to maximise future financial remittances (Rodriguez, 2010a; Ortiga, 2018). Furthermore, these discussions do not often consider how these out-migrations of healthcare workers occur and that it is perhaps a symptom of a much larger issue relating to the Philippines' structural inequalities and global economic disparities in the healthcare profession. Thus, global crises such as the financial crash in 2008 highlighted the fragility of a labour export-oriented economy where there was a concerningly high downturn of Filipino nurses deployed abroad. This resulted in an oversupply of new nurses in the Philippines, that neither the international nor domestic labour markets could accommodate (Limpin and Artiaga, 2023). This was an issue decades in the making as Ball (2004) pointed out that there was a significant lack of public investment in the Philippine healthcare sector on the one hand, which meant no new positions were being created in public and private hospitals nationwide, and the international orientation of the education system on the other.

[11] Migration continues to be significant to the economy of the Philippines as the financial remittances that Filipino migrants send back in the form of financial or in-kind contributed to two per cent of the Philippines' GDP in 2022 (World Bank, 2024). From an individual-level, remittances are important to the family's economic wellbeing, giving sustenance to their daily lives.

Consequently, this affected the labour conditions of healthcare sectors in the Philippines where many Filipino nurses experienced poor working conditions, low pay and were often left with little security regarding career progression. Some solutions were provided by the state to address the issue of underemployment and shortages of nurses in rural areas through the Nurses Assigned in Rural Service (NARS) programme in 2009 (Department of Labour and Employment (DOLE), 2009). [12] However, this was only a temporary solution that fostered an overdependence on local government units to reinforcements from the Philippine Department of Health, leaving underlying barriers and key issues relating to the supply of nurses across the country unaddressed (Robredo *et al.*, 2022). Thus, it is not that there are *not enough* nurses in the Philippines (as discourses around the 'brain drain' argue), but that there are not sufficient available positions for them in hospitals and other healthcare settings within the country itself. For nurses who are fortunate enough to find permanent positions, they are often overworked, underpaid and underappreciated, all of which disincentivise many from staying in the sector, and in the country altogether (Valmonte, 2022). More crucially, it highlights how an export-oriented approach to nursing can have detrimental impacts to the domestic labour market. It leads people into a 'migration trap' where prospective migrants obtain credentials for overseas work but cannot emigrate (Ortiga, 2018).

This situation further shows the complex impacts of migrant-recipient countries on sending nations and highlights the precarity of international recruitment as one that can easily be dismantled when labour demands and/or immigration policies change, as many of those are shaped and controlled by receivers in the Global North. The effects of this disproportionately impact senders like the Global South who bear the highest risks and social costs of migration leaving them at a severe disadvantage. The emigrations of important skilled workers, such as healthcare workers, have often been cited in 'brain drain' debates as leading causes for deteriorating conditions and poor development in sending countries. However, there has been little, if any, empirical evidence that supports this direct causality (Clemens 2009; Skeldon 2009).

[12] The programme created a pool of 10,000 newly graduated nurses who were provided training in clinical and public health competencies that were readily available for local and overseas employment (Encinas-Franco, 2010). Under the programme, an average of five nurses to each of the 1,000 municipalities in the Philippines were assigned a six-month tour of duty, while another group was also deployed in the latter half of the year (ibid, 2010). The nurses were given a monthly stipend of P8,000 pesos (£115 GBP) and an additional P2,000 pesos (£28 GBP) from local governments (ABS-CBN News, 2009; DOLE (Department of Labour and Employment, 2009). Nurses who were under 35 years and residents of the municipality were eligible for the programme.

3.3.4 Migration and changes to family life

Migration from the Philippines and its impacts to division of care within the family is arguably one of the most studied. This literature has documented the ways in which Filipino families have had to adapt to changing social and cultural norms and practices, as well as economic realities in the Philippines and abroad. The mainstream Philippine media too has been actively involved in these discourses, shaping images of migrant workers and society. Many of these writings glorify the sacrifices that family members make to provide for their families and portray the advantages and disadvantages of migration for family relations, shedding light on issues such as marriage dissolution, and the breakdown of parent-child relationships. In particular, a state visit made by Pope Francis to the Philippines in 2015 made headlines when he addressed the social costs of migration to Filipino families. In a statement, Pope Francis suggested that families' economic circumstances and poverty had rendered many Filipino families to become separated due to migration but also criticised other reasons for migrating such as those for materialistic and lifestyle purposes as 'destructive [to] family life' (Lee-Brago, 2015).

The above is particularly significant as family ideals in the Philippines are deeply intertwined with religion which shape social dynamics and cultural practices. Around 80% of Filipinos are Roman Catholics, with religion playing a central role in family life, instilling specific moral and ethical values in the family (Barry, 2018). The Catholic Church, as noted earlier, continues to have unwavering influence over Philippine society, including informing matters such as marriage, parenting and moral conduct. Thus, the family is considered as a significant cornerstone of social and emotional bonds, providing a sense of belonging and unconditional love for individuals who are part of it. Furthermore, the family can also act as a unit in which members share and pool together resources, whether material, financial or emotional, in order to achieve their common goals. Therefore, it becomes clear as to why narratives on the social costs of migration are centred around the perceived threat of separation to the family.

Consequently, migration has an array of impacts to many aspects of families' lives. For instance, some studies highlight the impacts of migration on marital relations where women's migrations may represent both a liberating experience and strain their relationships with their spouses (Parreñas, 2001b; Asis, 2002). More pertinent are the impacts of migration on the parent-child relationship, whereby concerns of children growing up without one or both parents dominate, pointing out how this can lead to poor emotional and social development, and cause ambivalence among migrant parent and stay-behind child(ren) relations (Teguihanon and Cuaton, 2020; Fu *et al.*, 2024). Another concern is how certain family members are able to fulfil caretaking roles when migration takes place. It is this that has made the Philippines an

interesting case study within academic and policy discourse as half of its migrants are women employed in gendered sectors including but not limited to health, social and domestic care.

Scholarship on transnational families have pointed out the various ways that these caretaking roles are negotiated in Filipino families, with many highlighting its asymmetries as care roles, who fulfils them, and how they do so from afar, remain strongly gendered (Parreñas, 2008, 2010; Carling, Menjívar and Schmalzbauer, 2012). These care negotiations differ even more when considering intergenerational relations which affect many Filipino families whose traditional hierarchical structures are also multi-generational. Nonetheless, what is widely understood with transnational caregiving is that it is based on a dialectic relationship between capacity and obligation to provide care (Gotehus, 2022, p. 5). The former is affected by policies, community and personal factors, while the latter is informed by culture and negotiated among family networks (Baldassar, 2007a). Thus, the above highlight the importance of considering migration as a normal and constitutive feature of family life, especially for families from collectivistic and non-Western societies like the Philippines (Baldassar and Merla, 2014).

3.4 The UK as a new destination for Filipino migrant healthcare workers

3.4.1 A brief overview of the UK's medical system

We now turn to the other island in the 'migration-remittance corridor' at the centre of this thesis, the UK. Different from the Philippines, the UK is a (preferred) destination for many migrants, especially healthcare workers and nurses, from around the world. While it has a high rate of emigration too, unlike the Philippines, it does not rely on migrant remittances for its economic development, although its reliance on a foreign labour force is equally problematic for its economy. To understand this 'migration-remittance' corridor of nurses, this section will contextualise the healthcare system of the recipient of these migrant nurses, before turning to the contributions of migrants (historically and more contemporary) to the operations of the UK's health and social care sectors over time.

Health and social care services within the four nations that together make up the UK, namely England, Scotland, Wales and Northern Ireland are generally structured differently from one another in terms of how they are delivered and where they obtain their funding. For this section, it will predominantly focus on England's health and social care structures as the example to draw from as this is the nation in which this research predominantly takes place. In addition, although not the focus of this thesis, social care is also included here as it is a crucial part of the UK's medical system as both sectors are interdependent with each other in addressing the care

needs of the population. Important to note is that despite some policy differences between each nation's medical systems, they operate similarly and face comparable challenges and pressures where NHS leaders across the country are exploring similar solutions through integrations of health and social care services or new models of care (NHS Confederation, 2024).

In terms of delivery, the healthcare sector, whether public or private, predominantly provides a range of services including primary and general practitioner care, hospital treatment and specialist services. It mostly addresses the diagnosis and treatment of patients' single conditions or physical and mental ailments. In the UK, the National Health Service (NHS) is the publicly funded healthcare system that provides healthcare to everyone residing in the country. The NHS is available across the UK's four nations, where each is overseen by their own respective government departments (NHS Confederation, 2024). Collectively, it is free at the point of use and is financed primarily through general taxation (Harker, 2019). There is also private healthcare that runs parallel to the NHS that the public can avail. However, the NHS remains the largest provider of healthcare in the country in terms of the public expenditure allocated and spent and number of staff it employs. In England for instance, the NHS employs around 1.5 million workers with an annual budget of £179 billion between 2024 to 2025 alone.

In contrast, social care covers a wide range of activities for the elderly, minors in care and those living with disability (The King's Fund, 2021). Different from healthcare, social care supports individuals in their home and day centres alongside more institutional provision through care and nursing homes (also known as residential care). Similar to the NHS, social care systems are different for each nation in terms of funding and provision and how it is integrated with healthcare. For instance, in England, healthcare is under the jurisdiction of the national government, while social care is overseen by local authorities. Local authorities are part of the government responsible for the operations of vital services locally and can spend budgets without approval of national government. On the other hand, health and social care in Scotland exists under one integrated system. Social care services such as elderly care and childcare are not always free and many fund these care needs themselves. However, some financial support for these are available through the UK government though they are reserved only for those with the highest of needs and lowest of means (The King's Fund, 2023). As such, those entitled with free or discounted social care services are arranged by local authorities.

As people live longer and develop more complex and chronic conditions, changes not least to treatment and the current structure of care services have been needed to address the population's evolving care needs. This meant that the traditional separation of health and social care needs or what has been termed 'fragmented care' was no longer practical (Williams *et al.*,

2020). In recognising the issues surrounding fragmented care, the integration of these care services has become and continues to be a key priority of the UK government and its partner institutions with aims to ensure the provision of better, more coordinated and streamlined delivery of care services to accommodate the evolving care needs of the population.

The need for joining up health and social care services have been recognised for as long as the UK has been a welfare state. However, it was not until the Labour government from 1997 until 2010 that the UK saw changes in the policy arena which addressed the issue of fragmented care. The Labour government at the time pushed for partnership working and created policy reforms which included removing the legal barriers that separate health and social care. However, the focus was on the macro-level and came to the detriment of the local level where most of these partnerships and collaboration was actually being done (Miller, Glasby and Dickinson, 2021). Nevertheless, the integration of health and social care services continued all the way through to the succeeding Conservative governments despite austerity measures. It was under the Conservative government, that the term 'integrated care' to describe these partnerships was first used that later developed into official 'integrated care systems' (ICS). Together, these ICSs promoted deeper collaboration between the NHS, social care providers, local authorities and councils to develop joined-up services and share budgets and resources. It was not until 2022 when the Health and Care Act was passed that these ICSs became formalised, though they have been around since 2016, albeit as informal partnerships. It has aimed to improve care services with a focus on prevention, better care outcomes, holistic care and reducing health inequalities across the country (Miller, Glasby and Dickinson, 2021). However, the successful operation of the UK's health and social care services heavily relies on a well-supported, skilled and motivated workforce with which migrants have traditionally and historically played a significant part in shaping what it is today.

3.4.2 Migrant workers as a key building block of the NHS

On 5 July 2023, the NHS celebrated 75 years since its establishment in 1948, shortly after the end of the second World War. The high death rate during the war meant that there was both a shortage of labour force for the post-war reconstruction effort, but also that there were not enough people to train in the British education system. As such, labour requirements in all sectors of the economy, including healthcare, following the expansion of post-war welfare provision, were significant (Raghuram and Kofman, 2002). This also extended to other types of healthcare work such as nursing.

Around the same time that the USA founded nursing schools in the Philippines, a similar phenomenon was already happening within the Indian subcontinent, whereby medical colleges

were founded in Calcutta as early as 1835 by the British (Simpson, 2018). Thus, similar to the Philippines, the healthcare system and training in India have also been fundamentally shaped by their imperial legacies. It shows that the post-war migrations of Indian doctors to the UK was not a spontaneous phenomenon and is linked to the long colonial legacies of British medicine within the Empire. The same can also be said with nursing as British nurses also visited Commonwealth countries, predominantly in the Caribbean, to recruit nurses. While these campaigns sought to attract labour from all over the world, the majority of nurses were recruited from Ireland, India and the Caribbean Islands such as Trinidad, Barbados and Jamaica (Ali, 2008; Gillin and Smith, 2020). These skilled individuals were sourced from the Commonwealth as they already had a British-influenced education and training system (Bivins, 2015, 2017). Thus, the NHS has relied heavily on both British and migrant workers to keep its operations running. We still see the influences of these imperial legacies today as the Global North, including the UK, continue to practice international recruitment from skilled workers in countries within the Global South.

3.4.3 The recruitment of migrant healthcare workers in the UK

The UK's current health and social care sectors rely extensively on the services that migrants provide, so much so they comprise a large part in addressing the labour shortages in these sectors (Turnpenny and Hussein, 2022). As mentioned earlier, the international recruitment of workers in these sectors stems from imperial legacies. However, this demand has only continued and has been exacerbated by the 'care deficit' facing many Western welfare states such as the UK which have arisen from a combination of an ageing population, women's increased participation in paid work and inadequate provision of care services in the formal sector (Yeates, 2009).

Although there was already a reliance on healthcare workers from the Commonwealth and Ireland in the UK's care sectors, the difference with developments from the 1990s onwards was the high level of resources devoted primarily to organise recruitment activities to scale up the NHS workforce and meet staffing targets (Buchan, 2008). The Labour government in the 1990s made substantial reforms to the NHS. In 2000, it introduced the NHS Plan which outlined strategies to increase investment in the healthcare sectors and improve access to healthcare through strengthening its healthcare workforce (Nuffield Trust, no date). It considered funding the training of UK citizens, however, this would take four years to complete, and demand was needed immediately. Consequently, it sought to hiring more skilled healthcare personnel internationally in order to address the immediate need for doctors and nurses.

Aside from the 'traditional' labour market of the Commonwealth, the UK also received workers from countries in the European Union (EU). The EU's freedom of movement in 1992, and convergence into a single labour market the following year with other European countries allowed for mutual recognition and accreditation of qualifications which increased the entry of migrants including those in the care sectors from the EU labour market (Raghuram and Kofman, 2002). In addition, reforms by the Labour government in the early 2000s, has also expanded this international recruitment to other nations such as the Philippines, as noted earlier. Largely, migrant care workers from that part of the world entered through the Tier 2 (General) work visas, which was later replaced by the Skilled Workers visa in 2020 that included specific streams for migrant healthcare workers.

The international recruitment of health and social care workers remained as a key strategy in addressing labour shortages including during periods of major economic and political shifts. For instance, the Conservative governments in 2010 and those that followed introduced large-scale restrictions on public spending in what has been known as a decade in austerity (Ham, 2023, p.5). The lingering effects of the global financial crisis in 2008 justified the reduction in government expenditures (Maynard, 2017). The government introduced 'efficiency savings' throughout all public spending which also included the NHS.[13] However, these 'efficiency savings' contributed to staff pay freezes, cuts to training budgets and removal of bursaries and maintenance grants for nursing students (Warren, 2022). This also had impacts on social care where it made it difficult to access publicly funded social care, which has shifted these costs to the individual and their families, thereby creating a reliance on unpaid carers as well as the rise of unregulated, precarious migrant care labour.[14] Meanwhile, political shifts such as Brexit (UK's exit from the EU in 2016 that became official in 2020) also added to this, with large numbers of EU migrants leaving the UK. All of which have contributed to the decline in the NHS and social care sectors, where it has led to poor working conditions such as longer work hours, burnout and lack of resources for existing staff which have made recruitment and retention difficult (Batnitzky and McDowell, 2011; Moyce, Lash and de Leon Siantz, 2016). Thus, a combination of the global financial crisis, Brexit and austerity have all contributed to making care sectors a less attractive workplace. It exacerbated ongoing workforce shortages that were addressed through international recruitment from countries in the Commonwealth and expanded this to other

[13] Efficiency savings refers to cost-reductions achieved by improving how resources are used without compromising the quality or quantity of services provided (National Audit Office, 2021).

[14] Access to public funded social care in England begins with the individual being assessed by the local authority to identify the care they need. Individuals with assets between £14,250 and £23,250 are able to access some funding, while those under this threshold are able to access full funding depending on their level of need (Schlepper and Dodsworth, 2023).

nations, including the Philippines, where skilled migrants stepped up to fill these significant shortages.

Consequently, current data available shows that migrant workers comprise a significant number of the health and social care workforce in the UK. For instance, out of the 1.5 million workers employed in England's NHS, 19% of this are of non-British nationality. NHS data shows that 9% of this are Asian nationals, while 5% are EU nationals with the rest made up of nationals from African nations and other (NHS Digital, 2023). In 2022, data showed that 16% of doctors were from Asia, particularly from India and Pakistan, while 8% had EU nationality and another 7% had an African nationality (NHS Digital, 2023). With regard to nurses, British nurses made up majority of this workforce, however 14% were from Asia, the majority of whom were from India and the Philippines, and only 5% from the EU. Meanwhile, there was a decrease of nurses from the European Union since March 2020, the fall clearly a result of Brexit (NHS Digital, 2023). The following now turns to the recruitment of Filipino migrants who have also played a vital role in delivering essential services within the UK's health and social care sectors.

3.4.4 Filipino healthcare workers in the UK

Before turning to Filipino healthcare professionals in the UK, the first part of section will provide a brief and general overview of the Filipino population in the country. Most recent available data shows that there were 158,000 migrants born in the Philippines and residing in the UK by 2021 (Office for National Statistics, 2021). However, this is likely to be an underestimation as unofficial estimates put the Filipino population in the UK at around 200,000 (Galam, 2020). It is also estimated that there are around 10,000 undocumented Filipino migrant workers in the UK, with the vast majority working as domestic workers and social carers (ibid, 2020). However, these numbers do not include those born in the UK with Filipino heritage who are still part of the diaspora. Many Filipino migrants in the UK have come to work in various sectors of its care provision economy. In adult social care, data shows that out of the 143,000 posts filled by non-EU workers in 2022, some 6% were Filipinos (Skills for Care, 2022). A similar picture can also be observed in the domestic care sector, whereby it is estimated that the UK issued around 23,000 visas to foreign domestic workers in 2020, half of whom originated from the Philippines (Gostoli, 2020). However, a substantial amount of Filipinos residing in the UK are those that have come to work in the healthcare sector.

The international orientation of nursing education in the Philippines has played a crucial role in shaping the global mobility of Filipino nurses. The Philippines' nursing curriculum often mirrors that of the United States, particularly due to the colonial legacies they left that has made a lasting impression on its nursing education, as noted in earlier sections of this chapter. Part of

this legacy also includes many nursing schools delivering their programmes in English. Indeed, some scholars have noted that this practice has also become a strategic response by educational institutions to global labour trends and foreign employer demands, which have significantly shaped current nursing education policies and practices in the Philippines (Masselink and Lee, 2010; Ortiga, 2014). Consequently, this has positioned Filipino nurses as a highly mobile and employable workforce globally, particularly in countries such as the UK which has become a recently growing destination.

The UK government's strategy of international recruitment from the 1990s onwards has increased the number of migrant healthcare workers in the country including Filipinos when recruitment efforts were extended to countries such as the Philippines. Both countries have developed a memorandum of understanding with regards to the fair and ethical recruitment of these healthcare professionals. Various NHS Trusts liaise with government-accredited recruitment agencies in the Philippines to source these healthcare professionals.[15] Recent data shows that there were 45,470 Filipino nurses registered with the National Midwifery Council (NMC) across the UK between April 2022 to March 2023, including Northern Ireland, Scotland and Wales (NMC, 2023). This is for all registered nurses across public and private health and social care sectors. Data from NHS England shows that it employed 30,356 Filipinos by 2023, some 22,000 of whom worked as nurses while the remainder worked as clinical and infrastructure staff (NHS Digital, 2023). Compared to North America and the Middle East, the UK is a more recent destination for Filipino migrants in care work, and as such there are limited reliable or updated statistics for this particular group of migrant workers. Nevertheless, Filipino migrants provide invaluable contributions to the care sectors of the UK where their presence will continue to grow so long as labour demands continue.

The journeys of migrant healthcare workers, including Filipinos, in the UK are as follows. The first step begins with ensuring they meet a series of requirements made by foreign employers such as the NHS before setting foot in the UK. For Filipino nurses including the research participants, they must pass the local nursing licensure examinations, following this is their registry with the Philippine Professional Regulation Commission (PRC).[16] Next, they must have at least two years' worth of clinical experience whether that is paid or voluntary. What follows then is passing the first sets of competency tests which includes the English language tests (IELTS or OET) and technical knowledge tests such as the computer-based tests where each tests are paid out of pocket by the applicant and may later be reimbursed by their foreign

[15] Depending on the Trusts, applicants are offered competitive salaries, free accommodation and reimbursement of fees incurred for flights, visas and competency tests.

[16] This is an employment regulatory body supervising the practice of skilled professionals in the Philippines.

employers. Table 1 below shows the costs that applicants must pay for the whole application process not including visa and flight costs. Although, some of the costs are reimbursed to applicants, it nevertheless highlights the substantial amount involved in this process that not all are able to afford. The final step before flight arrangements is the issuance of the overseas employment certificate by the DMW which essentially serves as their exit clearance departing from the Philippines.

Table 1 The stages of application for non-EU/EEA migrant healthcare workers and its subsequent costs

Breakdown costs to become a UK Registered Nurse for non-EU/EEA migrants	**Costs (in GBP)**
Qualification evaluation fee (non-refundable)	£140
Computer based test (first of two tests of competencies)	£83
English tests (International English Language Test System or Occupational English Test)	£166 for former and £315 for latter
OSCE (Objective Structured Clinical Examination) (second test of competencies)	£794
OSCE resit	£397
NMC registration fee	£153
Total (depending on English language examination acquired)	**£1,733-£1,882**

Newly arrived nurses in the UK, regardless of years of prior experience, all typically start in a Band 4 position which are levels commensurate with junior roles such as an assistant practitioner, dental nurse or pharmacy technician (see Appendix A.1 for a breakdown of the NHS' band system). Before newly arrived nurses are considered fully qualified, they must receive their personal identification number (PIN) from the National Midwifery Council (NMC), which is a unique registration code for all practicing nurses regardless of if they work in public or private sectors. To do so they must undergo and pass the second set of competency tests which include the Objective Structured Clinical Examination (OSCE) (NMC, 2021). Overseas-trained healthcare professionals are required to have this completed and passed between six to eight months of their arrival to the UK.

Once passed, they are able to gain their PIN and move into a Band 5 position where they are formally recognised as a qualified nurse and given a pay rise. However, if unsuccessful, they remain in Band 4 and can re-take the OSCE, but failure to pass after three attempts can mean

starting a new application with the NMC where they may have to wait six months before being able to re-sit. Therefore, it is imperative for those overseas-trained to pass within three attempts as this can result in a termination of contract and risk losing their employment sponsorship which would mean returning back to their origin country. The workplace progression of overseas-trained nurses do not stop from there as they are able to move further up in the NHS' band systems by gaining relevant experience within their current band, participate in clinical skills training, seek mentorship from senior nurses and pursue further education by taking on courses that may be fully or partially funded by their NHS Trust.

3.5 Conclusion

To conclude, the chapter offered an in-depth overview of the histories that have shaped the social, cultural, economic and political landscape of the Philippines, and resulting labour and emigration policies. It placed particular emphasis on the colonial and imperial legacies that both countries – the Philippines and the UK – indirectly share, which have paved the way for the Philippines as a sending nation of migrant healthcare workers, and the UK as a recipient of this crucial group of people that provides invaluable contributions to its care sectors. Meanwhile, the UK, historically recruiting international labour from countries part of the Commonwealth and Ireland, continues international recruitment to this day, now expanded beyond these geographical spaces to the skilled workforces of other countries that has included the Philippines. The chapter introduced the medical system of the UK and highlighted the key role that migrant workers have played in its operations. It also shed light on the recruitment of overseas-trained nurses such as those from the Philippines, where the orientation of nursing schools towards international employers has been a key factor in shaping the global mobility of Filipino nurses.

Overall, the contemporary migration of nurses and skilled healthcare workers from the Philippines to the UK is an excellent example of the ways in which contemporary global migrations continue to be shaped by colonial legacies of the past, while also influenced by features of societies in the present. Furthermore, understanding these historical contexts is important and necessary as although much has changed regarding the processes in which healthcare work migration has been governed, the individual, micro-level experiences of migrant healthcare workers, have remained relatively unchanged. In current times, they face similar issues and challenges that previous migrants before them encountered, particularly concerning racialisation, gendering and occupying lower positions in the UK's social hierarchy not only because of the nature of their work but also their status as migrants, especially from a Global South country. This underscores the need to consider these contexts and how they shape the experiences of migrant healthcare workers, ensuring that their voices are represented and their contributions are valued, which this thesis strives to achieve. The next chapter now outlines the methodological framework employed here to do this.

Chapter 4 Methodology

4.1 Introduction

At its core, the research seeks to investigate the experiences of migrant Filipino healthcare workers (P-HCWs) and the families who have stayed in the Philippines, both of which are often treated as separate units of analyses within migration and transnational families' literature. Therefore, this research brings together the life stories of two crucial groups that comprise 'the transnational family' explored within a simultaneous, multi-sited qualitative approach. In this chapter, I begin by introducing the research design and justifies the methodological approach taken. I outline the two key fieldwork sites which were the UK and the Philippines, and my experiences of data collection in these countries. The data collection methods I used were in-depth, semi-structured interviews and participant observations held both online and in-person since these were undertaken during the Covid-19 pandemic. I then provide more information about the process of using these methods, my participant recruitment strategies and how I conducted data analysis. Finally, I detail the ethics of this research and my positionality, where I reflect upon how I have fared with interviewing a community of people so close to me. Here, I explain the trials and triumphs I experienced during fieldwork in both countries during the Covid-19 pandemic which raised many logistical and practical concerns in this research. Thus, the research design was developed in such a way that it addresses the research questions, add to conceptual and empirical gaps and sheds light on the unique and diverse experiences of the research participants.

4.2 Methodological approach

This research takes a qualitative approach as I was particularly interested in how migration transforms the meanings of family, and intra-family relations, through the individual experiences of my research participants, which is best explored this way. Therefore, the ontological premise of this study is underpinned by the notion that social realities and perceptions about the world are grounded in people's personal experiences (Gray, 2018). Understandings of this view assert that meaning-making in research draws upon individual lived experiences – a term which considers the holistic and embodied ways that humans move through the social world (Schwartz-Shea and Yanow, 2011, p. 43).

This study's epistemological position takes from interpretivist philosophy, sometimes considered as constructivist, which holds that reality can never be observed through objectivity and must be observed from the inside and through the direct experience of people (Oppong, 2014). Language is therefore the currency of qualitative approaches to research, and it plays a key role in constituting how the world is perceived (Schwartz-Shea and Yanow, 2011). Interpretivist epistemology has been critiqued for its subjectivity. It presupposes that knowledge is situated and contextual which is one way to say that it has no single starting point and understood by what researchers know at that point in time and place (ibid, 2011). However, this is not always the case as interpretive researchers still take objective stances through analysis of the data as researchers acknowledge their own preconceptions about the phenomena (Mack, 2010). Furthermore, since this approach is concerned with understanding people's beliefs, attitudes and practices, researchers cannot understand why people operate in certain ways without grasping how participants make sense of their social world; it is through qualitative approaches that we are able to do so (Hammersley, 2013). Finally, Oppong (2014) asserts the need to decolonise social science as there remains a legacy of unbalanced power that still produces differences between societies and productions of knowledge. Therefore, scholars such as Ndlovu-Gatsheni (2013) highlight the need for non-western scholars to adopt context-specific knowledges. They too agree that this that can be achieved in qualitative inquiries, which this also study embraces.

4.3 Research design

4.3.1 Multi-sited fieldwork and (un)matched sampling

Multi-sited fieldwork, which is research designed around paths of location where the ethnographer establishes physical presence and connection among the sites, was employed in this study (Marcus, 1995). Scholars have argued that multi-sited research is important as social phenomena cannot always be accounted for by focusing on a single site (King, 2018, p. 43). This is the case generally in migration studies, but particularly so if we seek to understand migrants' transnational living, as I aim to do in this research. After all, the act of migrating is a human process which in itself, connects two or more places together (Boccagni and Schrooten, 2018). In a transnational setting, a multi-sited approach allows researchers to gain an understanding of how transnational families operate across borders and in societal contexts of the countries of destination and origin (Mazzucato, 2015, p. 213). In addition, there truly is no 'single' site of research according to some scholars as researchers occupy, observe and gather data in multiple places and in different settings i.e. the home, workplaces, places of work and community gatherings (King, 2018). Thus, using this method has its benefits as it allows for the analysis of a transnational perspective among (im)mobile people (ibid, 2018).

Mazzucato (2009) has argued that conducting transnational research poses challenges of finding a balance between breadth and depth for researchers. Therefore, in her Ghana Transnet study, she addressed this issue by employing a simultaneous matched sampling (SMS) methodology. She defined this as a methodology in which the sample of informants are linked together by being part of the same social network and by studying them in a simultaneous fashion that can be linked with more than one locality (Mazzucato, 2009, p. 216). There are benefits to using a SMS methodology, for instance, researchers can be placed in different locations and observe the subjects simultaneously. She reflected that this enabled her team to observe migrants' behaviour whilst on their home visits, which was useful in illustrating a realistic picture of life in their study. Indeed, there are merits to this for it addresses a major concern of multi-sited research relating to its ability to contextualise fragmented information from multiple sites.

However, there are some issues that preclude this methodology stemming from logistical feasibility. For instance, having a matched sample among participants can be logistically very difficult to achieve. As Mazzucato (2009) also suggested, it requires a lot of time in gaining people's trust, especially among vulnerable groups, for them to give details of their family members to also be interviewed. After all, intra-family relations are not always harmonious. Therefore, it can raise some ethical dilemmas for participants where they may find it difficult to

discuss topics to researchers for fear their answers have to 'match' up with those of their family members being interviewed.

Therefore, this study is also multi-sited and comparative by design. It involves interviews with Filipino migrants living in the UK, and a group of family members residing in the Philippines whose family members have migrated. However, it was not possible to match the sampling of both participant groups. This is to say, the stay-behind family members in the Philippines that were interviewed in the latter half of the data collection phase were not the non-migrant, stay-behind families of the P-HCWs who lived in the UK. Additionally, the migrant family members of these stay-behind families that I interviewed did not migrate as healthcare workers (with exception of three participants) and neither were they based in the UK. A full summary of the participant groups is discussed in section 4.5.1 of this chapter and a table outlining their socio-demographic characteristics is available in Appendix B.

Despite this, I still wanted to hear from both members that make up the 'transnational family', that is, the ones who migrate and those who stay, as I am interested in the similarities and differences of the lived experiences of these members. Therefore, I argue that although the sampling is not matched, it should, and as this study will show, does not, take much precedence over the depth of experiences provided by the participants, despite them not being part of the same families and networks. This is because participants of this study, despite not belonging to the same families, are still grounded upon the same circumstances and experiences of being geographically and temporally distant from their family members, whether the participants are part of the same families or not. Lastly, in studies that compare different groups' experiences of a particular phenomenon such as this which looks at transnational familyhood and the social relationships of families, it may be difficult for participants to discuss certain issues knowing that their family members are also involved. Participants may feel as though they must ensure that the stories they share must also 'match' to that of their family members. This would have raised ethical concerns from data collection.

4.4 Fieldwork sites: UK and the Philippines

4.4.1 UK fieldwork

As noted previously, the time to conduct my fieldwork came at the peak of the Covid-19 pandemic, which, due to the obvious restrictions it imposed on me and the study, required a rethink and redesign of this empirical part. The limitations to conduct face-to-face interviews at this time, not least so as not to compromise mine and the participants' safety during Covid-19, required a different approach. As a result, I transitioned from face-to-face in-depth interviews to synchronous online interviews using the conferencing platform 'Zoom'. For this first phase, I conducted 21 in-depth, online interviews with P-HCWs. In this participant group, there were 18 female participants and three male participants, whose ages ranged from 26 to 63 years old. This gender skewness towards women and the age ranges amongst my sample reflect the overall profile of Filipino nurses in the UK (NHS Digital, 2023; NMC, 2023). Their occupations varied ranging from staff and ICU nurses, clinical research nurses, advanced and emergency nurse practitioners and one vascular specialist nurse. There were six participants who were employed in healthcare but occupied non-clinical roles. For instance, two worked as a professional and practice educator, whilst one worked as a community support worker and another as a hospital administrator. Some occupied managerial roles with two participants working as a manager and managing director. All participants were university graduates qualified within the field of healthcare, with the exception of one who had graduated in Commerce and Accountancy. More specifically, the participants with a medical degree graduated in Nursing (n=17), Midwifery (n=2) and Radiology Technology (n=1). Their locations were scattered across the UK with some being based in Greater London and some even in Northern Ireland (see Appendix B.1).

4.4.2 Philippines fieldwork

The second phase of fieldwork was situated in the Philippines. Here, I interviewed family members who have (in)voluntarily stayed behind in the Philippines. As noted earlier, I did not have a matched sample for this participant group to those of the P-HCWs (more in section 4.5.3). While formal Covid-19 restrictions had been lifted by the time I travelled to the Philippines, many people still felt uncomfortable travelling and/or being in proximate spaces with others outside their households. As such, a number of research participants requested to hold our interviews online. Honouring this request, therefore, I conducted the vast majority of interviews in the Philippines online. Despite this, being in the country to complete these interviews was still logistically convenient as we did not have to struggle adjusting to different

time zones, which initially hindered my ability to conduct more interviews online while I was still in the UK.[17]

Overall, there were 14 female and six male participants in this group of interviewees, whose ages ranged from 18 to 74 years old. Most participants lived in Metro Manila, except five who were located in Pampanga. Participants were recruited because they had at least one migrant family member abroad. Thus, participants' family members had migrated to a range of countries including in Europe, East Asia, North America and the Middle East. The participants' relationships with the migrant family member ranged from parents, spouse, siblings, adult children to more 'extended family' members such as uncles, aunties, cousins and grandparents. One participant had all of her immediate family abroad whilst she stayed behind in the Philippines. Not all migrant family members of the individuals in this sample worked in care and their occupations varied. Most participants in this sample had family members working in hospitality as servers, hotel staff, and receptionists. Some had family members who worked in care such as three working as domestic workers while others were professionals in the medical sector ranging from nurses, healthcare assistants and occupational therapists. While two had families working as teachers and a couple of others were a film student in Canada and a professional working for the World Bank in the US. The rest of migrant relatives were seafarers. Appendix B.2 presents a detailed profile of these particular research participants and their migrant family members.

Visiting the Philippines allowed me to participate in the everyday lives of families who have remained in the country in numerous ways. Though I already have first-hand lived experience of being a child of immigrant parents who stayed behind, it was still a different to return as a researcher. I made informal observations about the lives of the stay-behind families through informal conversations I had with my own family in the Philippines that helped me understand my research participants better and influenced my line of questioning during the interviews with the second participant group in the Philippines.

A key element of participant observation included using the local language which I was able to do and use to my advantage in this study. This was a very empowering experience as there are only very few instances where I can speak Tagalog in my academic life. This aided participants in becoming more comfortable with speaking with me with the benefits of doing so outlined in

[17] Around August 2021, recruitment for this participant group stagnated. There was also an instance wherein I stayed up until 2:00 in the morning to finish an interview as this was the only time that was suitable for that particular participant. At the time of conducting these interviews, there was an 8-hour time difference between the UK and the Philippines and so it was difficult to work around each other's schedules due to our work hours and accommodating for other commitments.

section 4.7.2 in this chapter. Overall, by 'being there' and immersing myself in the culture and society of my homeland and the everyday interactions I had with my participants and my family, made the fieldwork an enriching experience. I was able to put into perspective and challenge any pre-conceived ideas I had about my research with that of the actions and words of the people I encountered in these settings similar to the work of DeWalt and DeWalt (2010).

4.5 Data collection methods

4.5.1 In-depth interviews

In-depth, semi-structured interviews in this instance means the encounters between the researcher and the participants directed in understanding their perspectives about their own lives, experiences or situations expressed in their own words but guided by prompts using an interview guide where I created two for each participant group (Taylor, Bogdan and DeVault, 2016). It served as a list of general areas that were covered with each participant during the interviews (ibid, 2016). Since the questions were open-ended and conversational, it allowed flexibility for participants to express their subjective perceptions on the topics. Thus, a total of 41 interviews lasting between 40 minutes to two hours were conducted with both participant groups. The interviews were spoken either in Filipino, English or a mix of both. All in-person interviews were audio recorded using a Dictaphone, while interviews held on Zoom were recorded using the platform's recording feature and saved directly onto my computer device's local drive.

I employed a life story approach within the interviews which allowed participants to provide detailed accounts of their lived experiences (Fielding, 1994). This method was appropriate as it allowed for the recollection of past events to be reconstructed which can no longer be observed. Though oral history interviews are usually used for these recollections, this method was not used as it involves multiple interview sessions for each participant (Leavy, 2011). Logistically, the timeframe for this study did not allow for multiple, follow-up interviews with participants as it compares the experiences of two differing participant groups in one study. Secondly, oral history is highly inductive, open-ended and does not allow for much structure compared to semi-structured interviews. Though the interview guide allowed for flexibility and for participants to raise experiences, feelings and ideas, it is important to note that this study was still inherently topic-focused aiming to inform theoretical understandings of a phenomenon. Nevertheless, the interviews elicited rich data from all participants which enabled me to cross-compare their life stories and capture what being a skilled migrant who is part of a transnational family meant to them and shed light on their transnational relationships.

4.5.2 Online interviews

In the last two decades, the internet has been increasingly used for data collection in qualitative research across various disciplines (Jowett, Peel and Shaw, 2011). There remains two distinct ways of conducting online interviews and those are (a)synchronous modes. Synchronous involves the researcher and participant to simultaneously engage in 'real time' conversation through audio or video interviews, while asynchronous does not require both parties to use the internet at the same time and are usually conducted via email or instant messaging (Hunt and McHale, 2007). The outbreak of the Covid-19 pandemic encouraged more qualitative researchers to reconsider virtual methods. As a result, online data collection methods regained much traction within the academic community (Archibald *et al.*, 2019; Lobe, Morgan and Hoffman, 2020; Roberts, Pavlakis and Richards, 2021).

The pandemic increased the availability of digital technology alongside social media channels and broadening its reach as it became more available. The use of these digital tools have caused some attitudinal shifts regarding its uses but there remains a gap in access to these digital technologies as digital divides continue to be present among people of different generations, between rural and urban settings all over the world (Archibald *et al.*, 2019). I chose 'Zoom' as the platform to conduct interviews as it was a lot more user-friendly than Microsoft Teams (even though I had institutional access to this). Zoom was a lot more accessible since it has a one-click access meaning, there was no need to register for an account and therefore, no collection of the participant's personal data such as email addresses and other video call ID. Zoom had privacy features that allow hosts to set up passwords to control who was able to access in the session (Lobe, Morgan and Hoffman, 2020).

4.5.2.1 Logistical and technological considerations

The transition to online interviews meant familiarising 'newer' form of interviewing techniques which had some challenges but also new benefits to the data collection. One of the advantages of conducting online interviews relates to the logistical planning itself. For instance, it is still synchronous and so it can still be completed in the allotted time agreed upon with the participant. The flexibility that online interviews have to offer was another benefit as both myself and the participants were not bound by geographical constraints and miscellaneous costs such as travel, food and beverages as we were able to undertake the interviews anywhere (Deakin and Wakefield, 2014; Janghorban, Roudsari and Taghipour, 2014; Iacono, Symonds and Brown, 2016). However, the accessibility of online interviews acted as a double-edged sword as potential participants may have been lost if they were not digitally proficient or do not have equal access to the internet or proper infrastructure. On the other hand, the flexibility was more

convenient by some participants and myself included. Personally, I managed to reach more interview participants across the UK than I would have been able to, had I been conducting interviews in-person. For instance, I interviewed a few participants that were located in the Lake District and two in Northern Ireland. Pre-pandemic, this may have been more costly and inconvenient due to the long travels to meet participants and so being able to offer an alternative to that, worked to my advantage (Jowett, Peel and Shaw, 2011). However, the same cannot be said when it came to undertaking the online interviews with the stay-behind families in the Philippines as the time difference between them and me in the UK, presented logistical challenges to the execution of the interviews which was not easy to mitigate (Bampton and Cowton, 2002).

In relation to technological considerations of online interviews, it also proved to be an advantage as participants had the agency to the level of engagement they wanted to partake in the interviews. They had the choice to either have video and/or audio only in the interview format. There were still some challenges to using this as I encountered issues such as connection 'drop outs' and 'lags' which affected the atmosphere of the interview as it would disrupt either mine or the participants' train of thought. Therefore, it also affected the quality of the audio and video recordings which had an impact when it came to transcribing the interviews as it made it quite difficult to interpret some of participants' responses. But this only happened rarely since majority of the participants, whether in the UK or Philippines, had access to fast and high-quality broadband. Another advantage of online interviews was dealing with absent participants. There was an instance in which I scheduled two interviews on the same day back in August 2021 and neither of the participants attended. Although, it was demoralising at the time, I reminded myself to be extra understanding as this group of people I was interviewing were very much in high demand since they were frontliner (key/essential) workers who worked throughout the Covid-19 pandemic. Despite this, the advantage of it being held online was that it did not exert much effort, time and resources for the interview itself. Thus, I was able to mitigate the situation by ensuring that I contacted the participants one day prior to the interview to give a gentle reminder and confirm their attendance.

4.5.3 Establishing rapport online

Traditional qualitative methodologies have emphasised the building of rapport as a key component of undertaking research (Hooley, Wellens and Marriott, 2012). To this end, online interviews have been widely criticised due to the perceived difficulty for researchers to establish rapport with participants. Online interviews have been viewed as impersonal or detached, and questions have been raised in relation to their ability to foster relationships with participants online (Mann and Stewart, 2001). Some have referred to this method as 'disembodied' due to

the physical remoteness and lack of body language, and non-verbal cues, that tend to be lost in the process and are often difficult to translate in an online setting (Bampton and Cowton, 2002; O'Connor *et al.*, 2008). Others have also questioned the level of emotional connection between researcher and participant that online interviews can facilitate (Jowett, Peel and Shaw, 2011).

In the case of the P-HCWs, I did not find it difficult to establish rapport. I first started exchanging messages with them prior to the interviews through email or Facebook when they responded to my advertisement, since the majority of them saw the study advertised on the social media platform. I believe that participants' ability to view my public Facebook profile helped in that it provided information about myself with some indication of who I am and where I am based, and vice versa. Of course, there were still some ethical considerations such as the possibility that anyone can curate an online persona that may be different from real life as online environments can offer individuals the possibility to control how they present themselves, which may lead to misrepresentation (Ellison, Heino and Gibbs, 2006). For the most part, I did not have much issue establishing rapport perhaps as they could also see I was Filipina and some of them were recommended by other participants or by my family or close friends and so there was already a mutual level of trust between each other.

During the online or in-person interviews themselves, I ensured to make them feel comfortable before starting. Similar to Jowett and colleagues (2011), I began the interviews with an informal chat by asking how they were and create 'small' talk. I then introduced myself and the study, who I was representing and why they were approached and selected to participate. I also allowed them this time to ask any questions they had before beginning. To give the experience a more 'personal touch' to them, I always left my camera on whether or not they had theirs on too. I did this with the intention that they may feel more comfortable knowing that they were still talking to a person. It was also intended to be able to give them visible cues (such as offering a smile or nodding my head) to encourage them to share more stories with me. Aside from that, I found that a crucial part of developing rapport was to reassure the participant that I gave them my whole attention since it was not always easy to convey this in an online environment (O'Connor *et al.*, 2008).

4.5.4 Recruitment and sampling

4.5.4.1 UK participants

I advertised the research on a number of Facebook groups where I found majority of them. I created a research flyer that outlined information about the research project, the inclusion criteria and my contact information for interested participants to reach me (see Appendix C.1). I approached the gatekeepers and moderators of the closed Facebook groups and formally

requested permission to advertise the project on their page. Alongside the research flyer, a copy of the participant information sheet was also provided. This was effective as these particular groups are considered special populations that may have otherwise been difficult to locate and recruit without prior insider knowledge. This allowed me to diversify routes of entry into the community as snowball sampling has been critiqued for its risks of having a relatively homogenous group as it relies on network referrals (Parker, Scott and Geddes, 2019).

Since this research wanted to particularly focus on the perspectives of specific groups of people, I selected individuals using a purposive sample and recruited them using a set of inclusion criteria. These criteria were as follows: potential participants needed to be migrant Filipino healthcare workers living in the UK; 18 years old or above; employed within the healthcare sector in the UK; have resided in the UK for more than two years, and lastly, must still have relatives based in the Philippines. The individuals that fitted the criteria were selected on the assumption that they have knowledge and experience of the questions I was pursuing in this research (Palinkas *et al.*, 2015). Snowball sampling, which is another popular recruitment strategy, was employed to further recruit participants (Noy, 2008). I accessed more participants through my previous participants who were willing to advertise this study to their friends and colleagues (Atkinson and Flint, 2001). This was invaluable to my recruitment strategy as it further ensured that recruitment did not stagnate for this particular group during fieldwork.

4.5.4.2 Philippine participants

In the transnational families literature, there has been an increasing relevance of exploring the perspectives of non-migrant family members with those of the migrants, although they do not migrate themselves (Levitt and Jaworsky, 2007). I wanted to interview the families of the P-HCWs using a SMS methodology (Mazzucato, 2009). However, though I politely asked and reassured my UK participants that my aim was not to 'match' up and that their responses will remain confidential, I did not gain permission from them to interview their families in the Philippines. I had one participant tell me that he was not comfortable in involving his family with this study for reasons he did not explicitly state. I was appreciative of his honesty and was very understanding of his concerns and so I did not pursue this further. There are some methodological concerns around conducting research in transnational settings and matched sampling. In her study of transnational Sudanese families, Serra Mingot (2020) found that managing sensitive information without conveying the secrets and grudges discussed by the families required careful strategies to ensure that this was not disclosed between families and to uphold the researcher's confidentiality to the participants. Indeed, this is just one of the issues for matched sampling as participants may be concerned about the sensitivity of the

topics discussed and may consider this as a personal intrusion to the privacy of their family affairs which may hinder them from involving their families in the research.

Since a matched sample was not successful in recruiting for this participant group, I found other means of recruiting to ensure that I was still able to include the voices of family members who continue to live in the Philippines. I asked the help of contacts in the Philippines with recruitment since this participant group is a covert population and not as easily accessible on social media platforms compared to the first participant group. I created a research flyer to share with their networks where the participant criteria were outlined (see Appendix C.2). This recruitment strategy was more successful as I managed to recruit participants for this group. But this did not last long as eventually I exhausted all recommendations from my contacts. The time difference between myself and potential participants also became a hindrance which added another challenge to recruitment where it became difficult to arrange an agreed time, despite my offering to be flexible with the time difference.

In October 2021, the UK eased its travel restrictions and deemed other countries, including the Philippines, safe to travel to. Subsequently, the Philippines also placed the UK in its 'yellow list' of countries, whereby other nationalities could enter the country subject to entry requirements. This enabled me to travel there and complete all my interviews. Being in the same country without such a large (eight-hour) gap in time difference meant that conducting this set of interviews became more feasible for myself and the participants. To further encourage participation, I was also able to offer each participant a small reward of 500 Pesos as a thank-you for their time.

Although the participants in both participant groups were not a matched sample, both groups provided valuable insights from their lived experiences of being part of transnational families. Experiences around migration decision-making, receiving and providing care across borders, experiences of social, economic and emotional repercussions from family separation were all part of these conversations and fed into the findings which are presented in the following chapters of this thesis. While not all research participants in the Philippines had migrant family members who worked in healthcare, their views and experiences were nonetheless important to inform my understanding of the factors that influence choosing the nursing profession (or not, as in this case). Moreover, given the key argument in this thesis is about the ways in which productive and reproductive care are intertwined in transnational families, the care provided within these families, albeit not involving a paid care worker, were important, nonetheless. This study has therefore, albeit unintentionally, focused on the depth of these experiences by drawing on the stories of 41 individuals and their respective families.

4.5.5 Participant observations

Alongside conducting the qualitative interviews, participant observation was also undertaken throughout the duration of fieldwork in both sites. According to DeWalt and DeWalt (2010), participant observation is when:

> "Researchers take part in the daily activities, rituals, interactions and events of a group of people as one of the means of learning aspects about their life and culture" (p. 12)

In other words, it is an embodied presence in the social worlds of those under study and can be triangulated with other data collection methods. Using this method was useful in enhancing the quality of data obtained during fieldwork, especially in interpreting other types of data (ibid, 2010). Academics have considered this method to refine theoretical understandings of migration as it enables researchers to adopt the perspectives of migrants (Boccagni and Schrooten, 2018, p. 209). However, I add that this can also apply to non-migrants especially in studies where they are observed in the countries they reside. Furthermore, as in all qualitative research, not all people's behaviours correspond with what they say or do (ibid, 2018). Therefore, this method allowed me to make my own judgments about the participants without solely relying on their own articulations during the interviews.

It was particularly important to use this method and to do it effectively, especially in a context where I am extremely familiar with the community being observed. DeWalt and DeWalt (2010) state that issues can arise when researchers are all too familiar or have been in the field for too long as it runs the risk of not looking for new insights or new explanations for phenomena. Thus, during the course of my fieldwork, I kept a diary to keep track of my observations. In this diary, I wrote about my experiences of interviewing, my initial impressions of the participants and their verbal and non-verbal expressions during the interviews where possible. I also noted my observations about the interview environment both online and in person, which I detail in the following sections.

4.5.5.1 The (online) interview environment

The role of mediated communication online with visual access to the researcher and participant is increasing and has made it possible for participant observation to take place in online settings. The use of communication platforms such as Zoom, which was used in this study, provided visual material to make observations despite the interviews not being held in person. Therefore, it can be argued that the online researcher is still a participant observer as they interact in the research setting in ways different from face-to-face research (Kozinets, 2015). All online interviews were held in the homes of the participants and though some academics have

deemed this to have the potential to be distracting, I personally found it quite helpful for the following reasons, which resonates with some from the research from Deakin and Wakefield (2014).

Having undertaken the interviews in their homes may have helped in the sense that the participants are situated in a familiar environment which they have a personal connection to, whether it be the case of the P-HCWs being surrounded by memorabilia of their families back in the Philippines, or in the case of the families left behind undertaking the interviews in their ancestral family homes where their migrant families come home to when they visit. Other academics' reflections of the online interview environment have shown that participants may be inclined to open up during online interviews as they can choose their environment (Iacono, Symonds and Brown, 2016). I believe that by participants being in the comfort of their homes, helped induce an emotional connection and may have made it easier to recall memories of home, family and the workplace even if those memories may be ones of joy and content or more unpleasant emotions.

The majority of P-HCWs were in their homes with the exception of two participants who answered the Zoom call in the hospital in which they worked, during their lunch breaks. In both cases, I noticed they were fully kitted in their scrubs and located in a small office that had stacks of paperwork, boxes of face masks and a notice board in the back. I expressed my gratitude to them for taking the call even though they were at work. To me, these instances signified the flexibility of online interviewing. In a sense, this enriched the data even more as I got a glimpse of the work environments that are typical for migrant Filipino healthcare workers. This made the atmosphere of the interview feel even more authentic especially when they discussed their experiences of working. Whether this was a deliberate choice for the participants or not, it highlights how digital tools can construct new digital and socially meaningful spaces for these interactions, which Howlett (2022) also found in their methodological reflections of conducting online research.

Similarly with the second participant group, majority of took place in their homes, in what I assumed to be their living rooms. I thought that this was also quite fitting given that this is a communal and shared spaced with their migrant family members which somehow helped to personify the interview and made it feel even more intimate. These intimacies would not have been possible had the interview taken place in more neutral and public settings such as a coffee shop. Again, advancements in technology have allowed us to interact with participants in different ways by giving us a glimpse as to who they are in their daily lives, from afar which has broadened the 'field' (Jenner and Myers, 2019).

4.6 Data analysis

4.6.1 Transcription, translation and storage

Subsequently, the interviews were transcribed that allowed for it to be readily coded and explored for themes (Cope, 2020). The majority of the interviews were transcribed by myself but for some of them, I enlisted the help of a transcriber who was paid for their time. The transcriber signed a non-disclosure agreement which outlines their transcription responsibilities so as to ensure that any information and documents regardless of whether it was disclosed orally, in writing, digital and/or electronic form, was treated as confidential information. I created a private shared Google Drive folder that contained the interview recordings which could only be accessed by myself and the transcriber. I ensured to anonymise the interview recordings by labelling the recording according to each participants' pseudonym.

The interviews were transcribed verbatim and in the language in which it was spoken by each speaker. This was an intentional choice that I made as I wanted to stay as true to the words of the participants. In writing the empirical chapters, I used direct quotations of the participants, and where these were not possible, as they did not make sense without context they were translated to make it understandable for the reader. These quotes would be translated using a mixture of literal and free translation. The former involves translating the text word-by-word, which is considered to do more justice to participants' words, while the latter means editing the translated text in order to make it readable (Birbili, 2000). Although I tried staying true to the words of the participants, it is important to note that researchers also make choices whose voices and stories to amplify and represent (Davidson, 2009). This is because choices and selection of whose voices to include are related to the researcher's theoretical standpoint, positionalities and how they locate themselves and others in the research process (ibid, 2009: 38). All the audio and/or video recordings, interview transcript documents, fieldwork notes as well as the written and recorded verbal consent of the participants are stored according to the University of Southampton General Data Protection Regulation Policy and are only accessible to myself and transcriber and stored on a password protected computer.

4.6.2 Analysing the interviews and participant observation data

A mixed grounded theory and thematic analysis was used to analyse the empirical data from this research. Grounded theory derived from the early works of Glaser and Strauss (1999, 2017) and refers to a systematic method for constructing a theoretical analysis from the data (Charmaz and Belgrave, 2012; Charmaz, 2014). It is a form of generating theory that comes not only from the initial analysis of the data, but theories are constantly re-worked in relation to the

data throughout the course of the research (Glaser and Strauss, 2017, p. 6). In-depth interviews lend themselves well to this analytical method as they provide open-ended and detailed explorations the participants' lives (Charmaz and Belgrave, 2012). Thematic analysis was also used in this stage of data analysis. Braun and Clarke (2006) define this as a method for identifying, analysing and reporting patterns or themes within the data. In essence, this is a process of coding, located within analytic traditions such as grounded theory, discourse and narrative analyses. This method was used when identifying specific codes and themes in the data for the in-depth interviews and participant observation notes.

Following the transcription of interviews, I repeatedly read the transcripts, as well as the fieldwork notes, before beginning with the first stage of coding which entailed open coding that teased out broader codes that were later developed into themes, consistent with what the participants have said (Walliman, 2006). The second stage was axial coding which involves reassembling the open coded data into more abstract conceptual categories (Scott and Medaugh, 2017: 2) (see Appendix D.1 for example of coding table created). This is central to grounded theory which synthesises the data into more structured categories thus helping relationships between themes to capture the dimensions of the phenomenon under exploration. I manually coded the transcript using the software GoodNotes 5 which is a note-taking app which allows the user to handwrite and annotate PDF documents. I also started looking into using NVivo, but it was not compatible with my computer device as the software continued to 'crash' and produced invalid outputs. Furthermore, the few times I used NVivo for analysis, I found that it brought distance between myself and the data. Indeed, this is one of the criticisms of using computer-assisted software for analysis as it tends to alienate researchers from the data (Webb, 1999).

I treated data analysis as an iterative and non-linear process even though it was undertaken in a systematic manner. This is an integral feature in qualitative research analysis which requires researchers to continually modify and reshape the research questions and concepts as the data are examined. As such, the narratives of the participants were essentially 'broken up' and segmented during the coding process, only to be reassembled again during the writing. In so doing, I had phrases where context may have been lost. However, though these pieces of texts were reduced to central concepts in the dissemination of the findings in the empirical chapters of this study, the richness of these texts were not completely lost. This is because I ensured that I returned to the original interview transcripts and fieldwork notes every now and then, especially during the process of writing.

4.7 Ethics and positionality

4.7.1 Ethics

Since this research involved human participants, ethical approval was sought to protect and uphold the participants' welfare and safety and to ensure that all parties are treated fairly and with respect. Potential risks and how to mitigate them were outlined in the ethics review to avoid any physical, legal and psychological harm on both the researcher and participants of the study (Neuman, 2011). To ensure that the study upholds the ethical standards set out by the University, the participants were informed of the nature of the study and what their participation means. This was done by providing an information sheet which outlined the purpose of the study, reasons they were chosen to participate, potential risks and their rights to withdraw from the study at a time specified by the researcher. Thus, prior to conducting the fieldwork, ethics approval was obtained from the University of Southampton's Ethics Committee in March 2021, amended for travel to the Philippines.

4.7.1.1 Informed consent and confidentiality

It was of utmost importance that the participants understood that they have autonomy regarding their participation in the interview and so they were reminded both in the information sheet and prior to start of the interview that they can withdraw from the study four months after the interview had taken place for the P-HCWs and a two-week window for the Philippine participant group. The reason that withdrawal time for the latter group was shorter so that they had time to inform me while I was still in the country. While these kinds of practice can be at times performative, in this case my concern was about the research participants having easier access to me – which was better ensured while I was in the country – should they change their mind about participation.

To ensure that the research was accessible to all, a version of the participant information sheet and written consent form and information sheet were translated from English to Filipino. I wanted to ensure that participants were able to comprehend what the research topic is about and what they were consenting to by participating in the interview. As such, in addition to the documents in Filipino, I also explained the study verbally to my participants prior to the research. Where written consent was not possible, I was able to offer the participants the possibility to consent verbally. Social research scholars argue that ethical concerns regarding autonomy in research has been whether researchers infringe upon participants' right to self-determination (Hammersley and Traianou, 2012, p. 77). Therefore, I obtained all participants' informed consent prior to the interview.

The confidentiality of the information given by the participants were safeguarded by ensuring they remained securely kept (Longhurst, 2016). Participants were also informed in the beginning that their interviews will be recorded but that their participation will remain anonymous. To that end, they either provided themselves with a pseudonym of their choosing or by me at the start of the interview.

4.7.2 Positionality

For this section I reflect on my insider/outsider identities, perspectives and lived experiences and how this shaped my understanding of the participants' own lived experiences. I also reflect on the Covid-19 pandemic which has made me reconsider the ways in which I view my participants, particularly the P-HCWs. Catungal (2017, p. 292) emphasised that as researchers, we are also situated subjects in that we also navigate, know and feel the world in our own personal identities and social locations which can have bearing to how we approach our scholarly interests. Indeed, being a Filipina born to immigrant parents living in the UK enabled me to empathise with both participant groups in terms of experiences of migrating but also being separated from family members. Thus, I constantly felt that I weaved in and out of my insider and outsider knowledge with each interaction I had, which affected and informed my approach with the participants.

As I conducted the interviews, there seemed to be an immediate sense of trust between us as the participants were almost always enthusiastic about participating in the interviews. I was surprised that some of them expressed how proud they were of me for being a *kababayan* (compatriot) pursuing a PhD despite having only just met. I believe that this is owed to the fact that we share the collective identity of being Filipino and so a win for one person can mean a win for all. This helped in setting a pleasant rapport for the interview as participants were eager and open with sharing their stories with me. Towards the end of the interview, some expressed how grateful they were for being able to share their stories and helping out in the research. Some studies have indeed found that interviews can have therapeutic value for participants as it provides a space for sharing stories, which can have a healing outcome for participants (Birch and Miller, 2000; Rossetto, 2014).

Our shared identities of belonging in the same ethnic group, cultural experiences and language helped in ways that participants were almost never afraid in showing their vulnerability to me, although I am, to some extent, still a stranger to them. For instance, several participants became very emotional and tearful during the interviews, usually when they discussed traumatic events, their interpersonal relationships with families, or when they realised how far they had come in life. For example, P-HCWs mentioned emotional struggles of dealing with grief

and bereavement, magnified by the fact that they were separated geographically from their loved ones in the Philippines and had not had the chance to visit the country for various reasons. I sympathised with them as it reminded me of the time my family and I grieved the death of a loved one and unable to return. However, during these emotional encounters, it presented unexpected challenges to me in that some interviews had a heavy emotional toll on me. For instance, sharing these emotive topics could be considered cathartic for the participants, whereas for me as the researcher, not only would it have an emotional toll on me during the interviews, but this would be repeated and re-lived in later stages of the research such as the process during the transcription and data analysis of the research. Catungal (2017) reminds us that we are consciously engaged in emotional labour. Therefore, this is another way in which we become entangled with our research topic, even if it means boundaries are blurred between one's personal and professional life. Since I am researching a community close to me, and exploring issues that I am also affected by, my emotional involvement was not surprising. Therefore, these emotional encounters with participants are a reminder that research inquiry does not exist in a vacuum and rather social, cultural and institutional contexts shape our conduct with the research subjects (Williamson *et al.*, 2020).

I also found that sharing similar characteristics were helpful, though at times participants would often make assumptions about my identity too. For instance, P-HCWs would immediately assume that I would have knowledge about the institutional processes of healthcare recruitment in the Philippines and their migrations to the UK and elsewhere. These assumptions meant that participants would not elaborate on certain issues and terminologies where I would then prompt them further. Such instances highlight my simultaneous occupation of being an insider and outsider which reaffirm that identities are not static and fixed and instead always subject to constant change (Wray and Bartholomew, 2010).

Lastly, the Covid-19 pandemic has in many ways affected everyone across the globe but more on the physical and psychological wellbeing of healthcare workers placed in the frontlines, something which I return to in the discussion in Chapter 7. It has shaped my researcher identity, of a community of people that are very close to me personally. Thus, learning about the impacts, whilst simultaneously experiencing the wider social, political and economic issues that this pandemic has had on marginalised groups, has made me reflect more on the lens in which I view healthcare migrant workers, the families 'left behind' and transnational families in general. It was a revealing experience that raises many invaluable questions relating to not just the wider role that migrant healthcare workers play in the labour market of recipient countries, but also how their own families in sending countries cope in situations where their transnational care practices were impeded but also heightened. Therefore, I also attempted to capture this inquiry in the penultimate section of Chapter 7.

4.8 Challenges from the Covid-19 pandemic

Fieldwork was meant to have begun during the second year of the PhD candidature but with which was delayed because of Covid-19. In March 2020, the UK government announced its first national lockdown which entailed for everyone to stay at home (with the exception of the brave frontliners) to curb and slow down the spread of the virus. A range of measures were put in place including being able to travel regionally and internationally. Thus, the imposed mandatory restrictions to face-to-face contact made it difficult and disrupted my ability to carry out my fieldwork data collection.

Alongside the mandatory social distancing measures, my personal circumstances affected my ability to carry out any form of fieldwork as my entire family and I were infected with the virus during the first wave of the virus in April 2020. In retrospect, my being infected during the first wave was not surprising given that both of my parents worked as frontliners in the healthcare sector. As Filipinos, who are also migrants working in health and social care, my parents are part of the marginalised communities that have been disproportionately affected by the virus. During the height of the pandemic, many academics, governing bodies, non-profit organisations and the media reported that Covid-19 infections and death rates were disproportionately higher among people of Black, Asian and Minority Ethnic (BAME) backgrounds (see Bailey and West, 2020; Barr *et al.*, 2020; Cook, Kursumovic and Lennane, 2020; Ford, 2020; Kearney *et al.*, 2020; Women and Equalities Committee, 2020). The pandemic truly highlighted and exacerbated existing intersecting socio-economic, ethnic and geographical disparities among individuals and institutions across the world.

4.9 Conclusion

This chapter has outlined the rationale behind using a qualitative approach and more specifically collecting data using in-depth, semi structured interviews due to their capacity to allow the research participants to express their lived experiences and thoughts in their own words. It detailed the steps taken in the preparation for a multi-sited fieldwork. Due to the disruptions presented by the Covid-19 pandemic, both to myself and my research participants, especially as many were frontline workers in the UK, the majority of data collection both in the UK and the Philippines occurred online. A total of 41 in-depth interviews were completed with two participant groups that I consider to be key actors that comprise one type of a Filipino transnational family. The data obtained were analysed from a grounded theory approach, and through thematic analysis. The findings of this analysis now follow in the three empirical chapters that follow.

Chapter 5 Skilled healthcare work migrations: Perspectives of the P-HCWs

5.1 Introduction

This chapter is the first of three empirical chapters in this thesis. It answers the first research question which asks: *what factors shape Filipinos' decisions to take up nursing that eventually lead to their migrations overseas?* The Philippines has been regarded as one of the main sources for migrant healthcare workers globally (Ball, 1997, 2004, 2008; Brush and Sochalski, 2007; Amrith, 2010, 2016). Studies on healthcare migrations have focused only on labour shortages occurring in the Global North driving the need for workers from the Global South (Lorenzo *et al.*, 2007; Raghuram, 2008b; Masselink and Lee, 2010). However, this supply-demand argument that often favours economistic explanations (based upon market logics and push-pull factors) is only one way to consider this situation. While this may be the broader structural context within which such mobility takes place, exploring the micro-level factors that has shaped migrants' motivations deepens insights and provides a more nuanced understanding for these migrations. This means starting our research on the issues not just at the point of migration, but earlier, to explore factors behind decision-making that leads to choosing a career in the healthcare sector.

This chapter identifies and explores three key interrelating phases in the lives of the P-HCWs that have shaped their migration journeys and experiences. The first phase explores the motivations for becoming a nurse in the Philippines where the research participants mentioned that family members strongly played a significant role in informing these decisions. The second investigates their postgraduation experience of working in the Philippines' healthcare sectors which is characterised by precarity for many. Finally, the third explores migrants' motivations again but this time for migrating overseas. This chapter demonstrates the complexities of migration decision-making and the influential role that (extended) families have in the making of these decisions, journeys and experiences, which together shows that migration is a *family project*. This chapter contributes to the scholarship on migration decision-making in two ways: First, it focuses on families as key to migration decision-making and problematises a unilateral approach that treats families as homogenous units acting in the collective interest of the whole. Second, it demonstrates an expansive notion of family by considering the interactions and relations between siblings, parents, grandparents, aunts and uncles alongside the geographically contained 'nuclear family' as they reflect a more realistic formation of family. By focusing on the family's role in migration decision-making, this chapter illustrates the often-conflicting power-laden negotiations of these decisions as they unfold within a hierarchically

structured space along gendered and generational lines, something that is currently lacking migration studies literature.

5.2 Pre-migration phase 1: Pursuing a career in healthcare among nursing graduates

In Chapter 3, I discussed how colonial legacies from the USA heavily shaped Philippine society, and particularly its healthcare sector. The establishing of nursing schools became widespread across the country at the time but has since slowed down in the 2010s due to a moratorium on the opening of new nursing programmes which affected university institutions' ability to offer these courses in the Philippines, consequently decreasing the number of nursing graduates. While this data surrounding the trends in the uptake of nursing and medical allied courses are available, the individual reasons and factors that have influenced students' decision to take up medical and allied courses remain elusive in the literature. Therefore, the following explores, from a micro-level, the decision-making of P-HCWs and the factors which influenced them to choose a profession in healthcare. Not only does this allow for a deeper understanding of what factors shaped their careers and migrations, but it also considers the causality of healthcare migration.

The majority of the P-HCWs interviewed for this study graduated with a medical degree in the Philippines. Of the total interviewees in this group (n=21), some 15 graduated with a bachelor's degree in nursing, two in midwifery and another in radiography. Two graduated with a postgraduate master's degree in clinical nursing, while another completed a degree in commerce and accounting.[18] During the interviews, the participants were asked to reflect on the time they decided to take up a medical-related degree at university.[19] Two predominant reasons for pursuing a career in healthcare emerged from the analysis of these interviews. The first is the dominant role of families by either inspiring, or in extreme cases, forcing them into choosing their undergraduate course. In many cases participants' parents (or other close relatives) also worked in the medical profession, so it made sense that they would follow on this path too. In other cases, their family asked research participants to follow this career path in order to secure the upward social mobility of the family.

[18] Magdalene was still included in the sample as she works within the healthcare sector as a hospital administrator.

[19] The term 'medical degree' can be very broad and wide ranging and can be referred to as any accredited undergraduate and postgraduate courses relating to the field of medicine which includes nursing, general and clinical medicine and health studies, dentistry, medical technology and many others (Department of Health, 2001). However, for the purpose of this study, the term refers to registered nurses or those employed in nursing who have migrated to the UK. This was not an intentional choice as the participants themselves just happened to have obtained similar accreditations.

The role of the family was also key when needing to pool resources together, which links to the second reason for pursuing this degree. The second reason was the value for money in pursuing a medical degree such as nursing. It remains one of the most expensive courses in the Philippines, however, many still choose nursing for its guaranteed path to employment in the country and overseas, regardless of how competitive it is. To provide some context, higher education in the Philippines is mostly privatised though some state universities offer lower or no tuition fee degrees. Nevertheless, even in such cases, many students have to pay out of pocket for other associated costs such as books, uniforms, and dormitory fees if they attend university outside their hometown. As a result, students usually rely on their families to help pay for such costs to attend university, which is in turn connected to the role the family plays in this decision-making, as noted above. Therefore, as will be shown in section 5.2.2, choosing a nursing degree is also related to one's socio-economic background. Although, nursing can be taken up by Filipinos from various social backgrounds, it is not always the most attainable, particularly for many from low-income and even some middle-class families as they experience financial difficulties in pursuing this degree. This was also the case for my research participants in the UK, where these will now be discussed in the following sections, starting with the influence of the family.

5.2.1 The central role of the family in career choice

Similar to many societies that are characterised by collectivist values, the family in Philippine society is a powerful and enduring social institution, as we saw in Chapter 3. Rightly so as it is through family that we inherit social practices and cultural values, feel a sense of belonging and receive unconditional love and support. Filipinos are known for being family-oriented and putting family first which shapes many aspects of their social life. However, some of these age-old values heavily ingrained in Philippine society can present conflict and added pressures for many, which manifest differently. The participants interviewed are no exception and for many, the family indeed played an integral role in their journey to a healthcare profession which begun during the time they were choosing their degrees.

The majority of the P-HCWs I interviewed shared during their interviews that they considered their families', mostly their parents', opinions when they chose to pursue a medical degree. Their responses included a mixture of motivations. Some participants were inspired by family members in their immediate and extended circles who were also healthcare professionals, whereas others felt pressured to take up this profession out of a sense of duty to the family. Nearly half of the P-HCWs interviewed mentioned having at least one or both parents, an aunt, uncle or cousins who were healthcare professionals, had migrated overseas working in this profession, or had done both. Where participants mentioned migrants, they said that these

migrant family members had moved to countries in the Middle East, Canada and the USA. An example of this is Hazel, a 31-year-old practice education nurse living in the Lake District, who shared the influence her family had on her decision to take up nursing:

> I come from a medically inclined family. My father is a doctor, and my mother is a nurse, both were OFWs (overseas Filipino workers) in Saudi Arabia. She [her mother] worked in Saudi all her life. That was where my sister and I were born… It was a no-brainer that we would move into healthcare. My sister is a nurse in Baguio and so, it was also a no-brainer that I would also take up nursing.

In addition to her father working in Saudi Arabia, Hazel shared that he also visited and studied in the UK briefly, providing some insight to their family's social status in the Philippines. Alongside coming from a family of migrant healthcare workers, this is a tried and tested method which has afforded her parents a comfortable life and a stable career, and opportunities to study abroad. Hazel did not reject this idea and in fact, spoke highly of her parents' professions. This example suggests that a combination of having family members in the medical professions, and a resulting family history of migration, are significant factors shaping people's decisions to following a similar path. However, though in the Philippines healthcare professions have become synonymous with migration, these decisions are also made separately, which I unpack in section 5.4 of this chapter. These instances, however, only show one perspective of the family's influence over their career decisions and are on the more altruistic factors for doing so.

In contrast, other participants did not have pleasant experiences of being influenced by family. Three participants felt they had little to no agency in their decision-making and were pressured to take up a medical-related course. The hierarchical nature of Filipino families plays a large part in this, not to mention that at this stage in the life course, these women are still dependent on their parents or other sponsors, financially and materially. There were three participants, all women, who mentioned that this was indeed how they came to take up nursing. For instance, Michie, a 29-year-old staff nurse in Southampton, shared:

> My parents wouldn't *allow* me to take the actual course that I wanted because that meant I needed to move to another city… and being [a] typical and [having] strict Asian parents – they wanted me to stay under their roof with them… so I didn't really have a choice. In the Philippines, we get our finances from them [parents or sponsors], we don't have a thing such as a student loan, so I had to stay where my parents wanted me to and that's why I did nursing… It's kind of been accepted as a norm… It's not that they're pushing it – but – I don't have a good term for it (how to better express this), but I guess it was brainwashing.

Michie's experience was similar to her sister Emily (aged 31 from Bristol) whom I also interviewed separately for this study. In addition, Emily mentioned that she had also been influenced by their other eldest sister's experience who was the first to be the nurse migrant in the family. Their examples highlight the strong influence of family members, particularly those considered authoritative figures such as parents. It is clear that intra-household power dynamics are at play and the (generational) hierarchical nature of the relationships with their parents inform these decisions as they are in a position with little negotiation power. This is exacerbated by their financial and material dependence on parents or sponsors to fund their higher education. Thus, without any alternatives, such as education loan systems readily available in the Philippines compared to other countries in the Global North such as in the UK, Emily and Michie (and others like them) had to follow what was expected of them, or risk an incomplete education or not attend university at all.

Gender emerges as a significant factor that shapes decision-making and career choice in two key ways. First, gender is important given the expectation of Asian families is that daughters behave dutifully, as has been shown in other research as well (Yeoh, Huang and Lam, 2018). Second, the healthcare profession, especially nursing and allied professions, are strongly gendered too. Not only in the Philippines, but worldwide, there is a dominance of women in the profession and nursing sector, not least as caring continues to be seen as a 'female trait', and work in this sector as fitting women, as also discussed in Chapter 2.

These examples also show that family influence, especially from authoritative figures such as parents, in migrants' mobilities, do not begin in the initial stages of migration decision-making, but occur much earlier – as early as adolescence. This instance is in contrast to what migration frameworks, such as the new economics of labour migration (NELM) theory posit, where it does consider the family as part of these decisions, but does not fully pay attention to intra-family dynamics and the frictions and hierarchies that are present in such families. But this is far from what happens in actuality. As the three participants show, these decisions involve a lot of negotiation which can produce conflict within the family stemming from unequal power relations of gendered and generational hierarchies. This highlights the significance of focusing on the arena of 'the family' in order to understand how institutionalised strategies and its underpinning ideologies are mediated, accepted or sometimes actively resisted in everyday life and decision-making (Yeoh, Graham and Boyle, 2002, p. 2). Though these decisions may be resulting from obligation and duty, migration can perpetuate, but also challenge, these gendered and generational ideologies that are prevalent among collectivistic families. As such, this highlights how migration and its preceding processes are deeply embedded, and should therefore be understood, in the context of the family norms, relations and politics the individual

migrants are situated within (ibid, 2016, Yeoh, Huang and Lam, 2005, 2018; Hoang, Yeoh and Wattie, 2012; Yeoh, Lam and Huang, 2022).

5.2.2 A healthcare profession is a lifeline for many

Besides the role of the family, research participants noted other factors at play that have influenced their choice of a healthcare profession, which can be grouped around financial affordability, often linked to the family's socio-economic background, as noted earlier. For many, a medical degree leading to a healthcare profession was seen as a lifeline offering a reliable backup plan when resources needed for education were limited. Some participants were not necessarily influenced or 'pushed' by their family members to go down this career pathway but felt that taking up nursing or another medical-related degree was a practical option that would eventually lead to a guaranteed and secured future. While the nursing and allied health professional degrees were not the least expensive degrees in the Philippines – other more affordable options being education or communications – these degrees were regarded as value for money in that they were perceived as leading to more guaranteed employment, and certainly a better future when considering the migration pathway.[20] For instance, Jeanie, a 48-year-old managing director for a clinic in Cambridge, had dreamed of becoming an architect. However, coming from a large rural family – one of seven children – with low-income from parents who were farmers, meant that a degree like architecture, where the average course spans seven years, was not feasible. Even in middle-class families, financial constraints were an important factor in choosing something other than their preferred course. An example of the latter was the case of Marla, a 52-year-old advanced nurse practitioner in London, who chose nursing rather than her dream course of civil engineering. Though her parents had well-paying jobs as educators, being one of five children and the exorbitant fees associated with tuition and accommodation costs in Manila, meant that her dream course was out of reach for her too.

For others, nursing is a lifeline and is therefore treated as an investment worthy of risking everything. One such participant was Gina, a 32-year-old staff nurse living and working in the Lake District. She had always dreamt of becoming a nurse as she told me during the interview that caring for others is her passion. However, the path to this career was not easy and her entire family faced many hardships in actualising her dream. Similar to Jeanie, whom we met earlier, Gina comes from a family with parents who earn a modest wage: her mother is a dressmaker and her father a tricycle driver. From early on, she knew that her parents alone were unable to pay for her to do nursing. This only became possible through the generosity of others.

[20] Thank you to Professor Parreñas for bringing this nuance to my attention.

Gina shared that one of her mother's *suki* (regular customer) offered to sponsor some of her university tuition fees since Gina had received a part scholarship from the state. Her sponsor paid towards some of the PHP20,000 (£296) tuition fees in the first year, until tragedy struck when her sponsor's husband fell ill and had to stop. Gina did not want to drop out of her degree but with three more years to go, continuing would be tough. She and her family endured great hardship as they scraped together the rest of the expenses for her to complete her degree, as Gina tells below:

> In order for me to graduate and get my credentials, we actually pawned our house to the bank. That was the sacrifice my parents made because they were able to pay for some, but not all [of her expenses]. My eldest sister also helped me with my studies, she took out a loan and she spent most of her salary to pay for my tuition fees… We really helped each other out, we Filipinos are like that. But a part of me feels selfish for pursuing the degree…

The above illustrates the extraordinary lengths that some Filipinos and their families go to secure an education. Gina indicated feeling selfish for choosing nursing. Despite this, she said she never received pushback from her parents and sister who risked losing their home and even financial ruin, so she could graduate. While we do not know what Gina's family think, as they were not part of this research, the fact that they risked so much so she could graduate, suggests that they considered nursing as worthy of investment which can lead to valuable returns, and perhaps through the realisation of her dream, wanted to see Gina happy too. In turn, Gina was keen to pay back this investment and once she was able to start earning, she helped pay for her parents to buy their house back and her sister to pay off her loan. Gina's story shows that sometimes all it takes is grit and sheer perseverance with a hint of risk-taking to make such dreams come true. However, the glaringly obvious factor that has led to their choosing a medical degree has everything to do with their socio-economic backgrounds. Coming from low-income (with the exception of Marla) and larger families, their limited financial resources ultimately led them to this as the other (more undesirable) option would be to not receive an education at all.

Thus, medical degrees such as nursing and allied professions, offer a lifeline for some of the P-HCWs as it means that without a huge amount of financial and time investment (relative to many other professions), they can still be skilled and enter relatively quickly into the labour force. Filipinos from all types of backgrounds may choose a career in healthcare since it has earned its significance as a well-respected and honest profession. In other words, those who come from higher or lower socio-economic backgrounds, or fall somewhere in between, may all be inclined to take up nursing. However, what distinguishes those who take up and stay in the

profession, I argue, is their ability to cope with the precariousness in the Philippines' healthcare sector once they graduate, which is in turn related to their motivations for migration.

5.3 Pre-migration phase 2: Precarity in the Philippines' healthcare sector

This section now moves the analysis on from studying to the next phase before migration, that of working in the Philippines' healthcare sector. The key word that would best describe the journeys of these P-HCWs as they pursue local employment in this sector is 'precarity'. In this chapter I argue that this stage in the P-HCWs' pre-migration process merits an in-depth exploration as the exploitative and insecure positions that nurses are subjected to in the local employment sector is a large factor in which the decision to migrate abroad is taken. This is, I argue, at the root of the 'missing nurses' phenomenon described by Encinas-Franco (2010) about the nurses who are highly qualified and experienced and yet do not enter the profession. These conditions lead many nurses to leave healthcare in favour of other types of employment which often they are overqualified for. Therefore, the following will show precisely how such precarity impacts the P-HCWs and some of its implications for local employment outcomes and for the healthcare sector overall.

5.3.1 The prominence of 'nurse volunteerism'

In the Philippines, graduating with a medical degree, including nursing, midwifery, radiography and many others, require passing the national licensure examinations for the respective degrees. Once passed, nurses then become registered, which enables them to join the labour market. When applying for job positions abroad, most employers require a minimum of two years' clinical work experience in the country of origin. This may seem simple enough, but the reality is that the pathway to securing permanent employment in the Philippine healthcare sector is difficult, leaving many nursing graduates to explore other options that might lead to permanent employment. The most practiced option is to join volunteer programmes offered by hospitals. This has left qualified nurses to be subjected to what Pring and Roco (2012) refer to as 'nurse volunteerism' involving unpaid or low-wage work, and even payment of fees to hospitals to actually secure the voluntary positions there. This situation has had negative implications on the P-HCWs leaving them to seek strategies for coping with such precariousness.

Half of the P-HCWs I interviewed for this study confirmed they had volunteered in hospitals when they lived in the Philippines, with a duration ranging from six months to two years. As they recalled the formative years of their nursing careers, participants reflected on how they secured volunteer positions by for example, moving from rural or smaller urban areas to the major cities

such as Metro Manila, where they believed *plantilla* positions were bountiful.[21] Such participants who undertook these rural-urban migrations were Anna, a 47-year-old project leader living in the Lake District at the time of interview, Juan, a 31-year-old ITU nurse based in Swansea, and Marla whom we heard from earlier. Anna had previously taken a volunteer role in her hometown of La Union but was not offered regular employment, which prompted her to move to Manila and volunteer for a second time at a tertiary hospital called the Armed Forces of Manila.[22] Marla and Juan both immediately moved to Manila in search of volunteering positions as they knew jobs were more abundant there. These internal migrations were made due to expectations that once they had gained enough clinical experience, it would be easier for them to find permanent jobs and that better pay would follow. This is indeed evidenced within migration-development debates where scholars have argued that skilled workers depart rural areas to congregate in richer urban areas to seek higher earnings and reap returns from long-term investments in training (Clemens, 2009). Empirical work in the Philippines has also found that nurses were indeed more likely to work in areas with greater earning potentials which tend to be in highly urbanised cities such as Manila (Abrigo and Ortiz, 2019). However, this exacerbates rural-urban inequalities, especially in relation to human healthcare resources, which consequently affect rural areas more gravely as this is where needs are the greatest.

The P-HCWs recalled this time in their careers as one wrought in insecurity and exploitation. One of the ways they were exploited was through 'volunteerism-for-a-fee' programmes offered by some hospitals. These programmes entail hospitals permitting access to their facilities and providing clinical experiences to new nursing graduates only upon payment of a fee. Maria, a 30-year-old ICU nurse living in London at the time of interview, admitted that she "went into volunteering which [she] paid for to gain [her] experience in the hospital". Juan too said he did the same as to not do this would lower their chances of working in hospitals and receiving regular pay. Thus, the P-HCWs felt inclined to go through with these programmes so as to reduce the risk of unemployment further down the line, by gaining required experience, which would be useful (and needed) if they wished to migrate overseas. Ortiga (2018) found that the

[21] In the Philippines, a *plantilla* position is considered a regular employee (Castro-Palaganas *et al.*, 2017).

[22] The Philippine healthcare system is described as decentralized, and operates at three levels, geographically/administratively: national, provincial and local. Healthcare is provided by both public and private sectors, but the contribution of the public sector has decreased in the past decade, with only 36% of health expenditures paid for by the government (Castro-Palaganas *et al.*, 2017). The local government in the Philippines consists of 145 cities, 33 of which are highly urbanised. The provision and management of public health programmes, primary and secondary general hospital services are overseen by local government units wherein provincial governments manage the provincial healthcare system, whilst the city government in highly urbanised cities manages city hospitals, medical and healthcare centres (see Dayrit *et al.,* 2018 for a comprehensive review of the Philippine healthcare system). The structure of the hospitals in the country also reflects this wherein hospital facilities are categorised into several types of service capabilities: primary, secondary, and tertiary. In this case, tertiary level hospitals refer to specialised hospitals that support certified medical specialists and other licensed physicians rendering services in different fields (Department of Health, 2001; Dayrit *et al.*, 2018).

2008 global financial crash was a determining factor in the widespread practice of volunteerism. The decline in demand for foreign nurses in the Global North left the Philippines with an 'overproduction' of nursing graduates, in Ortiga's (2018) words. With many hospitals unable to provide permanent work, the lack of such opportunities made nurses a target of exploitation for their labour. The 2010s marked the issue of 'volunteerism-for-a-fee' a significant topic of discussion in the Philippines that sparked national debate into issues of nurse exploitation in the country, in turn questioning the Department of Health's ethical code of conduct for hiring newly graduated nurses. This 'uproar' resulted in the Senate Resolution 166 filed by the then senator Pia Cayetano in 2010 during the 15th Congress of the Republic of the Philippines. The resolution aimed to investigate, in aid of legislation, some of the exploitative practices of some hospitals that employed registered nurses or trainees through on-the-job training (Pring and Roco, 2012). The bill illustrated examples of this exploitation which stated that newly graduated nurses were required to pay hospitals between PHP 5,000 to PHP 7,000 [£75-£100] for their certification through the course of their training period or work experience.[23]

Indeed, Juan recounted how these practices affected his future job prospects. Juan shared how he had previously volunteered as a trainee nurse in Jose R. Reyes Memorial Medical Centre in Metro Manila, where he was paid an 'allowance' and not as a regular employee. Though not ideal, he accepted it so that he could be provided with a certificate of employment which was essential to migrate.[24] However, the employer did not keep this promise and Juan quickly learned there was a change in their policies which now provided certificates of employment to regular hospital staff only (and not to volunteer nurses). This policy change had been affected by a change in law imposed by the Department of Health which required hospitals to offer a full benefits package with the certificates of employment; these included fair pay, and the provision of pensions and other social security benefits. If these certificates were offered to volunteers, the law required the hospitals to offer these other benefits to them too. However, Juan explained the decision of his employer to abruptly halt their issuance of certificates, as a result of pressure from the uproar in the media regarding the exploitation of volunteer nurses, as we saw earlier. This situation forced him to resign and move to another hospital which was able to issue such certificates. He noted that obtaining this certificate was his sole reason for applying as he needed the clinical experience documented in order to migrate.

[23] For context, a typical entry-level government nurses' salary in the Philippines is PHP32,000 per month, whilst it is even lower in the private sector with an amount between PHP 8,000-13,500 per month (Aurelio, 2022).

[24] The "certificate" in question here refers to the issuance of a certificate of employment by the Department of Health and Department of Labour and Employment.

These examples illustrate the high levels of casualisation amongst nurses in the Philippine healthcare sector, at least in the first few years of their professional careers. The policy changes by the Philippine government described above also show a recognition of this situation, as legislation was passed at the time to address it. Therefore, the claim that the problem is an 'oversupply' of nurses in the local healthcare market, while many public hospitals remain understaffed, is one which some scholars such as Ortiga (2018) argue needs to be considered critically. In their study on the immobility of aspiring Filipino nurses, Ortiga and Macabasag (2021) found that the decline in overseas jobs as a result of narrowing opportunities in migration destinations such as the USA and Canada, possibly prompted an oversaturation of healthcare-trained individuals within the Philippine labour market, which was addressed by the Philippine Commission on Higher Education by barring some universities from offering nursing programmes to students. The study looked at a similar time period (between 2005 and 2016) as when some of my research participants became registered nurses in the Philippines (n=9) and so it only affected some as others emigrated much earlier than 2005. In turn, this, in combination with the lack of public funds invested in Philippine hospitals necessary for offering permanent positions, have all contributed to a high level of competitiveness, that have left many nurses desperately vying for positions and enduring its implications.

5.3.2 The implications of precarious positions for the P-HCWs

After completing their volunteering and clinical experience, some of my research participants were able to be offered permanent positions at state or private hospitals, albeit some were still employed under temporary contracts known as 'job orders'.[25] At least five participants had these experiences. But to illustrate this, we focus on Gina who shared:

> I worked [in the hospital she volunteered] for a year and a half, and I eventually had a nurse position there, and they increased my salary to PHP7,000 [£106 per month] compared to regular employees who were paid PHP16,000 [£229]. Mine was low because I was only considered a job order. I couldn't help but feel jealous of them; we had the same amount of work and hours but they had more benefits than us like annual leave and a higher salary.

Despite being registered and experienced nurses with positions in hospitals, my research participants continued to experience high levels of exploitation, and job and financial insecurity. Many felt that they were unfairly compensated, especially for the number of hours they worked,

[25] Here, job order is loosely defined as the hiring of a worker for an intermittent job of short duration not exceeding six months, paid on a daily or hourly basis (Commission of Audit Philippines, 2023).

with the same responsibilities as those under permanent contracts. For instance, Amelia, a 37-year-old staff nurse living in Northern Ireland at the time of interview, used to work in critical care in the Philippines. She had to work 16 hours in one shift leaving her overworked for very little pay. However, the participants felt in no position to negotiate their pay let alone their work hours because they were only under temporary contracts. Consequently, this made their home life also difficult as Christina, a 29-year-old staff nurse based in Southampton at the time of interview, found, as she could hardly "contribute to any expenses at home". Christina indicated that she was of lower middle-class background coming from a family where the mother is a teacher while her father is a seasonal worker in a sugar mill in the province of Bohol. For someone like Christina, this financial insecurity was not ideal for their family, and she was worried of the financial implications of this since her parents were nearing retirement age, while her brother's tuition fees for secondary school needed to be paid. Thus, there was even more pressure for her to start earning as quickly as possible, so she could become the family's breadwinner – a role she would take on from her mother since the latter earned more than her father. She indicated that her family was only able to sustain themselves enough as they relied on help from cousins abroad.

In order to cope with their precarious positions in the sector, some P-HCWs sought to find other ways to become more employable as they thought this would help with their career progression, help with their migration efforts and boost their income. For instance, Ces, a 30-year-old staff nurse based in London at the time of interview, shared how she completed extra qualifications through training courses.[26] Ces undertook these trainings in the hopes of standing out in a competitive job pool. However, these optional trainings can be costly, especially for those who do not have any money to spare. For instance, Emily shared that one such course can cost around PHP5,000 or £75. Emily was aware that this was not accessible to all, noting how some of her cohort had to borrow money to afford it. She added that she was only able to afford it through the help of her father who paid for two training courses. Ortiga (2021) similarly argues that it is employability that has encouraged individuals to believe that they must invest more in their capabilities through work experience or additional qualifications (p. 2271). This, Ortiga (2018) argues, has led to an 'opportunity trap' which implies that the onus falls on individuals to gain more credentials to secure a positional advantage in the labour market, as also demonstrated by my participants. Here, we can see how migration also shapes the skills of potential migrants to make themselves become more employable not just in the domestic labour market of origin countries, but also international labour markets. It also highlights the enormous efforts, sometimes at their own expense to achieve secure and well-paying positions.

[26] These training courses are optional and certified short-term courses available for a fee to specialise in certain skills.

Arguably, this can also be regarded as a skill in itself as they learned how to navigate through their precarious situations.

Ultimately, the degree to which they are able to cope under such precarity depends highly on their social class, with those from lower socio-economic backgrounds being the most disadvantaged, as they lack the same opportunities as those who have more financial and social capital to help with their employability. Thus, unable to compete and survive with the little pay they received in the healthcare sector, some participants in this study found themselves 'pushed out' of these jobs, leaving the Philippines' healthcare sector altogether, after they had invested so much, even when this was their dream profession. They would re-join the profession later again, this time overseas. Before we move metaphorically to follow them abroad, however, we first see what other jobs they did before migration, in the Philippines.

5.3.3 Leaving the healthcare sector (temporarily) leading to the deskilling of P-HCWs

The challenges that the P-HCWs faced as indicated previously have made some reconsider their future in the healthcare sector of the country. For those that could no longer cope with the insecurity and exploitative conditions, some left the healthcare sector altogether and entered other employment that were paid higher with better workplace conditions, and where they felt they could progress their careers more. The caveat was that there was a mismatch between their education and their employment, which in turn lead to a deskilling of this workforce.

The P-HCWs who left healthcare entered jobs in offshore outsourcing, otherwise known as Business Process Outsourcing (BPO). These are companies located in the Global North but who conduct business operations such as back-office work, in countries in the Global South, where they are able to hire highly skilled workers at lower pay and with fewer regulatory restrictions (Magtibay-Ramos, Estrada and Felipe, 2008). The services that BPO companies provide usually comprise of contact centres or call centres (for example, for banks, insurance, and telecommunication companies), software development and engineering design. The first call centre in the Philippines was established in the early 1990s and since then the BPO sector has been one of the fastest growing sectors of the economy (Soriano and Cabañes, 2020). In 2019, it had contributed $26 billion to the Philippine economy and is one of the main employment sectors of the Philippines with 1.3 million employees in over 1,000 firms across urban areas (Shin, Mckenzie and Oh, 2022). The minimum qualifications for employment in the BPO sector, particularly in its contact centres, are university degrees, a good English proficiency and being computer literate, thereby making it easier for nurses to apply (Magtibay-Ramos, Estrada and Felipe, 2008).

Given the difficulties encountered in the healthcare sector, the P-HCWs I interviewed sought work in call centres, with higher pay being a large incentive for them. One such participant was Mark, a 30-year-old staff nurse in London who shared that he worked in a call centre for three years since it paid higher than nursing. Amelia, a 37-year-old staff nurse in Northern Ireland worked in the industry for even longer with ten years of experience and eventually making her way up as a trainer. This was a more practical option for her as a single mother with a young daughter to support. However, she shared with me that these jobs were only available in big urban centres and so she had to leave her daughter in her hometown Zamboanga City while she migrated to Cebu where her job was located.

Structural issues such as lack of funding in state hospitals by the Philippine government, combined with pressures to support themselves and their families, resulted in skilled workers like nurses being pushed out of their profession and into jobs unrelated to their formal training, where they were unable to utilise their core clinical skills (although they could clearly use some of the transferable skills). All of this impacted their employment prospects. More specifically, it has led to the deskilling of this workforce across the Philippines. Ortiga (2018) described this as a *brain waste* – a term from economics which has come to refer to the educational qualifications of individuals being underutilised in the labour market (Bhagwati and Hamada, 1974; Mattoo, Neagu and Özden, 2005). Finding similarity with this study, Ortiga (2018) states that pursuing a career in healthcare exacerbates issues of deskilling, unemployment and mismatch of education and available jobs in the local labour market. This process of deskilling has affected local employment outcomes and has left the Philippines with a shortage of experienced and skilled healthcare professionals. In turn, their departure, when migrating abroad, has contributed to a loss of valuable human capital and has compromised the overall quality of healthcare services, placing an increased burden on the remaining healthcare workforce due to their inability to meet care demands for the whole population (Alibudbud, 2022, 2023; Lalu, 2023; Reuters, 2023).

This outcome is certainly not in isolation from the debates in the ‘brain drain’ literature. Clemens (2013) argues that regulations which prevent individuals from using their skills can lead to their underemployment or performing so called ‘lower-skilled’ jobs. Nevertheless, Clemens (2009, 2016b) argues, rather than considering skilled emigration as the cause of poor development outcomes in the origin country, as most of the ‘brain drain’ literature does, it is the underlying developmental causes that need to be addressed, such as poor conditions and structural issues that prevail in a country, which force these individuals to leave their profession, and then leave their country in the first place. Indeed, this is also relevant to the situations of the P-HCWs I interviewed for this study, as demonstrated through the drastic changes they had to take in their careers after being unsuccessful in finding permanent

employment in the Philippine healthcare sector. In other words, contrary to previous notions in the 'brain drain' literature which argued that the migration of skilled workers can contribute to underdevelopment, as this analysis showed, the causality is the other way round – it is the structural issues in places of origin that force skilled individuals to emigrate.

5.4 Migrating abroad: Whose decision and why?

The structural issues prevalent in the healthcare sector that the P-HCWs are indeed a significant factor in their decisions to migrate overseas. But these were not the sole factors in which they based their decisions, nor were they decided upon on their own. As this chapter will show, P-HCWs contended with wide ranging factors that informed their migration decisions. This part of the chapter now moves the discussion towards these motivations for migration, bringing together the perspectives of the P-HCWs and the stay-behind families interviewed for this study (notwithstanding that these are not a matched sample, as noted earlier). The findings in this chapter show that more often than not, motivations for, and factors that inform, migration decisions are often a combination of multiple causes involving not just the individual migrant, but other members of the family with the decision itself also taken with the family in mind. While the family as a unit of analysis has been the focus of studies and theorisations before, intra-family dynamics and intersectional inequalities (along gender, generation and social position lines) have received less attention. Furthermore, other scholars have argued that migration should not just be reduced to individual nor household choices, as human mobility is entangled upon series of interactions with different and distinct governing contexts (Sigona, Kato and Kuznetsova, 2021). Thus, it is these intra-familial dynamics that I will be exploring in this part of the thesis, beginning with the economic reasons, followed by social factors, and finally, looking at the family and its importance in these decisions.

5.4.1 Career prospects and salary differences

From the perspectives of the P-HCWs, some revealed that the difference in salaries between countries of origin and destination were important factors that encourage migration. As seen earlier, they had difficulty finding permanent employment in Philippine hospitals which suggest lower career prospects and salaries if they stayed. This was reaffirmed by Maria, a 30-year-old ICU nurse in London who shared:

> So, opportunities-wise, I also thought that with the salary [in UK], and how high it is, it was possible to get my own place, save up for myself and send some money back home as a gesture of goodwill.... So, if you look at the differences in finances between

> both countries, there really is a bigger opportunity for you to actually be able to build a better life [for herself and her family].

Other participants shared the same sentiments as above stating that the cost of living in the Philippines, their pay as a nurse there was barely enough to cover groceries, utility bills and renting. This, along with Maria's excerpt above, reveals that higher salaries and the large gap between what the Philippines and the UK offer played a significant role in their decision to emigrate. However, I argue that it is not just the wage differentials between the countries that motivate them; rather, it is the opportunities available and the buying power their wages can afford them that matter in this case. For instance, even for nurses graduating in the UK, it may take a few years to purchase their own homes and save up. In contrast, Filipino nurses often arrive in the UK highly skilled, especially those with years of experience abroad. This can lead to faster career progression and better working conditions. Although their starting salaries may not be high, they have higher chances of improving their situations more quickly in the UK. This, however, is something that may take longer or perhaps, cannot be achieved in the Philippines.

5.4.2 Social factors shaping who migrates in the family

Other participants also stated that investing in the family's human capital was a motivation for moving abroad to earn more money. They implied that migrating would enable them to raise the family's human capital through investing in family members' education indicating that this would ensure the upward social mobility of their families. For instance, Juan, a 31-year-old ITU nurse in Swansea promised his mother to help his younger siblings pay for their education, if he was able to migrate abroad. Further education and upward social mobility were similarly strong factors for migration also amongst families I interviewed in the Philippines (with migrant members abroad, although not always in the UK). For instance, Adrian, a 19-year-old university student in Pampanga shared that his mother's migration to Paris as a domestic worker was for "[his] own benefit so that [their] education could be provided for". Coming from larger families with limited resources means that parents may struggle supporting their children through education. This social responsibility usually falls on to migrant parents like in Adrian's situation. But in families where it is not a parent who migrates, the responsibility falls on the eldest child, indicating that such motivations are also shaped by their social position in the family. For instance, Christina says that she also shared this responsibility expressing that "being the eldest child, [she] would always be the breadwinner" and her decision to migrate "lies on the fact that [she] needs to support [her] family in the Philippines no matter what". Many research participants reveal that one's social position in the family and birth order among siblings are important factors that shapes who migrate within a family. Culturally, it is customary for the eldest siblings to harbour a sense of responsibility to look after their younger siblings.

Christina's reasons also overlap with that of ensuring the upward social mobility of her family as she stated that the gap of the rich and poor in the Philippines is so vast that her family would struggle to survive unless they have someone helping them from abroad. Thus, migration may present with opportunities to achieve upward social mobility (Porio, 2007; Clemens, 2009).

Previous research on Filipino families have found that birth order as well as gendered ideologies are determining elements of migrants' responsibility towards the family (Tacoli, 1999). As shown by Christina and Juan – my research participants – earlier, it is evident they felt this responsibility more strongly being the eldest among their siblings. However, it is not just this expectation which had a bearing on their decision. This, combined with the fact Christina and Juan were still single and had not yet started to have families of their own, meant that at that moment in time, their responsibility was towards their parents and siblings. Tacoli (1999) argued for the consideration of the importance of the life course, as this can affect migration decision-making. In other words, decision-making can vary depending on one's stage in the life course, and whether they are young and single or married with children. Nevertheless, the empirical material presented in this chapter indicates migrants' motivation for economic advancement aimed at improving the social mobility of their families through investing in the education of family members using the earnings they would acquire abroad. But their situations reveal that intra-family dynamics involved which are the underlying yet more important factors that influence these decisions.

Moreover, the decisions to migrate are also not in isolation of P-HCWs' experiences too. For a lot of Filipinos, this encouragement or enforcement, depending on the individual, stems from the common goal of providing for the family to achieve upward social mobility. Participants that related to this deeply were Anna, a 47-year-old project leader in the Lake District, and Daphne, a 41-year-old senior research nurse in Nottingham. Anna explained:

> Yes, it's a common thing that you want to go overseas for you to provide a better life for your family – [to put] the family's life in a better position. My father used to work abroad to [be able to] send us to school and my mother is a plain housewife. (Anna, 47, Lake District).

Anna shared that her father previously migrated to Saudi Arabia when she was just seven years old to work as a heavy equipment operator. Her father would only come home once a year for a month-long vacation and only permanently returned to the Philippines when Anna was able to migrate herself. Anna had good intentions for migrating as she stated above, but these intentions clearly confluence with what she has observed from her father's experiences. Seeing the rewards that her father reaped from migrating had also encouraged her to do the same. This was reaffirmed when she admitted that she had always imagined herself migrating since she

was young. From Anna's point of view, coming from a family of migrants who were also nurses, influenced her to take up nursing as she had known that to be the route that will lead her to migration.

5.4.3 Migrating 'for' the family

As with career choice, with migration decision-making too, the family often played a central role. This was both in providing the necessary financial resources and motivating the migration in the first place. The prospect of earning more in destination countries was an incentive to migrate to secure both the migrant's financial wellbeing, as well as enabling the migrant to support their family. This support was often in the form of financial remittances that migrants would send back to their families. From the perspective of those who remained, Claudine, a 24-year-old purchasing stock representative in Quezon City mentioned that her maternal grandmother was the only migrant in her family. She shared that her *lola* (grandmother) journeyed to the US more than thirty years ago to work as a nurse. Claudine's *lola* was the only one in her family with a complete education and so she had the responsibility to support the family financially. She pursued migration as a means to better the family's financial and material wellbeing through the remittances she sent. This was a typical example that illustrates how the benefits of migration impact more people than just the immediate family members: from one family member they can be diffused horizontally (to other siblings), as well as vertically (to generations further down the line). Thus, the remittances Claudine's *lola* sent allowed for her *lola's* younger siblings to complete their education, followed by *lola's* children – Claudine's mother – who remained in the Philippines, and then onwards further down the line into the next generation, the grandchildren, which in this instance are Claudine and her siblings.

Their stories reveal that motivations to migrate are still somewhat in line with functionalist theories of migration. Where they differ is that migration is not the pursuit of a single person, for their own personal benefit, but a collective endeavour that involves many people often not even considered as part of the migrant's family in much Eurocentric literature. That such connections have endured and remained strong over time, across generations, is also testimony to the endurance of the importance of the family in many majority world societies, adapting to the realities of migration and separation, as we will see in the next chapter. It shows that the conditions in which transnational families exist is that family members seek livelihoods abroad which necessitates spatial separation between relatives to ensure economic wellbeing.

Moreover, from the perspectives of the P-HCWs, some also stated that reasons for migrating were largely influenced by the family. For instance, Daphne's motivations of migrating were for

the (economic) betterment of the family. In particular, Daphne felt inclined to repay the efforts that her parents made to give her and her siblings a comfortable life as she shared that:

> My mother was very influential in my decision to get a nursing degree and work abroad because I've seen how she supported all of us, including my older brother and sister. Most of the time my father was abroad working too, and so I saw how my parents combined their incomes to support me and my siblings. I saw that they were getting old, so I thought it was about time that I helped them back and provide for their future.

Daphne saw this as a way for her to return the sacrifice to them. Much like how migration served as a means for her father to provide for their family, Daphne also viewed this as a strategy to ensure her parents' wellbeing are taken care of later in their lives indicating that her motivations were in parallel with her father's. These instances put into the fore the cultural context in which children like Daphne were raised in, which places a strong emphasis on values such as *utang na loob* or indebtedness to elders for their support, guidance and care. Daphne shows that she does not take their parents' efforts in vain nor for granted, as she goes on to develop a desire to pay back their sacrifice. These values then shape their decisions and highlight a more altruistic motivation for migration, in turn also emphasising the intergenerational interdependency amongst families in many Asian countries such as the Philippines. This instance also shows how these seemingly individual sacrifices within the family contribute to the prevalence of Philippine society's 'culture of migration', highlighting how it takes hold and drives further migration (as mentioned in Chapter 3).

Furthermore, Daphne's situation shows that families take turns to migrate, by allowing their migrant fathers to return only to then migrate in their stead when the time comes. Their motivations show that decisions to migrate are tied to care reciprocity and mutual exchange with one shared goal of ensuring the family's financial security at all times. Similarly, in a study by Francisco-Menchavez (2020) of Filipino transnational families, migrations were also taken in turn to ensure that there is a constant source of financial support to family members in the Philippines. Francisco-Menchavez's (2020) study highlights that cultural values of caring for, and supporting the family, strongly shape and influence decisions to migrate.

On the other hand, some of the P-HCWs I interviewed stated that while they too were motivated to migrate for the sake of the family, there was also an element of 'pressure' they experienced from family members to migrate. For instance, Christina, one of my research participants whom we encountered earlier, shared that her education was sponsored by an aunt in Canada who also worked as a nurse. However, far from purely altruistic, this act was conditional on Christina migrating later on. This was similar with Marla's story who shared that she was strongly encouraged by her father to immigrate to the USA where a friend of her father's offered to pay for

her to take the National Council Licensure Examination (NCLEX- the competency examination for overseas nursing graduates to practice in the US and Canada). Both interviewees felt as though they had little choice but to follow the plan laid out for them, as they felt pressurised not to seem ungrateful (or *walang utang na loob*). Thus, the intentions to migrate are clearly dominated and shaped by family pressures and cultural values of indebtedness so as not to bring shame upon the family (Jong, 2000). Christina's example in turn presents another – this time negative – side of collectivist culture in Philippine society, which values 'indebtedness'; while the individual is supported by the family and the collective, their individual needs and desires can also be lost and sacrificed for the sake of family and the collective.

The discussion in this part of the thesis has also shown the power inequalities within families, in line with previous literature that has emphasised the importance of considering intra-family dynamics when seeking to understand migration decision-making (Tacoli, 1996b, 1996a; Bryceson, 2019, p. 3045; Jorgensen *et al.*, 2019). The empirical material presented here illustrates that such decisions are located in a landscape of unequal power relations where authoritative figures such as parents or extended family forge the pathways of their younger family members. It demonstrates that even when migrants unilaterally decide to migrate, most harbour a sense of obligation to the family that steers them towards contributing to their family's welfare (Tacoli, 1996b, 1996a; Bryceson, 2019, p. 3045; Jorgensen *et al.*, 2019).

5.5 Conclusion

In this chapter, we followed the P-HCWs at three pivotal phases in their lives, referring to their motivations for pursuing a career in healthcare, the precarity they experienced while working in the Philippines' healthcare sectors and their motivations for their subsequent migrations overseas. Throughout all of this, the involvement of the research participants' families were evident, cementing their influence in the migration journeys and experiences. This chapter demonstrated that migration is a *family project*: in the ways in which various family members are involved in migration decision-making either inspiring the migrant to migrate acting as role models, or pressurising them to do so; in the ways in which various family members pull resources together to enable the individual to pursue a degree that will later lead to a more secure profession, including financing a migration journey; how in turn there is an expectation that the migration is not for the individual's benefit alone, but with an eye to improving the life of the entire family, often siblings, but also parents, and other members – usually through remittances.

As has been shown in this chapter, these intra-family dynamics that need to be negotiated are laden with power across age and gender hierarchies, as well as birth order and social position within the family. They are also further shaped by an individual's stage in their life course and the family's social position in the wider local community of origin. In contrast to conventional migration theories such as NELM which assume that families act in the collective interest as a whole, my findings in this chapter reveal some form of collective action, co-existing alongside struggles for power which permeate relations between family members along various social hierarchies. Significantly, my findings show that it is often women who are required to make these personal sacrifices for the benefit of the family. By examining these complex intra-familial dynamics, this chapter has shown that migration decision-making is a deeply relational process, embedded within intergenerational and gendered structures. Additionally, this chapter expanded discussions beyond the 'nuclear family' as it explored broader familial relations and the influence that extended family members also have in shaping migrant family members' migration journeys and experiences. Let us see next how these notions of family and relations evolve across borders when transnational families form through migration abroad.

Chapter 6 Transnational family life of Filipinos

6.1 Introduction

This chapter addresses the research question: *how are social relationships within Filipino transnational families shaped by transnational migration?* Following the discussion on migration decision-making in Chapter 5, this chapter delves into the transnational relationships of Filipino families and the ways in which they organise caregiving once migration has taken place. This chapter makes a key contribution to the study of transnational care by offering insights into the multidirectional and interdependent practices of caring labour among P-HCWs and their families in the Philippines. While existing scholarship on care circulation by Baldassar and colleagues highlights the reciprocal nature of caregiving across borders, this chapter challenges the tendency to frame care circulation as largely balanced (Baldassar and Merla, 2014; Baldassar *et al.*, 2018). Instead, this chapter demonstrates the prevalent asymmetries in caregiving responsibilities, illustrating how structural and gendered inequalities shape who provides care, under what circumstances, and related emotional and material costs. It demonstrates how caregiving responsibilities are distributed across multiple people including siblings, parents and grandparents revealing the deeply interdependent nature of transnational family life.

This chapter begins with an overview of the participants' definitions of 'family' and their perceptions of familyhood as this can inform and shape how and with whom they maintain these transnational social relationships and practices. Exploring ideas of transnational familyhood and membership from the perspectives of racially minoritised groups is important in itself as dominant understandings of families are viewed and defined through a Western-centric lens (Raghuram, 2012; Francisco-Menchavez, 2018a). The first part of this chapter aims to reconceptualise what constitutes 'family' in a way that better reflects the empirical context of the research, rather than trying to fit this empirical reality into an existing top-down universal Western-centric view. Thus, this expansive meaning of the family shows the importance of wider, extensive networks, all of whom play a role in the circulation of care across borders. The second part of this chapter demonstrates how P-HCWs engage in transnational caregiving practices, often driven by a sense of obligation to maintain social ties with their families. These motivations are not static, however, but evolve over the life course, shaped by shifting familial needs, personal circumstances and broader structural factors. The third and final part of this chapter shows that stay behind family members are not just passive recipients of care, as often portrayed in transnational families literature. Instead, this chapter demonstrates how they

actively participate in transnational caregiving and reciprocating support in various forms such as emotional and practical care. It shows the multidirectional and interdependent nature of care within transnational families.

By examining the complexities of social relationships in transnational caregiving, this chapter advances the discourse on power dynamics in transnational family arrangements, particularly in relation to selflessness and caregiving asymmetries. Through critically engaging with the narratives of the P-HCWs and the families who remain behind, this chapter shows how caregiving connects transnational families together in networks of reciprocity and obligation, which are simultaneously characterised by tensions and unequal power relations. In doing so, this chapter deepens our understandings of transnational family life and contribute to broader discussions on the intersection of gender, age, class and cultural norms, all of which shape the circulation of care and the dynamics of family relationships.

6.2 Who counts as family? (Re)configuring relationships among Filipino transnational families

6.2.1 The 'ideal' Filipino family: Gendered expectations and conflicts

The two participant groups for this research, namely the P-HCWs and stay-behind family members were all asked to reflect on what family meant for them and as such, who comprises their family. For research participants who lived in the Philippines, two key elements were central to how they viewed the ideal Filipino family: geographical proximity and clear gendered roles. The latter was typically understood as consisting of a 'providing' father and a 'nurturing' and homemaking mother, living together with their children under the same roof. This was quite surprising to me, given the context of high rates of migration in the Philippines, as part of which families are geographically separated for years. Or perhaps because of this separation, this was an ideal respondents longed to one day achieve. This point is illustrated through the examples of two research participants, whom I introduce next, followed by extracts from their interviews.

The first participant, DJ is a 24-year-old living in Quezon City, Manila, pursuing a master's degree in business administration at the time of the interview. DJ's father emigrated to Indonesia in 2014 when he was just sixteen to work as a secondary school teacher, leaving DJ in the care of his mother. His father stayed and worked in Indonesia for four years before permanently returning to the Philippines in 2018 after DJ's mother had passed away after a short illness.

The second participant, Yang is a 25-year-old senior fraud specialist in Quezon City whose family history was almost the opposite of DJ. Yang' story involved complex family arrangements

and several migrations. Yang's mother first migrated to the USA in 2006 to work as a professional physical therapist when Yang was just eleven years old. From what Yang could remember, her mother's migration was quite sudden, triggered, in part, by the death of her *ate* (older sister) from dengue fever the year prior. In that same year, her mother remarried an American citizen who lived in the Philippines and so Yang's mother was able to migrate to the USA under a spousal visa. Yang was then left in the care of her father (her mother's ex-husband) mainly with her *kuya* (older brother) from the same marriage up until 2012. After this, she lived with her half-siblings from her mother's previous marriage up until she turned eighteen when she moved to Metro Manila to begin her university studies in 2015.[27] Her family history can be considered as an atypical one as it does not fit the typical model of the nuclear family, which has – intentional or not – formed the basis of their definitions. Yet, this simple nuclear type consisting of two heterosexual parents and their children is what her ideal family is about.

When asked about what family means to them, they both painted a similar picture of a 'providing' father and a 'nurturing' and homemaking mother with children living together under the same roof. Not only did their responses adhere to the conventional (Euro-centric), nuclear type of family, it also reflects gendered norms of parenthood within close proximity. An example of this was DJ's response:

> I think the ideal family is one that lives in one house and who are together. It is the type where [family members] ideally would not have to leave [the country] to find a livelihood. But my father had to leave and was unable to come home for celebrations... The ideal family for me then is one where the *padre de pamilya* [male head of the family] or the *ilaw ng tahanan* [light of the home, i.e. mother] would not need to work overseas. For me, the ideal family is when you father and mother are always there for you to support your dreams especially when there are many of you. Also, especially in our time now, it is important for [children] to have guidance as they grow up.

DJ highlights not just traditional gendered divisions of labour, but also the hierarchical structures of the family where the father leads through being the 'provider', while the mother being the 'light of the home' means she does not face the same cultural and social pressures to provide, but is entrusted to nurture the family (Parreñas, 2010, p. 1828). These ideas do not exist in a vacuum and reinforce traditional ideas of parenthood, mainly informed by Western conceptions of family as well as the cultural and social influence of the Catholic Church and its prominence among Filipino society. Furthermore, what is interesting is that DJ highlights the importance of both parents being in close proximity of their children, indicating the migration is

[27] Yang's mother had four partners in total – Yang was the fourth child from her mother's second marriage.

not something desirable, but one which disrupts family life. However, DJ was not resentful toward his father's migration as he understood it was out of necessity but more likely, it was because his father still conforms to traditional gender norms of male breadwinning. Therefore, DJ was able to easily accept his father's absence from the home since he still performed his duty as the "padre de pamilya". The same cannot be said for Yang, however, since it was her mother that was the principal migrant. Similar to DJ, Yang indicated her father was the provider of their family. This would normally be followed by a nurturing mother. Instead, Yang described her mother as someone who "showered [them] with money, gadgets and a proper education". Here, she indicates her mother's role as one typically associated with breadwinning role, though she does not explicitly say so.

DJ and Yang's ideal family structures are reflective of traditional family roles in Asia where relations among family members are strongly defined by hierarchies of gender and age. Despite having similar ideal notions, their family situations differ in relation to who the principal migrant was, and which parent stayed behind. Thus, their sense of 'familyhood' and social relations with their migrant parents differed. During the course of his father's absence, DJ had a difficult relationship with him indicating that he had no affection from him for his father's strict ways of raising which he described as 'military-like'. This was difficult for DJ to accept as given his views of his father as the breadwinner and his way of 'dictating' his every move, for instance, what course to pursue was out of his father's parental remit. This is not unheard of, as studies on transnational fathering, or how fathers reconstitute their roles from afar, have found that migrant fathers maintain a gender identity of heightened masculinity and follow a traditional script of fathering (Parreñas, 2008, p. 1058). Therefore, his father's strict ways may be the way in which he fulfils his role, albeit, as an authoritative disciplinarian which imposed an emotional gap between them.

This all changed, however, when DJ's mother passed away as since then, they had become "closer" when it became "just the two of [them]" where his father not only became more lenient, but also gentler and understanding with him. This was evident when their communication became more frequent where his father would check in on his wellbeing. This shows that traditional roles informed by gender are not static and in fact, can shift throughout the life course although in this case, it only happened due to his mother's unfortunate passing. This finding highlights that relationships between migrant fathers and children can be mended and have the potential to bridge emotional gaps. This is in contrast to Parreñas (2008) study where she found that male migrants' crossing gender boundaries were limited, and therefore, could not ease emotional tensions between families due to physical separation.

Similar to DJ, Yang shared that her relationship with her mother in the USA was difficult and at times filled with resentment that began during her mother's migration. Yang speaks of "hating" her mother when she left without saying goodbye. She only found out about the move over the phone after her mother had already been in the USA for several months.[28] Yang recalls her feelings related to this phone call, as being "shocked and sad" and remembers questioning her mother why she had "suddenly left [them]". It is important to bring here the perspective of the mother too, which is relayed through Yang's words where she described that her mother 'defended' her decision to leave unannounced because she could not bear the pain to say goodbye to her children knowing she would leave them behind for a long time, and perhaps even change her mind about leaving. To add to the resentment she felt, Yang shared that "it's okay if it is your father who leaves, but not your mother". This particular event had left a significant mark in Yang's feelings and strongly shaped her relationship with her mother. It can be understood why Yang feels they had been abandoned by their mother due to the way she left the Philippines. However, even if they parted in good terms, there is still the possibility that Yang may have felt similarly. This is because migrant mothers continue to be strained by their caregiving expectations and in the process of transnational parenting, they subvert traditional ideals of motherhood as they exchange their physical presence and nurturing roles for their children's material wellbeing (Carling, Menjívar and Schmalzbauer, 2012).

Yang's resentment towards her mother further reaffirms the harsh and asymmetrical experiences of migrant mothers whereby, providing for their children's material needs is insufficient and that they need to fulfil their children's emotional needs too. Although she recognises that her mother tries her best to provide, and has utmost respect for her, Yang continues to feel "emotionally distant" from her because they never had the chance to discuss their feelings – exacerbated by not being in regular communication – with one another. This shows that although mothers have such expectations placed on them, this does not mean they are able to meet them – that is, not all mothers engage with their children emotionally. Instead, they fulfil their roles in other ways which in the transnational families literature has resulted in the notion of 'intensive mothering' from afar, whereby mothers overcompensate for their physical absence through amplified acts of care (Parreñas, 2005b).

Overall, the examples of DJ and Yang show that their ideas of what the ideal family should look like seem to be similar to the nuclear Eurocentric type which in turn, affects how they make sense of familyhood and their relations with their migrant parents. Their examples show that transnational parenthood can be affected in gender-specific ways and though both their parents

[28] The move was easier to hide since at the time Yang was living with her father.

fulfil parenting duties in similar ways (through providing), migrant mothers and fathers face different experiences in the Philippines with their children 'left-behind'. Migrant mothers can face more criticism when they could not fulfil their traditional nurturing roles, as shown by Yang. But as I have found here, this does not mean that these gendered roles are static. In fact, they can change over time and over the life course as shown by DJ's circumstance when his father had approached a gentler way of parenting, albeit triggered by the unfortunate passing of his mother. The choice of looking at transnational families through a gender lens was intentional as it highlights the varied definitions and compositions of these families and the meanings that these relations take when parenting is carried out from a distance (Carling, Menjívar and Schmalzbauer, 2012, p. 196). In the following section, we will encounter ideas that depart from these, where familyhood are not always understood within the parameters of a nuclear family. Here, families are rather reconfigured spatially in people's minds.

6.2.2 Configuring families in spatial terms

Many of the research participants from both participant groups considered the family not just through the conventional and nuclear types compared to DJ and Yang's narratives in the previous section. For other participants, they thought the ideal family should also include 'extended' family members, such as grandparents, aunts, uncles and/or cousins. Thus, in contrast to what we have seen so far, some research participants defined family in a more *conceptually expansive, yet geographically bounded*, way. In such understandings, the physical space of the 'family' dwellings and spatial proximity to each other took centre stage. Research participants described living in physical complexes called 'compounds' which are a series of houses built in a plot of land next to each other, often sharing a common courtyard. They are inhabited by multiple family members comprised of multiple generations of 'immediate' and 'extended' families. An example of this compound living is described in the following quote by Pedro:

> So we have a big compound, we have one house where my [maternal] grandmother and where my parents live and within that compound, there's also a separate house where my mother's sister lives and then they usually just look after each other.

Before Pedro, a 26-year-old professional educator in Portsmouth migrated to the UK, he lived in his family's compound in Masbate City in the rural Bicol region of Visayas, which housed three generations of people from that same family. These types of compound dwellings demonstrate that families, be it immediate or extended, prefer to live in close proximity to each other, although they may not necessarily be part of the same household – that is, they do not have shared financial and material resources. Migrants' family members

living in these ‘home’ compounds in the Philippines included not just the children they ‘left behind’, but also other members such as their ageing parents, who are then automatically in the care of other extended relatives, as Pedro reaffirms in the previous quote. Moreover, other participants have shown that these rural living arrangements are adapted in urban areas when people move there, which are typically crowded, too. These have come to be informally known as ‘vertical compounds’ based on the idea that the physical structures of condominiums extend upwards rather than horizontally. Figures 3 and 4 below are examples of these ‘vertical compounds’.[29]

Figure 3 The front entrance of the compound dwelling. The main entrance is inside, through the yellow gate on the left.

Figure 4 The main entrance of the *barangay*, adjacent to the participants' family compound.

[29] The photos were shared by and with permission from the family of one of my participants. This compound housed three families, including Raquel which she shared with her aunt and her cousin who migrated to China whom she saw as her own nuclear family of sorts.

One example of a participant who also lived in such a compound was Raquel, a 30-year-old stay-at-home parent living in Pandacan, Metro Manila and whose photos we see in the previous page. Raquel's migrant relative was her girl cousin who moved to China after marrying a Chinese citizen whom she met in the Philippines. Raquel moved into one of the units to live with her migrant cousin and was raised by her *tita* (aunt) after her parents tragically passed away. She shared that after this, her *tita* became a maternal figure to her and her cousins became like siblings, including the one who moved to China after getting married and who works as a day care teacher. This living arrangement is one not unusual to the Filipino family as often when one becomes orphaned or when single mothers have children, they also move in the care, and under the protection, of more economically powerful family members. Raquel indicated this when she shared that this particular aunt is "*mas nakakaluwag-luwag"* meaning their life is more at ease (financially comfortable), perhaps due to her cousin's migration where this aunt is a recipient of the financial remittances from said cousin with which Raquel has also benefitted from. In return, Raquel also helped out her migrant cousin by looking after her mother while the cousin was away.

Thus, *care and caring are what these families are centred around* – whether in horizontal or vertical compounds – not whether they have a common household budget or share wedding rings. Care continues to provide the gravitational ground anchoring the family when members migrate too, albeit reconfigured to accommodate for the geographical distance that that entails. Both in the case Raquel and Pedro above, the reciprocal caregiving and receiving are ways in which families are 'done', i.e. how this centred role of care is manifested in everyday life. For example, Raquel's role for her cousin's mother while the cousin lived in China, and who became like a maternal figure for Raquel, was similar to that of Pedro's aunt who was entrusted to care for his mother while he was in the UK.

However, these living situations are not always permanent and depends on the stage in the life course as we see again from Raquel's example. Raquel lived within the compound while she was single but decided to move out when she started her own family, or what in the Philippines is called '*nagbubukod*'.[30] Her cousin's migration to China and Raquel moving into a new home with her own family resulted in some changes in their social relations too. Where her aunt used to cook regularly for Raquel and her cousins-turned-siblings with enough that could "feed a whole village", this has now been reduced to the occasional phone calls and family reunions

[30] Raquel describes her process of living elsewhere as *nagbubukod* which in this context, is the process where husband and wife part from their parents' homes and into their own.

with other migrant family members.[31] Despite this, Raquel maintains that her relationship with them remains strong, which she owes to the fact that their relationship has a "great foundation because [they] grew up together".

In these examples, Pedro and Raquel show which people they consider, and compose, the family, is also highly dependent upon the physical and spatial dwellings of their situations. In other words, those whom they consider as family depend on who they live with in the home and where it is evident that spatial proximity plays a strong role. The compound living situations of the participants also show how it can be very easy for extended family members to subsume care roles for their migrant relatives due to the convenience of already living in close proximity to relatives who remained behind, whether it be the children or the ageing parents. Therefore, this expansive notion of the family then allows us to understand obligations and expectations more fully around social practices such as child or adult care (provided from family members in the Philippines) or remitting (sent in the opposite direction). These living situations – *together apart* – offered extended family members a certain degree of financial and economic freedom and independence, and privacy, on the one hand, while at the same time there was also collective support and a certain degree of shared social life, on the other. In viewing the family this way helps explain the strong (transnational) social and caring relations that migrants have with extended families 'left-behind'. In other words, it is because Filipino families are accustomed to multi-generational and extended family living situations that individuals can be affected by the physical absence of the extended relatives from the household when these migrate.

It shows that familyhood are also boundary making practices where migrants and non-migrants alike, constantly define and (re)configure the family – that is, *who* comprises it and *how* one belongs to it (Morgan, 2020). Therefore, in the participants' definitions and compositions of family – those they live with prior to migration, and in turn, with whom they also maintain social relations with once migration has taken place – underscores the significance of diversifying the scope of family definitions. This expansion should encompass not just nuclear households, but also those who extend beyond this boundary as Raghuram (2012) has argued. It also explains the rationale for adopting a care circulation framework as I do in the next section, although in a critical way. This approach recognises the diversity of transnational families in a way that moves beyond the heteronormative, static notions of the family to include all members of the 'care network' – that is, the kin and non-kin participants in the exchanges of transnational care (Baldassar and Merla, 2014, p. 48).

[31] In her quote, Raquel describes that her aunt's cooking can feed the rest of the family with enough for the neighbours using the same pot.

6.3 Bounded by obligations to care: Transnational caregiving and changes to social relations in the family

Having looked at how transnational families configure the family which informs with whom they maintain transnational relations with in the previous section, we now turn to how research participants reconfigure their social relationships within these transnational families. In particular, this section will illustrate the varied ways that transnational families reconfigure their social relationships through migration. The discussion focuses specifically on the transnational caregiving, using for this purpose the framework of 'care circulation' as articulated by Baldassar and Merla (2014, p. 25), that is, 'the reciprocal, multidirectional and asymmetrical exchange of care that fluctuates over the life course within transnational family networks'.

The participants of this study from both participant groups have shown that at one point or another, they have engaged in transnational caregiving for their families, whether they were the ones who migrated overseas or stayed behind in the Philippines. They engaged in a range of transnational care practices. For instance, the P-HCWs would normally send financial remittances to their stay-behind families, mainly to their ageing parents but also to extended families. On the other hand, the stay-behind family members interviewed also engage in transnational care practices such as physical visits to the destination countries for reasons such as leisure but also to provide hands-on care for the children of their migrant relatives. What they all show is that although these care practices are practical, other forms of exchanges are compounded around them such as emotional care, all of which are integral to their social relations and give meaning to their transnational familyhood (Bryceson and Vuorela, 2002). However, the types of care practices that participants engage in, with whom and when, are shaped by the intersection of gender, class, social position in the family, and intergenerational relations. This section will further discuss these transnational caregiving practices, beginning with remittances.

6.3.1 Cultural expectations of remitting and its impacts on social relations

The act of caring is something that is present among all families, regardless of whether they are transnational or not. However, transnational families are unique in that the distance, national borders and to some extent time, that separate family members, mean they need to find other ways to maintain familyhood or ways in which they feel they belong to a family despite the absence. Therefore, one way in which transnational families maintain this family membership is how they show they care for each other across national borders. In the interviews, when asked how they showed they care for their families back in the Philippines, many P-HCWs mentioned that they would keep in regular contact with their families, visit the homeland where social ties

and affection would be re-established, and much more. Indeed, improved access to technologies including telecommunication and the use of social media and applications (apps), as well as international banking services and lower cost of travel have all enabled migrants to better maintain these transnational practices (Baldassar and Merla, 2014). The increase in the availability of remittance-sending apps in particular has lowered the cost and time it takes to send money globally, with increased ease and speed. Sending remittances in the form of money predominated discussions of transnational caregiving among majority of the P-HCWs, where many have said that this was the main way in which they care for their families back in the Philippines.

Nevertheless, factors other than technology shaped the frequency with which migrants remitted, and sums. In this study, the frequency of remitting ranged from more regular monthly remittances to less frequent or one-off remittances for special occasions. Only a few research participants mentioned they did not send any financial remittances at any given point during their migration. The P-HCWs shared that these financial remittances were used by their families in various ways such as to supplement their locally generated incomes and pay for their living expenses that included rent, utility bills and food. Others mentioned it was used to cover medical bills of family members, such as monthly prescription medications of elderly parents with chronic medical conditions. Another use for these financial remittances were to help younger family members pay for their education, much in the way that some P-HCWs had been sponsored by other migrant family members themselves to study medical degrees as outlined in Chapter 5. International remittances, therefore, financially sustained the continued 'pipeline' of nurses, and potentially also inspired many to migrated abroad to works as such.

However, much like their reasons for migrating, the P-HCWs choices to remit are not just decided individually but are part of wider social systems and networks. Here my findings accord with those of Page and Mercer (2012) who argue that the act of remitting is essentially part of intimate social relationships that sustain transnational family relations. The latter are in part determined by a range of factors such as the social categories in which they belong, socio-cultural factors like intergenerational relations, but also stage in the life course. The reasons migrants remitted varied and overlapped. My findings also confirm that migrant remittances are not simple financial transfers, but are 'compound transactions', that is, money transfers are transactions that capture not only the material, but also emotional and relational dimensions between migrants and non-migrants (Carling, 2014). This was certainly similar to the situations of the P-HCWs as demonstrated by the following examples. They illustrate the motivations behind these money transfers as well as how they are intertwined with social and emotional relations between family members.

What emerged as particularly intriguing from the interviews were their motivations for remitting, offering interesting insights into research participants' intra-family power dynamics. The majority of the P-HCWs who reported to have sent financial remittances to their family members revealed a strong sense of social obligation towards their families, particularly towards their ageing parents and siblings remaining in the Philippines. One such participant is Christina, a 29-year-old vascular specialist nurse living in Southampton at the time of interview. Christina was born and raised in Negros Occidental to a mother who was a teacher and a father who was a seasonal worker in a sugar mill, both of whom earned a modest income.[32] Though both her parents were employed, money was not sufficient to get by, indicated by the fact that throughout most of her life, they depended on Christina being a high school scholar and finding sponsors to support all stages of her education, including university. Thus, from a young age and up until the time of our interview, Christina had always known she was to be the main earner of the family and alluded to cultural expectations in our interview, as one of the main reasons for this social obligation. Here is how Christina put it:

> It's what I was born with, it's a culture – you always support. You can't really say that your parents should support themselves and you yourself; that's the mindset here [in the UK]. But it's not like that in the Philippines, you always help family; but it's become hard for me to do that blindly. It's also hard for me to say 'no' to them.

The above quote gives indication that cultural expectations in the Philippine context are not to abandon one's family as the motivating factor that encouraged her to send these financial remittances. Christina also implies that to not help out family, especially her parents who essentially gave life to her, would constitute a shortfall in her role as a dutiful daughter. She indicated that this was something ingrained in her from a young age and also being the eldest child, highlighting that one's position in the (generational) hierarchy of the family had a bearing in this social obligation. This was also similar to other P-HCWs who shared that being the eldest means they were expected to fulfil such roles.

It also cements this role that should the parents be unable to support the family, it was the eldest child's responsibility to take over and support the family. Indeed, this was the case with Christina since she had a younger brother who was ten years her junior and who she was looking after as well. But this role does not permanently fall entirely on the eldest as I also found among other P-HCWs that this social obligation can be passed down to other family members such as younger siblings once they have their own economic footing (i.e. fully employed with their own income). For instance, Anna mentioned that once her younger siblings had migrated to Ireland

[32] Negros Occidental is a province located in the Western Visayas region.

and Canada, they also began to send remittances, so that Anna was able to take a break from remitting while they took over. Christina's and Anna's situations show that in the Philippine context, certainly amongst my interviewees, families have a sense of collective responsibility where all, or some members of the family, share the load of supporting the family with one another. This is underpinned by the strong centrality of the family from the socio-cultural context of the Philippines, as also noted in Chapters 3 and 5. Similar to other Asian cultures, strong family ties expressed through filial piety are prevalent in the Philippines. Some ethnographic studies suggest this has resulted from the combined historical influence of Chinese traditions and the religiosity of Spanish colonisers (Montayre *et al.*, 2020, p. 2). Filial piety is a cultural expectation expressed by adult children providing support for their ageing parents. This continues to be prominent in the country, but has become intensified, both spatially and temporally, through people's migrations as it can extend beyond more than one place at any given point in time.

A migrant's feeling of having a social obligation to send financial remittances is not confined to close family members, but spreads to the extended family members too, especially when the latter have supported the migrant in their migration journey. This is often rooted in cultural customs of '*utang na loob'* in order to give back to family members who have been supportive in their migrations. This notion of '*utang na loob*' is a value deeply entrenched in Philippine culture that is a sense of reciprocal social obligation and morally, refers to a 'debt of gratitude' (Agaton, 2017, p. 62). P-HCWs I interviewed for this study, including Christina, who have relations with aunts who were also nurses before them, discussed they received a lot of help in enabling them to migrate by lending them money for migration agency fees, to take competency examinations or to process necessary paperwork. Therefore, participants felt that social obligations were then owed to these aunts in return. These social obligations are strengthened by their definitions of family which includes the extended family and the sharing of resources as mentioned earlier. Moreover, as they fulfil this notion reciprocity of 'giving back' to help their migrant aunts in other countries of destination they further support the idea that transnational families are linked beyond the dyad of countries of origin and destination – their networks involves an assemblage of other transitional locations.

It should be noted, however, that patterns of remittance sending reflect one's closeness or distance within the expansive family space. For example, amongst my interviewees, remittances sent to aunts were different from those sent regularly to immediate family members. Remittances sent to aunts are neither regular, nor frequent, and aim to alleviate financial strain in times of crisis, often for medical and health-related issues or at times of unemployment. Although the literature on remittances has discussed these *ad hoc* remittances, it has often done so using dyads – of locations, and participants (senders and

recipients). Exceptions include refugee families where they send money to other family members in refugee camps abroad or in locations of re-settlement elsewhere (see Lindley's 2010 work in the context of Somali refugee diasporas). My research participants for this study sent remittances to support family members transnationally in several destinations. These practices highlight the significance of the care circulations framework as it brings into view all those involved in which care activity at any given time and place, thus capturing the care practices which defines transnational family life (Baldassar and Merla, 2014).

Although Christina and other migrants like her understand their role and fulfil these social obligations, it does not mean they are not critical of it or wholeheartedly accept it. In fact, tensions from how these remittances are used have resulted in Christina to create certain boundaries between her and her parents as the recipients of these monetary transfers. Christina recalled several instances where her remittances had not been used for their intended purposes. She noted one example when her mother urgently asked for money due to an emergency only for Christina to find out it was for "something petty" her brother needed. Christina was disappointed by this because she said she works extremely hard for the money she sends, by taking on a lot of bank shifts and often depriving herself of her own pleasures, only to discover that her hard-earn money was misused.[33] This finding reaffirms the asymmetrical exchanges of care – a key feature of the care circulation framework, as Christina shows that families are not always a source of support. Instead, they can produce disappointment for migrants due to uneven reciprocal exchanges of care. This example thus demonstrates that families do not give and receive care equally.

Furthermore, the literature on remittances has discussed that migrants often have little agency in regard to how their remittances are spent. For instance, King, Castaldo and Vullnetari (2011), in their analysis of the gendered relations of remittance flows from Greece to Albania within Albanian transnational migrant families, found that remittance uses are not always equally decided upon and that often, tensions arise between family members over competition on remittance usages and how it should be prioritised. They also found that poorer households, especially women-headed households, benefitted the least from remittances as they received less and would use these for other things such as paying off debts incurred when they emigrated. The example from Christina's interview discussed above, prompted her to set boundaries with her family and to emphasise that "it's not their money anymore, it's *my* money they are using". Consequently, after that instance she began doing a monthly budget with her

[33] 'Bank shifts' are extra work shifts these nurses in the UK would take on, as most healthcare staff are contracted to complete temporary shifts. They differ from other employment agencies as they are still part of the NHS where they work with over 50 client Trusts.

mother to ensure that the remittances were all accounted for and perhaps, a way for her to prevent it becoming misused. This highlights the idea that remittance transfers are indeed 'compound transactions' where they are wrapped in material, emotional and relational dimensions but has been overlooked by the dominant framework of understanding remittance relationships based only on senders' motives which does not consider remittance-sending as social transactions (Carling, 2014).

6.3.2 Remittance sending patterns change throughout the life course

The patterns of sending remittances among P-HCWs have also shown that these social obligations are not static and can lessen or stop altogether throughout the life course. For instance, Anna indicated that when she was still single and had not yet started a family, she sent the majority of her wages to her parents. However, over time this had lessened as indicated earlier when her younger siblings had also migrated, and they now shared some of this responsibility. Moreover, this switch of responsibility to other siblings coincided with her getting married and eventually having children of her own. As such, the responsibility to provide shifted from her ageing parents to her young family. Thus, Anna said at the interview that she no longer sent the same amount of money to her parents as before, which is what her family would expect of her anyway, given that she now has other people dependent on her, including her husband whom she brought over to the UK through a fixed sponsorship visa. Anna's situation shows that stages in one's life course are a significant analytic factor to consider in understanding what shapes migrants' remittance-sending patterns, and changes over time. It further highlights that migrants can and do negotiate their social obligations to the family through being more selective with when and how much to give that are based upon a priority of need, as Anna has shown.

In contrast, a few P-HCWs mentioned that they had no social obligations to remit although they still did for other, more individualistic, reasons. But ultimately, they expressed that these were not from any obligation imposed by themselves nor family members. In particular, Pedro captures this when he shared:

> I'm not really obliged to do that [financially remit] but I know some people that do need to send to support their family. We [his family including him] are just in a good position that they can take care of themselves [financially and physically]. But sometimes, I volunteer to send money for birthdays, special events and occasionally cover health check-up expenses.

Another participant, Daphne, also felt similar and mentioned that she sends money to her parents to be used for leisurely activities such as travelling or shopping. Both Pedro's and Daphne's motivations for sending financial remittances were clearly not enforced by any socio-

cultural expectation to provide for the family, but instead out of their own volition. But a consideration of their family backgrounds revealed that social class, and in particular, coming from relatively affluent families or even middle-class families, shaped the lack of such remitting obligations. For instance, Daphne's father was previously a migrant himself while Pedro's family owned a successful private business in the Philippines. Their motivations to financially remit were not obligatory nor borne from a necessity to secure the financial and material wellbeing of their family. Thus, there was no sense of urgency to support their families' daily needs.

The consequence of this was that Pedro and Daphne did not experience any conflicts with their ageing parents who remained in the Philippines and in turn, felt that they were able to foster good relationships with them because they did not have obligations where they felt pressured or expected to provide. Pedro shared during the interview that it affected his relationship with them for the better as he added it was this lack of obligation that allowed him to have the relationship that he has with parents as he indicated that their "parent-son relationship hasn't changed". Pedro claimed that his migration only made them appreciate their relationship even more and allowed them to "value [their] time with each other". According to him, the only disadvantage to his migration was that they were not able to be together in-person as often. However, this is merely an 'easy fix' for Pedro as his class privilege, but also his legal status and work-related benefits like paid leave, allow him to visit his family and re-establish these social ties. Therefore, without the pressures of financially remitting, the P-HCWs show that conflicts associated with the social obligations of providing for the family do not affect certain families. Pedro's example underscores the role of social class and privilege, enabling them to prioritise fostering strong family bonds instead.

Interestingly, Pedro also has an older sister who also migrated to the UK in 2020, a year after he did. During Pedro's first two years in the country, not only had she already managed to send their parents financial remittances, but she had also sent them a *balikbayan* box, which is a form of in-kind remittance. The boxes usually contain goods such as food items, clothing, medicine or special-request gifts which are then transported by freight-forwarding companies. When asked if he has done the same, Pedro replied that he had not as he does not know how to do so, adding that he thought "it's a girl thing", referring to the process of shopping and picking out things that his family may like. It suggests that remitting is still particularly gendered where certain tasks, in this case shopping around even if it is for the family, are seen as women's activity, which are ideas upheld by people like Pedro. Similarly, in their study that looks at gender relations and remittance-sending in both financial and non-monetary transfers, Vullnetari and King (2011) found that women were also more likely than men to send in-kind remittances to make up for sending less money to their own parents. I did not find out if there was a difference in the sums Pedro and his sister earned. However, this example highlights

broader gendered disparities of remitting and prompts reflection on how gender relations can shape various aspects of remittance transactions, or different types of remittances.

6.4 Transnational caregiving by 'stay-behind' family members

Social obligations to care are of course something that are not exclusive to migrants, as the discussion in the previous section has shown. From the transnational families literature, we know that care is governed by cultural notions of obligation and asymmetrical reciprocity that is prevalent among all members of the family, however distant or proximate and whatever their socio-economic background (Baldassar and Merla, 2014, p. 46). But care can be, and is, a multidirectional exchange, signifying that while migrants extend care to their families in the countries of origin, reciprocally, individuals residing in their countries of origin can also fulfil these social obligations towards their migrant family members. Thus, one way in which care is fulfilled is through visits which are important for transnational families separated by distance and geography and is a fundamental component of transnational familyhood and circulation of care. Visits are deeply meaningful as it can help re-establish and rekindle ties among family members. Yet, migrants' visits to the homeland dominate these discussions from the literature (Miah and King, 2021; McNeil-Walsh, 2023). Similarly, there have been some studies that have considered visits undertaken by stay-behind families in engaging with this particular circulation of care. This section aims to add further to these discussions and make empirical contributions as participants of this study, particularly those who stayed behind, have made visits to where their migrant families reside for various reasons. Nevertheless, the ability to visit is contingent upon the family's socio-economic, class, legal status of their migrant family members, and physical ability of family members to visit overseas, among other factors. Their situations also illuminate the complex gender and generational relationships of these visits.

Both participant groups interviewed for this research shared that they made physical visits to countries in which their family members were based. However, these visits were a more common practice amongst migrants. The majority of P-HCWs I spoke with had visited the Philippines for reasons including leisure or for 'ritualistic' purposes such as celebrating key events in the life course that are important to the family (Baldassar, 2008). These visits are more routinised and frequent which according to one of the research participants, Mina, are often for the benefit of the second-generation, their children who were born in the UK, so as to rekindle their cultural and social ties with families in the Philippines. Meanwhile, other visits resulted from 'crises', which entailed returning to the home country in response to emergencies affecting the family, were also raised (Baldassar, 2008). However, what became prevalent from the interviews was that stay-behind family members also partook in visiting migrant family

members in countries of destination. These visits had dual consequences to their social relationships: first, it allowed them to continuously re-establish social ties with each other. Second, it created a complex interdependence between family members across borders as part of what constituted these visits were to provide personal care for the migrants. For example, Anna, whom we heard from earlier, shared that when she was still single, she had always financially supported her parents in the Philippines. But when the time came for Anna to get married and have children of her own in the UK, these financial remittances were reduced, while her other migrant siblings took over this social obligation towards the ageing parents. Along with this, their transnational dynamic changed too, as once Anna began to have children, she enlisted the help of her mother to come and care for her children in the UK. The following was Anna's elaboration of this:

> My mother used to come here [UK] regularly especially when I had my first-born son. She stays a maximum of six months then [returns] home [Philippines]. Then after one month, comes back [to the UK] again, to help me with childcare. She normally enjoys staying here with the kids. My dad since he is into farming, he missed that [out on visiting the UK] as he cannot leave his farm, so usually, it's only my mom who visits us, but I maintain communication with [her father] through social media.

Anna gave birth to her first son in 2007 and at this point, Anna's financial remittances continued. These have since been used to pay for her mothers' travel costs to the UK such as visa fees, flights and other necessities for her arrival to the UK. Anna's mother had continued coming to the UK every year since then with the exception of 2020 due to the Covid-19 pandemic. When asked about the care Anna's mother provides, Anna shared that they helped her take care of her children, as well as doing all the housework such as cleaning and cooking for the immediate family, all of which allowed Anna and her husband to work full time in paid work. Though Anna mentioned that her father's responsibility to his farm was the reason why he had not been able to visit and help with childcare, the main reason really was that transnational families were still a site that reproduced gendered divisions of care. In other words, care work is still highly gendered where women continue to fulfil responsibilities of household and caregiving duties. Therefore, the same can be said as to why Anna had enlisted the help of her mother with this care arrangement. Similar to families in other Asian countries, as well as in Spain and Italy, Filipino families have familialist traditions in providing both childcare and elderly care for family members, this is to say, such care is provided within and by the family (Williams, 2014). For Anna, it shows the enduring strength of these traditions including in migration, as Anna prefers

to have her children be cared for by family members, despite the significant costs of bringing her mother to the UK, instead of relying on public childcare provision that she is entitled to receive.[34]

However, her mother's capacity to care depended upon her ability to travel. For instance, during this time her mother was around the age of 60 and physically able to travel to the UK. She also did not mention her mother having care responsibilities back in the Philippines since Anna was the first among her siblings to have children, neither did her father needed caring for, as he was also physically active himself. But more crucially, these visits were able to occur as Anna was able to obtain visas for her mother to visit, in part due to the secure and relatively privileged legal immigration status she held as a migrant healthcare worker in the UK. Nevertheless, Anna's mother can only obtain a standard visitor or 'tourist' visa that allows her to stay in the UK no longer than six months at a time before needing to return and re-apply. For skilled migrants like Anna and other P-HCWs, this is the only way to bring extended family members to the UK, as UK immigration policies define dependents as only those within a nuclear family unit, i.e. spouses or children.[35]

Nevertheless, their situation shows care circulations in action and highlights the reciprocity and multidirectionality of care among transnational families. It demonstrates that stay-behind family members are not just passive recipients of care but can actively participate in transnational caregiving. Furthermore, it also helps Anna and her mother to maintain their social ties, but also foster relationships with her grandchildren, opportunities her mother may have missed had she only stayed in the Philippines and where she would only wait for them to visit. However, this care arrangement is also one of practicality. In the UK, only citizens or migrants with settled status are eligible for free childcare provided by the state. Though Anna is entitled to thirty hours free childcare from the UK government, this is still not enough as it only frees up two days from her schedule; the rest of the hours she has to pay for. For Anna, having her mother help with childcare and other household work such as cooking and cleaning, it is a much cheaper and more convenient alternative that allows her to work full time. Studies have highlighted that childcare support by grandmothers is a common type of co-presence by the ageing parents of migrants (Baldassar, 2007b; Merla, Kilkey and Baldassar, 2020). But these also come with caveats in that not all grandparents are able to do this; this ability depends on factors like the types of transnational family they are in, where they are located globally, and the

[34] At this point, Anna was already a naturalised British citizen and could claim state-provided childcare.

[35] In Chapter 7, I provide a brief discussion of the entry routes that dependents of P-HCWs take to be reunited with them in the destination country. There, I show that the UK's immigration policies use the legal definition of family based on the nuclear model type which then determines their visa eligibility. Therefore, the question of *who counts as family* for the purposes of entry and residency is legally defined and varies with the legal status and nationality of migrants (Kilkey and Merla, 2014, p. 6).

material and financial resources available to them as found by other scholars (King and Vullnetari, 2006; Vullnetari and King, 2008). Nonetheless, this finding highlights the factors shaping these transnational caregiving arrangements that include gendered and intergenerational relations, but also from more institutional level through immigration policies. Furthermore, it shows the important contribution of ageing parents' care work especially with childcare provisions in countries of destination. This is similar to Vullnetari's (2023) article where she argued for the recognition of the value of care work that older people contribute across the Global South-North divide which has impacts on development.

On the other hand, these hands-on, personal care practices that stay-behind family members are involved in does not mean having to be mobile at all. From the perspectives of the stay-behind families I interviewed, transnational caregiving arrangements were made with the siblings of migrants situated in the Philippines. One such example was Annie, a 53-year-old nutritional dietician in Pampanga whose *ate* (older sister) is in Milan, Italy.[36] Annie was entrusted by her *ate* to care for her younger children (a boy and a girl) while she and her husband worked as domestic workers after being recruited by their aunt. Annie shared that this sister was originally a licenced medical technician in the Philippines but was recruited as a domestic worker in the hopes of earning higher wages, thus experiencing deskilling as she migrated. Though her sister had legal status in Italy, her job as a domestic worker did not pay enough to enable her financially to bring her children to live with her in Italy. The reason given was due to Italy's restrictive immigration policies which tie migrant domestic workers' visas with their employers, the difficulty in regularising their legal status, and the ineligibility for family reunification schemes, all of which has contributed to this care arrangement. Similarly, scholars have also found that institutions are one of important factors that determine how transnational family care arrangements are configured (Kilkey and Merla, 2014).

In exchange for this care, Annie received financial remittances from her sister and was tasked with spending it for the children's needs, recalling that this was spent on their school tuition fees and allowances. Annie's recollection of how her sisters' children came into their care is a prime example of how migrant mothers perform their maternal duties at a distance, which includes arranging caregivers for children who remain in the 'home' country, something that has come to be an indispensable part of transnational childcare (Parreñas, 2000, 2005b; Mazzucato and Schans, 2011; Peng and Wong, 2016). Annie's situation highlights the nature of how this interdependence for childcare provision develops between siblings. This is an area of the

[36] Annie is the third of six children, three of whom are migrants. In particular, she has two sisters (one older and the other younger) in Milan, Italy and the other (also younger) in Australia. But here, I only mention Annie's older sister as it is her with whom Annie has social ties with, due to her care obligations with this particular sister.

literature which has been overlooked in the scholarship of transnational families which have predominantly tended to focus on intergenerational relationships (Baldassar and Brandhorst, 2021; Sampaio and Carvalho, 2022).

Moreover, these transnational care practices continue to be shaped by gendered ideologies where these are still considered as women's work. Of particular interest on this point is the fact that Annie was not the only sibling living in the Philippines. They have an older brother, making Annie the third of six children. Yet, she made no mention of him helping out, or if and how he played any role in helping care for their sisters' children. Instead, Annie was expected to step up to the role and help their mother with the care despite being younger and having her own family whom she is responsible for. This is a prime example of asymmetric reciprocity of care exchanges across borders. In addition, this finding aligns with existing literature demonstrating conventional gendered division of labour where women continue to shoulder a great portion of care responsibilities. Furthermore, it shows that this care circulation is dependent upon macro-level factors that concern political, economic and migration-specific policies that determine how these care exchanges are organised. Overall, Anna and Annie's stories reveal the continued proactive role of stay-behind family members in maintaining social relations with their migrant families, albeit through the transnational care arrangements and social obligations that connect them with one another.

6.5 Conclusion

This chapter explored the transnational social relationships of Filipino families and how caregiving is organised once migration had already occurred. The first section of the chapter showed that what and who constitutes 'family' is heavily informed by the people with whom they maintain transnational social relationships. For some, what constitutes the ideal family revolves around traditional gendered roles combined with special emphasis on geographical proximity. The second section highlighted the motivations for transnational caregiving where reciprocity and obligations were key and how these motivations evolve over the life course, shaped by changing family needs, personal circumstances and obligations. The final section showed how stay-behind families also actively engage in caregiving, thereby challenging assumptions that they are merely passive receivers of care that has predominated this literature.

In this chapter, I used the care circulations framework introduced by Baldassar and Merla (2014) to show how transnational care is organised and applied to the situations of my participants, where I demonstrated that care is given and reciprocated to varying degrees across the life course among P-HCWs and their families. Here, I demonstrated the

multidirectionality of these care exchanges, where both migrants and stay-behind family members actively engaged in maintaining regular communication, sending financial remittances and making visits in both directions. These interactions reinforced social relations across borders and where the findings highlighted the reciprocal nature of transnational caregiving.

Significantly, the chapter has also demonstrated that these care exchanges can be asymmetrical, where certain family members hold greater influence over the distribution of care, while others shoulder the burden of this care. Often, these interrelations were reinforced through cultural norms such as *utang na loob* or feelings of indebtedness, where migrants for instance, felt compelled to provide financial and emotional support to their families. But these positions were not static, and some participants showed how they were able to negotiate or redefine their caregiving obligations over time, thereby pushing against ideals of selflessness. Consequently, this chapter has challenged the portrayal that care circulation is balanced and considered how power relations fit into this framework. By highlighting its asymmetries, the discussion has contributed to deepening the discourse on power relations in transnational caregiving, revealing the uneven distributions of care within families and illustrating how this actively (re)produces unequal power relations. We have seen that these power imbalances are shaped by social factors including gender, age, socio-economic status and cultural norms. Overall, this chapter has demonstrated that skilled migration is also deeply embedded in familial care obligations and emotional work, which highlights the need to account for these social dynamics within the broader scholarship of migration studies.

Chapter 7 The life of Filipino migrant healthcare workers in the UK

7.1 Introduction

This chapter focusses on the UK, where I examine the life of the P-HCWs regarding their experiences of working in the healthcare sector and how they have fared socially and professionally. It answers the research question which asks: *'what is the overall experience of P-HCWs in the UK concerning both their career and personal life?'*. The chapter begins as the P-HCWs recruitment by the NHS gets under way, and they travel to the UK to secure their employment status and become fully qualified registered nurses. The chapter first presents the context of how the healthcare system in the UK is organised, within which we can situate and understand the recruitment, career progression and experiences of P-HCWs. Entry to and progression through the band system within the healthcare setting illustrates the ways in which these migrants' career trajectories are experienced as better than in the Philippines but nevertheless punctuated by slow progression and a glass ceiling. These, alongside everyday experiences of interactions with patients and colleagues, are strongly shaped by a segmented labour market that is strongly gendered and racialised. Experiences of racism and discrimination that were experienced by some inevitably shaped migrants' sense of belonging, and this part of the chapter goes on to show some of the ways in which they sought to deal with these.

The second part of the chapter then moves on to discuss my research participants' experiences of working on the frontline of healthcare in the UK during the Covid-19 pandemic. The start of data collection for this research coincided with the onset of the Covid-19 pandemic, some of the impacts of which I have discussed in earlier chapters, including both in terms of research design and methodological issues. Given I was researching people who were at the forefront of dealing with the pandemic, this presented an opportunity to understand their experiences from their perspective. Even without asking, these experiences were at the forefront of my research participants' mind as they spoke to me about life in the UK, so I could not ignore this important aspect of their life, although it had not been originally included in the research design. The discussion in this chapter, will explore how these healthcare workers fare during this uncertain time as they grapple with their triple duties of care: to their patients and the workplace, on the one hand, and to their own families both in the UK and the Philippines, on the other.

This chapter makes an important contribution to academic literature by enhancing our understanding of the UK's healthcare system, including how it is segmented in terms of skills,

wages, career progression, employment conditions and so on, and the role of migrant healthcare workers within it. It also provides insights into the entry of migrant nurses such as the P-HCWs in the UK's healthcare sectors, shedding light on their career trajectories and the systemic gendered inequalities they face within these labour markets. Furthermore, this chapter will demonstrate how race- and gender-based labour segmentation affects Filipino migrant nurses during the Covid-19 pandemic, highlighting their disproportionate vulnerability as a marginalised group. The chapter will show how existing social, economic, and health inequalities affect migrant healthcare workers' experiences and in turn, how global crises such as the Covid-19 pandemic further exacerbate this. Overall, this chapter provides significant empirical insights into the structural factors that shape skilled migrations, examining the case of Filipino nurses to understand how migrant nurses are able to fare in a relatively new country of destination like the UK, thereby contributing to a deeper understanding of contemporary global migrations.

7.2 The experiences of P-HCWs within the workplace

7.2.1 The rigorous process of skills recognition for P-HCWs in the NHS

In the UK, migrants have traditionally contributed to the provision of health and social care services as also noted in Chapter 3. The migration of workers employed in the UK's health and social care sectors is clearly influenced by historical legacies, the creation of welfare state and Britain's rapidly changing landscape of immigration regulations, all of which are controlled by the state and professional regulatory bodies. Therefore, not only do migrants require immigration clearance, but they are also subjected to gaining professional accreditation in order to work in the UK. This is where the analysis of this section begins.

One of the things that my research participants noted was that they constantly felt the pressure to prove themselves in the workplace. Despite years of education and previous experience of working in hospitals abroad before arriving in the UK, the P-HCWs are subjected to rigorous processes to prove their capabilities fit for the workplace. As I discussed in Chapter 5, studying and working in nursing is no easy feat for many. Not only do they have to go through years of education, pass the very difficult nursing licensure examination and try to survive the competitive and precarious environment of the healthcare sector in the Philippines, but they also have to go through additional hurdles if they want to work overseas. The P-HCWs had similar processes of application to qualify as nurses in the UK regardless of the time they arrived. In fact, this strict and rigorous process of recruitment begins even before the migrate. As earlier mentioned in Chapter 3, internationally educated nurses such as the P-HCWs have to

undergo multiple tests of competencies before and after migration has taken place that can be costly for the applicant (see Table 1 in Chapter 3 for a breakdown of the costs). Though the P-HCWs did not express any concern or issues with this process, the point remains that despite their skills through years of education and experience already obtained in the Philippines, these were not always taken into consideration by hiring employers in destination countries. It demonstrates that as Raghuram (2021) has argued, skills are situated within place influencing the development and ascription of skills at multiple scales. In other words, the nation is a site of skills development where states regulate and provide education which shapes skills. It does so through intermediaries, such as accreditation boards – in this case the UK NMC – that in turn, shapes migration and labour market outcomes for skilled migrants (Raghuram, 2021, p. 3).

While the aim of these competency tests is to fairly assess competency and identify areas of improvement for all nurses, what struck me here is that this process is not the same for all overseas-trained nurses. These competency tests and the criteria in which overseas nurses are judged on are still very much Eurocentric. For instance, nurses arriving from EU/EEA countries also have to undertake 'aptitude tests', they are more tailored as adaptation programmes where part of their qualifications are recognised, and they may simply need to take some components of these tests (NMC, 2020). In some cases, EU/EEA-trained nurses are also exempt from taking English proficiency examinations if they can prove that their qualification was taught and examined in English, they have practiced as a nurse in which English was the majority-spoken language or have recently passed English language tests.

On the other hand, nurses from outside the EU/EEA are not given the same flexibility. In fact, this is explicitly stated in the NMC website that if you "do not hold a relevant European qualification, you will need to take a test of competence as we cannot recognise your qualification" (NMC, 2024). In addition, P-HCWs have to take the English proficiency examinations even although the majority of nursing programmes in the Philippines are taught in English, given the history of US imperialism that has been influential in shaping the current landscape of healthcare education in the country, as noted in Chapter 3. This is particularly problematic as it can racialize people based on their nationality and by extension, their ethnicities by making assumptions that non-European healthcare workers are not proficient in English and does not consider their international qualifications to have equal weight to that of their European counterparts. Furthermore, it suggests that hiring countries such as the UK do not take into consideration the histories of imperialism that have shaped the healthcare infrastructures of the countries in which they recruit from and how this may not be different from migrant-receiving countries. As such, they apply a broad brush to all skilled migrant healthcare workers from the Global South which can exacerbate the racialisation among this group of skilled workers and makes further distinctions between migrant healthcare workers from Europe and those who are not. Similarly,

in his article, Guo (2015) also found in his study of racialised immigrants in Canada, that their foreign credentials, job skills and work experience were devalued and denigrated based upon their ethnicity and nationality. Thus, he surmised that racialisation remains central to the operation of a skills hierarchy with ethnicity rather than qualifications as its basis for discrimination (Guo, 2015, p. 246). In turn, he found that this contributed to the negative employment experiences of his participants by affecting their economic performance and career mobility, where they had significant earning disparities between racialised immigrants and their white counterparts in Canada.

To some extent, similar to Guo (2015), the P-HCW participants of this study also experienced some earning disparities in the early stages of their employment in the NHS. The P-HCWs were on probation until they have passed their OSCE, meaning that their workplace as well as their entire stay in the UK were insecure until that point. Moreover, this status affects their earnings as they enter the NHS on an interim position remunerated as a Band 4 role, where they stay throughout the time they are under probation. Band 4 is the lowest band one can be on with a professional degree when working in the NHS (see Appendix A.1 for a breakdown of the NHS band categories). This still applies to all migrants, including the P-HCWs despite the fact that they may have years of experience prior to migrating to the UK. Nevertheless, the precarity and low pay that characterised their life and work in the Philippines, continues in the first stages of migration to the UK too. If P-HCWs are unsuccessful in the permitted OSCE attempts, their sponsorship ends, and they are required to immediately return to the country of origin. It is only if they pass their final test of competence that they can be switched from their interim position into full-time registered staff, which is in turn reflected in a higher pay grade. This interim probationary period can last an average of six to eight months according to some participants.

The reduction in pay experienced at the start of their work in the UK, albeit temporarily, until they gain their NMC accreditation, can cause significant financial and social pressures for migrant healthcare workers. This is because many of them will have taken out loans or had to secure finances for their migration journey the hard way. For example, some of the interviewed P-HCWs, said that they had to resort to the good graces and generosity of family, friends or other sponsors to pay for various migration-related expenses such as the visa, examinations, flights, put a deposit down for accommodation in the UK, and so on, all of which amounted to significant sums that needed to be secured upfront. In some extreme cases, participants like Gina had had to resort to pawning her parents' family home in the Philippines, in addition to her sister taking out a loan, to cover these migration costs. The pay reduction and insecurity during probation undermines this ability to start repaying debts quickly and causes additional strain on migrants and their families. But the situation is even worse if P-HCWs are unsuccessful in obtaining their NMC accreditation. In that case, they have to return home to the Philippines not

only empty-handed, but also with an insurmountable debt. Besides the financial ruin, this has social repercussions as it would have led to great shame for Gina and her family who would have had to endure criticism from the community. These instances demonstrate a number of things: the importance of international migration as an investment strategy (migrants and their families will go to great lengths to secure the funding); the precarity of P-HCWs' which continues abroad, at least in the first stages of migration; the importance of success for migrants and their families as a key component of social standing in the community.

Fortunately, it is quite seldom that migrant healthcare workers fail these examinations and among the P-HCW participants of this study, all of them had been able to gain their NMC accreditations. As such the P-HCWs had been able to progress into Band 5 entry level positions where they were located in a variety of hospital wards depending on their specialisms. Some had also been able to progress into higher bands for those who had been in the UK longer than three years. Most participants were in Band 5 posts, while five were in Band 6. Another six participants who arrived in the UK in the late 1990s and early 2000s had managed to progress into Band 7 without first completing leadership or specialist courses that are master's level degree or equivalent.

An example of a participant in a leadership position was Ellie who was the participant that came to the UK the earliest in 1999. She had progressed three bands during the course of her career, reaching Band 7 by the time of our interview. Ellie was able to do so by completing various ad-hoc courses and modules where she eventually gained a postgraduate diploma in health and social care in 2015. At the time of the interview, she mentioned that she was pursuing another ad-hoc master's level module relating to asthma and allergy at the University of Southampton where she is also based. These were all paid for by her Trust, which in turn have led her to become a lead nurse in her specialism. Ellie is an example of migrant workers who grab every opportunity that arises to continue to develop their skills in countries of destinations, thus adapting and making use of these opportunities the longer they stay.

However, even with postgraduate master's level degrees which some of the P-HCWs held, this was still not taken into consideration as they were still placed in lower Bands and subjected to the same rigorous vetting processes as other healthcare workers without postgraduate degrees. Essentially, P-HCWs begin from entry levels at Band 3 when they first start work in the UK healthcare sector, despite the advanced qualifications and years of experience they may already have from the Philippines, or elsewhere. Again, this highlights that despite advanced qualifications, these P-HCWs are treated under the same broad brush where their skills and qualifications are not completely valued in and of itself and thus, may exacerbate the racialisation of this group. Indeed, other studies, such as Cuban (2009), have found similar.

Cuban argued that this had contributed to the downward social mobility of migrants after migration, particularly women. Despite this, for some P-HCWs, the NHS was still considered to have more attractive advantages than in the Philippines as the following section now illustrates.

7.2.2 The attractiveness of working in the NHS

Despite the long, rigorous and costly process of becoming registered nurses in the UK, the P-HCWs were willing to endure this as they believed this does not outweigh the advantages of working in the NHS. For instance, some P-HCWs felt they had a better work-life balance, and were provided with more benefits such as better pay, work protection, paid leave, pensions and more accessible opportunities to progress into careers, such as undertaking courses to move up a Band leading to higher pay. All of this made their experiences of working in the UK's NHS positive. Some participants shared these positive experiences comparing them to their experiences in the Philippines. One such participant was Pedro, a 26-year-old, professional educator in Portsmouth. Pedro felt that he had a better work-life balance in the UK than he did working as a staff nurse in the Philippines, where alongside work he was also completing a master's degree in nursing to become more employable. He mentioned that in the Philippines, his standard shift work would be five days with each shift lasting about 12 hours at most and where most weeks he would only have one day off. In comparison, in the UK he was contracted only 40 hours per week – 20 hours less than in the Philippines, which he could complete in three days. He also had options to work nursing bank shifts to earn an additional income. Pedro mentioned in passing that in his Trust, "the number one group of people who sign up to extra shifts are Filipinos" adding that this was because they were more accustomed to working longer days per week. Doing so only adds to their reputation of being hardworking and willing workers. Such assumptions are not new as Filipinos in paid caring roles have earned a reputation for being 'hardworking' and 'docile' by overseas employers, an image that has been also perpetuated by recruitment agencies in the Philippines as a way to market Filipino workers (Rodriguez, 2010b). This in turn, has contributed to their reputation of being highly regarded workers though these assumptions are not inherent to their identities. Rather, this is perpetuated by the work structures they have grown accustomed to, where long shift patterns in Philippine hospitals remain the norm, and which they are familiar with, which they then apply to their workplace in Britain.

Moreover, working for a large, public and relatively well-funded organisation in a Global North country like the UK, such as the NHS, comes with additional benefits, as Pedro explained. In addition to the (relatively) better pay, worker protections, and opportunity for career progression, as mentioned earlier, a generous amount of paid annual leave is offered, a total of nine weeks per year. This is in comparison to the seven days of unpaid leave a year they would

receive in the Philippines. Pedro discussed how the poor working conditions where he was subjected to long work hours for little pay and limited paid leave in the Philippines in turn had negative consequences for his family relations, in particular with his parents. As he put it, although he was in the Philippines, he "was not always there physically with [his] parents and family", so he seldom saw them. Ironically, when he arrived in the UK and would then make return visits to the Philippines, he felt he was able to spend more time with his family there, even more so than when he still lived in the Philippines. Therefore, for Pedro that geographical distance between his family was not an issue and counterbalanced by the fact that with his paid annual leave in the UK, he could use this to spend more (and more quality) time with them.

Although migrant healthcare workers' including P-HCWs' skills and qualifications go unrecognised and to some extent, racialised in the UK, this does not always mean they are relegated to the lowest posts in the NHS. As shown by Ellie's case earlier, career progression within the NHS is relatively accessible to nurses as almost all of the P-HCWs mentioned they had no difficulty progressing into higher bands. This might be partly due to the fact that most wards have a clear career progression and related support, providing nurses with further training and qualifications, most of which are funded by their Trusts. However, these are still conditional on the grounds that they are aware such opportunities exist and know how to navigate them, as well as be surrounded by a supportive network such as their managers who can help them access such opportunities. As we shall in the next section, this is not always the case and there are repercussions if they do not. Thus, only three participants out of the 21 interviewed, were in managerial positions at the time of interview which is not surprising given they had arrived in the UK in the early 2000s. Such participants were Ellie, whom I mentioned earlier, but also Lulu who works as a manager in a care home in West Sussex, and Jeanie who is a sonographer in Cambridge and at the time of the interview were aged between late-thirties to late-forties.

An example of a participant who has progressed well into her career is Jeanie. After previously being in Saudi Arabia and the Netherlands, Jeanie moved to the UK in 2003 to work as a sonographer. She applied to a University in the UK to do a master's and PhD as an avenue to enter clinical research with her matron's support. However, she found out that just a few weeks before her orientation she did not receive the grant for her scholarship for reasons she did not discuss. Instead, she was given the option to pay for it herself. But with a family to support and a full-time job, she felt it was impractical to continue this path. Nevertheless, this did not hinder her from progressing elsewhere. Jeanie proudly shared that she started her own diagnostic clinic where she was a managing director, providing non-invasive sonography services such as ultrasounds and private scans for clients. This was an important feat for someone like Jeanie, who came from a family of farmers and made the brave decision of moving to another country at a young age by herself, something which echoes with so many of the experiences of Filipino

migrants today. What is even more impressive is that she was able to progress into a management role in a sector where many people from marginalised and ethnic backgrounds find it difficult to do. This difficulty is not necessarily because they lack the skills required, but because of the racialised and Eurocentric view of skills, as well as the structural barriers that prevent them from advancing into management roles (Cuban, 2009).

7.2.3 Navigating obstacles: Experiences of racism and discrimination in the workplace

Despite the promising examples that have shown to help P-HCWs integrate into the workplace, some of the interviewees discussed also negative experiences they endured in the workplace and outside of it. The important contributions to, and the role of migrant workers as key pillars of the NHS, both historically and in current times, have been well-documented (Dyer, McDowell and Batnitzky, 2008; Batnitzky and McDowell, 2011). And yet, many of the very same migrant workers, especially those from marginalised ethnic groups, continue to experience racism, discrimination and microaggressions. Some of my research participants had also unfortunately encountered such instances which I highlight next. Broadly, my interviewees had settled in various parts of the UK with the furthest participant living in Northern Ireland. The majority resided in the cities they arrived when they first migrated to the UK, with the exception of Ellie and Emily who had moved to bigger cities than where they first located. Only one person, Daphne, had moved from London to Nottingham.

Daphne was first based in London where she moved in with her English partner whom she met online while she was still living in Saudi Arabia. After staying in London for a few years, they realised that the bustle of the city did not suit their lifestyle and decided to move to her partner's hometown in Nottingham. There, they were able to have their own privacy with private renting that was comparatively cheaper than the shared accommodation they had in London. Daphne found that although the general atmosphere of Nottingham was more "relaxed" and less hectic than in London, she experienced more racism and discrimination in general as there is less ethnic and cultural diversity in Nottingham compared to London. Previous studies, such as the work of McGregor (2007) on Zimbabwean migrants in the UK, found that location of work was a factor in determining the degree of racism they experienced in the workplace. Similar to Daphne, Zimbabwean migrant carers in McGregor's (2007) study felt more comfortable in workplaces and cities that had people from other ethnic backgrounds compared to smaller county towns where they experienced more direct and indirect racism (McGregor, 2007, p. 816). My interviewee, Daphne, shared her experiences of racism in the workplace, also comparing those in the UK to where she had previously work:

> In Saudi, I experienced a bit of discrimination but not that much, not as much as here [Nottingham], where at one point, there was an issue of safety where I was the registered nurse, and this person is training to be a nursing associate. I told her that you can't draw IV, because you have to be registered to do that. She said, 'I was told I can as long as you're here, unless you're around' and I said 'no, that's not what I know' and then she proceeded anyway because she thinks that I don't know anything.

Daphne felt that her knowledge was being undermined by a colleague who was in a junior position to her. She added that her junior colleague "did not respect [her] as a person" and that she assumed Daphne's "thinking was inferior" for her refusal to listen to Daphne even though she had more experience and held a more senior position. Another participant, Maria, had also experienced microaggressions from a senior colleague in the workplace. She referred to an instance where her colleague had suggested that she marry someone to get her British citizenship. This made her feel undermined by the colleague due to their assumption that she was not able to do so on her own. The same colleague had also assumed that she came from a poor family in the Philippines and was the reason why she had migrated without first knowing her family background. Most migrants are assumed to come from poorer backgrounds which exacerbate the need for them to migrate. However, this is not always the case as many have access to a certain amount of capital to be able to move abroad. Other migrants also come from relatively privileged positions such as Maria whose intentions of migrating were primarily for travel and experience.

Other interviewees also felt that their colleagues' racialised assumptions had direct negative consequences on their ability to develop their careers. For instance, Daphne had become interested in doing a rotation post but was ultimately denied this by another colleague.[37] The following is how Daphne elaborates her ordeal:

> There are a lot of lovely people, don't get me wrong, not all of them are racist or discriminatory but one person actually, kept me from doing like a rotation post. They think you are just leaving a vacancy, and I was thinking 'why did you advertise it in the first place, if you're not going to [give it to] anybody who wants it?'. *Apparently, the opportunity is not there for me because I am not white, it's only available for people who are white*. (emphasis my own)

[37] Rotation programmes are a series of placements in various clinical areas under one organisation. They last for several months and allow nurses to become multi-skilled professionals which then offers them more opportunities for development and growth in their roles (Health Education England, 2020).

Daphne did not mention who the post was given to, though in the quote above she implies that it was not given to her simply because she was "not white". The above also highlighted that she felt that her desire to progress into her career in the ward was met with a lack of support and encouragement from other colleagues. Later in the interview, she went on to state that these opportunities are limited for Filipinos and other racially minoritised groups in the NHS, implying the lack of inclusion that she has experienced first-hand when she was not put forward for the rotation post. Some studies have found that migrant workers are often overlooked for jobs due to their ethnicity and legal status with employers assuming that migrants can leave their jobs and the country at any time (Henry, 2007; Alexis and Vydelingum, 2009). This in turn, has an impact on their career trajectories, and is often a consequence that can hinder them from being able to progress further into their careers. As mentioned in earlier sections of this chapter, racially minoritised groups constitute a high percentage of the NHS workforce. Yet, there continues to be a lack of inclusion in management roles for such individuals. Reports show that migrant and racially minoritized groups tend to occupy lower paid and junior roles compared to their white colleagues (NHS Digital, 2021). Therefore, the systemic inequalities that racially minoritised groups face, in addition to the direct and indirect instances of racism they experience, are associated with many emotional problems for migrant healthcare workers and contribute to low job satisfaction (Woodhead *et al.*, 2022). A consequence of these instances of racism have made migrants like Daphne feel very helpless and insecure towards their social status in their job, as well as in the country, as Daphne elaborates below:

> *I feel like a second-class citizen*, *that I'm not treated equally with the people around here*. You know, it's really different if you live in your own country because you don't get treated this way [unfairly].

Daphne feels that her migration status combined with her ethnic background contributes to feelings of being a "second-class citizen" which also prevents her from being able to defend herself when confronted with racism or microaggressions. She said that she was "afraid to talk back because they [her colleagues] may twist my words against me" and this made her worried that she "may lose [her] job and get sent home".

Daphne and others had developed coping strategies. One of these was trying to ignore these hurtful comments, so as not to allow them to cause pain, but also because they feared the consequences during the time that they had unsettled immigration status. As Daphne said, any hurtful comments she received would 'fall on deaf ears' while she tried to focus on her work and plans, so she had decided to "just take it in until [she] gets status". By this Daphne referred to her application for permanent residency, and eventually, citizenship. Securing British citizenship was key to migrants' sense of confidence and belonging, which in turn had an

empowering effect on them as they felt more able to speak up and claim their social rights. Thus, securing their *legal* status was closely linked to also enhancing their *social* status in the country. As Daphne explained, this would level the playing field as she would then be able to "say what [she] wants to say" without fear of losing her job or being deported. Previous studies too have argued that immigration status is what 'silences' migrant care workers like these Filipina nurses, making them appear 'docile' and 'compliant' in the eyes of other co-workers or people they care for. In turn, unscrupulous employers at times use this status to exploit workers, while colleagues or care-receivers get away with racial abuse (McGregor 2007). However, not all felt the effects of racism and discrimination. Some participants like Marla were fortunate to have had a pleasant experience of working in the UK and stated that she had been able to integrate well. Her situation was a little unique in that she worked in a very multi-cultural environment which allowed her to be with colleagues from different ethnic backgrounds. Therefore, this example indicates the importance of representation and having a culturally diverse work environment and colleagues to one's sense of belonging.

7.3 Duty of care to patients and family: P-HCWs experiences during the Covid-19 pandemic

As I previously noted in Chapter 4 of this thesis, the beginning of my data collection occurred during the height of the first wave of the Covid-19 pandemic. Thus, I took this opportunity to adjust my questions to gain valuable insights into the P-HCW participants' lived experiences of working throughout the pandemic in the UK, especially as many of them were still working in the frontlines as bedside nurses, within or deployed to, intensive care/therapy units in the hospitals. There was a mixture of responses to my question of how they fared during this uncertain time, both within their professional and personal lives. As in many countries all over the world, in the UK too the Covid-19 pandemic shed light on the important work and skills of healthcare workers, recognising them as the heroes of this global pandemic. In the context of the UK, public recognition for their work and effort was outwardly expressed through the 'Clap for our Carers' social movement, whereby every Thursday at 8pm people would come to the door of their house and clap for a few minutes. In many ways however, the pandemic exacerbated the social, economic and health inequalities that migrant healthcare workers were already facing in their everyday lives.

7.3.1 Health inequalities facing migrant healthcare workers

Being on the frontline of the Covid-19 pandemic meant that healthcare workers were the people most at risk of contracting the virus. Among the P-HCWs I interviewed for this study, only three

mentioned having contracted the virus at the time of the interview. Michie, a 29-year-old staff nurse in Southampton, was one of them; she was "infected for a good four weeks", as she put it, and spent all that time recovering in bed. Gina, a 32-year-old staff nurse in the Lake District had also suffered from the virus as the ward she worked in at the time was overwhelmed with a lot of patients, which is where she unfortunately contracted the virus as a result. This came not too long after her husband and young son's arrival to the UK in February 2020. Thus, what was meant to be an enjoyable time with her family, suddenly turned bleak as she had to isolate herself from them in their small, one-bedroom flat so as not to infect them. "Barricading the door" to prevent her two-year-old son from entering the living room where she was isolating, Gina felt helpless, both in a physical and figurative sense due to the uncertainty of not being able to help her family settle who had just arrived. As she was isolating in the make-shift bedroom of their flat, she recalled how the situation became worse – "feeling nauseous" – and they had to call an ambulance. Under normal circumstances she most likely would have "held off" from going to seek care for herself, let alone call for an ambulance. However, she said that "this time they had to as [she] had difficulty breathing". At that point, Gina was terrified for multiple and warranted reasons.

First, Gina was afraid of dying from Covid-19, given the risks and her context. According to estimates, in the first month of the lockdown, 72 per cent of health and social care staff who died from Covid-19 were of Black and Minority Ethnic (BAME) backgrounds (Ramamurthy *et al.*, 2022). In as early as May 2020, Filipinos were the single largest nationality to die from Covid-19 among NHS staff (Humi, 2022). Filipinos accounted for twenty-two per cent of Covid-19 deaths among nurses, even though they only comprised 3.8 per cent of the nursing workforce (Kearney *et al.*, 2020). According to data collected by the Kanlungan Filipino Consortium, at least 71 Filipino health and social care workers died from Covid-19 by April 2021 (Day, 2021; Humi, 2022). Second, Gina was the breadwinner of her small, young family, being the primary migrant and as her husband had just arrived so had not found a job yet. Therefore, worries relating to her family's survival, who had just then arrived in the UK, consumed her: what if she infected them? But mostly, what if the worst should happen and she suddenly died? As a result, Gina felt completely helpless, both in a physical and figurative sense. She mentioned during the interview that she was "affected financially and mentally because [she] had just paid for their visas and other debts" she incurred to bring them to the UK.

The uncertainty that she was experiencing in relation to her health as well as her ability to support the family, had made the first month of her family's arrival in the UK really challenging to settle in. These effectively led her to "suffer from depression". The situation had knock-on effects on other family members, like her husband, who worried about who would take care of their son should they both fall ill. Moreover, he was also feeling insecure of his inability to work,

all of which took a toll on his mental health too. As Gina put it, "he was depressed too" because he could not help her in providing for their family. Fortunately, Gina recovered soon, and their financial worries subsided when she was able to return to work and "make up for the money [they] lost" as she topped this up with agency work as well (which is better paid than their usual contracted hours in the hospitals). Meanwhile, her husband was able to find work as a postal worker as the economy in the UK opened back up again. This example demonstrates a crucial finding about the life of P-HCWs in the UK. Migrants like Gina and families like hers, were worst hit than most other people by the Covid-19 pandemic, both because they were often on the frontline of health and social care services provision, but also because of their cramped living situations.

As a result, in Gina's words, this situation took a toll on her "mentally, financially and spiritually" and as a religious person, she emphasised that at that point she "questioned the Lord". Ultimately, she said, "prayers were what kept [her] through". She emphasised that despite the challenges they faced as a family during this time, they "got closer and more intact as a family, even though there was a distance" between them, referring to her family members in the Philippines. She shared that during this time and perhaps, the extended time that she spent at home recovering, she was able to communicate with the family in the Philippines more frequently and regularly than she had done before, all of which helped her mind be "diverted from [her] present situation".

7.3.2 Experiences of working during the Covid-19 pandemic

The Covid-19 pandemic exacerbated the precarious positions of P-HCWs in the workplace. Almost all P-HCWs in this study were working on the frontline throughout this time, with a few mentioning the extremely poor work conditions they were subjected to while combatting this virus. Some of these issues included extremely low levels of staffing in the hospitals, limited and inadequate access to personal protective equipment (PPE). Many healthcare workers were deployed to certain wards like ICU where people were extremely needed, while retired healthcare workers were also forced to come out of retirement temporarily (NHS England, 2020). Maria, a 30-year-old, ICU nurse in London, mentioned that many of the wards in the hospital she was working at, had closed. The nurses in these wards were then deployed to the ICU ward she was in, where nurses like her had to "upskill" them to treat intensive care patients to meet the staffing shortage to care for these high-risk patients. She mentioned that nurses in theatres and cardiac catheterization labs were also turned into intensive carers while one floor of the hospital was dedicated into a Covid-19 intensive care unit. This is just one example of the consequences of these inadequate staffing experienced by many hospitals across the UK. Moreover, Maria's example also highlights that P-HCWs like her are part of the most skilled

workers countries such as the UK, which brings to question how they are considered often in the public discourse. The pandemic shed light on the fact that (migrant) healthcare workers are one of the most skilled people in the world, especially when combatting a global pandemic. Yet, despite this, they continue to be looked down upon when compared to highly paid professions such as in banking and finance.

Fortunately, none of the P-HCWs of this study felt they were unfairly allocated in these ICU wards and three of the P-HCWs who worked in intensive units had specialised in this type of care even prior to migration. However, this did not mean that they did not experience the negative effects of being in one. For instance, some P-HCWs were frustrated at the poor work conditions in the hospitals. Again, Maria thought that at the start of the Covid-19 pandemic, she had a lot of camaraderie with her colleagues and especially with the new shifts in work environments because of the need for more ICU wards. As Maria illustrated, they "tried their best for the patients". However, as time went on and the number of patients with Covid kept rising, their work conditions simultaneously deteriorated. She mentioned that working during the summer of 2020, the ICU wards were "not well-ventilated" which made caring for patients even more "physically exhausting", as they had to wear complete PPE that was physically constricting and uncomfortable. For Maria, her life back then involved working, being physically, emotionally and mentally exhausted, and having to do it all over again, due to her duty of care to the patients.

This was a recurring issue with another participant, Sunshine, who was working as an emergency nurse practitioner during this time. Sunshine also felt the worries of contracting Covid-19 from patients as she was located in urgent care, stating that she always felt the "anxiety and apprehension" of working there and often wondered what types of cases and patients she would be dealing with that day. To add to her worries even more, she felt that nurses such as herself were given insufficient PPEs (only surgical masks, aprons and gloves) as only those in 'red' or high-risk zones such as ICUs were provided with complete PPEs. Indeed, concerns around insufficient PPE provision in hospitals were a long-running issue among healthcare workers from BAME backgrounds who were exposed to, and affected by, Covid-19 the most. Though Sunshine made no mention that this was a result of discrimination, the report by Ramamurthy and colleagues (Ramamurthy *et al.*, 2022) found evidence that many staff from BAME groups were denied appropriate PPE and were only provided surgical masks which caused many staff anxiety, since they were allocated to work in Covid-19 areas. This highlighted the issue of hospital policies' failure to protect its workers and subjected to what was already risky and dangerous positions.

All of the issues stated above and the resulting mental health problems that participants of my study were enveloped in, had resulted to some painting a bleak view of their situation throughout the pandemic. For instance, Emily, who was also an ICU nurse, felt that she, along with other colleagues, became "more pessimistic" and less hopeful that they were able to be given a break and rewarded for their hard work in caring for the public. Emily mentioned that she could not help but feel envious of those who were able to stay and work from home and be provided with furlough, whilst nurses like her had to bear the brunt of working in poorly ventilated spaces, with heavy or in some cases, insufficient PPE. Emily stated if she could, she would rather also stay at home and be furloughed. Although, there was some opportunity for certain healthcare workers to be furloughed, this only applied to those with existing comorbidities. Being furloughed, however, would have led to a 20 per cent reduction to their pay (GOV UK, 2023). For Emily, this was simply not an option as she felt a duty of care towards her patients and wanted to support her colleagues. Moreover, along with her sister Michie (also interviewed for this study), she also had to support their mother in the Philippines, so they could not take a pay cut, although it might have been safer to do so. This highlights the extreme loyalty and dedication these nurses have towards their patients and their families, but unfortunately often at the expense of their own safety, health and wellbeing. Considering the significant risks they were taking every day, they felt exasperated by parts of the public who displayed blasé attitude in following Covid-19 regulations, as the country was returning to normalcy and out of the first lockdown.

Some nurses further felt strongly disenfranchised by the lack of incentives that the UK government provided for their hard and enduring work during the pandemic. Maria made particular reference to the abysmal one per cent pay rise that the government promised to give NHS staff in 2021 which has since been raised to 5.5 per cent under the new Labour government in 2024 (Walker, Allegretti and Quinn, 2021; Royal College of Nursing, 2024). Thus, even though (migrant) health and social care workers had received recognition from both the public and the UK government for their hard work during one of the most extraordinary times and deadly crisis in UK's recent history, this was not properly rewarded with adequate financial compensation or other improvements to the delivery of care provisions. For example, the NHS health surcharge for migrant healthcare workers mentioned earlier, which had been suspended during the lockdowns, was reinstated as soon as the country went back to 'normality'.

For the reasons above, some P-HCWs like Anna who previously worked as an ICU nurse during the pandemic jumped at the first opportunity to change workplaces. At the time of interview, she was a project leader for a project exploring retention schemes for international nurses in her Trust. Anna emphasised that she was glad to be "out of clinical work and so the job is less stressful than before". She was able to work from home which she used to spend more time

with her family and contact her family in the Philippines. Anna was fortunate to have been able to move from clinical work in an intensive area such as ICU, and into research, given that many migrant nurses in more precarious positions during this time were not provided the opportunity. Others were not as fortunate as in a report by Ramamurthy and colleagues (2022), discrimination in the allocation of nurses in high-risk environments was rampant, with many migrant workers being coerced into working in these wards as they were threatened with losing employment visas. The authors of the report found that 27% of the respondents to their survey said they were unfairly sent into Covid-19 positive areas. The worst affected groups were Filipino nurses that made up 44% of this sample, followed by Black African nurses (34%) and Pakistani and Bangladeshi nurses at 33% each.

7.3.3 The implications of immobility to P-HCWs

One of the most prominent impacts of the Covid-19 pandemic was on people's mobility globally. The onset of the pandemic saw disparate responses of governments all over the world to international and regional travel. The majority of countries banned international travel altogether during this time, while others only restricted this to specific nations or regions (IOM, 2022a, 2023). Therefore, these bordering policies affected many migrants all over the world including the P-HCW participants of this study. According to some P-HCWs, this was one of the biggest issues they faced during this time as some had plans of returning to the Philippines to see their families. Conversely, for some P-HCWs who happened to be in the Philippines during this time, the key issue was not being able to return to the UK. For example, Pedro mentioned how he found himself stranded in the Philippines for two months longer than anticipated. He had travelled there in March 2020 for a month-long vacation. However, because of the international travel bans and the lockdowns in both countries, he was only able to return to the UK two months later, in May. Consequently, he had no choice but to extend and inevitably, use up all of his annual leave, which meant that he was still being paid. It was also during this time that the Philippine government halted the deployment of healthcare workers abroad, despite some having signed contracts to return to work abroad and asked them to 'volunteer' at home for 500 Philippine pesos a day (Humi, 2022). The order restricted the deployment of medical frontliners from leaving the Philippines until the national state of emergency was lifted. The aim was to tap more of the country's reserves of healthcare workers as additional workforce to control and combat against the coronavirus outbreak (CNN, 2020). Pedro made no mention of volunteering and stayed home, until he was able to leave in May, as soon as the UK lifted its first lockdown.

For some P-HCWs, the urgency to return to the Philippines to be with their families was strong and so their immobility caused emotional turmoil for them. For instance, Jeanie, a 48-year-old

managing director at a sonography clinic in Cambridge shared that the "uncertainty of when [they] were going to visit them [stay-behind family] again" was a question that lingered on her mind as travel bans at the time were indefinite and in constant flux. This urgency was notably prominent among P-HCWs with elderly parents in the Philippines, who belonged to groups at a higher risk of Covid-19 due to comorbidities. Many P-HCWs had family members in the Philippines who succumbed to the virus, yet they were unable to return to the Philippines. In turn, they felt they could not "grieve well" for their departed loved ones. Marla, for instance, highlighted the importance of this stating that "[being able] to have a vigil for [the departed] eases our bereavement", but because they were restricted, it had "great impact to the mental state of individuals" including herself.

In the above, Marla illustrates the importance of physical proximity among transnational families especially at a time of crisis like death (Baldassar, 2007a, 2014). Therefore, this loss had negative consequences on their emotional wellbeing as Marla alluded above. Death and the ability to express one's bereavement have social and cultural significance in the Philippines. Death equally marks an important milestone and occasion within Philippine family life, with the funeral serving a dual purpose for family and friends gathering to pay respect and honour the departed, and in so doing further strengthening family and kinship ties. Being physically present at the funeral and sharing this event with the wider family, also allows those left behind to move on with their lives. Under normal circumstances, bereavement relies heavily on the social rituals for Filipinos to reconcile their new realities without their loved ones (Gamad et al., 2022). However, the necessary restrictions and health protocols arising from the Covid-19 pandemic prevented Marla and others like her from being able to "grieve well" for their departed. In addition to grappling with the losses of loved ones from afar and (in)ability to mourn, some of the P-HCWs I interviewed found themselves going lower down into a spiral, contending with the further loss of purpose in life. This experience was compounded by the realisation that their decisions to migrate, made with intentions of providing for their stay-behind family, had led to further internal emotional struggles. Furthermore, this example demonstrates that even as they were personally also struggling during this time, the family still took precedence in their lives.

This loss of physical proximity then has warranted some P-HCWs to engage intensively in transnational caregiving (post-Covid-19 pandemic), mainly sending financial remittances to sustain these ties. The constrains in mobility had caused Marla to feel a heightened pressure to financially remit to her family in the Philippines, so as compensate for her absence during this difficult time, whereas previously she only did so for special occasions. Marla indicated that part of the reason she worked more during the pandemic was so she could prepare for emergencies should a member of her family in the Philippines needed money for hospitalisation. Illustrating how the Covid-19 pandemic had exacerbated inequalities, Marla

mentioned that if "it's not the actual disease that will kill you, it's the financial debt, that will". The pandemic, in turn, imposed additional challenges on the P-HCWs, who found themselves contending with heightened financial obligations for their families in the Philippines. In addition to the duty of care at work and for their own immediate families in the UK with them, individuals like Marla also grappled with the "financial burden" associated with supporting their families back in the Philippines. While existing literature acknowledges that migrants sometimes willingly shoulder these financial obligations as acts of goodwill, in Marla's case this was also the only way she could help while also maintaining her ties with them at a time where travel restrictions seemed indefinite. Marla still saw this as a "burden" which she claims has caused "mental stress" for herself and others in similar positions. Indeed, some scholars have found that the flow of remittances to home countries increased during the pandemic in order to cushion the impacts of the pandemic on families, where many people's livelihoods were affected (Kpodar *et al.*, 2023).

7.4 Conclusion

This chapter has offered a glimpse into the lives of the P-HCWs living in the UK, focusing on their process of arrival and settlement in the workplace in a relatively new country of destination for Filipinos. The first part of this chapter explored the P-HCWs entry into, and progression through, the NHS where they revealed the continuation of a rigorous and lengthy process of recruitment even after setting foot in the country. The P-HCWs shared factors that made the UK an attractive migration destination, especially working in the NHS, compared to their experiences of working in the healthcare sectors both in the Philippines, and other countries (for those who had migrated previously abroad). This chapter has thus provided insights into the organisation of the UK's healthcare system, particularly in relation to the segmentation of this labour market sector, and the career trajectories of P-HCWs. It examined how the P-HCWs navigated the UK's workforce, offering insights into the structural barriers and opportunities that shape their professional mobility. The chapter further highlighted the systemic gendered and racial inequalities embedded within this labour market, demonstrating how P-HCWs, who comprised mainly of migrant women from the Global South, encountered constraints in career progression and abilities to integrate into the workplace and beyond. Such inequalities manifested as barriers to their career progressions, unequal opportunities and the undervaluation of the crucial services they contribute to the UK's healthcare sector.

The second part of this chapter focused more on my research participants' experiences of working in the frontlines during the Covid-19 pandemic. It provided rich empirical insights into how labour market segmentation intersects with crises such as the Covid-19 pandemic and the

disproportionate impacts this has had on a marginalised group such as Filipino nurses, where the pandemic highlighted pre-existing inequalities already prevalent. The findings suggest how the deployment of the healthcare workforce in a segmented labour market is strongly shaped by gender, race and legal status, which, in the context of the Covid-19 pandemic, exposed the P-HCWs to greater risk of exploitation and health hazards. Besides their patients, as migrant workers whose lives spanned transnational global spaces, these research participants had further obligations to, and concerns about, the family members they had in the Philippines. The risks during these times were thus further compounded by these obligations, both in terms of financial pressures and transnational caregiving responsibilities, all of which added to the difficulties they already faced with their exhaustive working conditions in the UK. During these extraordinary and dangerous times, the stories of these frontline workers in hospitals and other healthcare spaces, are ones of dedication to, and care for, their patients; and hard work and perseverance in the face of family separation, mental and physical exhaustion, and death. Their patient, caring, non-boasting ways, give us all food for thought, as this chapter makes visible their valuable contribution to the country at this difficult time.

Chapter 8 Conclusion

8.1 Introduction

When I first began this research, I was initially interested in only exploring the transnational family lives of Filipinos living in the UK who have moved to join the UK's healthcare sector. In particular, I wanted to solely focus on their social relationships with the family members who remained in the Philippines and the maintenance and endurance of these relationships despite the physical and geographical distance. While that is still a significant focus of this research, my discussions arising from the interviews with the P-HCWs revealed a more complex and insightful story of how skilled healthcare migration occurs and is experienced by the migrant themselves and their families. Therefore, the thesis' aim was adjusted to explore the skilled migration of healthcare workers from the Philippines to the UK, their everyday lived experiences of living and working in this destination country, and the reconfiguration of transnational family relations also from the perspectives of those who remained behind in the origin country – all embedded within the context of the international skilled healthcare sector. This embeddedness is key as it is particular and has specific outcomes. The findings from this thesis therefore shed light on the complex processes of skilled migration of healthcare workers, and how notions of care, as both productive and reproductive work are shaped by migration and employment sector and organised transnationally – all of which I discuss in this chapter.

The research employed a qualitative design, involving participant observations and in-depth, semi-structured interviews with 21 migrant Filipino healthcare workers (P-HCWs) in the first sample group and 20 family members who remain in the Philippines with migrant family members. Overall, I wanted to hear the perspectives of the members that make up the transnational family as a whole, namely the migrants as well as the family members who remained in the Philippines. Often, the perspectives of migrants and the family members who remain in the home country are discussed in isolation from one another in migration and transnational families' literature, hence my decision to include both participant groups despite their unmatched sampling.

This concluding chapter will synthesise the key findings of this research and its contributions to migration and transnational family studies. It is structured as follows: First I revisit the research questions and their corresponding key findings. Second, I offer a discussion of the key themes that I have identified in my empirical findings. Third, I end with a discussion of the limitations of this research and outline areas of future research.

8.2 Research questions revisited and key findings

In this thesis, I sought to answer three research questions each of which I now discuss in turn. The first research question asked was: ***what factors shape Filipinos' decisions to take up nursing that eventually lead to their migrations overseas?*** This research question corresponds to my first empirical chapter (Chapter 5) which unpacked the ways in which the decision to study nursing, and later to migrate abroad and work as a healthcare skilled worker, were made in the context of my research participants. The key finding from the discussion in this chapter is that migration is a *family project*: in the ways in which various members of the family are involved in this process in material and non-material ways – a parent or an aunt who provided the finances to study nursing and later migrate; a sister who inspired her sibling to follow this career trajectory; parents and others who pooled resources together for my research participant to follow this through. The family project is also visible in the ways in which the migrant individual then feels a sense of responsibility to pay back and lift up others through remitting, whether to support the education and eventual migration of another sibling or looking after parents in their older days in the Philippines. While this family context is key, structural and individual factors also have impacted. For example, the decision to migrate amongst my research participants was also influenced by the precarity they experienced after graduating from their nursing degree, pertaining to low pay and poor working conditions, as well as the lack of career prospects that are prevalent in the Philippines' healthcare sector. The narratives of the P-HCWs showed that although some were able to gain permanent employment, many others did not, which in turn led them to move outside of healthcare where they could find (relatively) higher paid jobs, despite their skills thus being 'mismatched' (Ortiga, 2018). This was still not enough as ultimately the P-HCWs still wanted to practice the profession they trained for, which then led them to migrate overseas altogether where they eventually managed to make their way to work in the UK's National Health Service. Thus, my findings here made visible the complex macro- and micro-level factors and processes involved that have influenced P-HCWs' career pathways into healthcare and their subsequent migrations overseas.

While important to highlight the role of the family in shaping the decisions to take up nursing and to migrate, this also needs to consider the power dynamics at play which influence these decisions. This chapter showed that *who* migrates in the family is shaped by their gender, age, marital status, social position in the family, as well as the socio-economic background of the family and any histories of prior migration. While the family emerged as a crucial source of support both in material and emotional ways for migrants, the participants showed that at times, it required them to forego their own needs and desires for the sake of the family.

However, this may also be a function of their class and social backgrounds, as the necessity to send remittances were not felt equally by migrants from more affluent backgrounds.

Chapter 6 of the thesis answered the second research question which asked: ***how are social relationships within Filipino transnational families shaped by transnational migration?*** The chapter started with a critique of the notion of family used in most skilled migration studies, which is often based on the Eurocentric model of the nuclear unit consisting of parents and children but applied universally across the world. Instead of trying to fit the Philippine empirical reality into this model, this chapter first sought to understand how family was conceptualised and understood by the research participants themselves, before exploring how it changed in conditions of transnational migration over time. The data showed that research participants had a more expansive notion of family which involved a number of people beyond the 'nuclear' – (adult) siblings, aunts, uncles and at times, more distant cousins. Care and caregiving were found to be the anchor of these family formations, the gravitational centre, rather than a shared household budget or space under the same roof. This conceptualisation allowed for flexibility and elasticity both spatially and who could be involved and included in the family. It enabled care of, and protection for, people outside the immediate and small nuclear family such as orphaned cousins or lone elderly aunts, in times of need, while also allowing people to move in and out of this constellation over time. Such family formations are important particularly in countries where the welfare state is either non-existent or rather limited in what it can provide, leading to individuals relying heavily on family networks for support. This elasticity further allowed the expansion of such family formations transnationally when individuals emigrated abroad, enabling care for children 'left behind' or the elderly to be picked up by others who stayed in the country of origin.

Nevertheless, these family formations are strongly shaped by gendered and generational power relations, often favouring men and requiring self-sacrifices from women. Some considered the family based on nuclear and traditional gendered roles on parenting where migration presented rupture upon parent-child relationships, showing that transnational parenting is also gendered and affected in gendered-specific ways.

This brings me to the second key finding which is that families do actively maintain ties transnationally where they do so through their engagement in various transnational care practices. The participants showed that economic and material remittances still predominate. However, other care practices were also prevalent including regular communication and visits. The motivations for doing so were out of obligation where participants had mixed feelings about this. Some did it to give back to family members who have helped them start out in life, while for others, it became a source of conflict in the family.

Finally, the third finding in Chapter 6 is that migrants were not solely the ones tasked with fulfilling care responsibilities. The stay-behind participants of this research also showed they were providers of care too, thereby showing the multidirectionality of care. Stay-behind family members, particularly ageing parents, also moved (temporarily) to destination countries of where their migrant family members were located and care for their grandchildren that in turn, helped migrant healthcare workers balance their care responsibilities. In other families, particularly migrants who left their children behind were also being cared for by stay-behind, extended family members where they were also supported financially in exchange. This showed the care circulation framework in action, highlighting the multidirectionality and asymmetries of care which were provided in various places and by various people depending on where this care was needed.

However, participants showed that these obligations to care from afar wax and wane throughout the life course depending upon family members' material, financial and physical capabilities. These caring practices were also at time asymmetrical, shaped by their gender, age, social class, as well as intergenerational relationships with certain family members and cultural norms. All of which showed that transnational caregiving is complex and shaped by various intersecting factors, reflecting the evolving nature of care responsibilities and social expectations over time, but are most definitely constitutive of transnational family life.

Finally, the third research question asked: ***what is the overall experience of P-HCWs in the UK concerning both their career and personal life?*** This corresponds with Chapter 7 of the thesis where I examined the everyday lives of the P-HCWs in the UK. The stories of the P-HCWs revealed the various factors involved in the way they were able to integrate and settle to life in the UK regarding their work and personal lives. The chapter showed that P-HCWs fare relatively well in the workplace and general society in the UK, with their social and legal status as an important source of skilled labour as important factors in this. However, the path to securing their status in the workplace did not always come with ease. In their formative years of employment in the UK, they were subjected to having their skills tested and validated which put them in precarious positions, legally and socially. Their skills and identities were also racialised in that they were subjected to more competency and language tests compared to other European migrants who did not have to go through such extensive processes. Furthermore, unfortunately, the participants also shared instances where they experienced racism and discrimination in the workplace and outside which they claimed to have made settling in the UK very difficult. This affected them materially and took a toll on their emotional wellbeing, where they addressed this through various coping strategies, bringing me to the second finding related to the importance of having access to social networks. This chapter also demonstrated that the Covid-19 pandemic exacerbated the aforementioned issues as they grappled with balancing

both their duties of care to the patients and also to their families and where at times it was at the expense of their own, individual needs. Nevertheless, they showed impeccable resilience of balancing their productive and social reproductive care responsibilities during such difficult and uncertain times, marking their adaptability in the face of unprecedented challenges.

8.3 Discussion

This thesis provided an overall view into the transnational lives of Filipino migrant healthcare workers and the families who remained in the Philippines. Thus, I have identified four key themes that cut across the preceding empirical chapters and here, I will highlight their contributions to the migration studies and transnational families' literature. First, I will discuss the Philippines-UK migration and the significance of this geographical contribution to migration studies. The second theme that I will discuss is the importance of how we understand skills, the gatekeepers of skills and how they are valued in society. Third, I will highlight the importance of bridging both types of care work – productive and reproductive – together within a migratory context. Fourth and finally, I will discuss the importance of understanding diverse family structures that fall outside the universally applied Eurocentric notions of family.

First, this thesis was interested in the migrations of skilled healthcare workers from the Philippines to the UK. Aside from my personal reasons for looking at these two countries as I stated in Chapter 1, I chose it as there have not been many empirical studies which have explored migrations from the Philippines to the UK. Here, we have two island nations that occupy different positions within global hierarchies with each having their own distinct and separate histories and legacies, cultures and societies and yet are connected by these contemporary migrations. Therefore, this thesis has contributed to migration studies by highlighting the dynamic ways in which global migrations, alongside historical factors and colonial legacies, are also increasingly shaped by contemporary factors, such as ageing societies in Global northern countries, associated supply and demands for healthcare workers and the role that intermediary agents play in shaping and facilitating these movements globally. I argue that this particular geographical focus is significant, and an achievement in itself, as the Philippine-UK 'migration-remittance corridor' is understudied (Mata-Codesal, King and Vullnetari, 2011). Furthermore, the significance in exploring these two countries is that it provides us with rich and insightful context in examining how contemporary migration patterns occur and shape the healthcare provisions of sending and receiving countries. By focusing on this particular migratory flow, this thesis contributes to migration scholarship by providing a broader understanding of contemporary flows of migration and its implications for the future of healthcare work in sending and receiving countries from the perspectives of those that have

undertaken these movements. Thus, what exactly is the link that connects these two countries together? It is the skilled healthcare workers who move from the Philippines to the UK which brings me to the second theme of this thesis – how skills become obtained and how they are valued which is one part of what enables these skilled healthcare workers to migrate.

In this thesis, I have extensively engaged with the concept of skills, questioning what constitutes someone as 'skilled' and how certain types of skills—mainly in care— when performed by women, are undervalued (Dumitru, 2014; Liu-Farrer, Yeoh and Baas, 2021). Here, I showed that care work, including nursing, should be considered as skilled work. This means that we first need to dismantle preconceived notions surrounding care work and the skills (or perceived lack thereof) required to undertake it. It is essential to move beyond assumptions that certain occupations such as those in care are 'unskilled' precisely because they are tied to specific groups, such as viewing women as inherently 'caring' or 'nurturing'. These stereotypes perpetuate traditional gendered divisions of labour and contribute to the devaluation of care work. Instead, we need to recognise skills, especially in care, for what they truly are – abilities that can be learned, developed, and diversified much like the skills in other professions, such as those in knowledge and finance sectors.

Further, the thesis goes beyond defining skills and recognises that they are socially constructed and explores broader implications of how skills are defined as has been discussed by scholars such as Liu-Farrer and colleagues (2021). It shed light on the role that networks (families and friends), institutions (universities and the workplace in countries of origin and destination), intermediaries (recruitment agencies and accreditation boards) and the state (regulation of education and migration policies) have in labour migrations, shaping the skills acquisition and recognition of migrant healthcare workers such as nurses (Raghuram, 2021). Together, these actors are the gatekeepers that constitute who count as skilled operating on a broader and global scale. Indeed, the healthcare industry plays an integral role in the shaping of skills and by extension, a certain type of 'nurse', as they are the regulators setting the robust set of skills, encompassing both of technical and interpersonal abilities, that nurses are required to have where these are achieved through gaining formal education, on-the-job training and continuing education and professional development. In particular, Chapter 5 demonstrated the process of skills acquisition of nurses in the Philippines at various stages in the life course and how these are shaped by networks such as the family and employers. While Chapter 7 showed the process of how nurses' skills are recognised and further developed on a global scale and by international employers. Collectively, these chapters revealed the long, arduous and costly process of having one's skills obtained and recognised, requiring certain abilities and knowledge to navigate this effectively, which the research participants (P-HCWs) actively demonstrated.

Despite this, the P-HCWs endured such difficult experiences either out of necessity to cope with their precarious situations or to become more employable and integrate better into both local and global labour markets. The experiences of the P-HCWs are important reminders that that we should not take their skills for granted. Therefore, skills should be valued in and of themselves so as not to continue perpetuating social and global hierarchies that have very real consequences to the lives of these skilled individuals not least in terms of the value placed upon the jobs that they do, how much they are remunerated, but more importantly how they are perceived and overall valued in society. Therefore, the thesis adds to the skilled migration literature by shedding light to the geographies of skills, how they get their meanings and how these in turn are shaped by migration. Moreover, the empirical material of this thesis has shown that caring skills are not just inherent among people, they are acquired and developed over time and across borders.

The third theme that emerged from this thesis is continuing to bridge the gap of the two types of care work – productive and reproductive – that has often been considered separately in migration studies except for some scholars such as Williams (2014, 2018) within social policy. Both types of care work are also linked with skills and how these care responsibilities are reconfigured transnationally, where the thesis used the care circulations framework (Baldassar and Merla, 2014). However, while it was a useful framework for understanding transnational caregiving, it has yet to be applied in a way that captures the care obligations of skilled migrants such as nurses. Currently, in the separate literatures of migration studies and on transnational families, skilled women migrants like the P-HCW participants of this study, have not been considered from a holistic perspective. In migration studies, these women are explored as only skilled workers where emphasis is placed on their working lives. While in a transnational family context, the focus is predominantly on the family and their care relations, where their working lives are rarely explored alongside this. However, this separation of the care work they do in their professional and personal lives does not reflect the totality of their everyday lives. The women in this study are not just skilled workers caring for their patients, and neither are they just daughters, wives, sisters and so on who care for family back home.

The P-HCWs in this study, similar to other migrant women, are skilled workers and family caregivers, with these care identities often coexisting and shifting in prominence depending on their environments (e.g. home or hospitals) and life circumstances. In addition to this, I focused on social factors such as the gendering of these care obligations and how often, they also intersect with one's socio-economic background in terms of their capabilities in fulfilling their caring roles, which brings an important dimension into discussions of productive and reproductive care work. Therefore, this thesis has contributed to both migration and transnational families literatures by bridging the two components together and by showing both

the productive and reproductive care roles in different spaces in which care takes place and within and across nation states, providing insights into the lives of these skilled migrant women *holistically*, both in their professional but also personal lives.

Fourth and finally, I have engaged in a different type of family by providing an Asian perspective using the Philippines as a case study. In doing so, I refrain from perpetuating Eurocentric family structures that has been universally applied in migration and to some extent, transnational families' literatures as previously noted by scholars such as Raghuram (2012), Francisco-Menchavez (2018) and Waters and Yeoh (2023) to name a few. Here, I extend discussions to various types of family structures to explore what nuances this may bring us in understanding how transnational family relations are reconfigured under the phenomenon of skilled migration. In reality, and as this thesis has also shown, family structures are diverse, and neither are they static. Therefore, it is important that we decentre notions of 'family' from a different viewpoint as family structures are diverse that often do not fit these Eurocentric family structures. What this thesis revealed was a rich and complex insight into the family dynamics of Filipino families and how transnational migration impacts these dynamics. This study has shown that family dynamics are non-linear, messy, entangled where family structures and relations are constantly being redefined and reconfigured across different borders, by different people and throughout the life course. Seemingly, every decision, milestone, experience and outcome are considered with the family in mind no matter where family members are located. This thesis has shown that *migration is a family project* where the family pools together resources that enable the migrations of family members. However, this support is not only at the point of migration, rather it goes as far back as encouraging or in extreme instances, forcing them to choose a career such as nursing that will lead to this migration, highlighting the unequal power relations in the making of these decisions. In this way, the family is both a great source of material and emotional support for migrants, but they can also be a source of conflict and pressure for them.

In the family structures of Filipino families, one's social position in the family are hierarchised that are based upon social factors such as age, gender, birth order to name a few. It is because these families are structured this way that social positions change and become negotiated across borders through migration. This is what their migration *affords* migrants to do both in metaphorical and literal terms – where remittances play a central role in these negotiations oftentimes. But aside from these economic and material factors, this thesis has also placed emphasis on social and cultural factors, as well as on emotions where it has brought broader insights into the ways in which family dynamics change across space, especially when confronted with a culture and policy like the UK that has a different and much narrower view of what family is (see Appendix E for policy recommendations addressing this).

After having set out my contributions to the fields of migration studies and transnational families' literature, I will now conclude with some limitations to this thesis and suggestions for future research.

8.4 Limitations and future research

While this thesis has contributed to migration scholarship by exploring the intersections of skilled migration, transnational families and migration-care, this research is not without its limitations which also warrant discussion. As I mentioned at the beginning of this chapter, the original intention of this thesis was to explore the transnational family lives of skilled Filipino migrant healthcare workers in the UK. However, a matched sample between the migrants and their stay-behind family members was not achieved in this study. According to Mazzucato (2009) the advantages of a systematic matched sample is its ability to bridge boundaries between the depth of information and breadth of its research sites by allowing researchers to paint a realistic picture of the migrants' lives in origin countries. Therefore, the utility in matching participants from the same families may have ensured that the comparability of their experiences would be directly related, leading to a more comprehensive understanding of perspectives on both sides of the family. Furthermore, it would have also allowed for a much richer contextual information regarding their family's history, culture and social background which can be crucial when understanding the nuances of their experiences. This is not to say that I was not able to achieve this, nor a criticism to the stories that my current participants have shared with me. If anything, the variability of the family structures, backgrounds and contexts of my current participants is reflective of the reality that families come in all shapes and sizes. In addition, dynamics internal to individual family units are also different. Therefore, this variability highlights the importance of considering diverse family structures which this thesis has striven to capture. However, I was adamant in bringing the perspectives of the families who remain behind as I wanted this thesis to be from the point of view of transnational families as a whole as often in the literature, they are discussed in isolation from one another. Nevertheless, the range of families and their diversity in terms of structures, gave me a broader perspective on the complexities of transnational families and how they reconfigure these social relations across borders.

The second limitation to this research is again related to the participant sample. I have predominantly focused on the experiences of mostly women and their caring roles. I acknowledge that by having done so, I run the risk of contributing to methodological sexism which according to Dumitru (2014) is the unequal treatment of men and women based on traditional ideologies about sex roles. Although I have interviewed a few male participants in

both samples, they still comprised less than half. Therefore, by doing so I risk perpetuating assumptions that only women counted as caregivers and ignore the fact that men can also engage in caring roles whether in formal and informal care sectors. In hindsight, if given the chance to take this research further, I would consider a male perspective on gendered skilled migration, exploring how skilled migrant men contribute to, and experience, caregiving within transnational families. Currently, there is a gap in research which addresses the experiences of migrant men in female-dominated occupations, including healthcare (Panopio, 2010; Charsley and Wray, 2015; Hussein and Christensen, 2017; Locke, 2017; Dávalos, 2020). This leads me to suggest that this is an area equally important to investigate. Transformations in the labour market, particularly the growing opportunities in healthcare as a way to migrate, have altered people's perceptions and led to an increase in the number of more men entering healthcare sectors (Averia *et al.*, 2024). Therefore, it would also be crucial to understand male healthcare workers' experiences in female-dominated sectors like healthcare including nursing and how these have impacted their caring relationships with family back in the countries of origin. Scholars have stated that questions remain regarding how cultural representations of care and masculinities are being transformed with migration, highlighting this as an important, yet understudied, topic (Herrera, 2020). Researching their experiences in turn, would help us to understand how men equally navigate traditionally feminised fields which can reveal insights into changing roles and expectations, both in the workplace and society. It would contribute to broader discussions and a balancing of experiences of healthcare workers of all genders, as well as to encourage men to enter these professions. Finally, there is a need to further unpack the migration decision-making, as well as the role that family play in this process. A feminist critique of these intra-family dynamics, following some of the work presented in this thesis, would potentially open up opportunities to understand deeper the gendered and generational hierarchies that structure such important processes.

Appendix A The NHS 'band' system

A.1 NHS band scale

Band (pay grade)	Information about the band (years of experience and example roles)
1	One or less than one year experience = £23,615 Domestic support worker, housekeeping assistant and nursery assistant.
2	Two or less than two years = 23,615 All of the above and also includes domestic team leader, security officer, secretary and healthcare assistant.
3	Two years = £24,071 More than two years = £25,674 Emergency care assistant, trainee clinical coder and occupational therapy support worker
4	Less than three years = £26,530 More than three = 29,114 Assistant practitioner, audio visual technician, dental nurse and trainee psychological wellbeing practitioner.
5	Less than two years = £29,970 2-4 years = £32, 324 4+ years = £36,483 ICT test analyst and many newly qualified clinical professionals such as nurse, operating department practitioner, podiatrist and therapeutic radiographer.
6	<2 years = £37,338 2-5 years = £39,405 5+ years = £44,962 School nurse, experienced paramedic, estates officer, health records manager and clinical psychology trainee.
7	<2 years = £46,148 2-5 years = £48,526 5+ years = £52,809

	Communications manager, estates manager, high intensity therapist and advanced speech and language therapist
8 (categorised in 8a, 8b, 8c and 8d)	8a <2 years = £53,755 2-5 years = £56,454 5+ years = £60,504 Consultant, prosthetist/orthotist, dental laboratory manager, project and programme management, modern matron (nursing) and nurse consultant. 8b <2 years = £62,215 2-5 years = £78,814 5+ years = £85,601 Strategic management, head of education and training, clinical physiological service manager and head orthoptist. 8c <2 years = £74,290 2-5 years = £78,814 5+ years = £85,601 Head of human resources, consultant clinical scientists and consultant paramedic. 8d <2 years = £88,168 2-5 years = £93,572 5+ years = £101, 677 Consultant psychologist, estates managers, chief nurse and chief financial manager.
9	<2 years = £105,385 2-5 years = £111,740 5+ years = £121, 271 Podiatric consultant, chief finance manager and director of estates and facilities.

Appendix B Sociodemographic characteristics of the participant groups

B.1 UK participants

Pseudonym	Gender	Age	Education	Occupation	Location	Place of origin	Prior migration experience
Amelia Gutierrez	F	37	University (Nursing)	Staff Nurse	Northern Ireland	Zamboanga City	N/A
Anna Sarmiento	F	47	University (Nursing)	ICU Nurse	Lake District	La Union	N/A
Ces Sandoval	F	30	University, postgraduate (Clinical Nursing)	Staff Nurse	London	Metro Manila	N/A
Chanel Gonzales	F	50	University (Midwifery)	Community Support Worker	Southampton	Not discussed	Singapore from 1996-2000
Christina Reyes	F	29	University (Nursing)	Vascular Specialist Nurse	Southampton	Negros Occidental	N/A
Daphne Reyes	F	41	University (IT and Nursing)	Senior Research Nurse	Nottingham	Metro Manila	N/A
Ellie Flores	F	45	University (Nursing)	Lead Nurse	Southampton	Metro Manila	N/A

Emily Garcia[38]	F	31	University (Nursing)	ICU Nurse	Bristol	General Santos	N/A
Gina Dela Cruz	F	32	University (Nursing)	Staff Nurse	Lake District	Cavite	N/A
Hazel Cuenca	F	31	University (Nursing)	Practice Educator	Lake District	Not discussed	Saudi Arabia from 1997-2002. The Netherlands from 2002-2003.
Jeanie Ramon	F	48	University (Radiology Technology)	Managing Director in Radiography	Cambridge	Cagayan	N/A
Juan Santos	M	31	University (Nursing)	ITU Nurse	Swansea	Camarines Sur	N/A
Lulu Alcazaren	F	39	University (Nursing)	Manager (care home)	Hayward's Heath	Negros Occidental	
Magdalene Dela Cruz	F	63	University (Commerce and Accountancy)	Hospital Administrator	Isle of Wight	Not discussed	USA – family reunification. Sponsored by her mother.
Maria Alvarez	F	30	University (Nursing)	ICU Nurse	London	Not discussed	N/A
Mark Herras	M	30	University (Nursing)	Staff Nurse	Barnet	Las Piñas	N/A

[38] Emily and Michie are both siblings who both migrated to the UK.

Marla Trillo	F	52	University (Nursing)	Advanced Nurse Practitioner	London	Iloilo City	Saudi Arabia from 1998-2000.
Michie Garcia	F	29	University (Nursing)	Staff Nurse	Southampton	General Santos	N/A
Mina Rodriguez	F	53	University (Midwifery)	Research Clinical Nurse	Cambridge	Not discussed	Abu Dhabi from 1995-2001.
Pedro Gomez	M	26	University (Nursing)	Professional Educator	Portsmouth	Masbate City	N/A
Sunshine Dizon	F	50	University (Nursing)	Emergency Nurse Practitioner	London	Metro Manila	Taiwan from 1998-2001.

B.2 Philippine participants

Pseudonym	Gender	Age	Occupation	Participants' Migrant Relative Abroad	Location
Adrian David	M	19	Full time university student	Mother worked as a domestic worker in France	Pampanga
Annie Pineda	F	53	Registered Nutritionist and Dietician	Sister worked as a domestic worker in Italy	Pampanga
Claudine Ramos	F	24	Purchasing Stock Representative	Grandmother worked as a nurse in the USA	Quezon City
Cora Dizon	F	31	Online English Teacher	Sister was a film student in Canada	Quezon City
DJ Guinto	M	24	Full time Postgraduate Student	Father worked as a secondary school teacher in Indonesia	Quezon City
Eva Beltran	F	74	Retired	Son worked for the World Bank in the US	Quezon City
Gina Cole	F	35	Administrative Aid	Husband and Father were both seafarers	Quezon City
Jace Ilagan	M	25	Data Encoder	Father worked odd jobs such as a baker and carer while his sister worked as a hotel receptionist in the US	Quezon City
Jed Vargas	M	26	Freelance Videographer	Mother works as a healthcare assistant	Quezon City
Katrina Malaya	F	26	Project Technical Staff	Parents worked odd jobs as hotel staff and eventually a salesperson for a car dealership and NGO volunteer in Canada	Quezon City
Kenneth Sandig	M	47	Tricycle Driver	Mother was a domestic worker in Saudi Arabia	Pampanga

Kris Reyes	M	26	Escalation Officer	Uncle worked in Saudi Arabia but did not disclose their occupation	Quezon City
Kyla Madrigal	F	28	Car Insurance Sales Representative	Mother was petitioned by her maternal grandparents to join her while her paternal grandparents worked as carers	Pampanga
Maria Clara Magsino	F	68	Retired	Daughter works as an occupational therapist in the US	Quezon City
Marina Rosales	F	23	Airline Sales Representative	Mother worked as a server in Japan	Pasay
Raquel Guevarra	F	30	Housewife	Cousin worked as a preschool teacher in China	Pandacan
Rosa Velasco	F	29	Quality Assurance Specialist	Sister was unemployed in New Zealand and came under a spousal visa	Tondo
Sarah Garcia	F	27	Unemployed	Mother works in a resto-bar in Japan	Quezon City
Shane Bautista	F	18	Full time university student	Uncle and his wife worked in the fast-food industry in the United Arab Emirates (Dubai)	Pampanga
Yang Gonzales	F	25	Senior Fraud Specialist	Mother works as a professional therapist in the US	Quezon City

Appendix C Research flyers

C.1 UK participants

C.2 Philippine participants

Appendix D Qualitative data analysis

D.1 Example of a coding table

Interview excerpt	Initial code (axial coding)	Category	Theme
"My mum didn't want me to be one [teacher] because it filled too much of her time [read: over time]. She told me it isn't a good profession for someone who wants more freedom because she's always busy and never had time to balance work really well. So, she wanted me to pursue nursing." (Christina, 29, vascular specialist nurse) "Initially, it was my parents' decision, but I really wanted to do a different degree. But a lot of my high school classmates wanted to do nursing too, so my parents also encouraged me to do the same and take the entrance exam to see how it is." (Maria, 30, ICU nurse)	Family influence in career choice	Motivations for migration	Structural and familial factors shaping migration decisions
"I think the gap in the Philippines [referring to wealth gap] is so vast that I don't think, especially in emergencies, we can handle it financially if there's nobody helping us from abroad	Economic pressures shaping career decisions	Motivations for migration	Structural and familial factors shaping migration decisions

and giving us help financially. It's really hard." (Christina, 29, staff nurse)			
"Well, going abroad really was normalised in my family 'cause we are a family of OFWs [overseas Filipino workers] so it wasn't really a surprise and during that time after – when I got into uni that was when the nursing as a career really boomed" (Emily, 31, ICU nurse)	Cultural factor shaping career choice	Motivations for migration	Structural and familial factors shaping migration decisions
"I ended up volunteering for job experience in a hospital near us [her hometown]. I volunteered there for six months then I moved to a tertiary hospital in Manila which was the Armed Forces Hospital and again, I volunteered there. I also shouldered my pocket money and daily expenses" (Amelia, 37, staff nurse)	Nurse volunteerism / precarity in nursing sector	Motivations for migration	Structural and familial factors shaping migration decisions
"After I passed the boards [nursing licensure exam], I struggled finding full-time work as a nurse so I did volunteering for a bit but it was really costly because I had to find training courses… Luckily I was well supported by my dad so I was able to attend a few [training courses]. My dad also knew a few people in hospitals – and you know how it is in the Philippines, *it's not what you know but who you know*. So, I was able to find a volunteer position for six months with no salary similar to a regular nurse. Then after that, I earned	Nurse volunteerism / precarity in nursing sector / familial support	Motivations for migration	Structural and familial factors shaping migration decisions

10,000PHP as contractual/job order work with no benefits. Then after two years, I applied for a regular post, of course, my father helped me with that too." (Ces, 30, staff nurse)			
"Employment for nurses in the Philippines is difficult because nursing is overpopulated, and [work] opportunities are seldom to come by. Most of the graduates and board passers during my time were the ones who paid hospitals or work as a volunteer to be given a certificate of employment. That's what it was like in the Philippines, unlike here in the UK where you do work experience and you still get paid." (Gina, 32, staff nurse)	Nurse volunteerism / precarity in nursing sector / familial support	Motivations for migration	Structural and familial factors shaping migration decisions
"Yes, they [referring to her niece and nephew from her sister] were living with my mother. But all the things that need to be done, for instance, money for their tuition and their allowances, I was the one handling. But the money for that would come from their parents." (Annie, 53, registered nutritionist and dietician)	Caregiving responsibility of stay-behind family kin	Reciprocal care	Transnational caregiving performed by stay-behind family
"For me, I would always ask him [husband] how he is doing or if he is encountering any problems… I give him a lot of emotional support as repayment for his sacrifices… Another thing I also do is I try not to give him things to worry about. When he's back home, I make sure to serve him like cook for	Emotional support for migrant	Reciprocal care	Transnational caregiving performed by stay-behind family

him because that is the only thing I can repay him after being gone [at sea] for so long… I also ask for less thing as a way to support him because it is not always that he can give us material things like how they show in the movies." (Gina, 35, administrative aid)			
"My sister would not share with us that she feels lonely, so I would reach out to her and ask how she is because I can feel when there is something wrong with them even through messages. So, my way of showing that I care for her is by being available to her even though it is not physically, but at least I can show my support and love to her by chatting or calling her… I would try to entertain however I can and give her some motivation." (Jace, 25 data encoder)	Emotional support	Reciprocal care	Transnational caregiving performed by stay-behind family
"I think the ideal family is one that lives in one house and who are together. It is the type where [family members] ideally would not have leave [the country] to find a livelihood. But my father had to leave and was unable to come home for celebrations… The ideal family for me then is one where the *padre de pamilya* [male head of the family] or the *ilaw ng tahanan* [light of the home, i.e. mother] would not need to work overseas. For me, the ideal family is when you father and mother are always there for you to support your dreams	Ideal family definitions	Gendered caregiving and parenting roles / negative perceptions about transnational family living arrangements	Reinforcement of traditional gendered norms

especially when there are many of you. Also, especially in our time now, it is important for [children] to have guidance as they grow up." (DJ, 24, postgraduate student)			
"My family and I used to live in a compound with all my cousins… Before, in the compound, our houses were right next to each other. My aunt became a mother to us when my parents passed away. So, by default, my cousins also became my siblings." (Raquel, 30, stay-at-home parent)	Extended family relations	Living arrangements extending beyond nuclear family shaping family relations	Reconfiguration of the 'family' in spatial terms
"It's what I was born with, it's a culture – you always support. You can't really say that your parents should support themselves and you yourself, that's the mindset here [in the UK]. But it's not like that in the Philippines, you always help family; but it's become hard for me to do that blindly. It's also hard for me to say 'no' to them." (Christina, 29, vascular specialist nurse)	Financial support to family	Cultural expectations for remitting	Care circulation / transnational care practice

Appendix E Policy recommendations

As I have shown throughout this thesis, the lived experiences of skilled migrants and transnational families do not exist in a vacuum. They are shaped and informed by the structural contexts and legislative frameworks of their home and host countries which have real consequences to their way of life. Arising from the interviews with the skilled P-HCWs and the families who remain behind are a range of issues relating to nursing practice in the Philippines, and the limiting nature of family reunification schemes in the UK that warrant some policy considerations. The first suggestion stems from my findings in Chapter 5 where the precarity of healthcare workers in the Philippines' healthcare sector, was explored. These experiences are characterised by low pay, exploitation, poor work conditions and a competitive and job-insecure labour market. The challenges of obtaining permanent and secure work in the Philippines have led to their leaving the healthcare sector altogether, venturing into high-demand and well-paying industries in the country such as business process outsourcing (BPO, otherwise known as call centre) agencies, but where their skills become 'mismatched' (Ortiga, 2018). For others, this became the final push that led to their decisions to pursue migration.

From the above, it is evident that there is a need to improve the conditions of working in the healthcare sector, particularly in nursing within the Philippines. Indeed, such issues have also been discussed by scholars where these have been argued as a result of the nation-state's export-oriented approach to nursing. For instance, Ortiga (2018) challenged these approaches to labour by arguing that educating aspiring migrants to fill overseas labour demands may exacerbate problems of deskilling, youth unemployment and mismatch of skills with available jobs in domestic labour markets. In the case of nursing, hospitals have been finding it difficult to absorb the number of nurse graduates in the country which have left many, including my participants, to vie for work experience under competitive environments or risk unemployment. Meanwhile, Philippine nursing schools are also not responsible in placing nurses in appropriate jobs after graduation, nor do they have the capacity to provide placements for them in hospitals and clinical settings. In addition, government agencies in the Philippines do not address the needs of nursing graduates who are unable to find work when work opportunities overseas begin to decline, as we saw during the global financial crisis. This leaves many with the responsibility to ensuring their own employability to themselves with little or no outside support.

The Philippines government have tried to address the issue of unemployment among nurses in hospitals through the Nurses Assigned in Rural Services (NARS) programme back in the early 2010s which was effective for a time (Dimaya *et al.*, 2012). They also tried to boost employment of nurses through encouraging them to enrol in short-term technical vocational courses to

qualify for jobs outside hospitals where many entered BPO industries. However, these are just stop-gap measures that have not addressed the root causes of these problems. Therefore, policy interventions should prioritise improving the work conditions, increasing remuneration and provide a clearly defined career progression framework within hospital and clinical settings. The aim should be to increase more jobs and improve conditions within both public and private healthcare settings that will provide Filipino nursing graduates with the option to *choose* to migrate or remain in the Philippines, instead of considering migration and to some extent nursing, purely as a means to an end. This is also a *class issue* where it affects individuals with families from poorer backgrounds or those with limited financial and social capital as they are more likely to choose nursing for supposed 'better' job prospects and opportunities to migrate. Additionally, a large issue that the Philippines faces is that although it has a high number of nursing graduates, it does not necessarily translate into more nurses working in hospitals (Ortiga, 2018). This again lends itself to the mismatch of skills or deskilling that many nurses experience. This underscores the need to focus on efforts aimed to improve employability and conditions of healthcare sectors to ensure that the 'surplus' of nursing graduates is absorbed into appropriate employment.

The second suggestion that requires policy intervention is for receiving countries such as the UK to recognise the diverse forms of families such as transnational families to include extended family members in their family reunification schemes. Presently, under the Skilled Workers visa (Health and Care Worker visa for P-HCWs) migrants are only allowed spouses and children to join them for family reunification in the UK. As this thesis has shown, the P-HCWs with young dependents and those without a partner, rely on other family members to help with their caring responsibilities. Therefore, having access to a supportive social network is vital to cope with social isolation and maintain family ties especially with their children, but also to help migrants balance their caring responsibilities at home in parallel with the workplace. At present, migrants under the Skilled Workers visa have no recourse to public funds which prevents them and their families from accessing social benefits such as social housing, childcare and disability living allowances, to name a few. They are only able to access these after five years of legal residence in the UK, when they are also able to successfully gain permanent immigration status in the UK. This all the more highlights the importance of having a supportive network around them, especially migrants with children, but have no partners to help them with childcare. Arguably, my first suggestion would be to allow for migrant workers to be able to have immediate access to state-funded childcare. This would greatly help workers such as P-HCWs, *who have dedicated their lives in service of caring for other people in the UK's care sectors*, to be able to balance their care responsibilities for their own families in the home alongside their work.

Furthermore, as some P-HCWs have shown, ways that they work around this is by bringing their ageing parents, usually their mothers, to help them with childcare. Meanwhile, other P-HCWs also have care responsibilities for their ageing parents back home and have to rely on wider family members there, to help care for them due to the limited access to welfare support in the Philippines. Thus, expanding the criteria and definitions of 'family' to include wider, extended family members such as ageing parents, or in some cases aunties and uncles, would help facilitate family reunion and also fast track where there are care needs in the family. For instance, grandparents can help out with childcare for migrants who are unable to access childcare support from the state. Simultaneously, it may also help migrants who have elderly parents who may also need caring. As scholars have argued, state policies and international regulations play a major role in facilitating or hindering the maintenance of family solidarity and are able to care across borders (Baldassar, 2008; Kilkey and Merla, 2014). Therefore, policy interventions are imperative to help transnational families with caring responsibilities.

Tackling this would also have reciprocal benefits that are within the best interests of the government and country as a whole if they want to encourage skilled migrants such as healthcare workers to stay in the long-term. For instance, evidence from countries such as Canada that offer 'super visas' which allow for parents and grandparents of migrants to be reunited for two years, suggest that these indeed help migrant settlement especially those with young children (Li, Guruge and Lee, 2023). Furthermore, these debunk misconceptions that elderly parents of migrants do not contribute to the economy and are welfare seekers (Aggarwal and Das Gupta, 2013; Li, Guruge and Lee, 2023; Vullnetari, 2023).

However, the current political climate where the UK's immigration policies are becoming more restrictive suggests that this remains uncertain.[39] The previous Conservative government have not only made family reunification an expensive process, but recent changes to family reunification schemes have also become more restrictive and discriminatory towards certain migrants.[40] These measures are not only discriminatory towards migrant care workers, who predominantly consist of marginalised groups such as ethnic minorities and women. This also represents a significant human rights issue since everyone is entitled to a family life wherever they may be located recognised by various international human rights organisations.[41]

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[39] However, this may change again following the recent change of government in July 2024 when the Labour Party won following 14 years of being under Conservative rule. Some changes to the restrictive migration policies are in the process of being reversed by Labour such as the Rwanda deportation scheme (BBC, 2024).

[40] According to the GOV.uk website, as of 2024, primary migrants needed to prove they had £285 for their partner, £315 for the first child and £200 for every additional child available in order to be eligible. Additionally, primary migrants had to prove they had £1,270 available to show they were able to support themselves for their own application.

[41] For example, Article 16 of the Universal Declaration of Human Rights, Article 23 of the International Covenant on Civil and Political Rights and Article 8 of the European Convention on Human Rights.

Consequently, such measures in place will have many implications relating to its impacts to future recruitment of migrant care workers, where understandably many may consider the UK less attractive. However, the main implication is that more families will become separated by distance which will inevitably create more transnational families. This calls for governments of sending countries to take into consideration as it also concerns the wellbeing of migrant workers.

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