

THE EMIGRATION OF FILIPINO NURSES



**NANYANG
TECHNOLOGICAL
UNIVERSITY**

**THE EMIGRATION OF FILIPINO NURSES:
POLICIES, BILATERAL COOPERATION, AND
MIGRATION-DEVELOPMENT**

CABANDA EXEQUIEL CAMARIG

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**CABANDA EXEQUIEL CAMARIG
SCHOOL OF SOCIAL SCIENCES**

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School of Social Sciences

A thesis submitted to the Nanyang Technological University in partial
fulfilment of the requirement for the degree of
Doctor of Philosophy

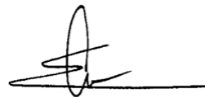
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Statement of Originality

I certify that all work submitted for this thesis is my original work. I declare that no other person's work has been used without due acknowledgement. Except where it is clearly stated that I have used some of this material elsewhere, this work has not been presented by me for assessment in any other institution or University. I certify that the data collected for this project are authentic and the investigations were conducted in accordance with the ethics policies and integrity standards of Nanyang Technological University and that the research data are presented honestly and without prejudice.

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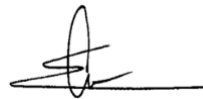
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Thesis Abstract

The migration-development nexus portrays migration as an integral part of development, but the debate centers on whether migration causes development based on three important themes: remittances, brain drain, and diaspora. From these themes are studies that reveal conflicting and ambiguous findings: for some countries, labor migration contributes to development at various levels; others experience minimal effects, while some countries even incur negative outcomes. The question is: how does a sending state intervene in managing migration for development? Utilizing the case of the Philippines, this thesis consists of four self-contained articles (organized as chapters) that examine the role of the sending state in Filipino nurse migration in the areas of higher education, labor cooperation, and remittances. Through legislative and other policy documents, elite interviews, and key informant survey, this thesis reveals the different processes, strategies, and instruments that the sending state employs in a proactive manner to boost development. In this thesis, I argue that these forms of state interventions (or its absence) could either promote or downplay the positive contribution of labor migration for improving economic, political and social conditions of source countries. Thus, the effect of labor migration on the development of sending countries is not directly a result of market outcomes but is moderated by the state based on the types of policy interventions that governments adopt and implement in the migration process. This thesis concludes by presenting distinct contributions it makes to the

migration-development debate, using the public policy perspective and negotiation analysis.

Keywords: Filipino nurse migration, migration-development nexus, negotiation analysis, policy design, policy instruments

Foreword

Growing up in a migrant-sending country

I grew up in Iloilo, a Philippine province known for being a center of foreign trade during the Spanish colonial era. Located in the western part of the Visayas (one of the three major islands in the Philippines), Iloilo has developed over the years as a national hub for migrant-sending families and is known for producing “talents” such as seafarers and nurses through the presence of major universities, which are recognized by the Philippine government as centers of excellence in maritime and nursing education. Growing up in this province let me witness first-hand the different, mostly “successful,” stories of migrant workers and their families. Through the years, I have observed how families who once lived in bamboo villas move into concrete houses and huge mansions, usually after the family member(s) had left to work abroad. The academic literature points to the utilization of remittances from migrant workers as a primary source for meeting their families’ immediate needs (Airola, 2007; Cohen, 2005); I also observed this and more in Iloilo. For instance, I had witnessed some families investing in productive activities—like small entrepreneurial businesses such as “sari-sari” stores (village convenient stores) and in agriculture-related small businesses that include farming and animal husbandry—to earn additional income (see Amuedo-Dorantes & Pozo, 2006; Osili, 2007). In short, I realized the significance of remittances for immediate consumption as well as for future investments.

What I had observed and experienced living in this province and in a community of migrant-sending families is the genuine pride of having migrant

workers in the family—e.g., how families shared stories about imported goods they received from their loved ones abroad through *balikbayan* boxes (a Filipino term for bulk packages sent by migrants to their families). These huge boxes often contain electronics, clothes, shoes, canned food, and other goods that are expensive or unavailable in local department stores and supermarkets. These items are usually “pre-assigned” to a particular family member to ensure that the items are evenly distributed. Every time I walked around the community, I observed people wearing imported T-shirts bearing names of the foreign countries or cities where their family members work; these imported apparels indicated that their wearers belong to a family of a migrant worker. Migrant workers’ families also prepared “feasts” and long-week parties when these workers return home for a short vacation. These events displayed a lavish lifestyle of migrant workers’ families.

Like these families, I belong to a family of migrant workers who are nurses, seafarers, and engineers. During my formative years, I had received imported gifts such as toys, shoes, and T-shirts—all of which I showed proudly to my peers. Even now, I continue to receive gifts from generous family members and relatives who live and work in foreign countries.

These apparent benefits from labor migration within my province and in the community where I grew up have served as one of the factors that encouraged prospective migrants, myself included, to consider emigration. Based on my experience, most families in my community viewed foreign employment as a straightforward solution to escape poverty and a key to achieving material prosperity. Within my family, I felt unspoken encouragement to make studying or working in a foreign country a paramount

goal. I saw how, with strict instruction from their parents, my family members and childhood friends had obtained higher education degrees that served as their passports for foreign employment. They are now migrant workers; some have settled permanently abroad with their families. In addition to the improvement in the material quality of life of these families, I also witnessed the transformation of my community through the growth of financial institutions such as banks, remittance centers and money exchanges, which are structural indicators of an increased economic activity in my country.

As far as the literature on migration is concerned, personal stories of migrants and their families are not always considered “success stories” (in contrast to my experience), because some families left behind did not achieve the material benefits of remittances. Instead, they incurred negative economic, social, and psychological effects because of emigration (Lam & Yeoh, 2016; Parreñas, 2005; Pratt, Johnston, & Banta, 2017). Similarly, in a wider aspect of the migration-development nexus, the effects of migration on the overall development of communities, cities or source countries are uneven. Some have experienced economic development (at various levels) through migrants’ remittances (economic—financial or monetary, and knowledge transfer—activities or processes that transmit sharing of knowledge to migrants’ home countries) while, at the extreme end, emigration is not beneficial at all for others. How does a sending state intervene in the migration process? If migration is indeed relevant for development, it is essential to address this question.

This thesis does not focus on my personal story or that of migrant-families and their success stories and struggles (general sufferings), but instead

provides a multi-dimensional explanation to the broader and complex interventions of the sending state like the Philippines in labor migration to achieve development. Oftentimes, the sending state is not the main explicit focus of discussions on international migration. One key explanation is that sending countries (usually developing countries) are often portrayed as “passive actors” in the international arena, normally receiving the requests of donor states and doing their best to act accordingly. Another reason is that personal stories of migrants, their struggles and the effects on their families left behind, the firms and informal networks have more pragmatic and tangible influences on prospective migrants than their governments (sending state); thus, the sending state takes on a minor role in—or are even missing from—these narratives.

What my thesis hopes to achieve is that the conversation on the migration-development nexus should start with the role of the sending state as an overarching, central, and active actor in managing emigration. In other words, not all sending states are alike in managing labor migration because they employ specific forms of policy (state) interventions to achieve their development goals. By treating sending states as independent yet likely influential and purposeful actors in the migration process, we could gain a greater appreciation of the factors on how and why sending states actively intervenes in the outward migration of its citizens. This is because sending states have important roles to play in managing migration to achieve development, which my thesis seeks to explain.

Chapter 1

Introduction: the migration-development nexus and the central role of the sending state

The purpose of this introductory chapter is to set the context of the multi-thematic chapters of this thesis by highlighting the tensile points in diverse migration-development literature, particularly its treatment concerning the role of sending states, and how the specific chapters of this thesis attempt to address these issues. This thesis consists of four self-contained articles which have been organized as chapters—one of which is a review article that provides in-depth analysis of the various role of the sending state in health professional migration and three empirical articles guided by specific theoretical perspectives from policy studies and negotiation studies on the specific policy intervention of the Philippine government as a sending state in the emigration of Filipino nurses. The period I am analyzing, as I shall elaborate in the research design section below, is the Philippines' post-democratic transition period from 1992 to present¹. Each chapter focuses on different dimensions to show how the sending state may embrace different roles in maximizing the development effects of labor migration. To do so, this thesis utilizes the public policy perspective and negotiation analysis with the goal of offering distinct contributions to the extant debate on the migration-development nexus.

¹ This period reveals the proactive role of the Philippine government on labor export that produces landmark legislation such as the 1995 Overseas Filipino Workers Act. The democratic policymaking process (congressional legislation) was also restored and generally stable during this period after the transition government of President Corazon Aquino (1986-1992) and the dictatorial reign of President Ferdinand Marcos (1965-1986).

Given the overall structure of the thesis, where relevant, I will indicate which chapters contain in-depth discussions of the debates to better direct the reader towards the central role of the sending state in managing migration for the development of source countries. I will begin with an overview of the state in the migration process, then elaborate on the specific role that sending states often play, or not, in the migration-development nexus while highlighting the objectives of this thesis. Next, I will proceed with the research design before summarizing the four core chapters and the concluding chapter of this thesis.

1.1 Positioning the role of the state in the migration process: where is the development component?

One of the prominent questions in the migration literature is “why do people move?” In examining the reasons why people move, migration theories (e.g., push and pull, network theory, neoclassical theory, among others) (Massey, 1999; Massey et al., 1993) explain the role of individual migrants, their families, social networks, recruitment agencies, and individual brokers as fundamental actors who influence migration decisions (see Chapter 2). Castles, Haas, & Miller (2014, pp. 27–28) categorize these theories into two main paradigms: functionalist and historical-structural theories (see also Haas, 2010). Functionalist migration theories depict society as a system of interdependent individuals or actors, which portray migration as a positive phenomenon (e.g., push and pull, neoclassical, human capital theories) that best serves the interests of most people (Castles et al., 2014, p. 27). The historical-structural theories highlight how structures (social, economic, cultural and political structure) constrain and direct individuals’ migration

decisions (Castles et al., 2014, pp. 27–28). Viewed from a more pessimistic perspective, the historical-structural theories consist of theories such as globalization (dependency and world systems), segmented labor market theory (see Piore, 1979), which reveal some roles of the state (but a greater focus on receiving countries). Specifically, states are often portrayed as one of the structural factors of migration. In this thesis, I refer to the “state” as a national government that consists of many state actors (bureaucracy and legislators) who formulate and implement migration policies. Outside of these two paradigms are other theories that focus on migrants’ agency (to overcome structural constraints) such as network, transnationalism, migration system and migration transition, migration infrastructure (Lin, Lindquist, Xiang, & Yeoh, 2017; Xiang & Lindquist, 2014) and migration industry (see Gammeltoft-Hansen & Sorensen, 2013). These different actors, institutions, and structures interact in one way or another to account for migration decisions using different levels of analysis—micro, meso, and macro. However, the state, although one of the actors in the migration process, is not a common starting point in explaining the migration phenomenon. One key reason is that most migration theories have emphasized the economic drivers of migration and other macroeconomic factors (e.g., labor demand/supply) that are associated with the globalization process and as a product of free markets (Castles et al., 2014; Massey, 1999; Massey et al., 1993).² Conversely, this thesis also

² In this thesis, when referring to “free markets” or “market-driven,” I mean the free interaction of market forces—that is both demand and supply—which point to a general absence of state intervention. This is distinct from “demand-driven” or “market-driven demand determined” immigration model, which are forms of state interventions to restrict or open destination countries borders (border control). For instance, immigration is “demand-driven” if the number of immigrants is lower than the number of immigrants needed. It follows that, if the two values are equal, demand diminishes because demand is saturated (Light, 2006, p. 55). Light (2006, pp. 56) modifies this definition by explaining that what real “demand-driven” migration implies is that “for every immigrant received, demand expands to create another job as the

acknowledges the growing research on the role of the state, for both the receiving (e.g., Hollifield, 2004; Joppke, 1999) and sending countries (see Chikanda, Crush, & Walton-Roberts, 2016; Choy, 2003; Fitzgerald, 2008; Iskander, 2010; R.M. Rodriguez, 2010; Ruiz, 2014) that either restrict types of migration and/or promote migration. My thesis highlights that the role of the state (especially the sending state) matters most and is, indeed, highly relevant for understanding migration than currently portrayed in the literature. This happens when we extend the conversation to “development” in which the sending state is the most vital actor because of its role as “utility maximizing agents.” As Zolberg (1999, p. 82) reminds us, state(s) are “utility maximizing agents” just like migrants and “responds to changing world-historical and local conditions by modifying their comportment [...] their policies regarding exit and entry.” Hence, when we adopt a policy perspective of the migration process, the state can be observed to exercise greater influence in the entry and exit of migrants. Specifically, the state controls the size and composition of the flow of migrants through its regulatory authority and migration management policies in parallel to improve the economic, political and social conditions as the primary development objectives (interests) of the state (see Massey, 1999). Certainly, some states may be more adept at weaving together the multiple effects of migration and development than others. What is important to note is that while the different theories of the international migration directly or indirectly portray the role of the state, they generally do not integrate the central role of the sending state in the migration process to emphasize clearly

same wage level as the first,” and “as long as economic keeps pace with influx, immigration remains demand driven.” Likewise, “free markets” or “market-driven” is distinct with the “supply-driven” immigration model, which focuses on skilled-based migration policies of destination countries.

the development aspect of migration. This thesis demonstrates how the sending state functions as a starting point, central and most influential actor to understand international labor migration and its corresponding development implications.

1.1.1 What is development?

Before we integrate the development dimension in the discussion on the different roles of the state in the migration process, it is essential to define development. Development is a highly contested multi-dimensional concept (Castles et al., 2014, p. 69); scholars rarely agree on a unified definition and the concept continues to evolve over time (see Skeldon, 2014). However, most development scholars and policymakers portray development through the economic lens; that is, a dominant view framing development as pertaining to economic growth (Nyberg-Sørensen, Hear, & Engberg-Pedersen, 2002; Skeldon, 2008b) or poverty reduction (Skeldon, 2014). Subsequently, Amartya Sen's re-conceptualization of development from economic growth to freedom (human) as development in the late 1990s has had a huge influence on how scholars and policymakers depict development. According to Sen (1999, pp. 3-4), development involves the "removal of 'unfreedom'" such as "poverty as well as tyranny, poor economic opportunities as well as systematic social deprivation, neglect of public facilities as well as intolerance or over activity of repressive states." Sen's definition of development had a greater impact in designing the United Nation's (UN) Millennium Development Goals (MDGs) (concluded in 2015) and now the Sustainable Development Goals (SDGs), which include 17 goals that broadly target poverty eradication, climate change

and peace and security by 2035 (see UNDP, 2015). Aside from these overarching conceptual definitions, the definition of development also varies with the level of analysis. For instance, as a macro-level concept, development refers to the social transformation of the society (how the society is organized) and should be carefully differentiated geographically and socially (Castles et al., 2014, p. 70). From this level of analysis, there are socio-economic macro indicators both at a national and regional level (within a domestic context), such as, but not limited to, GDP per capita, education, health, and urbanization (Asongu, 2014; Skeldon, 2008b, 2014). As a micro-level concept, borrowing from Sen's (1999, p. 293) definition of human development as a human capability, development pertains to “the ability—substantive freedom—of people to lead lives they have reason to value and to enhance the real choices they have.” In this micro-level definition, development pertains to individual progress or collectively, their households (families), as an achievement of a better life. Accordingly, human beings (as individuals) are “the agents, beneficiaries, and adjudicators of progress, but they also happen to be—directly or indirectly—the primary means of all production” (Sen, 1988, p. 41). These varied definitions and indicators of development have some specific implications when we integrate them with the migration perspective to highlight the role of the sending state.

In this thesis, I define development as a macro-level concept that includes both the conventional and sector-specific definitions of development. The macro-level element is essential considering that my focus is on the role of the sending state (the state as a unit of analysis) and not the individuals. As a conventional concept, I refer to development as economic development or

economic growth, which is the most widely-used definition when referring to a country's development (see Chapters 3 and 5). This definition puts into context the “utility maximizing” role of the state that emphasizes economic returns—whether receiving or sending—to restrict or promote migration. As a sector-specific definition of development, I define development in terms of the health sector development with reference to the UN-SDG Goal No. 3—Good Health and Well-Being—to address health as one of the important indicators of development. Health sector development pertains to resource readiness (manpower and capital) of a country to protect the people from the spread of infectious disease (see Chapter 2). In this thesis, this sector-specific definition of development reflects how the role of the sending state in a very specific migration stream (nurse migration) affects an important sector of a country (the health sector). I will return to these specific definitions and how they are used in specific chapters of this thesis in the last section of this chapter.

1.1.2 The different roles of the state in migration and development

In analyzing the role of the state, we have to differentiate between two types of state: (1) those that govern the destination countries (host or receiving countries), and (2) those in charge of the origin countries (sending or source countries). Accordingly, depending on whether the category of the country is one of a destination or an origin, the state has different roles to play in international migration.

For destination countries, controlling the inflow of immigrants (including asylum seekers) is a major policy issue, which governments address

through policies on the opening, restricting or closing the border.³ First, destination states consider the domestic labor market shortages, demographic changes (low population growth) and business and trade condition in creating and implementing these policies (see Castles et al., 2014). The role of the state focuses on policy interventions to either open or limit labor immigrants for low skilled (or seasonal workers), highly skilled (or talented workers) and on whether to include or exclude their families. While destination countries welcome labor immigrants, particularly from developing countries (see Piore, 1979), some destination countries limit permanent migration for a certain type of migrant workers (see Huang & Yeoh, 2003 for Singapore). Second, the state, guided by public sentiments and possible obligations to international treaties, welcomes or rejects labor migrants or asylum seekers to the country.⁴ Accordingly, the challenge for receiving governments is in balancing the economic and social dimensions of the immigration policies with public opinions that affect election outcomes. These different roles of the destination states manifest clearly in immigration policies of key-receiving countries such as the United States (US), United Kingdom (UK), France and Germany, which reveal different period(s) of less or more open border policies (see Hollifield,

³As regards to emigration from destination countries, historically, restricting outward mobility is a common exit policy in the early modern era for mercantilist and “bellicist” European states. It is a form of exercising a “predatory rule” for leaders or rulers of these countries (Zolberg, 1999, p. 82). As Zolberg (1983, p. 232) clarifies, “(s)ince population was considered a scarce economic and military asset, rulers deployed considerable efforts to police their territorial boundaries and to confine subjects within them.” This policy on prohibiting exit is less common in the recent literature as countries increasingly democratize, except for countries under rogue regimes and those that are experiencing different forms of extreme political and social unrests. This role of the state in destination countries are less relevant in the recent migration-development context. However, there are some destination governments that are keen to retain their talented individuals who are expected to contribute to their knowledge economy.

⁴ Some destination countries (e.g., Italy), bilaterally or multilaterally through a supranational body (i.e., European Union) sought to enter into partnership agreements with transit and source countries to address irregular migration through and from these countries (see Chou & Gibert, 2012 for EU-Senegal; Lixi, 2018 for Italy-Tunisia-EU).

2004; Joppke, 1999; Schain, 2008). Presently, there has been a strong media attention to the proposed changes on the immigration policies of the US, following the election of President Donald Trump. These changes in policies aim to limit a certain group of immigrants (refugees, specific nationalities) and put an end to chain migration (the immigration of extended families), which are said to burden taxpayers or pose threats to national security. For destination countries, the end goal of these policy interventions focuses on whether (or not) the state maximizes the economic role of immigrants (the development aspect) and guarantee their adaptation and settlement in destination countries (Castles et al., 2014; Hugo, 2012). These different roles of the destination state are clearly structured and generally well-defined in the design of immigration policies.

When migration scholars integrate the development aspect into analyses of migration (i.e., migration-development nexus), the conversation shifts towards developing countries as a sending state and a source of labor migrants (Skeldon, 2008a, 2009, 2014). Specifically, for some source countries, the departure of skilled workers, such as scientists, engineers, and those who belong to the health professions such as doctors and nurses, remains a daunting policy challenge. Indeed, discussion surrounding the “brain drain” problem or the mass exodus of skilled professionals is always a sensitive point and strongly contested (see Chapter 2). While developing countries value the freedom of movement of their own nationals, the role of the state focuses on how to retain them by addressing some of the “pull” and “push” factors in economic terms such as increasing wages and providing them with good working environments. Some source countries enforce bond service obligations

for a given period of time on skilled workers, especially those who have benefited from a public-funded tertiary education (see Kingma, 2007; Skeldon, 2009). These state policies are geared toward retaining these workers as a significant labor resource, who are expected to contribute to domestic economic development. At the international level, there are some international treaties that specify recruitment codes (e.g., World Health Organization, Commonwealth Code for Health Professionals) for specific types of professions (i.e., health professionals) (see Chapter 2) to address these issues based on the advocacies of source (developing) countries that aim to restrict emigration from a particular profession (or skill). Clearly, given this policy mix, the emigration of skilled workers poses a serious issue for developing countries that are seeking to accomplish their development goals.

At the same time, there are governments in source countries that intentionally and strategically produce and send human resources abroad in exchange for financial return in the form of remittances (Iskander, 2010; R.M. Rodriguez, 2010; Ruiz, 2014; Walton-Roberts, 2015). This thesis is focused on this phenomenon. These developing countries serve as a reliable source of manpower with both low-skilled and skilled workers to fill the labor force shortages in richer countries. Although there are various levels of sending state's involvement in the international migration, labor export has prominently emerged as a strategy for some developing countries like the Philippines (R.M. Rodriguez, 2010; Ruiz, 2014). The policy intervention of the sending state in labor export through domestic policies extends even beyond national borders by negotiating bilateral labor agreements with major source countries to secure employment markets and ensure human rights protection for their citizens (see

Chapters 2, 3 and 5). For instance, R.M. Rodriguez (2010) refers to the Philippines as a “brokerage state” by discussing different government institutions that facilitate emigration (e.g., education, diplomacy such as international marketing and bilateral labor cooperation, and the creation of specific agencies for migrants, etc.). In a sector-specific strategy, Choy (2003) traces the colonial roots of Filipino nurse migration from the American occupation of the Philippines in the 19th century that developed into an export-oriented nursing education in the country. These labor-exporting strategies initially served as a short-term solution to ease unemployment pressures and stabilize foreign currency reserves. For the case of Morocco, Iskander (2010) emphasizes the role of remittances to development and portrays the sending government’s active engagement with diaspora groups. She points out that Morocco created state banks to cater to remittance transfer. This government strategy also aims to integrate migrant workers into the formal financial sector to contribute to community development. However, lately, private players (Western Union, more small start-up companies) have come to dominate the remittance market, which could contribute to making the remittance process less sustainable because of their limited financial resources.

Generally, “remittance” has become a magic word that dominates the labor migration literature as it portrays “fairy-tale-like success stories” of migrants. However, criticisms of this labor-export reliance for the case of the Philippines in favor of remittances focus on the systematic production of lifetimes of disposability in some migrant communities—the continuous suffering of migrant’s family left behind in terms of psychological and socio-economic factors (see Pratt et al., 2017). While this case highlights the fragility

of labor export, the role of remittances and their effects on development, these types of “success stories” have led international organizations, such as the World Bank and International Monetary Fund (IMF), to recognize the positive contribution of remittances as a catalyst for economic development and thus to engage in development financing. Consequently, these financial institutions encourage developing countries to follow the same policy direction with less consideration about how “one policy size” rarely “fits all.” Indeed, studies reveal that the effect of remittances on the economic development of developing countries remains uneven, which invites us to question how and why these different outcomes occur (see Chapter 3). By examining the roles of the sending state in managing these structural forces operating at both domestic and international levels, this thesis aims to highlight the sending state as the central and most influential actor in the migration-development nexus. In so doing, I seek to highlight what the policy design approach and negotiation theories offer to the existing migration theories in examining the different roles of the sending state in managing migration (remittances) for the development (economic, health) of source countries—of which I shall elaborate in the succeeding sections.

1.1.3 The missing link between sending states and the migration-development nexus

The migration-development nexus characterizes migration as either a cause or an effect of development (see Chapter 3). Considering that the movement of people is closely associated (but not necessarily linear) with different factors such as the level of development in the migrant’s countries of origin (i.e.,

migration transition theories) (see Castles et al., 2014) and vice-versa, the question that dominates studies on the migration-development nexus is: How does emigration affect the countries migrants left behind? Particularly, scholars ask mainstream questions as broad and ambiguous as “Does migration lead to the development of source countries?” or as specific as “Could migrants’ remittances stimulate economic growth in their countries of origin?” and “How can diaspora (migrant) organizations—groups or networks of migrants in the host countries—contribute to the socio-economic and political development of the countries of origin?” These research questions portray different research agenda, which revolve around the migration-development nexus, including remittances, brain drain, and diaspora. At the same time, studies show conflicting and ambiguous findings of the effects of migration on the development of source countries. Specifically, the existing debate on the migration-development nexus centers largely on diverse and uneven impacts of labor migration on sending states’ development (see Raghuram, 2009; Skeldon, 2014). For some countries, labor migration contributes to development at various levels; others experience minimal effects, while some countries even incur negative outcomes in specific sectors such as health.⁵ This thesis is interested in examining the different roles of the sending state in managing migration for development from the perspective of the source countries.

⁵ In examining these effects, we should understand the level or scale of analysis that we may anchor our discussion. By having an understanding of these spatial contexts, it may provide a much deeper and critical analysis of the migration-development nexus in different levels such as individual, household (or families), region, country or in a global scale, which can be further unpacked in terms of sectoral implications such as rural, urban, health, education, culture, etc. (see Haas, 2010; Kelly, 2013). As mentioned, I use the sending country as a unit of analysis focusing on economic development (growth) and health sector development as indicators of development.

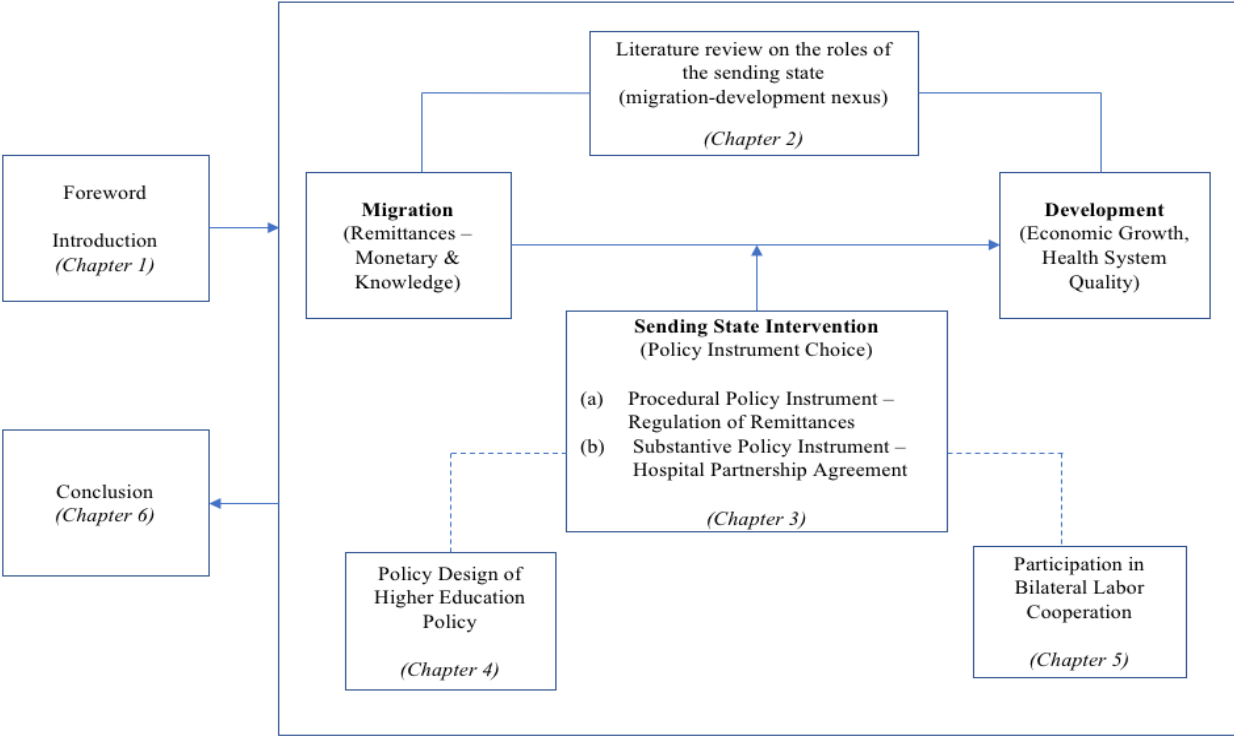
The production of skilled labor for export is an emergent economic development policy for countries that have an abundant supply of labor. This policy strategy aims not only to diffuse domestic unemployment pressures but also to ensure a steady supply of fresh capital through migrant-workers' remittances that could boost economic development. For these countries, the role of the state focuses on various policy interventions and implementation strategies; for example, by creating different migrant institutions (e.g., education, recruitment and deployment process) or sectors that cater to the needs for prospective emigrants (Goss & Lindquist, 1995; R.M. Rodriguez, 2010; Ruiz, 2014; Walton-Roberts, 2015). Although recent literature on the migration-development nexus shows an extensive emphasis on migrant-workers as agents of development (Iskander, 2010; Raghuram, 2009; Skeldon, 2008a), how the sending states transform or "commodify" these migrant workers as agents of development is less emphasized in accounting for the uneven effects of migration on the development of source countries. Similarly, although migrant workers are widely considered as a leading actor in this nexus, their contribution to the development of their home countries also relies on the intervention of the sending state through policies that may or may not empower them as agents of development. Nevertheless, there is still little in existing migration studies about how and when source countries strategize and develop policies that send skilled workers abroad as a development policy agenda. In short, how sending state policies are crafted, present or absent, are significant to the ways that migrants may or may not contribute to the development of their home countries and economies. It is, therefore, the objective of this thesis to explore this missing link.

1.2 Thesis objectives

The research question guiding my thesis is: How does a sending state intervene in managing migration for development? To answer this question, this thesis provides a central focus on the role of the sending state through different forms of intervention on the emigration of Filipino nurses such as: (1) *policy instrument choice* (regulate remittances and cooperation in the destination countries), (2) *policy design of higher education policy* and (3) *participation in bilateral labor cooperation*. Through these different interventions, this thesis disaggregates the “state” as composed of different policy sectors and their corresponding state policy actors that formulate and implement emigration policies of the source countries. The outcome of the interaction of these different state actors (in collaboration with non-state actors) are national policies (interventions) that govern the emigration of Filipino nurses. Based on these forms of state intervention, this thesis has three concrete objectives. First, this thesis seeks to explain how a state intervention, through government’s policy instrument to regulate remittances and cooperation in the host countries, moderates the causal relationship between migration and development in the health sector (see Chapter 3). This form of intervention is used to examine how a sending state can change (or not) the migration-development causal relationship. Second, the thesis explores the relationship between higher education and migration by examining how a sending state integrates its labor-export policy through the design (process) of its higher education policy (see Chapter 4). Third, this thesis examines closely how and why a sending state cooperate (or not) with destination countries in the hiring of nurses to illustrate

sending state intervention at the international level (bilateral labor cooperation), beyond domestic politics. The goal of these two latter forms of intervention is to increase the volume of labor emigration, which is assumed to increase economic development. In Figure 1.1, I show visually how the thesis objectives and chapters are linked to the different dimensions of the role of the sending state in managing effects from the migration-development nexus.

Figure 1.1 The Thesis Conceptual Diagram of the Migration-Development Nexus and Sending State Intervention as a Moderating Variable



The key assumption in this thesis is that specific forms of sending state intervention in managing labor migration generate different impacts on the development of a migrant-sending country. That is, the sending state expects to generate economic development or sectoral development from the emigration of nurses. But, these interventions may also exacerbate the negative effects of labor-export dependence, most especially in the household or family contexts (general sufferings), if not taken into consideration and addressed.⁶ In other words, these forms of state interventions or its absence could either promote or downplay the positive contribution of labor migration for improving economic, political and social conditions of sending countries. For example, in terms of remittances, some sending state policies aim to increase the volume of remittances (see Ratha, 2013) and others seek to ensure that a remittance dollar affects positively a specific development outcome such as community or infrastructure projects (see Iskander, 2010; Ratha, 2013). Thus, the effect of labor migration on the development of sending countries (in different levels and aspects) is not directly a result of market outcomes. This effect is moderated by the state, which is based on the type or form of policy interventions that sending countries' governments decide to adopt and implement in the migration process (see Chapter 3) and thus it is essential to study these decisions. In other aspects, some scholars understand the migration-development nexus as more of neoliberalism at work, where government policies aim to promote market-driven reforms to implement development strategies (see Haas, 2010; Pellerin

⁶ As mentioned, I focus on the role of the sending state through policy interventions in managing the emigration of nurses from a macro and sector-level of analysis. Although I do not examine the effects of emigration on household or families, I recognize that state interventions may affect positively (or negatively) these micro-level aspects as they are the main recipients of these interventions (policies).

& Mullings, 2013) (see Chapter 3). By examining the role of the sending state as a central actor in migration and development, this thesis aims to provide a richer understanding of this debate within the migration-development nexus. The next section describes my research design and methodology.

1.3 Research Design

1.3.1 Case selection: single country, single sector, and multiple perspectives

This thesis focuses on a single case, the Philippines, and the emigration of Filipino nurses in order to examine the role of the sending state in managing labor migration to achieve development. The Philippines, as a sending state, serves as a relevant country case of origin and Filipino nurses as a specific type of migrants for understanding different roles the sending state play in promoting migration for development. As I shall elaborate below, I have selected a single country case and a single sector as my research design because the Philippines exhibits important features as a leading exporter and producer of nurses for examining the multiple roles of the sending state in the migration-development nexus. Moreover, this thesis offers multiple perspectives because it breaks down the state into different sectors and state actors (in collaboration with non-state actors) such as higher education, labor and health (nursing) in explaining the different roles of the sending state in managing migration for development.

The Philippines is known as a labor-brokerage state (R.M. Rodriguez, 2010), which operates as the leading source of different types of migrant workers (more often gendered) such as domestic helpers, entertainers, seafarers,

and nurses, among others (see Chapter 3). The labor export policy of the Philippine government began in the 1970s, under the former President Ferdinand Marcos, as a stop-gap mechanism to address widespread unemployment, debt-crisis, government corruption, lack of foreign capital investments due to interrelated issues of economic mismanagement and the oil price hike during the period (see Acacio, 2008; Aguilar, Jr., 2014). Since then, despite changes in different presidential administrations, labor export remains the top priority of the Philippine government with a strong institutional support from different government agencies that promote and facilitate labor export, namely: the Philippine Overseas Employment Administration (POEA), Overseas Workers Welfare Administration (OWWA) and Philippine Overseas Labor Office (POLO). The Philippines also has different legislations for migrant workers including the Migrant Workers and Overseas Filipino Act of 1995, which underscores the human rights protection of migrant workers. Many scholars consider the Philippines a paradigmatic case in labor export, because of the government's unwavering support through legal measures and other institutional supports (see Acacio, 2008; Aguilar, Jr., 2014; R.M. Rodriguez, 2010). Migrant-workers' remittances function as a key motivation for the Philippine government to pursue these aggressive labor export policies; policymakers believe remittances are a fresh source of foreign capital that can contribute to the country's economic development. Historical data supports this assumption: migrants' remittances occupy a 10 percent share of the country's GDP (Relos, 2014) and, in 2017, the Philippines is the third largest recipient of remittances globally (US\$33 billion). In comparison, India and China are the

first and second, respectively (KNOMAD, 2018), but they have no clear-cut policy on labor export as a primary strategy to achieve economic development.

In terms of nurses, the World Health Organization (WHO) views nurses as one of the key health professionals for achieving the UN's Sustainable Development Goals (SDGs). The WHO reported that the world needs an additional nine million nurses (and midwives) by 2035, as nurses are expected to play a crucial role "in health promotion, disease prevention and delivering primary and community care" and in the "achievement of universal health coverage" (WHO, 2018). While the largest shortage of nurses is in Asia and Africa (WHO, 2018), the focus of attention among most scholars and policymakers, and even migrants themselves, is on the nursing demand in rich countries such as the US, Canada and the UK (to name a few major destination countries), which offer higher financial remuneration, better working conditions and the opportunity for permanent migration. Foreign nurses are "sought after" migrant health professionals in the world. They are the main targets of the massive recruitment efforts of major destination countries; while the developing countries, which also have experienced nurse shortage, are mostly the leading sources of foreign nurses. Nurse migration is a policy issue that centers on the chronic shortages of nurses in developed countries. This triggers the emigration of nurses from developing countries. Although not a straightforward relationship, this migration process further exacerbates the existing nurse shortages in some of these source countries (see Yeates & Pillinger, 2018). Nurse migration, as a global phenomenon, raises questions on its impacts on source countries that may reflect pessimism due to the possible brain drain problem or a massive exodus of nurses (Skeldon, 2009). Consequently, nurse

migration from developing to developed countries and regions has guided international organizations such as the WHO to issue recruitment codes (e.g., 2010 Code of Practice on the International Recruitment of Foreign Health Personnel) to address this policy problem.

Some sending countries have recognized that nurses can contribute domestically through remittances that could lead to the improvement of migrant's household (family), communities, the health sector or collectively on the economic development of their home countries. Correspondingly, some scholars provide empirical evidence that foreign nurses remit more compared to other migrant professions; indeed, as much as 26 percent of their take-home salaries (see Buchan, Jobanputra, Gough, & Hutt, 2005; Connell & Brown, 2004). Furthermore, while the demand of nurses in major destination countries is one of the key factors in the emigration of nurses, recent reports show that the production of nurses from source countries is not entirely "demand-driven"; instead, it is seen as a "demand buffer" as a result of profit-seeking policies of the state (see WHO, 2013a). Given the global relevance and various implications of the nurse profession, this thesis focuses on the emigration of nurses, which offers a most revealing case for sending state interventions through labor export programs that seek to ensure the employability of their homegrown nurses in most developed countries.

The Philippines is the largest source of migrant nurses in the world, producing 100,000-150,000 nurses per year, while only five percent of these nurses are employed locally (Huston, 2015). Although nurse migration has been an American colonial legacy in the Philippines (Choy, 2003), the government's active deployment of nurses abroad (specifically to the US) had intensified in

the 1970s, when the former President Ferdinand Marcos spoke at the general convention of the Philippine Nurses Association in 1973:

It is our policy to promote the migration of nurses . . . we will now encourage the training of all nurses because as I repeat, *this is a market* that we should take advantage of. Instead of stopping the nurses from going abroad *why don't we produce more nurses? If they want one thousand nurses we produce a thousand more.*' (quoted in Choy, 2003, pp. 1115–16, italics by Choy)

Since then, the Philippines has been actively producing nurses for foreign employment and in the course establishing government institutions for the orderly and systematic deployment of nurses abroad (Choy, 2003; Yeates, 2009b). Given the Philippines' labor-export policy and surplus of nurses, this sending state's choice of policy instrument is crucial to prevent the weakening of the health sector and achieve the development outcomes of nurse migration. Eventually, the Philippine health sector is the most affected sector—either positively or negatively as a result of nurse emigration. Correspondingly, the health sector development is a visible key indicator whether the sending country achieves the development outcomes of nurse emigration. By integrating policy instruments as moderating variable in the migration-development nexus, the resulting change(s) on the effects of migration on development signifies how the policy instrument adopted by the state in the emigration of nurses matters in identifying the effects on health sector development. Examining this relationship is the first objective of this thesis: explaining how a state

intervention, through government's policy instrument to regulate remittances and cooperation in the host countries, moderates the causal relationship between migration and development in the health sector (see Chapter 3).

Parallel to this government promotion of nurses and other professions is a higher education sector in the Philippines, mostly private universities (71.5 percent of 2299 universities) (Ortiga, 2015), which train "exportable" bachelor's degree (including nurses) as a profitable business venture. The private sector-dominated higher education system in the Philippines is a result of interrelated factors such as colonial history (especially sectarian-colleges during Spanish colonization) (de Guzman, 2003), minuscule public budget for higher education (Gulosino, 2003; James, 1991), and the heavy reliance of the government on private actors to reduce burden to taxpayers and to allow the market to self-regulate (Gulosino, 2003). Despite private-oriented higher education in the Philippines, the role of the state focuses on policy interventions that enable collaboration with private or non-state actors in order to promote higher education policies that prepare students for foreign employment. The Philippine Nursing Act of 2002 is the overarching policy for the education (higher education) and professional practice of Filipino nurses. The Philippine Nursing Act of 2002 is the general policy in setting the standard for the nursing education curriculum, regulation on the establishment of nursing schools, nursing licensure examination and so on. The question is: how did the Philippines, as a sending state, design and transform this higher education policy into a pro-emigration policy? (see Chapter 4). Addressing this question contributes to the second objective of this thesis: exploring the role of the sending state on the policy design of higher education policy that integrates its

labor export policy. Specifically, the objective provides an opportunity to disaggregate the state into many components such as the various sectors and policy actors that have different interests and motivations but collectively formulate policy that educate nurses for export.

Aside from training or educating future migrant workers (Ortiga, 2017) for foreign employment, the Philippines is actively participating in labor cooperation agreements with receiving countries, particularly concerning nurses. The purpose of these agreements is to ensure a stable market for university graduates from the Philippines and to negotiate terms of employment while addressing other job-related concerns (see Chapter 5). Since the 1970s, the Philippines has successfully entered into bilateral labor cooperation with 22 destination countries that includes agreement or component for the recruitment of Filipino nurses. These labor agreements also include specific negotiations and agreements with provinces or territories of countries, especially on nurses (e.g., Canadian provinces and Australia). This form of intervention shows the role of the Philippine government in actively promoting and managing nurse emigration by cooperating with destination countries. However, there are some negotiations that resulted in a labor agreement and those that did not. The third objective of this thesis examines how and why some negotiations are successful while some are not to demonstrate the negotiating power of the sending state in negotiating bilateral agreements to secure employment markets for future nurse emigrants (see Chapter 5). These important features of the Philippines as a migrant-sending country and a leading producer of foreign nurses are the reasons why I have selected a single country case and a single sector to examine the multiple roles of the sending state in the migration-development nexus.

1.3.2 Addressing the limitation and strengths of a single country case

In a single case research design, one of the key limitations is the generalizability of results because of the lack of comparable cases. Selecting a comparable case is crucial in research design, and researchers must overcome the “problem of equivalence” (Locke & Thelen, 1998; Stegmüller, 2011) (see also Ruiz, 2014). At the initial stage of developing this thesis, my intention was to utilize a comparable case for the Philippines and the emigration of nurses. But, finding a comparable case proved empirically impossible for addressing the “equivalent case” challenge. India, which is also one of the top labor-exporting countries in the world and the second largest producer of foreign nurses was a strong contender as a comparable case. However, for the case of India, there is no clear policy agenda for the state (government) in managing nurse migration for development (see Walton-Roberts et al., 2017). This meant that I would be unable to control for whether the sending state and its interventions were relevant for the migration-development effects observed. Yeates (2009b) also points to China and South Korea as other source countries for nurses, but these countries do not actively produce nurses for export and labor export is not generally integral to their development policy. The other sources of foreign nurses are the West African countries. The issues that I encountered for this case are the question of data reliability (e.g., the number of nurse emigrants, effects to the health sector, etc.) as a result of weak (or absence) of data management systems and ambiguous state involvement on labor-export (see Dovlo, 2007). Concluding that I would focus on a single country case, I considered the possible trade-offs for research design.

According to George & Bennett (2005, p. 32), the use of multiple observations in a single case can be “useful for theory development and testing.” Having multiple observations reduce the problem of indeterminacy—the uncertainty of making an interpretation in more than one possible explanations—and incorrect inferences, which are the core problems of single-observation research designs (George & Bennett, 2005, pp. 32-33). This thesis has multiple observations and employs various research methods (mixed method) to achieve the research objectives (which I elaborate in the methods section). The results of this thesis as a one-country study seek to serve as a starting point for the search of a unifying framework that can satisfactorily explain the complexities of the migration-development nexus by focusing on the different roles of the sending state. The specific approaches described in different chapters of this thesis provide encouraging prospects of comparing, for example, absence or presence of negotiating bilateral agreements, the non-linkage or linkage between sectors (e.g., higher education and labor), the use of specific policy instruments as “empowering” migrants to contribute to the economic development of their home countries.

1.3.3 Methods and data

This thesis utilizes a mixed method for data gathering and data analysis. Johnson, Onwuegbuzie, & Turner (2007, p. 123) provide the following definition of what constitutes a mixed method research design:

Mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints,

data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration.

Hence, mixed method research delivers a more informative perspective of the phenomenon being studied. While the specific chapters discuss each of the methods in greater details, I would like to provide a brief overview here to show how the different methods contribute to bringing out the different roles that a sending state such as the Philippines plays in managing migration for development. Specifically, I apply the following methods: systematic literature review (Chapter 2), key informant survey (statistical analysis) (Chapter 3), analysis of legislative and policy documents (including bilateral labor cooperation agreements) (Chapters 4 and 5) and thematic analysis of elite interviews (Chapters 4 and 5) (Table 1.1).

Table 1.1 Summary of Data and Methods Used in the Thesis Chapters

Thesis Chapter	Main Data	Methods
2	<i>N</i> =34 Refereed Journal Articles	Systematic literature review
3	<i>N</i> =100 Key Informant Survey Respondents	OLS regression with moderation
4	<i>N</i> =20 Legislative and Policy Documents; <i>N</i> =6 Elite Interview Respondents	Document analysis and content analysis for interviews
5	<i>N</i> =11 Elite Interview Respondents	Content analysis for interviews

Note: Chapters 1 and 6 are the introductory and concluding chapters, respectively

A systematic literature review is a type of literature review that uses a "*rigorous research methodology* to try to limit bias in all aspects of the review"

(Josette, 2012, p. 9, italics in original source). This type of review includes participants “not as people but the papers included in the review” (Josette, 2012, p. 9). This thesis utilizes systematic literature review as a method in Chapter 2 to identify how the existing literature portrays the specific role of the sending states in the emigration of health professionals as policy interventions in managing the migration-development nexus. The selection of the journal articles for review satisfied the following inclusion criteria: (1) refereed articles published from 2004 to June 2015 (when the review was conducted), (2) migration of doctors and nurses (the highest incidence of emigration among health professions) and (3) studies that utilize empirical data such as surveys, interviews and direct observations. The exclusion criteria include studies that did not have reference to the intervention of sending states (e.g., those that focus on experiences of migrants and theoretical studies on social justice and rights of migrants, among others). To generate the list of journal articles for review, these keywords were entered on search engines such as Medline/PubMed, Web of Science, Scopus and Google Scholar: “health professional migration,” “nurse migration,” “doctor migration,” “physician migration,” and “health worker migration.” After applying the inclusion and exclusion criteria, a total of 34 journal articles are included in the review.

Chapter 3 utilizes a key informant survey to explore how state intervention, through its policy instrument choice, moderates the effects of skilled migration (Filipino nurse) on health sector development of a sending country (Philippines). A key informant survey is a data collection method that employs key persons whose professions and organization affiliations suggest that they have knowledge about the characteristics of the population being

studied (Eyler et al., 1999; Spiegel & Hyman, 1991). While this survey is purposive in nature, it is most suitable for a case study that has a clearly defined limited group such as nursing sector in the Philippines (Schutt, 2006, pp. 156–157). In here, the key informants ($N=100$) are the high ranking and key officials of the relevant organizations in Philippine nursing industry which include the health, education, labor sectors and professional organization of nurses (see Lorenzo, Galvez-Tan, Icamina, & Javier, 2007; Ortiga, 2014; R.M. Rodriguez, 2010). Particularly, thesis objective no. 1 zooms in on sector-level development indicators such as the health system quality (to explain how a state intervention, through government's policy instrument to regulate remittances and cooperation in the host countries, moderates the causal relationship between migration and development in the health sector). Policy instruments pertain to the techniques the government utilizes to achieve its public policy objectives. Two specific questions are addressed in this chapter: (1) How does a sending state intervenes in labor migration?; and (2) What are its effects on the country's development? To answer these questions, the ordinary least square (OLS) regression with moderating variables is used as a method of analysis. The dependent variable is the health system quality, which refers to the improvement of healthcare delivery and an indicator of a sector-level development. The dependent variables are financial or monetary remittances and knowledge transfers which refer to sector-specific learning by migrants abroad that they share in their home countries through return or circular migration or through philanthropic activities. In Chapter 3, two types of policy instruments have been used as moderating variables following the policy design literature: substantive (i.e., regulatory authority) and procedural instrument (i.e.,

cooperation between countries). Substantive instruments are tools that intend to modify the range of goods and services provided and available in the society. Particularly, regulatory authority refers to the government's legal or official power to command or prohibit regulation. In the context of labor migration, and for the purposes of this thesis, regulatory authority is a policy instrument that enables the state to channel the flow of migrants' remittances back to their home countries by reducing transaction cost (i.e., cost-efficient transfer). Procedural instruments are tools that indirectly impact policy outcomes. Particularly in this chapter, cooperation between hospitals in host and source countries to accelerate knowledge transfer in the countries of origin serves as an indicator of procedural instruments. By integrating policy instruments that reflect state interventions as moderating variables in analyzing the relationship between migration and development, the resulting change(s) on the effects of migration on development signifies how the policy strategies adopted by the state in skilled migration matters in identifying the effects on development.

Document analysis is a "systematic procedure for reviewing or evaluating documents" that includes "skimming (superficial examination), reading (thorough examination) and interpretation" (Bowen, 2009, pp. 27–32). In Chapter 4, the legislative and policy documents have been coded and analyzed through the qualitative software NVivo (see chapter for codes and process). In public policy research, document analysis is always used to complement (or in combination with) other qualitative research methods such as interviews and observation (Bowen, 2009). This is because of the inherent limitations of document analysis that include "*Insufficient detail*" and "*Low retrievability*" (Bowen, 2009, pp. 31–32, italics in original source). Elite

interviews are “rich and cost-effective vehicle” of gathering data to examine the “complexities of policy and politics” (Beamer, 2002, p. 86). Elite interviews are the sources of data for Chapters 4 and 5, specifically to examine the design process of a nursing education policy and bilateral labor negotiations of the Philippines with selected host countries. Interview data are analyzed using content analysis of key themes (see Chapters 4 and 5 for codes and process). According to Beamer (2002, p. 89), elite interviews in a single case may lack generalizability but this can be addressed in two ways—through the quality (i.e., types of respondents) and maximum possible responses (i.e., number of respondents). They added that these two aspects increase internal validity and the likelihood to not omit critical respondents (Beamer, 2002, pp. 89–90). As discussed in Chapters 4 and 5, the elite respondents interviewed have met these two criteria.

Chapter 4 employs both document analysis and elite interviews to examine the policy design process of the Philippine Nursing Act of 2002 to help establish how and why the state has designed this law as a pro-emigration policy. This policy serves as the overarching policy for nursing in higher education and the practice of the nurse profession in the Philippines. For the document analysis, the data are comprised of 20 legislative deliberation documents covering the period 2000-2002. Specifically, these documents include committee minutes, plenary and bi-cameral meetings, drafts of bills, and committee reports during the period of deliberation and approval. For elite interviews, data are obtained from interviews of 6 of the 12 remaining policy actors who were involved in the policymaking process. They are key

representatives of professional organizations of nurses, officials of nursing regulatory agency, the Philippine legislation and the academic community.

Elite interviews are the primary source of data for Chapter 5 which explores the role of the sending state in securing stable employment markets for skilled migrants. This role of the sending state is the active engagement in bilateral labor cooperation with host countries as a form of state intervention in labor migration. Specifically, elite interviews are the rich sources of data to analyze case studies on the bilateral labor negotiations between the Philippines and three Canadian provinces—Saskatchewan (2006), Manitoba and Alberta (2006-2008), and between the Philippines and South Australia (2008-2009) to demonstrate how bilateral parties negotiate agreements in hiring Filipino nurses. These four major cases provide contrasting perspectives on the outcomes of negotiation—successful (the Philippines-Canadian provinces) and negotiation failure (the Philippines-South Australia)—to show the different dynamics of international negotiations. The data are comprised of 11 elite interviews with top negotiators from the Philippines. These negotiators include four different cabinet secretaries in three presidential administrations, who also held previous cabinet-level positions and negotiated on behalf of the Philippine government in various capacity. The other negotiators are high ranking government officials in professional regulation, education and overseas employment and former presidents and top officials of professional organizations in nursing and nursing education. These interview respondents comprised of around 80 percent of the overall population of the Philippine negotiators on bilateral labor negotiations that involved nurse recruitment. Considering that labor negotiations (including nurses) in this country is a very exclusive policy domain, their experiences

reflect the overall view in negotiating labor agreements for the Philippines. The next section concludes this chapter by elaborating the structure of this thesis and the key findings.

1.4 Thesis structure and summary of results

My thesis is organized as four stand-alone articles; two of which have been published while the other two are in the submission process. My research question is: How does a sending state intervene in managing migration for development? I examine this question from different perspectives and according to different kinds of literature in the social sciences, including public policy and negotiation theories. The empirical chapters of this thesis (Chapters 3-5) independently address the research question by (1) explaining how state intervention through government's policy instrument moderates the causal relationship between migration and development in the health sector; (2) exploring the relationship between higher education and migration through an analysis of how a sending state integrates labor-export policy in higher education policy; and (3) examining how and why a sending state cooperate (or not) with destination countries in the hiring of nurses as a form of state intervention at the international level. Together, these chapters show that active intervention, including successful and failed initiatives, by the sending state at the domestic and international levels contributes in accounting for the overall ambiguous and uneven effects of migration on the levels of development of source countries.

Chapter 2 sets the stage for examining specific state interventions with regards to the migration-development nexus by presenting a systematic

literature review about how the sending states intervene in the health professional migration. One of the objectives of this chapter is to show why health professionals is an important case to examine when referring to the role of the state in the migration-development nexus. Based on the review, the literature refers to “development” both as economic development and as health sector development. The findings show that, firstly, health professionals are one of the most mobile professions (especially nurses) because of the chronic labor shortages in developed countries’ health sector brought about by demographic changes and the lack of interest in health or medical professions, particularly nursing. Secondly, the emigration of health professionals reveals the various roles of the state in the countries of origin, especially in addressing the advantages and disadvantages of this migration stream on the health system of these countries. As a result, this chapter highlights that sending states are active actors in health professional migration in contrast to how the overall migration literature portrays them as passive actors. Their active roles center on three key strategies that these sending states adopt in addressing the migration of health professionals, namely: (1) introduce restrictive measures to delay the mobility of health professionals; (2) respond to market demands by producing and promoting emigration; and (3) implement a combination of these two strategies. These types of intervention are the product of the states’ rational calculation of the costs and benefits concerning their current health human resource manpower—the domestic and international demand for health professionals, the impact of this migration stream on each country’s health system, and eventually the contribution of health professional migration to their overall development goals.

The missing aspects in the reviewed literature are studies about competing beliefs, motivations, and technical information that inform the strategies of the sending countries. To address these gaps, the chapter ends with two important research agenda that aim to further unpack the intervention of the state in the migration-development nexus, particularly by examining the policy design process of the state's migration policies and how they negotiate bilateral cooperation to promote the emigration of its health professionals—the two central themes of *Chapters 4 and 5*.

Chapter 3 examines the role of the sending state through policy instrument choice as a moderating variable in the migration-development causal relationship. As an indicator of development, health sector development, specifically health system quality, depicts how nurse emigration affects the health sector. Specifically, these two hypotheses are tested: (1) The migrant-sending state's regulatory authority of providing greater access to remittance services moderates the relationship between remittances and development. Thus, with the presence of this policy instrument, migrants' remittances are expected to affect positively the development of source countries; and (2) The cooperation or partnership of migrant-sending states with host countries as a procedural policy instrument moderates the relationship between knowledge transfer and development. Thus, the more the migrant-sending states cooperate with host countries (e.g., bilateral cooperation, hospital-hospital partnership), the greater the impact of knowledge circulation is expected on the source countries' development.

Regression results show that the migrant-sending state's regulatory authority in channeling the flow of remittances in a cost-efficient manner

triggers a positive contribution of remittances to the health sector development. One possible explanation for this result is the increase in the volume of remittances which could generate multiplier effects that may include sectors such as health (see Karpestam, 2012). However, the procedural policy instrument of hospital-to-hospital cooperation between sending and receiving countries did not have a significant impact on strengthening the development effect of knowledge transfer to the source country. The chapter concludes that integrating migrant-sending state's policy instrument choice in the migration-development nexus provides an account of the importance of migrant-sending state's choice of policy instruments in maximizing the significant impact of skilled migration to the development of the countries of origin. What this means in practice is that labor-sending countries interested in maximizing remittances for development (macro and micro aspects), such as the Philippines, should carefully consider what constitutes the "right" mix of policy instruments for their migration management policies. Although there is no concrete evidence of a "migration trap"—lower economic growth, high level of emigration—in the Philippines (see Chami, Ernst, Fullenkamp, & Oeking, 2018), how the government selects and designs the policy instruments is crucial for preventing this phenomenon.

While *Chapter 3* establishes the importance of accounting for state intervention in the migration-development nexus, the succeeding chapters explore a deeper perspective in answering the research question by examining how and why a sending state intervenes in specific areas such as higher education and international cooperation as part of its development strategy. In *Chapter 4*, this thesis provides a more in-depth analysis of the role of the

sending state by disaggregating the state into different sectors and actors specifically on how they design higher education policies (in collaboration with non-state actors) to integrate labor export strategies in order to achieve economic development. This chapter contributes to answering the research question of this thesis by process-tracing to show how a sending country's government collaborates with non-state actors to develop strategies on labor migration. The discussion of this specific form of intervention illustrates how a sending state educates prospective migrants and promotes their emigration so as to increase the volume of remittances that eventually contribute to the country's economic growth. Specifically, *Chapter 4* examines the policy design process of the Philippine Nursing Act of 2002 (policy for nursing education and practice) to help establish how and why the state designed this law as a pro-emigration policy.

Results show that the sending state's labor export policy extends to the design of a nursing policy that educates Filipino nurses for foreign employment. In so doing, this chapter reveals how state intervention in skilled migration begins with a policy design, a perspective that is often missing or taken for granted in the literature on the migration-development nexus. By examining the policy design of migration policies, we learn how and why the state develops a certain policy by revealing different policy actors' motivations, interests, and goals, which ultimately reflects the sending state's strategy in addressing the skilled migration issue. From the policy design perspective, this chapter shows how the migrant-sending state espouses labor export as a national development strategy even in policies outside the domain of labor migration such as higher education. Indeed, by identifying and accounting for

the competing motivations of policy actors inside and outside the domain of higher education, the chapter concludes that, in the design of nursing policy, these policy actors integrate nursing education to the overarching state policy on labor export for economic development. While this chapter has established strongly the linkage between higher education policies and migration as a labor-export strategy, the findings have wider implications on state intervention in migration-development nexus by which the migrant-sending state creates a policy environment for higher education institutions (universities and colleges) to operate as partners of the state in achieving development through skilled migration. On its broader implication in terms of practice, especially for policymakers in sending states, the findings indicate that coherent and holistic policies on labor export across related policy areas such as education are a necessary condition to maximize the development effects of labor migration. With respect to studying migration and development, the multi-stakeholder analysis provides a greater perspective on the interaction of different sets of actors in various policy areas, which is based on the policy direction of sending states' governments.

After presenting how a sending state intervenes in preparing skilled migrants to seek employment abroad through higher education policy, *Chapter 5* analyzes the role of the migrant-sending state in securing stable employment markets for skilled migrants by engaging in bilateral labor cooperation with host countries as a form of state intervention in labor migration. This chapter provides a richer dimension when addressing the research question by showing how a sending state initiates and successfully concludes bilateral labor agreements to boost the development impacts of labor migration. It emphasizes

the collaboration of the different policy sectors representing the state and the academics in bilateral labor negotiations. In this chapter, development is used as economic development to reflect the sending state's role of negotiating international labor agreements, especially in nurse employment to promote labor emigrants as the source of remittances for economic development. Particularly, in the case of the Philippines, this is a form of state intervention that ensures the continuous flow or increases the volume of remittances to achieve its economic development. This chapter does so by examining state intervention in the pre-migration stage of the migration process through an analysis of how states (sending and receiving) reach and implement the decision to cooperate in managing skilled migration. As a framework for understanding bilateral cooperation, negotiation analysis is used to explain the negotiation process, primarily how the negotiating states put forward their proposals, demands, and counter-arguments about specific issues that enable them to agree to cooperate, or not. This chapter shows that bilateral negotiations must satisfy two necessary conditions—(1) participation of non-partisan technical expert and (2) history of previous interactions—in order for an agreement to be reached that ultimately results in labor cooperation.

Results show that the separate negotiations by the Philippines with three Canadian provinces (Saskatchewan, Manitoba, and Alberta) fulfilled these two criteria and concluded with bilateral labor agreements. In contrast, negotiations between the Philippines and South Australia did not successfully reach a labor agreement because only the first criterion was met. In presenting different issues that emerged during the negotiations, this chapter highlights discussions on mutual recognition of higher education degrees as a subject of contention for

host countries. Specifically, the point of contention was the 12 years (K-12) of pre-university education that South Australia required versus the 10 years (K-10) for the Philippines. What my research shows is that, despite the Philippine government's efforts to educate nurses for foreign employment (see Chapter 4), the structure of its higher education system was deemed to be lagging behind its counterparts in developed countries that were the leading destinations and employers of Filipino nurses. Presently, the Philippine government has already reformed and implemented the K-12 pre-university education to match external demands. This further reveals its active efforts in producing skilled migration for export as a core economic growth strategy. The chapter concludes by explaining how negotiation analysis uncovers the advantage that labor-sending countries such as the Philippines have by being proactive and possessing the "right" skilled labor required by developed countries.

Chapter 6 concludes with a brief summary on how the specific roles or intervention of the sending state (as discussed in the empirical chapters) link to a particular aspect of the migration process—before and after migration by empowering migrants as agents of development. Next, it explains how the key findings of this thesis contribute to specific aspects of the migration-development literature. Finally, the chapter discusses areas for future research before it concludes with my reflection of the research process of this thesis.

Chapter 2

Identifying the role of the sending state in the emigration of health professionals: a review of empirical literature⁷

This chapter applies a systematic approach for reviewing the different roles of the sending state in the emigration of health professionals. The review identifies the gaps in the extant literature in the migration of doctors and nurses and presents the research agenda to further examine how and why the sending state functions as a central and influential actor in health professional migration. The aim of this chapter is to set the stage for the empirical chapters (Chapter 3-5) that examine the intervening role of the sending state in the migration-development nexus, specifically in the context of the emigration of Filipino nurses.

2.1 Introduction

The question of why people move has been central to studies of migration. Reflecting this strong interest is a variety of studies that tell us that people move in search of “greener pastures” professional advancement, reunification with families and relatives, freedom and security, among others. These studies are rooted in a diverse set of literature and theoretical universes.

For instance, migration is historically theorized using the traditional “push” and “pull” factors that extend to, among others, economic, political,

⁷A version of this chapter was originally published as: Cabanda, E. (2017). Identifying the role of the sending state in the emigration of health professionals: a review of the empirical literature. *Migration and Development*, 6(2), 215–231. <https://doi.org/10.1080/21632324.2015.1123838>. With permission to reuse in thesis/dissertation.

social and environmental perspectives; although, recent scholars consider them too simplistic (e.g., O'Reilly, 2013). In neoclassical economic theory, economists view this movement as an effect of the differences in the cost of labor between the origin (used interchangeably with sending) and destination countries from the macro-level aspect and depicts the rational decision of individual migrants to emigrate at the micro-level (e.g Harris & Todaro, 1970; Todaro, 1980). Network theory attributes this mobility to the presence of family ties and social networks (e.g., Massey et al., 1993). These are the only few theories that explain the widespread movement of individuals across time and space, but, generally, migration theories⁸ portray individual migrants, families, social networks, recruitment agencies, and individual brokers as central actors in the migration process.

What is missing in these theories is the contribution of the state, especially the sending state as one of the key actors in the overall structure of migration processes. Massey (1999) and Zolberg (1999) recognize this deficiency, so they encourage migration scholars to integrate the state as one of the significant actors that influence international migration. While several scholars have begun to analyze the role of the state from the perspective of destination countries (e.g., Freeman, 2006; Guiraudon & Joppke, 2001; Hugo, 2012; Joppke, 1999; Mahmud, 2015; Schain, 2008), the question of how the sending state impacts migration requires further analyses. This review contributes to the development of the literature in this field by examining how the sending states intervene in the outward movement of their nationals using the case of health professional migration.

⁸Please see Massey et al. (1993) for a critical review and appraisal of the theories of migration across disciplines.

Classically, when referring to states, scholars differentiate between destination and origin countries.⁹ These countries, herein referred to as “states,” play a role in the migration process given their regulatory authority in border control and migration management. Massey (1999, p. 50) emphasizes that “[e]ven though governments may not be able to control fully the powerful forces promoting or sustaining migration, state policies clearly have an influence in determining the size and composition of the flow.” States may opt to open their borders to the highly skilled and talented workers instead of the low skilled and seasonal workers. For instance, in destination countries, Schain (2008) explains that the immigration policies of the United States (US), France and the United Kingdom (UK) respond to the changes in the demand of labor markets by restricting and (re-) opening their borders to labor immigrants. For sending states, the literature often portrays these countries as passive actors (see Massey, 1999, p. 51), but recent studies highlight their active intervention in migration (e.g., Acacio, 2008; Fitzgerald, 2008; Hamada, 2012; Levitt & Dehesa, 2003; Üstübcici, 2015). Particularly, the intervention of the sending state varies in terms of the type of labor—low-skilled or skilled labor. Compared to low skilled labor, skilled labor is often understood as a much more valuable type of labor force and thus skilled migrants are portrayed as having higher propensity to emigrate. In this type of labor migration, we can observe greater visibility in the intervention of the sending state, especially in the emigration of health professionals.

⁹Some literature introduces the concept of transit countries, which refers to countries generally bordering countries of destination or are along a known migratory route. For instance, Collyer et al. (2012) identified Turkey and Morocco as known transit countries to the rich and developed countries of the European Union.

Health professional migration is the most likely case in which we are to see more active state interventions from sending states. The World Health Organization (WHO) estimated that there is a global workforce shortage of 7.2 million in 2013 and this is likely to increase to as much as 12.9 million in 2035 (WHO, 2013b). In 2010/2011, there were 54 developing countries (a reduction from 57 countries in 2006) that were facing critical shortages of health professionals, with a total deficit of 2.8 million doctors and nurses (OECD, 2015, p. 133). Doctors and nurses¹⁰ are considered as skilled labor and they are a vital labor component of a country's health sector and its economy. From this development, we can trace the dynamic role of sending states particularly on how they strategize and implement migration management policies. These policies could strike a balance between the need to keep them as an important resource in the health sector and the inherent right of their health professionals to move.

The framework of “push” and “pull” factors of migration represents the countries of origin as passive actors, powerless in managing the outward mobility of their health professionals due to more attractive economic, political and social conditions in destination countries. They are often generally depicted as “losers” in the migration process. However, a review of the existing literature in health professional migration reveals a more complex picture. For example, in the case of Zimbabwe, Chibango (2013) points to the proactive role of the government in terms of addressing the “brain drain” or

¹⁰ While nurses are considered as skilled labor, some destination countries' visa categories classify nurses as semi-skilled labor. Nurses most often do not achieve the same level of professional classification (i.e., skilled) as doctors in destination countries. There is a separate strand of literature on this issue (e.g., Amrith, 2010; Choi & Lyons, 2012), which is not covered in this review considering that the role of classifying immigrant nurses based on skill level for the purpose of visa belongs to the destination states.

the gradual loss of skilled professionals due to emigration through a combination of retention policies and delaying emigration mechanisms. In his review of the opposing debates on “brain drain,” Skeldon (2009) suggests that sending states could intervene in two ways: a health training system for the international market and another one for the domestic market. Meanwhile, there are also several studies that describe sending states that orchestrate or promote emigration, for example, India (Yeates, 2009a, 2009b) and the Philippines (Choy, 2003; R.M. Rodriguez, 2010; Yeates, 2009a, 2009b). These studies point to the need for a holistic review of sending states’ strategies, which concern the emigration of their professionals. Consolidating these insights will allow us to begin integrating the role of sending states into debates about migrant-level factors and regulatory dynamics behind contemporary migration.

This chapter aims to identify the multiple roles that sending states play in the emigration of doctors and nurses using a variety of empirical examples of sending state practices. In so doing, this chapter contributes to the international migration literature in three ways. Firstly, it emphasizes that sending states are active actors in the health professional migration. Secondly, it shows that sending states adopt one of the three strategies: (1) introduce restrictive measures to delay the mobility of their health professionals; (2) respond to market demands by producing and promoting health professional emigration; and (3) implement a combination of these strategies. Lastly, it highlights how sending states institutionalize gendered emigration through the visible pattern of a bilateral cooperation in nurse migration. By contrast, organized mobility of doctors through a bilateral cooperation is rare.

Missing from the existing literature under review, however, are studies on competing beliefs, motivations, and technical information (e.g., data, policy studies) informing the strategies of sending states. As future research agendas, we could analyze these areas by studying the design of implemented emigration policies and the different processes that lead to the sending state's participation in bilateral cooperation (see Chapters 4 and 5). These perspectives would reveal the interaction of different policy actors within the sending states in the design and negotiation processes that are essential for understanding how and why these countries orchestrate and/or restrict emigration. Further, the Global Nursing Care Chain (GNCC) concept which explains how developing countries provide the necessary skilled care labor in terms of nurses to the rich and destination countries (see Yeates, 2009b) in combination with the framework of public policy and international relations will help in understanding the gendering of health professionals through a bilateral cooperation. These future research agenda aim to integrate policy sciences and international relations with migration studies to further examine how and why sending states are active actors in the emigration of their health professionals.

This chapter is organized as follows. The next section describes the methodology used before moving on to briefly review the different drivers of health professional migration to help us locate the strategies of sending states in the health professional emigration. The succeeding section discusses the restrictive policies implemented by sending states to delay the outward mobility of health professionals before describing those that produce and promote health professional migration. Finally, the chapter ends with the

discussion of the key findings and presents the research agenda for future studies (see Chapters 4 and 5).

2.2 Method

I conducted a systematic review of peer-reviewed journal articles studying the role of the sending state in skilled migration, which focuses particularly on the migration of health professionals. Systematic review is a type of literature review that utilizes a “*rigorous research methodology* to try to limit bias in all aspects of the review” (Josette, 2012, p. 9, italics in original source). The review involves participants “not as people but the papers included in the review” (Josette, 2012, p. 9). In determining the relevant articles for this review, I established the following inclusion criteria—(1) studies published from 2004 to June 2015; (2) cases of doctors and nurses; (3) studies that used empirical data such as surveys, interviews and direct observations. This review excludes the following: (1) studies that do not reference an intervention of sending states such as experiences, deskilling or non-recognition of professional skills of health professionals in destination countries; (2) qualitative and quantitative studies on the effects of health professional migration to sending countries; and (3) theoretical studies on social justice and individual rights of migrants.

According to Buchan (2006) and OECD (2015), there has been a surge in the migration trend of doctors and nurses beginning in 2000 because of active recruitment policies of destination countries. Using their accounts to determine the timeline of this review, I started a literature search for journal articles published in 2004. The interval of four years (2000 and 2004) is a

sufficient time for a phenomenon to be noticed, studied, and then published. In other words, 2004 is a suitable starting point to trace how migration scholars examine this phenomenon in response to the calls from Massey (1999) and Zolberg (1999) to integrate the sending state as an important actor that shapes international migration. This current review is limited to doctors and nurses because they have the highest incidence of emigration among medical professions.

This chapter is particularly interested in the intersection of social science and medical and nursing disciplines in studying the emigration of doctors and nurses. Initially, I searched the Medline/PubMed database to locate the relevant literature which scholars often used in health-related migration systematic literature reviews (e.g., Benton, González-Jurado, & Beneit-Montesinos, 2013; Pilotto, Duncan, & Anderson-Wurf, 2007; Willis-Shattuck et al., 2008). Furthermore, I also used the Web of Science, Scopus and Google Scholar to increase the number of search results and include other relevant literature. These search engines are more likely to return results of journal articles than books which reveal a form of selection bias. To address this issue, I have included some books that were cited in the journal articles that I have retrieved as an additional reference for a fuller discussion of the role of the sending states in health professional migration. For the literature search above, I used the following keywords: *health professional migration*, *nurse migration*, *doctor migration*, *physician migration*, and *health worker migration*. After applying the first two inclusion criteria, the literature search identified 95 journal articles.

To locate references on the role of sending states, I read the titles of articles to see if these captured the name of a sending country. Next, I examined the abstract if the title of articles does not explicitly reveal the name of the country of origin. Specifically, I applied the following key phrases—“sending countries,” “source countries,” “country of origin,” and the following subordinate phrases—“strategies,” “responses,” “policies,” “promotion,” “managing,” and “regulate”—to determine whether the article would be included in the review. After this step, there were 53 journal articles left for review.

Out of these 53 articles, this review only included those articles that empirically covered the role of sending states. It excluded articles that were theoretical, literature reviews and studies that gave no account of the method or data gathering procedures or studies that are based on other empirical studies. These selection criteria filtered the existing pool of literature into those studies that examine the role of the sending state using actual data and observations and those that do not. These empirical studies depict the actual practices of sending states which are sometimes different from their written policies. After these filtering steps, I concluded with 35 journal articles for review.

In the next section, this chapter presents how these articles discuss the drivers of health professional migration. Determining these factors would allow us to better understand how sending states intervene in the outward movement of their health professionals.

2.3 Drivers of health professional migration

This section reviews the different drivers or factors that motivate the emigration of health professionals. The literature has presented these factors as “push and pull” factors and the culture of migration among sending countries. The “push and pull” factors generally refer to the conditions or circumstances present in the countries of origin (push) and destination (pull) that encourage individuals to emigrate. The culture of migration evolves from the influence of migrants to non-migrants in their decision to emigrate within the frame of a social network that eventually develops into a cumulative causation of migration over time (Kandel & Massey, 2002, p. 983).¹¹ Understanding different drivers or factors of health professional migration would enable us to locate different strategies of sending states in response to outward movement of their health professionals.

The *economic* push and pull factors have been identified as significant drivers of the migratory movement of doctors and nurses. Low wages in the countries of origin (push) and high pay with other attractive financial benefits in destination countries (pull) motivate these health professionals to work abroad. Indeed, empirical studies on Pacific Island Countries (PICs) (Brown & Connell, 2004), selected African countries (Chikanda, 2005; Kalipeni, Semu, & Mbilizi, 2012) and India (Mullan, 2006; Thomas, 2006) reveal that financial incentives strongly motivate health professionals to emigrate. In a much broader and macro-level analysis, the economic condition of developing countries [measured using the gross domestic product (GDP) or income per capita as indicators] contributes to explaining the massive emigration of doctors (Okeke, 2013) and nurses (Ross, Polsky, & Sochalski, 2005). For instance, in Sub-

¹¹See also Tumbe (2012) for a historical account of migration culture using district-level data within the context of remittance-based migration in India.

Saharan Africa countries, Okeke, (2013) shows that a temporary decline of one percentage point in GDP per capita increases the migration of physicians in the following year by 0.3 percent. For nurses, Ross et al. (2005, p. 257) have predicted using regression analysis that low income countries is associated with 209 percent more nurse registration in the UK when compared to high-income countries. In other words, the results of their regression models reveal that a higher percentage of nurse registrations in the UK come from low income countries than high income countries. Beyond economic motivations and looking at the specific motivations for each profession, the movement of doctors and nurses extends these factors to kinship, family ties, and gender-specific issues. Put simply, their motivation to move resembles the broader sets of motivations that encourage other migrants in different professions to emigrate.

For doctors, kinship, family, and professional ties are the dominant pull factors that triggered migratory movement (Arnold, 2013; Brown & Connell, 2004; Healy & Oikelome, 2007), which clearly support the presence of social networks in destination countries that influence emigration decisions. In a small Pacific Island like Nieu, Connell (2007a) identifies two other important push factors that initiate the emigration of doctors—feeling of boredom and lack of career growth. Curtailed by this geographical location, the feeling of isolation from the rest of the world triggers a migratory movement from doctors despite the existing shortage of this skill in their home countries. Conversely, in the case of India, higher education is the ultimate driver of doctors' emigration (Tharakan et al., 2012). Mullan (2006, p. 386) explains that doctors from India immigrate to developed countries at the early stage to acquire advanced medical

degrees and they intend to remain in these countries for a more rewarding career.

For nurses, financial incentives and the quality of working conditions (Zander, Blümel, & Busse, 2013) influence their decision to work abroad. Aside from these motivations, however, the current literature focuses alternatively on gender-related factors such as women empowerment and independence. For example, in India, some anthropological studies on the migration of nurses reveal that women, from rural middle class, pursue a nursing profession in order to “see the world,” “travel,” and improve their status as prospective brides of men from good families (Percot, 2006; Percot & Rajan, 2007; Walton-Roberts, 2012). From a gender perspective, women who studied nursing and emigrate increase their value in the matrimonial market when they are able to work abroad, because of higher earnings and the assurance of bringing their future husbands abroad to work with them (Percot, 2006; Percot & Rajan, 2007; Walton-Roberts, 2012).

Beyond the push and pull factors, the culture of migration is another significant factor for the emigration of nurses in the Philippines (Barber, 2013; Ronquillo, Boschma, Wong, & Quiney, 2011). The migration culture in nurse’s emigration evolved from the “Westernized” nursing education during the US colonial period (Barber, 2013; Ronquillo et al., 2011, p. 266) and increased the visibility of emigration through the first wave of mass mobility in the US as early as the 1960s through the 1965 US Immigration Act (see Choy, 2003). Ronquillo et al. (2011, p. 267) emphasize that, in the case of the Philippines, family pressure contributes to cultivating the culture of migration through the influence of successful family members who are migrant nurses.

In the same vein, the migration culture of nurses from the Indian state of Kerala that evolves from the population of Christian minority is responsible for the upsurge of nurse emigration across the region and other religious and ethnic groups (Percot, 2006; Percot & Rajan, 2007). Meanwhile, Connell (2014) explains that culture, geography, history and the earlier experiences of emigrants stimulate the decision of health professionals in nine Pacific Island Countries (PICs) to emigrate.

In understanding the interplay of these factors allow us to identify how sending states respond to the emigration of health professionals. The succeeding sections review different strategies that sending states have applied considering this migration movement in the health profession sector.

2.4 Restricting emigration and the export of health professionals: a contrast of strategies

In the previous section, the different drivers of health professional migration helped situate the discussion on the international mobility of health professionals in the broader context of migration. This section, on the other hand, reviews empirical studies on strategies of sending states to illustrate how they managed the emigration of health professionals in practice.

2.4.1 How countries of origin restrict the emigration of health professionals

In response to the push and pull factors, some sending states like Zimbabwe, Ghana, South Africa, and India have implemented a retention policy that seeks to prevent health professionals from emigrating. These countries impose service

bonds on nursing and medical students who received government funds for their studies, usually to be fulfilled during the period after graduation or the period before registration. Under this scheme, these students have to complete mandatory community service that would delay their emigration plans (Chikanda, 2005; Hagopian et al., 2005).

In Zimbabwe, a majority of the total registered nurses had graduated from government-run nursing training schools. Since 1997, the government has required students to perform a community service for three years (Chikanda, 2005, p. 172) in public hospitals and health facilities. Similarly, in India, the government-run medical schools in some states have implemented service bonds for medical students to serve health facilities in rural areas, but the system lacks a strict enforcement (Mullan, 2006, p. 385). Despite the growth of private medical schools in India, the publicly-owned medical training institutes have a considerable share in the total supply of physicians. Explicitly, the urban physician-to-population ratio is six times the number of physicians in rural areas (Mullan, 2006, p. 383). Accordingly, the imposition of bond periods on Indian medical students could potentially close this gap, but are “often ignored by the physicians and have effectively been abandoned by a system that lacks enforcement ability” (Mullan, 2006, p. 385). For Ghana, Hagopian et al. (2005, p. 1757) reveal that the enforcement of a five-year service bond on medical students was also problematic because it was difficult to track the students and the rapid fluctuations of the bond value did not contribute to ameliorating the situation. South Africa, where all medical schools are under the public university system, implements too the obligatory community service for newly

graduated medical students to mitigate the adverse effects of doctors' emigration (Hammett, 2014, p. 42).

While empirical studies view these initiatives as a regulatory function of sending states, a wide body of knowledge continuously produces policy recommendations for sending states to directly respond to the push and pull factors of health professional migration. These studies call for a state intervention to improve financial remunerations, incentives and working conditions of health professionals in sending countries (Astor et al., 2005; Brown & Connell, 2004; Lorenzo, Galvez-Tan, Icamina, & Javier, 2007; Perrin, Hagopian, Sales, & Huang, 2007; Zander et al., 2013). Specifically, these policy proposals included several reforms to augment the current pay structure and hasten the career promotion (Okeke, 2014), to enhance access to advanced technology (Astor et al., 2005), to create quality working environment (Thomas, 2006), and to increase domestic post-graduate educational opportunities, specifically for doctors (Hagopian et al., 2005, p. 1756). These proposals directly concern the health professionals who are working in public hospitals and other health facilities in countries where health services are a public enterprise, for example in the Africa region (Chikanda, 2005; Hagopian et al., 2005) and PICs (Connell, 2007b). Although these recommendations are widely discussed in the empirical literature, still there is a lack of documentation to verify if sending states have actually adopted and implemented these policies.

What these different policy responses indicate is that sending states are not passive policy actors in the migration process. However, the existing literature generally do not shed light on the relative success of their efforts.

Indeed, these countries pursue different avenues to regulate the outflow of their own health professionals. They implement these strategies to manage the general migration push and pull factors and to lessen the adverse impact of medical “brain drain.” As I will discuss below, some sending states practice an entirely distinct strategy, whereby they orchestrate the emigration process through the production and promotion of health professionals for export.

2.4.2 How countries of origin promote the emigration of health professionals

In his review of the medical “brain drain,” Skeldon (2009) concludes that the impact of skilled migration on the development of sending countries remains unclear. However, aside from the dominant pessimistic argument of “brain drain,” he also recognizes the opposing view that the migration of the highly skilled can be beneficial to sending countries through remittances and return migration. His review concentrates on contextualizing the effects of “brain drain” on the development of sending states rather than on the specific strategies of the sending state to address this phenomenon even though the two are closely linked. Similarly, Yeates (2009a, 2009b) informs us of some of the policies of a selected number of major sending states in promoting the export of health professionals, but she limits her discussion to nurses within the concept of GNCC. The GNCC is a concept that explains how sending countries have ventured in the production and export of women skilled labor (nurses) for the rich and developed countries on top of the care chain (Yeates, 2009b). Specifically, the GNCC is an expanded version of global care labor that originates from Hochschild’s Global Care Chain (GCC) concept. Hochschild,

2000 (p. 131) defines GCC as “a series of personal links between people across the globe based on the paid and unpaid work of caring.” Yeates (2009b, p. 176) interprets GCC as a concept that explains “how processes of outsourcing, commodification, and commercialisation of care in the richer countries were drawing women from poorer parts of the world to emigrate to provide a range of social care services for women, men and children.” Hochschild (2000) developed this concept from the perspective of domestic helpers as a form of low skilled labor. Yeates (2009b, p. 176) argues that nursing falls from the professional category of “care” acquired through formal education and training; hence the birth of GNCC. These two studies highlight the important role of sending states in the migration process but did not discuss their actual implementation practices in promoting the migration of doctors and nurses, especially concerning education and bilateral cooperation as I shall show below (see also Chapters 4 and 5).

Investing in the health professional education system for export

The design of the medical and nursing education system is one of the key avenues in which we can see the sending state promoting health professional emigration. In educating nurses for the international market, for example, Ortiga (2014) argues that the Philippine educational system flexibly adjusts its nursing education curricula to the demand of employers of wealthier host countries. Her interviews with administration officials of universities and colleges offering nursing education revealed that they have to ensure that they produce “world-class” nurses. Masselink & Lee (2010) categorize these nursing schools, including the review centers for the licensure examination, as “migrant

institutions,” because these institutions bridge the link between higher education and migration.

This aggressive strategy to increase the employability of Filipino nursing graduate in the international market has some drawbacks. The additional educational loads, especially offering new subject courses overburdened the students (Ortiga, 2014, pp. 68–69). Further, the Philippine educational institutions also struggle to handle the demand for more advanced medical facilities that should be on par with those from developed countries (Ortiga, 2014, pp. 68–69). However, the empirical literature I reviewed did not explore how sending states’ governments respond to these issues in terms of reviewing the existing curriculum and funding considerations to sustain this export promotion strategy.

Similarly, some governments of sending states encourage the establishment of more nursing schools and training centers in order to train more nurses for the global market. In India, the central government had relaxed the policy on the requirements of opening private nursing schools in 2007 to accommodate the domestic and foreign demands for nurses, but this intervention had placed the quality of nursing education in the country at risk (Walton-Roberts, 2015, p. 378). Conversely, accreditation and training are the current policy challenges for the central government of India (Walton-Roberts, 2015, p. 378). We can view this scheme as a sending state-led effort to promote the emigration of nurses.

In another aspect, sending governments invested in exporting their health professionals are highly responsive to maintaining a good image. For instance, in the reported exam leakage on the Philippine Nursing Licensure

Exam in June 2006, Masselink & Lee (2013) describe how government officials immediately responded through an investigation of the case and decided to conduct another examination for the same examinees on subject areas affected by the leakage. The Philippine government officials decided to do so because they feared that Filipino nurses would lose their credibility and eventually reduce their employability in the international market, specifically in the US (Masselink & Lee, 2013, pp. 93–94). Masselink & Lee (2013) expound that the Philippine government saw the potential loss of the market this incident could have caused through the reduction of remittance earnings for the country.

In terms of medical education, we can indirectly locate the active promotion of health professionals for export in relation to the growth of medical schools in sending states. Mullan (2006, p. 385) reveals that the significant interest of prospective medical students for emigration has influenced the growth of medical schools in India, which during the time of his publication has 242 schools. From a micro perspective, Astor et al. (2005) demonstrate that physicians in India, Philippines, Columbia and Nigeria believe that their medical education equipped them with highly specialized skills that they can utilize in other countries. These authors illustrate that sending states deliberately prepare their medical students for foreign employment through the level of education that is recognized in destination countries, which supports their active role as policy actors in the migration process.

However, Mullan (2006, p. 385) describes the contrast between the growth of Indian medical schools, which is a manifestation of emigration promotion and the imposition of service bonds on medical students of government-run medical schools in some states. Although he did not explain

this contrast in strategy substantially, Mullan (2006) signals that India has a large geographical inequality of the stock of physicians on top of the unreliable estimates of the outflow of doctors.

Bilateral cooperation

Scholars have recognized the importance of bilateral cooperation in promoting health professional migration on top of the domestic-led initiatives. Recent scholarships provide a descriptive review and analysis of this particular strategy (e.g., Ford & Kawashima, 2013; Yagi, Mackey, Liang, & Gerlt, 2014) but few have supported this claim with empirical data. This section reviews the empirical data on bilateral cooperation as a policy instrument of sending states for securing a sustainable foreign market for health professionals. This review highlights some of the challenges and risks that sending countries have encountered when cooperating with destination countries and reveals different outcomes in realizing this strategy.

The 2010 WHO Global Code of Practice for the International Recruitment of Health Personnel (herein referred to as the Code) provides the overall framework of the bilateral cooperation in managing migration. Aside from the guidelines for ethical recruitment of health professionals from developing countries, the Code also encourages member-states to enter into bilateral agreements to manage health professional migration. Siyam et al. (2013) disclose that 85 of the 193 member-states have implemented the Code and only several countries have entered into bilateral agreements. These countries are mostly sending countries like the Philippines, Pakistan, and Cuba, among others (Siyam et al., 2013, p. 817).

Implemented in 1995, the South Africa-Cuba bilateral agreement is a classic case of South-South development cooperation, which enables the recruitment of the surplus Cuban doctors to South Africa and medical students in the latter to train in Cuba (Hammett, 2007). Hammett (2014, p. 49) believes that this agreement meets the short-term and medium-term goals for both countries without having negative impacts on their health system. Doctors from Cuba benefited from professional experience, remittance, and political merit (Hammett, 2014, p. 45), while the Cuban government strengthened its good international image through a medical internationalism (Hammett, 2014, p. 44). For South Africa, the training of doctors in Cuba guaranteed a stable increase of physicians in rural areas in the long run (Hammett, 2014, pp. 45–46). While this strategy achieved gains for both countries, Hammett (2014, pp. 48–49) argues that the goal of ensuring the right fit of skills development and reintegration programs for South African doctors is a continuing policy and implementation challenge for the two partner countries.

In the Philippines, Dimaya, McEwen, Curry, & Bradley (2012) reveal that the private and public stakeholders in nursing education and practice commonly believed that the participation of the country in bilateral cooperation will stimulate brain circulation. That is, through a temporary migration scheme, bilateral cooperation can effectively facilitate knowledge transfers aside from the financial benefits through remittance. Additionally, they disclose that policymakers have expanded the focus of bilateral agreements to requiring the destination country to invest in the human resource development. They also believe that this strategy will replenish the reduction of the stock of nurses due to emigration.

However, some bilateral agreements did not achieve favorable outcomes for sending states. In the Japan-Philippine Economic Partnership Agreement (JPEPA), the Philippines did not realize the intended benefits of this cooperation because of the low deployment of nurses (Blank, 2011). Hosono, (2011) attributes this failure to the inability of nurses to qualify for registration amidst the difficulty of passing the Japanese language proficiency exam. Despite this policy failure, Masselink & Lee (2013) stress that the Philippines deliberately pursued the implementation of JPEPA to attain the economic benefits from the agreement through the continuous flow of remittance from Filipino nurses in Japan.

Finally, although Young (2013) examines the effectiveness of the UK's ethical recruitment policy, he shows some important bilateral agreements of the UK with sending countries in the migration of nurses. For example, he describes the agreement between the UK and sending countries such as India, the Philippines and South Africa in the recruitment of nurses. However, to my knowledge, there are no other related empirical studies that scrutinize how the sending countries used these agreements to promote or restrict the emigration. For instance, Young (2013) mentions the South African case to illustrate how a sending state engages in a bilateral cooperation to stop their nurses from leaving. Yet, he did not examine how South Africa implements this agreement. Similarly, there is no empirical study to date (based on my review of the literature) that investigates comprehensively how South Africa executes this bilateral agreement in restricting nurse immigration to the UK.

2.5 Discussion and direction for future research

While the literature has increasingly pointed to the importance of sending states in the migration process, there is generally less focus in the literature about their actual migration management practices, which are significant if we are to understand the roles that sending states play in the migration-development nexus. By reviewing the extant literature published between 2004 and June 2015, this chapter has identified three distinct strategies that sending states apply to manage the emigration of their professionals. These sending countries (1) introduce restrictive measures to delay the mobility of their health professionals, (2) respond to market demands by producing health professionals and promoting their emigration, and (3) implement a combination of these two strategies. In contrary to the mainstream assumption about the passive role of sending states, these strategies show that the sending countries are active policy actors in the migration management process. This section synthesizes the key findings of this chapter, determine the remaining gaps and present a future research agenda for addressing remaining issues.

2.5.1 Synthesizing policy responses of the sending states

The sending state devises and implements bond periods for government scholarship recipients to delay the emigration of their future health professionals. They adopted this strategy to address the drivers of health professional migration and serve as a short-term solution to the potential massive outflow of doctors and nurses. This strategy is one way in which sending states try to play an active role in the migration process. The regulatory function of the sending state could help contain the negative effects of medical

“brain drain” and ensure that an adequate supply of health professionals is present in the domestic health system. Despite the active role of sending states, the empirical literature suggests that these countries did not directly address the economic perspective of the push and pull because most of the solutions were at the recommendation stage. That means, it is still uncertain whether these recommendations will be approved and implemented considering the weak enforcement mechanisms of some sending countries. In fact, these studies reveal that the improvement of the pay structure and working conditions of health professionals is still at the policy recommendation level and, if realized, could channel a long-term solution for maintaining a stable human resource in the health sector. A question remains: How did the sending states accommodate other policy proposals in formulating the restrictive policy on the emigration of health professionals?

Another strategy of sending states is the production and active promotion of health professional emigration through education. The sending countries with a culture of migration such as India and the Philippines promote the emigration of their health professionals. The sending states’ government prepares the international employability of health professionals through a “world class” medical and nursing education to generate financial remittance that is assumed to help revitalize their economy. At the center of some of the sending states’ education system are pressures directed toward private educational institutions for handling the higher cost of investment in infrastructure and technology. The current literature has yet to capture the different views from other beneficiaries of this policy, which would show

whether policymakers have considered and deliberated these demands during the policymaking process.

Further, the literature review uncovered that a sending state implements a combination of enforcing service bonds on students to delay emigration while promoting their emigration through internationally-recognized medical and nursing curricula. In formulating policies, statistical data on the stock versus outflow of health professionals is a significant aspect to address this policy issue. The presence of conflicting data or unreliable estimates of this flow could contribute to incoherent strategies of sending states. Aside from this issue, what is, however, unclear is the motivation of the sending state in adopting this combination of strategies. This observation raises the following question: How do we account for the difference in sending states' strategies toward the emigration of their health professionals? These remaining questions lead to a future research agenda for examining how sending states formulate their strategies toward the emigration of health professionals (see Chapter 4).

Future research agenda 1 – policy design of policy responses of the sending states

The strategies of the sending state are products of a policymaking process where different policy actors participate and put forward their different interests and positions to tackle health professional migration as a policy issue. The specific provisions of a particular policy or policies could not reveal the policy actors and their motivations behind sending states' strategies unless we look deeper at what transpired during the policy process. This is because the empirical literature reviewed have examined mostly the role (strategies) of the

sending state as a unitary actor. Although, in some aspect, the literature highlights the role of public universities (as a subdivision of the sending state) in educating future health professionals, how the sectors and their actors interact as components of the state in migration management were not analyzed in the different stages of policy process (see Chapter 4). Thus, future research could include the motivations and beliefs of policy actors and technical information such as data support and policy studies that they use in putting forward their proposals in addressing this migration process.

Specifically, future research could trace how the actors compete, collaborate and compromise during policy deliberations to fully determine the policy proposals such as which actor dominates and possible reasons for the development of these policies. Some questions that could help in understanding these processes are: Who are the policy actors and what institutions do they represent? What are their key interests and motivations in the emigration of health professionals?

The policy design approach could examine these processes from the perspectives of how the policy actors—state and non-state actors—interact (network analysis) and how policy actors deliberate these policies during different stages of the policy process (stages-heuristic design) inside the sending states. These approaches are concerned with the interaction of different policy actors within the sending state in the design of sending states' strategies and, thus, are essential in deepening our understanding of how and why these countries orchestrate and restrict emigration or a combination of these strategies. While the current theoretical approaches in migration studies such as political economy, sociology, anthropology, economics, gender studies or a

combination of these fields help in understanding the role of sending states, they could not substantially address these questions. For this reason, future research could complement the theories in these fields by adopting a policy design perspective.

The examination of the policy design of these strategies could also unravel the existing puzzle on why sending states are explicitly promoting the production of nurses in comparison to doctors. As cited in this chapter, Masselink & Lee (2013), Ortiga (2014), and Walton-Roberts (2015) examine how sending states such as India and the Philippines promote the emigration of nurses while other scholars did not explicitly discuss this strategy with respect to doctors. Future studies could integrate the GNCCs into the policy network analysis to explain the interaction of international and domestic networks in the migration process of nurses. Network analysis could specifically identify the state and non-state actors within the GNCC and locate their competing motivations and beliefs in the active promotion of nurse export. Likewise, GNCCs could also provide inputs into tracing the absence of explicit export policies for doctors.

2.5.2 Synthesizing the participation of sending states in bilateral cooperation

The 2010 WHO Code promotes bilateral cooperation among sending and receiving states as an essential strategy to protect the unethical recruitment of health professionals from countries where there is a shortage of these skills. However, some theory on international cooperation, for instance, neoliberalism from the field of international relations assumes that cooperating states gain

from cooperation (e.g., Keohane, 1984). From this assumption, we could observe that voluntary codes, such as those from the WHO, have moved toward mutuality and away from compensation. Likewise, this mutuality is also noticeable in the UK's health professional recruitment code, where the country can recruit nurses only from developing countries with a critical supply of nurses when both countries (the UK and sending countries) have signed a bilateral agreement. The recruitment code is UK's response to the negative criticisms of the National Health Service's long history of recruiting internationally educated health professionals (e.g., Raghuram, 2009). Although limited in scope, empirical studies reviewed apparently reveal that bilateral cooperation is a state mechanism to guarantee a market for health professionals.

What is compelling, however, is to consider that sending states employed bilateral cooperation as a strategy to regulate the outward migration of health professionals (e.g., South Africa) and for the active promotion of emigration (e.g., India and the Philippines). A research question could be: Why do some sending states cooperate with other destination countries, and others do not? Siyam et al. (2013) observe that there is a slow movement of forging bilateral cooperation in the health professional migration. Considering the benefits of cooperation, other research questions could explore the following: Why are some states reluctant to engage in this form of cooperation?, and Why is cooperation primarily geared towards the emigration of nurses and rarely with doctors? Future researchers could examine these research questions by tracing processes of bilateral cooperation through the development of bilateral negotiations from the initiation stage until ratification of bilateral agreements.

Future research agenda 2 – the processes of bilateral cooperation

In this chapter, most of the empirical studies reviewed are focused on the impact of bilateral agreements (e.g., Hammett, 2007, 2014; Hosono, 2011) and not on the processes before their implementation. Examining the development of bilateral negotiation is important in answering the remaining questions because it will reveal who the negotiating actors are, their motivations, beliefs, and agenda during the stages of negotiation (see Chapter 5). The public policy field could contribute to addressing this gap by identifying the negotiating actors in sending states, both state and non-state, in the negotiation process. This field of study could also pinpoint these actors' positions and how they negotiate with destination countries. Additionally, some future empirical researches could also adopt a multi-level analysis that analyzes the domestic process of negotiation, often occurring at multiple levels and across different policy sectors, and linking these with negotiations at the international levels until these bilateral agreements are ratified. By integrating this theoretical framework with the GNCC, we can explain the gendering of health professional migration through bilateral cooperation with respect to the international mobility of nurses. From these two frameworks, we could justify the cooperation and non-cooperation of sending states in the health professional migration. Eventually, by examining the processes of bilateral negotiations, we could uncover the negotiating power of the sending states in negotiating the terms and conditions of recruitment with host countries that could be beneficial with labor emigrants and their home countries.

The analysis of these two future research agenda (see Chapters 4 and 5) could be a significant contribution to the growing emphasis on studying the

sending state in health professional migration. These research agenda could provide an in-depth analysis of the interaction of policy actors and negotiating actors in the development of sending states' policies and in bilateral negotiations, respectively as important interventions in addressing this migration issue. While these interventions are also evident in some theoretical and descriptive migration literature, these future research agenda hope to widen the migration literature by integrating policy sciences and international politics to the existing frameworks that investigate the role of sending states in the health professional migration.

In the next chapter, this thesis explores the role of the sending state by focusing on the Philippines and the emigration of Filipino nurses as a case. The chapter specifically examines the effects of the policy instrument choice through two specific forms of state intervention in managing the effects of nurse migration on the health sector development of the source countries.

Chapter 3

State intervention, migration-development and policy instrumentation¹²

The purpose of this chapter is to examine how the intervention of the sending state through policy instrument choice moderates the effects of the migration-development nexus. What this chapter emphasizes is that the sending state could manage the effect of nurse migration for achieving health sector development through policy instrumentation.

3.1 Introduction

The migration-development nexus portrays migration as an integral part of development either as a cause or an effect (De Haas, 2010; Raghuram, 2009; Skeldon, 2008a). While migration is generally an inevitable process regardless of the sending countries' development (Raghuram, 2009, p. 103), the migration-development debate centers on whether migration causes development based on three important themes: remittances, brain drain and diaspora (Nyberg-Sørensen, Hear, & Engberg-Pedersen, 2002; Raghuram, 2009; Skeldon, 2008a). From these themes are studies that reveal conflicting and ambiguous findings of the effects of migration on sending countries' development primarily in the context of economic (Raghuram, 2009; Skeldon, 2008a), socio-political or sector-specific development (De Haas, 2005, 2012; Skeldon, 2008a). That is, in some countries labor migration contributes to development at various levels, others experience minimal effects and some countries incur

¹² For submission to *Public Policy and Administration* journal.

negative outcomes in certain sectors such as health. Although extant literature reveals some developing countries apply strategies to export skilled labor as an approach to achieve economic growth (R. M. Rodriguez, 2010; Yeates, 2009b), how the sending state functions as a central actor in the migration process is less emphasized in accounting why source countries experience different levels of development as a result of labor migration.

In explaining this tension, the major aspect of the fields of economics, sociology, and anthropology portrays labor migration based on a pure-market approach and its corresponding effects on development. This approach eventually downgrades the role of the sending state in the migration process. This chapter attempts to challenge this argument and suggests that the impact of labor migration on the development of sending states (i.e., positive, negative or nil in varying degrees) is not directly a result of market forces. The resulting impact is moderated by the sending state based on the types or forms of policy interventions adopted and implemented by the source government in labor migration. The specific questions are the following: (1) How does a sending state intervene in labor emigration?; and (2) What are the effects of the policy interventions on the country's development? To answer these questions, the public policy perspective of policy instrument choice is a relevant approach, which highlights the importance of state intervention in specific policy areas such as migration and development by revealing the different methods of managing labor migration as a tool for development.

This chapter focuses on nurse migration, which features some sending government's state-sponsored labor export programs in response to the high demand for foreign nurses in most developed countries. Given that nurse

manpower is an important human resource for achieving the health component of the Sustainable Development Goals (SGD) No. 3—Good Health and Well-Being, the emigration of nurses presents a great challenge for countries that already have vulnerable health systems (Kalipeni, Semu, & Mbilizi, 2012). Thus, nurse migration is a global phenomenon that raises questions about its effects on sending countries, which on one hand is perceived most often within the domain of brain drain (Skeldon, 2009). On the other hand, this migration stream can lead to advancement in the quality of health care delivery (or health system quality) of sending countries. This chapter specifically utilizes the case of the Philippines to examine the state intervention on the emigration of Filipino nurses and its effects on development in the context of health. As a country that brokers labor to the world (R. M. Rodriguez, 2010), the Philippine government is engaged in the production of nurses for foreign employment and established government institutions to oversee and monitor the orderly deployment of nurses abroad (Yeates, 2009a). As a result, the country produces 100,000-150,000 nurses annually with only 5 percent employed locally (Huston, 2015, p. 363). In 2012, the government deployed 92,277 nurses to different nurse-destination countries (Hapal, 2017). Total migrant's remittances have a 10 percent share in the Gross Domestic Product (GDP); while migrant-nurses contributed, on average, US\$1 Billion dollars annually (Relos, 2014).

The next section discusses the state's two major policy instruments—substantive and procedural to explain the roles of the sending state in the context of migration and development. Then, this chapter proceeds with a discussion of the important aspects of migration-development nexus in the field of nurse migration to develop hypotheses relevant to explaining the choice of

the two policy instruments. The methodology section describes the procedures for the key informant survey that involves the expert opinion of key stakeholders in Filipino nurse migration, the variables utilized in this study and the method of analysis. Results reveal how the state's regulatory authority in the remittance market as a policy instrument triggers the positive contribution of remittances to the development of the health sector. By contrast, partnerships with hospitals in host countries did not lead to significant improvement in the development impact of knowledge transfer—the flow of technical knowledge and skills, competency and philanthropy to home countries. This chapter concludes that integrating the states' policy instrument choice provides a relevant account on the role of the sending state in the migration-development nexus by providing a policy environment for the labor export industry to operate as a tool for achieving development.

3.2 Neoliberalism, the state and policy instrument choice

The economic standpoint of neoliberalism refers to the liberalization and deregulation of economic transactions in the economy. As a political project, neoliberalism involves “enhanced state intervention to roll forward new forms of governance (including state intervention) that are purportedly suited for market-driven [...] globalizing economy” (Jessop, 2002, p. 454).¹³ While some scholars argue that the state loses its sovereignty with the rise of globalization (Sassen, 1996), neoliberalism requires the “selective transfer of state capacities upwards, downwards, sideways, as intervention is rescaled [...] to promote

¹³ There is also some scenario that the state (through neoliberal reforms) is disciplined by the market. For instance, the structural adjustment program of the International Monetary Fund (IMF) and the World Bank, which strictly mandates countries with loan obligations or planning to avail loans to adopt free-market reforms—privatization, liberalization, etc.—have resulted to constrained growth and widespread poverty among these countries (see Chossudovsky, 1997).

supply-side competitiveness [...] above and below the national level” (Jessop, 2002, p. 454). Thus, under the political dimension of neoliberalism, the state still has some important role to play through policies that promote market efficiency. This role is not by way of absorbing the deficits that the market incurred, but to facilitate and support the liberalization and deregulation of markets to achieve development in various levels. By means of government intervention, the state implements this neoliberal agenda in terms of policy instruments to put in place various public policies in practice. Howlett (1991, p. 2) broadly defines policy instruments as “[...] myriad techniques at the disposal of government to implement their public policy objectives.”

Although policy instruments appear in many forms, there are two major categories that governments utilize. The first includes the substantive instruments, which aim to alter the product mix (goods and services) such as the “type, quantity, price, or other characteristics of goods and services being produced in the society, either by the public or private sector” (Howlett, 2005, pp. 34-35). Substantive instruments are those tools such as “command-and-control regulations, public enterprises, and subsidies” (Howlett, 2005, p. 35), which directly involved the state in delivering products to the society. Specifically, Hood (1983) identifies four types of substantial instruments (government resources) to execute policies: (1) nodality; (2) authority; (3) treasure; and (4) organization. He defines nodality as the “property of information interconnectedness,” which provides the government with the “reason to be heard or unheard” (Hood, 1983, p. 201) such as informational campaigns or advocacies to guide the people to make decisions or change them. In authority, the government shows its legal or official power through laws that

command or prohibit certain regulations, licenses or user charges. Treasure refers to instruments such as gifts or other exchangeable assets, most often in the form of money such as grants or loans. Organization pertains to the administration of physical and manpower resources. As Hood (1983) emphasizes, in actual practice, the government executes policies by combining these four resources in the form of taxation, subsidies, grants and other forms of regulatory practices.

The second major category of policy instruments is the procedural policy instruments that intend to alter the policy process instead of substance (Howlett, 2005, p. 34). Procedural policy instruments refer to tools that “indirectly affect policy outcomes through the manipulation of the policy process” (Howlett, 2000, p. 413) and aim to change political behavior along the process of decision-making (see Howlett, 2018). In other words, if substantive instruments aim at delivering goods and services (i.e., quantity, price, other characteristics), procedural tools are “those that govern state-society relations and affect the support and participation of actors in government initiatives” (Howlett, 2018, p. 80). Modifying the authoritative nature of substantive instruments, Howlett (2005, p. 36) specifies education, training, institution creation (i.e., treaties and political agreements), the selective provision of information, formal evaluations, hearings, and institutional reform as specific examples. One prominent case is the creation of a government advisory committee to assist the formulation of a regulatory policy to justify its outcomes (Howlett, 2018, p. 81). In general, the choice of these policy instruments and their implementation outcomes are significant elements to

evaluate the effects of government intervention on specific policy areas such as migration.

This chapter shows that the development effect of labor migration is not a result of market forces alone. By utilizing the public policy perspectives, the intervention of the sending state matters in managing how labor migration affects development through their choice of policy instruments. While other disciplines (e.g., economics, sociology, anthropology, etc.) portray the greater role of non-state actors in the migration-development nexus, the public policy perspective underscores how the state provides a policy space for these actors to operate and interact in the labor migration process. Accordingly, the two sets of policy instruments could explain the modalities of state intervention in managing labor migration through a combination of government resources such as nodality, treasure, authority, and organization (substantive instruments) and treaties or political agreements to secure employment markets (procedural instruments) to achieve development. The next section applies these two sets of policy instruments in the discussion of the migration-development nexus in the area of nurse migration. It also considers how these instruments could moderate the effect of skilled migration on the development of source countries.

3.3 The migration-development nexus and the migration of nurses: developing two hypotheses

While economic development is a widely applied measure for development, migration scholars agree that development is a broad concept that consists of different socio-economic variables. Aside from GDP per capita, other indicators include urbanization, education (Skeldon, 2014) or human development,

including health (Asongu, 2014). Other scholars argue that development is complex, and these variables do not reflect the social dimension of development, specifically that development occurs in different spaces (e.g., nursing care) (Piper, 2009). Accordingly, remittances and knowledge transfer serve as key sources of development as a result of skilled migration (De Haas, 2012). This section discusses the relationship of these migration-development indicators, especially focusing on nurse migration, and how we can integrate and situate the role of the sending state in the migration-development nexus.

3.3.1 Remittances and development

Migrant-sending countries and international organizations such as the World Bank portray remittances as a balancing equation to the dominant brain drain narrative (Faini, 2007; Ostergaard-Nielsen, 2010). Specifically, remittances function as a steady source of external financing, exceeding economic development assistance for middle and lower income countries (Maimbo & Ratha, 2005). While remittances can help alleviate poverty levels and improve human capital (Skeldon, 2008a, p. 9), their effects on nurse-sending countries' economic development are mixed. For instance, for nurse-sending states like the Philippines, migrant workers' remittances contribute almost 10 percent of the GDP (Agcaoili, 2017) and generate economic development in local and national levels (Ahmad & French, 2014; Bayangos & Jansen, 2011). By contrast, in the case of India, this cash transfer did not lead to an economic growth (Mallick, 2012; Siddique, Selvanathan, & Selvanathan, 2012). Even Kerala, an Indian state known for emigrant nurses, has not “experienced a

parallel increase in economic growth” despite the continuous flow of remittances (Skeldon, 2008a, p. 9).

One possible explanation to account for these effects is that households utilize remittances in pure consumption rather than in profitable activities, but are expected to create multiplier effects (although slow) in sectors such as education and health (De Haas, 2005). In other words, these multiplier effects, in the long run, can help channel investments to the education and health sectors that improve the quality of services, which in the end benefit individuals. Another reason is that remittances do not usually move towards national investment projects that could lead to the development of specific sectors, especially health (Goode, 2009; McElmurry et al., 2006). Other scholars argue that the effect of remittances should depend on the current level of development of the sending government (De Haas, 2005; Page & Plaza, 2006). However, these reasons suggest that the effects of migration on economic development occur mostly as a product of market outcomes, which supersedes the integral role of the sending state in labor migration.

We can trace these effects by zooming in on the involvement of sending states in the migration process through policy instrument choice. For example, some states (e.g., the Philippines) actively promote skilled migration (R. M. Rodriguez, 2010) by setting-up a timely and cost-efficient transfer—the reduction of transaction cost—of remittances from the host country to the migrant's country of origin (De Haas, 2005). For instance, according to Iskander (2010), Morocco created state banks to cater to remittance transfer. This government strategy also aims to integrate migrant workers into the formal financial sector to contribute to community development. To illustrate clearly,

in nurse migration, the developing countries' health system absorb the most effects, especially on the loss of nursing manpower and impacts on the health system quality (Kalipeni et al., 2012; Yeates, 2009b); while other states (e.g., the Philippines) participate in "nurses for export" project to profit from remittances (R. M. Rodriguez, 2010; Yeates, 2009b). Accordingly, nurses are one of the primary sources of migrants' remittances. For example, migrant nurses in Australia from Tonga and Samoa remit more than other professions (Connell & Brown, 2004), while Filipinos and South African nurses in the United Kingdom remit at least 26 percent of their income (Buchan, Jobanputra, Gough, & Hutt, 2005). Thus, by intervening in the remittance market, the state maximizes migrants as agents of development being the source of foreign capital that can generate development. Specifically, this intervention refers to the government's regulatory policies on remittances, which is what Hood (1983) identifies as substantive policy instruments. Through the multiplier effect, this policy instrument is expected to channel every remittance dollar to the profitable activities that boost economic development or development of sectors such as education and health (see Bagasao, 2005; Baldé, 2011; Lamberte, 2002)¹⁴. As a proxy variable for state intervention, this policy instrument serves as a moderating variable that aims to maximize the contribution of financial remittances to sending countries' sectoral development as indicated in Hypothesis 1:

H1: The migrant-sending state's regulatory authority of providing greater access to remittance services moderates the relationship

¹⁴ Using panel data of African countries, Baldé (2011) estimates that a 10 percent increase in remittances increases savings by 7 percent and investments by 6.5 percent. Keynesian theory suggests that savings and investments contribute to development.

between remittances and development. That is, with the presence of this policy instrument, migrants' remittances are expected to affect positively the development of source countries.

3.3.2 Knowledge transfer and development

While remittances continue to dominate debates in the migration-development nexus, scholars also recognize the social dimension or the non-monetary aspect of this relationship through social remittance (Levitt, 1998; Levitt & Dehesa, 2003; Piper, 2009). Social remittance refers to the “ideas, behaviors, identities, and social capital that flow from receiving-to-sending-country communities” (Levitt, 1998, p. 926). Knowledge transfer is a form of social remittance from migrants abroad, which means the flow of knowledge, skills, ideas, and practices to the home countries (King, Lulle, & Buzinska, 2016; Siar, 2012). Conversely, only highly-skilled migrants, who have worked abroad and accumulated human capital share their learning with local industries when they return to home countries (Nyberg–Sørensen, Hear, & Engberg–Pedersen, 2002, p. 23). Return migration does not necessarily entail permanent return. Some scholars and policymakers portray this process as circular mobility in which migrants go back for a period of time then return to the host country or other foreign destinations (Faist, 2008). Using the example of skilled migrants (specifically in information technology) in the USA from Taiwan, India, and China, Saxenian (2002) describes this process as a brain circulation, where the transnational activities of these migrants such as collaboration with technology entrepreneurs in their home countries contribute to their economic growth.

In nurse migration, while returning nurses contribute to the health system in terms of their newly acquired knowledge abroad, according to

Lorenzo, Galvez-Tan, Icamina, & Javier (2007, p. 1413), most nurses do not permanently return home except for personal and family reasons. These reasons include sick family members, the expiry of contract and enough savings to set-up a business—a less likely situation (Lorenzo et al., 2007, p. 1413). This is because nurses, especially those who emigrated to North America, have been granted with permanent residency together with their families (Lorenzo et al., 2007, p. 1408). This scenario could be problematic if we expect them to continue to contribute to the country's development objectives. Similarly, diaspora organizations also facilitate knowledge transfer by organizing short-term trips for philanthropic activities such as training, seminars and charitable missions or fund education scholarships for students (Brinkerhoff, 2006; Opiniano, 2005). In a more specific manner, nursing alumni associations abroad spearhead fundraising programs to financially support the continuing professional education program of faculty members in their home universities (Lian, Kell, Black, & Tagala, 2016).

The literature also discusses the different government initiatives of sending countries that encourage skilled migrants to return and share their acquired knowledge from abroad. These initiatives aim to utilize directly the knowledge contribution of migrants to the overall economy or specific development sectors of their home countries. For instance, some source countries like China and the Philippines provide incentives (e.g., grants or research funds) on the temporary return of scientists, researchers and health professionals (Clemens, 2011; Faist, 2008; Saxenian, 2002b; Skeldon, 2008a) to improve research in science, technology and good practices, for example in the health sectors. The goal of these incentives is to engage these returning

citizens in mentoring programs to share their skills with their counterparts. Other governments engaged in bilateral cooperation with host countries to encourage contract-based employment to migrant-workers to promote temporary migration (Ruhs, 2006). Bilateral treaties or any cooperation agreement between two parties are procedural policy instruments (Howlett, 2005) that could maximize the positive contribution of migrant workers to their home countries through a knowledge circulation. Nonetheless, this type of intervention is rarely empirically tested to demonstrate how it contributes to, or its effect on, the development of home countries. Hypothesis 2 portrays this form of the procedural instrument as a moderating factor in migration-development, which is expected to boost the home country's development through knowledge circulation.

H2: The cooperation or partnership of migrant-sending states with host countries as a procedural policy instrument moderates the relationship between knowledge transfer and development. That is, the more the migrant-sending states cooperate with host countries (e.g., bilateral cooperation, hospital-hospital partnership), the greater the impact of knowledge circulation is expected on the source countries' development.

By integrating these two policy instruments—regulatory authority and cooperation between sending and receiving countries, we can examine how the specific forms of state intervention in managing labor migration generate diverse impacts on the development of a migrant-sending state(s). To examine how these broad sets of variables—migration, development and policy

instruments link in specific terms, this thesis utilizes the case of Filipino nurse migration and health sector development (an indicator of development) in the Philippines. The next section describes, the data, the specific variables for this study and the methods used to test the two hypotheses.

3.4 Methodology

This study utilizes the case of the Philippines because of the following defining characteristics. First, the Philippines is distinctively known as a labor brokerage state (R. M. Rodriguez, 2010), where neoliberal policies are strategically in place for the production and deployment of labor for export, specifically nurses. This dependence on labor-export policy is also one of the unintended effects of the structural adjustment programs of the International Monetary Fund (IMF) and World Bank. These programs have been argued to contribute to high unemployment and depletion of foreign currency reserves in the country (see Acacio, 2008). However, the country's economy is expected to benefit from migrants' remittances, which as previously mentioned is a major source of foreign capital. Second, the Philippines has different migrant institutions in place, more specifically, government agencies in managing labor migration (R. M. Rodriguez, 2010). These institutions include state banking services, which execute regulatory authority of the Philippine government in the remittance sector, which are expected to boost remittance inflow and investments from migrants that could contribute to development in various sectors of the economy. Third, migrant nurses are one of the leading sources of remittances (see Relos, 2014) and are active in many philanthropic projects in the country. In this aspect, Filipino nurses are more likely to facilitate the flow of

knowledge, skills and good practices to the health sector that could contribute to the development of the health system. Fourth, albeit export-driven strategy and surplus of nurses, the country's health sector can also be vulnerable (Lorenzo et al., 2007), and policy instrument choice of the sending state, as well as their implementation, is thus crucial for achieving positive development outcomes from nurse migration.

3.4.1 Survey instrument and data collection

This study employs a key informant survey as a source of data. Key informant survey involves the selection of key individuals whose professions and organizational affiliations suggest that they have the expert knowledge about the characteristics of the population being studied (Eyler et al., 1999; Spiegel & Hyman, 1991). Although this type of survey is purposive and does not represent “some larger population,” it can be “exactly what is needed in a case study of [...] clearly defined and relatively limited group” (Schutt, 2006, pp. 156-157). In the absence of complete and reliable time series data on the health professional migration (Bidwell et al., 2013; Martineau & Willetts, 2006), key informant survey is the best alternative to obtain quantitative data on nurse migration from experts.

The design of the key informant survey engages relevant literature that is closely related to my research objectives (Eyler et al., 1999). In this study, I developed questions that address wider aspects of health system quality (Lorenzo et al., 2007; Ortiga, 2014; Yeates, 2009b), which is an indicator of development in the context of health, remittances (R. M. Rodriguez, 2010; Skeldon, 2008a, 2009b), knowledge transfer through return and circular

migration, through diaspora organizations, and through hospital-to-hospital partnerships (Lorenzo et al., 2007; Skeldon, 2009) between the Philippines and the UK, Canada and Singapore—the selection of these three countries is elaborated below (see Table 3.1 and Annex 1 for the survey instrument used). These questions encapsulate the important aspects of remittances, knowledge transfer, and the role of the sending state through policy instruments in managing nurse emigration to achieve health sector development from the perspective of migrant-sending countries.

I selected the UK, Canada, and Singapore for the following reasons. Canada and the UK are primary destination countries for Filipino nurses with active recruitment policies through government-to-government arrangement (in contrast with the USA). Relatively, Singapore is an emerging destination country for Filipino nurses because of its aging population and the lack of interest for the nursing profession among Singaporeans (Matsuno, 2009). The addition of these destination countries in the framing of the questions adds context in terms of the migration destinations (“where”) of Filipino nurse migrants. This approach helps guide the respondents in answering questions on the migration and development aspect of nurse migration. After the survey instrument was finalized, I conducted a pilot survey with 20 respondents consisting of migrant and non-migrant nurses to evaluate the questionnaire under actual survey condition (survey variables discuss below). The pilot survey does not require a prescribed sample size, but scholars suggest a range of 10-25 or 20-50 respondents (Sheatsley, 1983; Sudman, 1983). Cronbach's alpha is also used to assess the reliability or internal consistency of the pilot-test. Correspondingly, the pilot test of the survey questionnaire obtained a high

internal consistency of 0.83, which means that the instrument is acceptable and ready for dissemination.

In determining the key informants, I targeted the relevant organizations in the Philippine nursing industry which is composed of health, education, labor, and nurse professional organization sectors (Lorenzo et al., 2007; Ortiga, 2014; R. M. Rodriguez, 2010). I identified the names of key informants from their organizational affiliations and designated positions (and expertise), which are indicated on their institutional websites and through referrals from other informants. They are the top officials from the following institutions:

- Department of Health (DOH) (DOH-funded hospitals)
- Department of Labor and Employment (DOLE) (labor)
- Philippine Regulatory Commission (PRC) (education)
- Association of Deans of Philippine Colleges of Nursing, Inc. (ADPCN) (education)
- Philippine Nursing Association (PNA) (professional organization)
- Association of Nursing Service Administrators (ANSAP) in the Philippines (professional organization)

In total, I identified 152 key informants (total population), who are in the position to answer questions about the migration-development context of Filipino nurse migration. The data collection period covered December 2016 to November 2017. For key informants who are part of bigger government agencies and organizations (e.g., DOH-funded hospitals), I sought the endorsement of the department secretary and undersecretary to comply with the bureaucratic practice in the Philippines. While this was an additional step less frequently taken, I believed it was essential in the context of the Philippines to

ensure the committed participation of the key officials (informants) in the survey. I distributed the questionnaire via an online survey (Qualtrics). Due to other informants' difficulty in accessing the online platform, I conducted face-to-face survey administration through the assistance of survey enumerators, for instance by attending and setting up a booth at the national conference of nursing administrators in August 2017, where key officials of the health sector (particularly DOH hospitals) were in attendance. Based on these procedures, the survey obtained a response rate of 66% or total survey respondents of 100 ($N=100$).

The key informants in this study provide a multi-agency and multi-sectoral (education, labor, and health) viewpoint of the migration-development aspect of Filipino nurse emigration. They are the “people from the field” who implement health, education, labor policies that have a greater implication on migration and development (see OECD/Cambodia Development Resource Institute, 2017). My multi-agency and multi-sectoral approach attempt to address potential bias from a single sector or organization considering the complex nature of migration, development and nurse migration. Apparently, according to Lorenzo et al. (2007, pp. 1414–1417), the education, labor, and health sectors have divergent views on nurse migration. While the Philippines presents a single (country) case, this multi-sectoral survey represents a substantial portion of key informants who are knowledgeable of the significant issues surrounding Filipino nurse emigration. The preceding variables were carefully selected, which were based on the relevant migration-development literature. However, it is important to emphasize that the results serve only as a starting point for exploring the broader role of the sending states in migration

and development on different skilled professions such as engineers, IT professionals, seafarers, and academic researchers or scientists.

3.4.2 Variables and method

This chapter utilizes Ordinary Least Square (OLS) regression with moderation to assess the moderation effects of state intervention on the relationship between migration and development. To contextualize the development effects of nurse migration, the variables in this study reflect the perspective of the nursing sector (see Table 3.1).

Table 3.1 Variables and Definitions of Key Informant Survey

Variables	Survey Frame/Definitions	Scale	Mean	SD
Dependent Variable: Health System Quality (<i>HSQ</i>)	The readiness of your health sector in terms of nurse-to-patient ratio and the full capacity and capability to control the spread of infectious diseases and epidemics	5- <i>Strongly Agree</i> ; 1- <i>Strongly Disagree</i>	4.04	1.72
Independent Variables				
Remittance (<i>REMIT</i>)	The importance of remittance on improving public services such as education, health, and other public services.	1- <i>lowest</i> ; 10- <i>highest</i>	7.85	1.74
Return and Circular Migration (<i>TRANSFER_{remig}</i>)	If the return and circular migration facilitate knowledge transfer, increase the competency of the nursing profession.	5- <i>Strongly Agree</i> ; 1- <i>Strongly Disagree</i>	6.70	2.82
Diaspora Network (<i>TRANSFER_{diaspora}</i>)	If diaspora organizations facilitate knowledge transfer through collaboration with home countries on medical training and funding scholarships for nursing education.	5- <i>Strongly Agree</i> ; 1- <i>Strongly Disagree</i>	7.10	2.71
State Intervention (STATE)	The government providing cost-efficient transfer of remittances from migrant- nurses because the government recognized them as “heroes” through their contribution to the economy.	5- <i>Strongly Agree</i> ; 1- <i>Strongly Disagree</i>	2.45	0.94
(a) Regulatory authority (<i>REGAUTO</i>)				
(b) Partnership with Host Countries (<i>PROPAR</i>)	Hospital partnership agreement between source and host country (Canada, UK, Singapore)	1- <i>Yes</i> ; 2- <i>No</i>	1.08	0.27
Control Variables				
Education (<i>EDU</i>)	Respondents from nursing education sector (<i>n=10</i>)	0- <i>Yes</i> ; 1- <i>No</i>	0.10	0.30
Health (<i>HE</i>)	Respondents from health sector (hospitals) (<i>n=67</i>)	0- <i>Yes</i> ; 1- <i>No</i>	0.67	0.47
Professional Organization (<i>PO</i>)	Respondents from nurse professional organizations (<i>n= 14</i>)	0- <i>Yes</i> ; 1- <i>No</i>	0.07	0.26
Labor (<i>LO</i>)	Respondents from the labor sector (<i>n=9</i>)	0- <i>Yes</i> ; 1- <i>No</i>	0.12	0.33
			<i>N=</i>	<i>100</i>

For the dependent variables, health system quality (*HSQ*) is the indicator for health sector development. *HSQ* refers to the preparedness of the health sector to confront health risks through sufficient nursing workforce that responds to the demand of health services in the occurrence of disease

outbreaks and other epidemics. This indicator reflects the United Nations (UN) Sustainable Development Goals (SDG) No. 3—Good Health and Well-Being and corresponds consistently to the development contributions of the nursing workforce (Benton & Shaffer, 2016). For the predictor variables, migration variables include remittances (*REMIT*), knowledge transfer from the return and circular migration (*TRANSFERretmig*) and knowledge transfer from diaspora organizations (*TRANSFERdiaspora*). These knowledge transfer variables refer to technical knowledge and skills, competency and philanthropy in the health sector. The role of the sending state variables includes regulatory authority (*REGAUTO*), which reflects the policy instrument of providing greater access to the cost efficient transfer of remittances back to the home countries (De Haas, 2010; E. R. Rodriguez, 1996). The other variable is the procedural instrument through partnerships with host countries (*PROPAR*), which indicates the partnership of hospitals (Lorenzo et al., 2007) in the Philippines and the hospitals in host countries such as the UK, Canada, and Singapore. The control variables are the specific institutional affiliations of the respondents such as health, education, labor and professional organization to isolate the effects of their affiliations in the regression model.

In terms of interpreting the results, OLS regression coefficient measures the effect of every unit increase of independent variable(s) to the dependent variable (slope coefficient). Considering that the nature of the survey data in this thesis is based on Likert-scale responses, the results should be interpreted carefully. I will not interpret, for instance, the x number of unit increase of remittances (independent variable) to have a corresponding y unit increase (or decrease) in health system quality (dependent variable). This is because the data

are not actual remittances (in dollars) or health system quality (which does not have a unit measure). Through the survey, the purpose of this regression analysis is to illustrate how the causal relationship between migration and development operates in the health sector and how the sending state moderates this relationship. As mentioned earlier, the lack of reliable statistical data is a common concern in migration-development literature and a key informant survey is a viable option. Regardless of this constraint, the regression analysis clearly depicts the role of the sending state (policy instruments) in managing labor migration and whether its intervention significantly impacts (or not) the development outcomes of a source country.

3.5 Remittances and beyond: the role of the sending state in migration and development

Policy instrument choice is a strategic decision for any state to achieve the desired policy outcomes. It is thus a useful perspective to examine whether sending states actively (and effectively) intervenes to promote a more positive development outcome using health sector development as an indicator through migrant remittances and knowledge transfer. This section specifically discusses the answer to the research questions in the context of the emigration of Filipino nurses, namely: (1) How does a sending state intervenes in labor migration?; and (2) What are its effects on the sending country's development?

3.5.1 Results

Table 3.2 presents five Ordinary Least Square (OLS) regression models (Models 1-5) that establish the moderating role of the state in the migration-

development nexus. In these models, I tested the effects of independent variables such as (1) remittances (*REMIT*), (2) knowledge transfer (*KTRANSFER*) and (3) state intervention (*STATE*)—such as regulatory authority (*REGAUTO*) and procedural instrument of partnership with host countries (*PROPAR*)—on health system quality (*HSQ*) as a dependent variable. These series of models highlight the changes in the value of the *R*-square that indicate (or not) a positive moderating effect of the nurse-sending state's migration-related intervention (*REGAUTO* and *PROPAR*) on the perceived effects on the emigration of Filipino nurses (migration) and health system quality (development) in the Philippines.

As expected, in Model 1 the regression results reveal the positive and significant effect of knowledge transfer variables—return and circular migration (*TRANSFER_{remig}*) ($B=0.411$; $P=0.042$) and diaspora network (*TRANSFER_{diaspora}*) ($B=0.483$; $P=0.005$) on health system quality (*HSQ*) at $\alpha=0.05$ which suggest the importance of accounting for the effect of knowledge transfer on health sector development. The negative and not significant coefficient of remittance (*REMIT*) ($B=-0.217$; $P=0.173$) is also anticipated considering that remittances do not always lead to sectoral development, which I will discuss further in the next section. The results also reveal an *R*-square of 0.212, which signifies the explanatory power of these independent variables in predicting *HSQ*, the indicator for health sector development. Specifically, the model explains 21 percent of the variance in the country's *HSQ*.

Table 3.2 Regression Results

Dependent Variable: Health System Quality (HSQ)	Model 1	Model 2	Model 3	Model 4	Model 5
Predictors					
Remittance (<i>REMIT</i>)	-0.217	-0.218	-0.190	-0.210	-0.215
Knowledge Transfer (<i>KTRANSFER</i>)					
Return and Circular Migration (<i>TRANSFER_{remig}</i>)	0.411**	0.421**	0.408**	0.408**	0.405**
Diaspora Networks (<i>TRANSFER_{diaspora}</i>)	0.483***	0.482***	0.461***	0.491***	0.488***
State Intervention (<i>STATE</i>)					
Regulatory Authority (<i>REGAUTO</i>)	-	-0.071	-0.085	-	-
Part. with H. Countries (<i>PROPAR</i>)	-	-	-	-0.054	-0.054
Interaction Variable					
<i>REMIT</i> x <i>REGAUTO</i>	-	-	0.286**	-	-
<i>TRANSFER_{remig}</i> x <i>PROPAR</i>	-	-	-	-	-0.064
Controls					
Sector					
Education (<i>EDU</i>)	-0.785	-0.736	-0.711	-0.815	-0.822
Health (<i>HE</i>)	-0.286	-0.267	-0.229	-0.321	-0.329
Labor (<i>LO</i>)	-1.161*	-1.122*	-1.235**	-1.215*	-1.229*
Professional Organization (<i>PO</i>)	-1.389**	-1.322**	-1.338**	-1.401**	-1.428**
Constant	4.558***	4.530***	4.501***	4.590***	4.600***
<i>F</i>	5.64***	5.01***	5.15***	4.92***	4.28***
<i>R</i> -Square	0.212	0.214	0.241	0.213	0.214
Δ <i>R</i> -Square	-	-	0.027	-	0.001
<i>N</i>	100	100	100	100	100

Note: * $p > 0.10$, ** $p > 0.05$, *** $p > 0.01$

Meanwhile, adding state intervention variables such as regulatory authority (*REGAUTO*) in Model 2 and procedural instrument of partnership with host countries (*PROPAR*) in Model 3 did not substantially improve the explanatory power of these regression models. The regression analysis obtained an *R*-square of 0.214 for Model 2 and 0.213 for Model 3 from the *R*-square of 0.212 in Model 1. These state intervention variables—*REGAUTO* ($B = -0.071$; $P = 0.669$) and *PROPAR* ($B = -0.054$; $P = 0.593$) are likewise not statistically significant at $\alpha = 0.05$. The result means that taken independently, these state variables did not impact *HSQ*. By contrast, based on these two models,

knowledge transfer variables remain statistically significant for explaining *HSQ*, while remittance (*REMIT*) is not statistically significant as shown in Model 1. In Models 4 and 5, I expanded the existing independent variables in Model 2 by adding an interaction variable to test the moderating effect of the state's two policy instruments—regulatory authority (*REGAUTO*) and procedural instrument of partnership with host countries (*PROPAR*) on the relationship between nurse migration and health system quality (*HSQ*).

First, in Model 4, I standardized all the independent variables to address the issue of multicollinearity by multiplying remittance (*REMIT*) with regulatory authority (*REGAUTO*) to create an interaction variable *REMIT x REGAUTO*. When added to the regression equation, the coefficient of the interaction variable is positive and significant ($B = 0.286$; $P = 0.046$) at $\alpha=0.05$. Based on this model, I found that R-square increases from 0.214 in Model 2 to 0.241 in Model 4 or by 2.7 percent, which implies that the moderating effect is positive and statistically significant ($F = 5.15$; $P= 0.000$). This interactive term (*REMIT x REGAUTO*) reveals that the combination of migrant remittances and the country's regulatory authority of providing cost-efficient transfer of remittances to home countries generates positive improvement in the health system. The result provides strong support for Hypothesis 1.

Second and finally, using the same procedure as Model 4, in Model 5 I created an interaction term—return and circular migration (*TRANSFER_{retmig}*) x procedural instrument of partnership with host countries (*PROPAR*)—to test the moderating effect of this policy instrument in facilitating knowledge transfer through return migration. From the regression results, the interactive term (*TRANSFER_{retmig} x PROPAR*) has a negative coefficient and not statistically

significant ($B = -0.064$; $P = 0.557$). By comparing the value of R -square of 0.213 in Model 3 to 0.214 in Model 5, the interaction term did not add to the explanatory power of the existing independent variables to predict HSQ . The result of Model 5 suggests that despite hospital-to-hospital cooperation between the host and destination countries (a) migrant nurses may not return permanently, and (b) if they return for a short-term, the effect is negligible or not significant. Hence, this process did not contribute to the circulation of knowledge back to the source country's health institutions. The next section explains the implication of these results.

3.5.2 Discussion: Contextualizing the effect of sending state intervention in nursing migration and the health system

While nurses are likely to remit more compared to other migrant professionals (Connell & Brown, 2004), these remittances contribute largely to the welfare of migrants' families and less on investment projects that could channel long-term benefits to the health sector. The regression results (Models 1-5) demonstrate the impression that this monetary transfer under free market conditions does not significantly lead to the improvement of the delivery of health services in the Philippines, even considering that Filipino nurses remit US\$1 Billion annually (Relos, 2014). This weak and insignificant regression results imply that without state regulation in the remittance market, migrant remittances could not sufficiently deliver a positive and significant impact on the overall economic development of source countries. While the results are based on the perception of key informants from multi-sector and organization concerning nurse migration, the results reflect the challenges and potential impacts of the outward

mobility of nurses on the health sector in the absence of the intervention of their home governments.

Although many studies have shown that most remittances are utilized at the household level, Yeates (2009b) points out that, theoretically, remittances have a multiplier effect that could diffuse development benefits including the improvement of health care delivery. Although how to achieve the multiplier effect is beyond the scope of this study, the regression results suggest that sending state intervention in labor (nurse) migration is a necessary condition to guarantee that migrant's remittances circulate and flow to the health sector. Henceforth, state intervention in the remittance market contributes to the improvement of the health system. That is, aside from the presence of sending government institutions and other marketing strategies to deliberately promote emigration (R. M. Rodriguez, 2010), a policy instrument that could ensure that migrants send remittances in a cost-efficient manner is also an equally important intervention the moment these migrants settled in host countries. Based on the results (Model 3), it is apparent that a combination of the regulatory authority of the state on remittances (*REMIT x REGAUTO*) and the remittance behavior of migrant nurses generate a positive effect on the development of the health sector (as measured by *HSQ*) as compared to the results without a state intervention. This result presents a challenge to the free-market assumption and approach to understanding labor migration: through government intervention, remittances move to more profitable investment projects instead of being restricted for household consumptions.

As for the Philippines, the *Bangko Sentral ng Pilipinas* (Central Bank of the Philippines) has issued several circulars since 2000 that require banks and

financial institutions to open more savings and investments opportunities for Filipino migrant workers and their families (beneficiaries) (see BSP, 2007). The Central Bank also reformed the remittance market by allowing more private players to compete with state-owned banks to offer products and services in the remittance market; thereby reducing the cost of remittance. Although there is a recognition of the contribution of the market approach, this reform of the Central Bank also points to the intervention of the state through policies promoting market-friendly reforms and regulate the remittance market (public and private players) to ensure profitable investment opportunities for migrants. Further, the Philippine government authorized rural banks to provide remittance services to beneficiaries in most remote areas and investment packages for the left-behind families. Some studies and news articles have described how the investment behavior of Filipino migrant-workers in rural banks have improved local development by generating jobs (see Bagasao, 2005; Frank, 2001; Lamberte, 2002) or support small hospitals (see Frank, 2001).

Notably, the recent Philippine government's regulatory intervention by instituting a state-run financial institution for foreign workers provides a parallel evidence on Hypothesis 1. In January 2018, the Philippines opened its first ever bank that caters exclusively to the needs of Filipino migrant workers. Executive Order No. 44 dated 28 September 2017, the law creating the Overseas Filipino Bank (OFB), stipulates that "there is a need to establish a policy bank dedicated to providing financial products and services to overseas Filipinos and focused on delivering quality and efficient foreign remittance services." As a policy instrument that conveys the government's authority (regulation) and organization (public enterprise) (Hood, 1983), the creation of

this financial institution intends to effect change in a policy environment (Howlett, 2005). Conversely, the establishment of this bank provides more competition in the remittance market that ideally reduces the cost of remittance (see Iskander, 2010 for the case of Morocco). Moreover, this bank strategically promotes savings and investment behavior among migrant-workers (including nurses), which theoretically affects positively both the country's sectoral and national development. These results remain to be seen, of course.

Moving forward, Lorenzo et al. (2007, pp. 1416–1417) suggest hospital-to-hospital partnerships in the host and source countries. The goal is to provide a good leverage for the health system by improving the knowledge and manpower base of local hospitals. However, the combination of this policy instrument ($TRANSFER_{retmig} \times PROPAR$) (Model 5) does not significantly improve the relationship between knowledge transfer and health system quality. This result implies that this social dimension of migration-development is evident without the intervention of the state in contrast with the intervention in a remittance market. In most cases, Filipino migrant-workers such as nurses' return voluntary for many reasons (e.g., end of a contract, family decisions and retirement) (Martin, Abella, & Midgley, 2004) in the absence of bond-like instruments of the Philippine government forcing them to return. Majority of these nurses reintegrate into the health system, sometimes having a leadership position, which increases knowledge capital in the country's delivery of health services.

3.6 Conclusion and lessons learned

When we explore the largely economic-dominated literature on remittances and the growing social dimension, labor migration is mostly assumed as a result of free markets. This aspect of the migration literature diminishes the possibility that sending states could play different roles in the migration process. This chapter offers a public policy perspective by focusing on how, why and when the state actively functions in the labor export market as a strategy for development. In a more complex understanding of the policy process, the policy instrument choice is essential in explaining outcomes. The same is true in the migration-development debate, the choice of policy instrument reflecting the intervention of the state provides a good starting point in understanding the uneven and ambiguous effects of labor migration to the economic and social developments of countries of origin.

While several scholars highlight some sending states' neoliberal strategy (e.g., production of labor) (Goode, 2009; Ortiga, 2014; Yeates, 2009b) in promoting migrant labor as agents of development, more often the intervening role of the state operates in isolation in accounting for different development effects, which are experienced by these countries as a result of labor migration. As debates on the effects of skilled migration to development continue, the "already" visible presence of the sending state in labor migration remains a generally untapped area of research to explore and ultimately settle this concern. Despite the role of the state (in varying degrees), most scholars assume that migration is a "natural" process that occurs with or without government intervention. We learn in this chapter that even beyond the commodification

and production of labor resource for export, the sending government utilizes regulatory authority and collaborative schemes to maximize the contribution of skilled migration to source countries development. Put simply, although migrant workers are the central actors in the migration-development nexus, their contribution to the development of their home countries is contingent on the state's policy instrument choice that empowers or weakens them as agents of development. Particularly, in the context of this thesis, migrant nurses are agents of the development of the health sector.

In this study, the role of the sending state in the migration and development policy areas helps us make sense of the active presence of the sending state in all stages of the migration process. Specifically, the sending state intervenes in labor production, deployment (Goode, 2009; R. M. Rodriguez, 2010; Yeates, 2009b) and, more importantly, in tailoring financial regulation in response to the remittance behavior of migrant-workers. Notably, the results also inform us that the absence of these interventions may explain why skilled migration may have less favorable impacts on other migrant-sending countries (De Haas, 2012). While far from a perfect model, the Philippines shows us a relevant example of how the government provides a policy environment for financial institutions (public or private) to operate in the migration industry. This intervention enables remittance and investment services to be more accessible at any given time to the migrants. For instance, despite the recognition of India (one of the leading migrant-sending countries) as a top receiver of remittances, the Philippine remittance infrastructure in host countries is far more advanced. This infrastructure strategically links migrant

workers to microfinance services to encourage small business start-ups and moving beyond a purely altruistic utilization of remittances.

The results of this study suggest that this regulative authority of the state allows migrant's remittances to contribute more towards the development of the source country. In short, how sending states decide to organize the channeling of remittances matters. Likewise, the results also show how effective government intervention in the remittance aspect is compared to maximizing the positive impact of knowledge transfer to development. The development contribution of this social dimension of skilled migration received a growing recognition among scholars and policymakers (see Piper, 2009). However, government intervention efforts are far more challenging, especially because the circulation of knowledge is a complex process to examine. This is because conceptually there are different categories of knowledge which were not specifically unpacked in the survey questionnaire. Although the questionnaire refers to knowledge in terms of technical knowledge and skills, competency and philanthropy, these concepts depict only a small portion of the whole concept of knowledge. The study sample is also a significant factor in which knowledge transfer is less apparent in the nurse profession compared to academic researchers or scientist, who are widely recognized as the carrier of knowledge. Considering the complexity of this issue and the focus on nurse profession, this limitation points to the need for a much wider survey that may include other skilled professions. This is to further examine whether state intervention within the social dimension of skilled migration (knowledge transfer) differs between professions. Likewise, it is important to disaggregate the different return populations according to the reasons of return. This is a significant aspect to

consider in order to determine who (migrant's professions and the stages of their careers) and what (reasons of return) contribute to which specific aspects of knowledge transfer to the home countries to explore further and develop policy interventions. In the end, the sending state's choice of policy instruments is a crucial decision point for migrant-sending countries when maximizing the development benefit of skilled migration.

In the next chapter, this thesis zooms in on how the sending state government designs higher education policy that promotes labor export. Through the policy design of nursing education policy, the next chapter explores how the sending state provides a policy environment for private universities to participate in the labor export policy of the government for economic development.

Chapter 4

Higher education, migration and policy design of the Philippine

Nursing Act of 2002¹⁵

This chapter examines closely the political process inside the sending state¹⁶, which centers on the design process of a nursing higher education policy that prepares Filipino nurses for foreign employment. It particularly focuses on the legislative process of designing the Philippine Nursing Act of 2002, the law governing nursing education and professional practice in the Philippines. The chapter shows how the policy actors (state and non-state) interact in the policymaking process, which reveals their inherent motivations to create a *pro-emigration* nursing higher education policy. Drawing from the policy design perspective in public policy, this chapter explores how and why the policy actors (who represented different sectors) strategically design higher education as a labor export strategy to achieve economic development.

4.1 The migrant-sending state, higher education and export of nurses

In migrant-sending states, one of the key components of higher education policies is to produce a globally competitive skilled labor resource. The idea is to ensure that these skilled persons could improve domestic production and growth as well as pursue prospective careers abroad and contribute monetary

¹⁵ A version of this chapter was originally published as: Cabanda, E. (2017). Higher Education, Migration and Policy Design of the Philippine Nursing Act of 2002. Higher Education Policy, 30(4), 555–575. <https://doi.org/10.1057/s41307-017-0038-8>. With permission to reuse in thesis/dissertation.

¹⁶ Fitzgerald (2006) used the term “inside the sending state” in examining the emigration control policies of Mexico.

remittances to their home countries. While recent debates in the field of higher education and labor market policies center on the interplay of skilled migration, student migration and the internationalization of higher education (e.g. Brooks & Waters, 2011; Faggian, McCann, & Sheppard, 2007), the relationship between higher education and economic perspective of emigration (which refers to the positive contribution of remittances on migrant-sending economies, i.e., “migration-development nexus”)¹⁷ remains understudied. That is, little is known about how higher education is deployed as an emigration strategy to realize the economic development goals of sending states.

The export of nurses is a growing industry in migrant-sending countries such as India and the Philippines that view the economic opportunity of the labor market created by chronic shortages of nurses in wealthier nations. In contrast to the traditional knowledge that negatively portrays the emigration of skilled workers as “brain drain”—a phenomenon where developing countries “lose the people most likely to generate development” (Skeldon, 2008a, p. 10), the international mobility of nurses also operates as one of the key factors in achieving economic development by means of monetary remittances, which contribute positively to the gross domestic product (GDP) (Brush & Sochalski, 2007; Skeldon, 2008a). Migrant-sending countries consider nurses as a leading partner in nation building (Choy, 2003); hence, they formulate and implement labor policies that promote nurse emigration and help achieve economic development. These countries engage in educating nurses for export as a

¹⁷ I operationalized the concept of migration development from an optimistic tone, where migration through monetary remittances from migrant workers contributes positively to the economic development of the migrant-sending countries. In this chapter, this concept is used interchangeably with emigration for development.

common strategy to prepare nurses for foreign employment (Masselink & Lee, 2010; Ortega, 2014; Walton-Roberts, 2015).

This study situates in the Philippines, a country that brokers labor to the world through its neoliberal policies (R.M. Rodriguez, 2010) and is known for the production of gendered labor migrants such as domestic helpers, entertainers (Parreñas, 2001, 2011) and nurses (female) (Choy, 2003) and seafarers (male) (McKay, 2007). Moreover, the country has a dynamic higher education sector, where universities, mostly private (71.5 percent of 2299 universities), are engaged in export-oriented education such as nursing, hotel and restaurant management (Ortega, 2015) and maritime studies (McKay, 2007). This chapter examines the *Philippine Nursing Act of 2002* (hereafter the *Nursing Act of 2002*), the overall policy that oversees nursing education and professional practice in the Philippines. The *Nursing Act of 2002* (signed into law in 21 October 2002) repealed the *Philippine Nursing Act of 1991* due to the significant development in the nursing profession, considering the mounting popularity of nursing education (as a Bachelor's degree) from the upsurge in the international demand for nurses that could not be addressed by the previous law. Unlike the 1991 version, the *Nursing Act of 2002* stipulates the increased regulation of the nursing profession, education and licensing to guarantee the international competitiveness of Filipino nurses. With this existing law at hand, the Philippines has deployed an average of 16,000 nurses (POEA, 2016) to countries like the United States (US), the United Kingdom (UK) and Canada during the period 2010–2014, while local health hospitals and institutions absorbed only 2500 nurses annually. In terms of remittances, Filipino nurses in the USA remit an estimated US\$ 1 Billion annually (Relos, 2014). This amount

is higher when remittances of Filipino nurses from other countries are included. What is fascinating is that the *Nursing Act of 2002* is not a labor migration policy, but a policy to reform the higher education sector in the Philippines. Analyzing the “process of designing” (Howlett, 2014, p. 194) the *Nursing Act of 2002* from the policy design framework would help establish how and why the state framed this law as a pro-emigration policy. Further, this framework enables the tracing of how competing beliefs among policy actors develop into a state strategy of fine-tuning nursing education to prepare nurses for foreign employment amidst the global economic changes and demand.

The next section shows how most scholars interested in the migration and higher education nexus focus on migrant institutions or organizations or any entities that provide access and manage opportunities of migration (Goss & Lindquist, 1995), specifically private education institutions, as the main topics of research. With their focus on private education institutions, they leave behind the central role of the state in providing the necessary policy environment for these institutions to operate in designing public policies for promoting nurse emigration. This is a research lacuna to which a policy design perspective could contribute. After presenting the policy design approach for studying nurse emigration policy, this chapter explains the ways in which this study adds to our understanding of how nurse-sending states operate. I will do so by moving the analysis from education institutions to the policymaking role of the state in designing higher education policies. From this perspective, this chapter demonstrates the competing beliefs and motivations of policy actors inside and outside the higher education domain and describes how they shaped nursing education and professional standards to promote nurse emigration. Although

differing on some salient issues, they designed nursing education as an export-promotion strategy to achieve economic development. In the end, this chapter concludes that, outside the policy domain of labor migration, the sending state circumvents nursing education to integrate the overarching state policy on labor migration for economic development. This chapter further engages the debates on the interconnection between higher education policies and migration development in nurse migration through the policy design perspective.

4.2 Engaging higher education institutions in the nurse migration industry

Existing knowledge suggests that there is a linear relationship between higher education and nurse migration. Skeldon (2009) and Kingma (2001, p. 206) argue that higher levels of education and professional development would most likely induce higher nurse migration flows at the global level, respectively. This is because of the increased competitiveness among higher degree holders, which should be on par or even greater than their counterparts in destination countries and make them attractive to foreign employers. Further, looking at the case of Europe, the standardization of nursing education in graduate and undergraduate levels is also expected to increase the mobility of nurses (see Davies, 2008). From the individual viewpoint, Percot (2006) considers nursing education as a personal-level motivation to fast track emigration through monetary returns. Similarly, Pittman, Aiken, & Buchan (2007, p. 1277) describe nurse education as a “ticket out” of the country but connect this to the growth of migrant institutions such as recruitment agencies and nursing schools.

With the growing prominence of research on nurse-sending states, there are also emergent interests among scholars who examine the strategies and processes of promoting nurse migration. These strategies converge within the purview of migrant institutions. For instance, Goss & Lindquist (1995) conceptualize migrant institutions from their case study of the Philippines as recruitment agencies and regulatory bodies that ease entry of potential migrants to migration opportunities. In the nurse industry, recruitment agencies, which is considered as a “lucrative business” (Brush, Sochalski, & Berger, 2004, p. 78), connect prospective nurse migrants with foreign employers in a huge international market for nurses. Moreover, from the concept of migrant institutions, Masselink & Lee (2010) introduce education institutions collectively as a significant actor in facilitating the access of nurses to international migration from the increased commercialization of private nursing schools in the Philippines. They argue that education institutions act as gatekeepers, which “influence the material and ideological conditions of migration by asserting control over various phases of the migration process” (Masselink & Lee, 2010, p. 168). In another major sending state like India, Walton-Roberts (2015) views the emigration of nurses in parallel with the growth of education institutions catering to this demand. She explains that private-run nursing schools, which represent 95 percent of the total nursing schools in the country, aim to produce nurses for the global market rather than for domestic employment.

The proliferation of these private educational institutions in migrant-sending countries has been criticized. Pittman et al. (2007, p. 1277) describe the quality of nursing education in private nursing schools as less rigorous as major

public universities. According to Masselink & Lee (2010, p. 171), civil society groups in the Philippines characterized some of these schools as “diploma mills” and “capitalist educators” that “profit from Filipinos” hopes of overseas nursing jobs. Similarly, Walton-Roberts (2015) questions the quality of nursing graduates from nursing schools in India because of the persistent corruption in the licensing and regulation of these institutions. Highlighting another aspect, Ortiga (2014, pp. 68–69) points out that higher education curricula of nursing schools in the Philippines overburden students with additional educational loads required to adjust to the demand of foreign employers. Further, Ortiga’s (2014, pp. 68–69) interviews with university administrators and the Commission on Higher Education (CHED) revealed that nursing schools also struggled to cope with investing in advanced medical facilities to align nurses’ training with the demand of foreign employers. These questions of licensing, curriculum and education quality direct us to the regulation of nursing education and practice. One way of analyzing the development of this particular regulatory instrument is through the policy design of the overarching nursing policy.

Aside from these accounts that directly focus on educational institutions, some studies review the export-promotion strategies of the migrant-sending states. Yeates (2009a, 2009b) describes education as a major strategy for sending countries like the Philippines and India in promoting nurse migration by putting reference to the growth of private education institutions over the years. Goode (2009) describes this strategy of exporting nurses in the Philippines as “commodification” of labor or transformation of labor resource into a commodity through nursing education. However, some professional organizations such as the International Council of Nurses (ICN) are relatively

apprehensive on the growing practice of deskilling and exploiting nurses in destination countries (Salami & Nelson, 2014). Despite professional education in their home countries, some migrant nurses work below their qualification levels or are employed as domestic helpers (Newton, Pillay, & Higginbottom, 2012; Salami & Nelson, 2014). Consequently, Masselink & Lee (2013) provide us with an optimistic undertone of maintaining an excellent nurse manpower for export by informing us how a sending country government safeguards its niche in the foreign labor market by promptly responding to the alleged leakage in the licensure examination for nurses. Putting emphasis on the quality of Filipino nursing education, their study shows that the Philippine government is concerned with the economic loss that may be brought about by the projected decrease in foreign remittances due to the non-recruitment of Filipino nurses. Existing studies largely focus on the operation of education institutions within the sending states by which they utilized education as a common strategy in facilitating the international movement of nurses. From these studies, we can observe that the state provides a policy environment for the operation of these education institutions, but there is a limited understanding on how the state creates this setting through the policy design of public policies. Besides, the growth of nursing schools captures the profit-seeking behavior of education institutions (Pittman et al., 2007), but this growth does not fully reflect the economic motivation of the state in engaging with this strategy. The next section of this chapter presents the policy design literature to uncover these remaining gaps.

4.3 The policy design perspective: how to study nursing policy

The policy design literature is a rich and mature research field that helps us to understand the complexity of public policymaking (see Chou & Ravinet, 2017). This paper examines the design process of the *Nursing Act of 2002* to show how policy actors shape nursing education as an export-promotion strategy for nurses. In his classic article, Charles Anderson (1971, p. 121) provides a clear description of the policy design as a process:

policy design (verb) is virtually synonymous with ‘statecraft’ or the practice of government as ‘the art of possible’. It is always a matter of making choices from the possibilities offered by a given historical situation and cultural context. From this vantage point, the institutions and procedures of the state to shape the course of the economy and society become the equipment provided by a society to its leaders for the solution of public problems.

From this description of the design process, in this chapter, I categorize policy design as a process consisting of two segments—(1) identification of the policy problem and (2) policy formulation to pinpoint the prevailing themes that account for how the policy actors portray nursing education as a strategy to inculcate the overarching state policy promoting labor export. According to Coletti (2013, p. 82), the policymaking process should carefully identify a problem that has a “sufficient reason” for policy intervention. Meanwhile, Howlett (2011) explains that policy design occurs in the policy formulation stage. Policy formulation is a stage of the policy cycle that involves the “process of identifying and assessing possible solutions to policy problems” (Howlett, 2011, p. 30). In examining the role of the sending states in promoting

emigration, the policy design perspective reveals how these states match their policy goals with different policy alternatives in addressing the emigration of nurses through the policymaking process. Further, the design process exposes how state actors exchange justifications, bargain and negotiate their solutions to the agreed policy problems.

Thomas (2001) incorporates these two segments in the four different phases of the design process—appraisal, dialogic, formulation or assessment and consolidation. Howlett (2011, pp. 30–31) analyzes these phases relative to its contribution to the policy design literature. He explains that the appraisal phase involves the identification of data and evidence about the policy problem through public consultation to generate inputs on the problem and its solutions. The dialogic phase engages communication among policy actors on different perspectives of policy problem and solutions. This activity is a structured deliberation where different policy actors, who are experts representing their institutional affiliations or interested individuals, debate in favor or against any given policy solutions. The formulation or assessment involves the formal drafting of a proposed legislation as a policy solution to the policy problem. Finally, the consolidation phase refers to the exchange of comments and feedbacks among policy actors to a proposed legislation to further refine the solution to the problem.

Within these different phases of the design process is the policy subsystem, where the policy actors interact. According to Howlett & Ramesh (1995, p. 51), policy subsystems are “forums where actors discuss policy issues and persuade and bargain in pursuit of their interests.” In domestic policymaking, these actors are state and non-state policy actors who aim to

influence the policymaking process. Through the policy subsystem, we can identify the policy actors behind the design process of a public policy and trace their interaction in determining the policy problems and formulate solutions. The policy actors may choose to shift to a different policy field in terms of identifying the problem and proposing solutions by way of a “lateral strategy” (see Chou, 2012), where issues are transferred to another sector outside of the domain of the existing policy subsystem to promote and expand their objectives. However, the interaction of state and non-state actors does not always lead to good solutions and outcomes. Bryson, Crosby, & Stone (2006, p. 44) explain that this public–private mix does “not solve all the problems they tackle [...] some are solved badly, and some solutions have created the problems they were meant to solve.” Power imbalances among actors (Huxham & Vangen, 2005) and the difficulty to reach an agreement in defining the problem (Bryson et al., 2006) are some of the common factors affecting this interaction.

Applying this framework of analysis in the context of the Philippine policymaking process, the policy actors coming from the legislative, administrative and interest groups, who have stakes in the education and professional practice of nursing in the Philippines, participate in the design process of the *Nursing Act of 2002*. Relative to different phases of the design process, this chapter trims down Thomas’s (2001) stages device into two major levels—the legislative committee deliberations and the plenary-level meetings. The legislative committee deliberations incorporate the appraisal and dialogic stages. In this stage, the committee invite resource persons from the bureaucratic agencies and interest groups that are directly engaged in the

education and professional practice of nursing to gather their standpoints on policy issues and their proposed solutions to these problems. The plenary-level meetings involve the formulation and consolidation stages, where the draft bill is formally presented to all members of the legislation for scrutiny, refinements and approval by legislative bodies. Collectively, this framework of analysis describes how and why the migration context emerged and evolved as a key policy issue in the deliberation process, ultimately transforming the debates on nursing education into a discussion about how to secure and maintain the niche of the Philippines in the foreign nurse export industry.

4.4 The research design

4.4.1 Data and method

This study examines the *Nursing Act of 2002* from the policy design perspective to determine how and why educating nurses for export developed into a migration strategy for Filipino nurses. There are two sources of data—public documents and elite interviews. I visited the library archives of the Philippines’ House of Representatives and the Senate in December 2015 and January 2016 to gather the public documents in physical and electronic forms covering the period 2000–2002. These documents consist of draft bills, sponsorship speeches, minutes of committee and plenary deliberations, and committee reports (see Table 4.1). From these documents, I identified the policy actors and examined the policy issues and solutions that they determined, promoted and justified according to the two major stages of design process—the legislative committee-level deliberations and the plenary proceedings.

Table 4.1 List of Public Documents in the Design Process of the Philippine Nursing Act of 2002

Type of the Document	Date of Meetings
<i>A. Senate of the Philippines</i>	
1 Committee on Health Demography Joint with the Committees on Education, Arts and Culture	8-May-02
2 Committee on Health Demography Joint with the Committees on Education, Arts and Culture	2-Aug-02
3 Plenary Deliberation	21-Aug-02
4 Plenary Deliberation	14-Aug-02
5 Plenary Deliberation	26-Aug-02
6 Plenary Deliberation	27-Aug-02
7 Plenary Deliberation	28-Aug-02
8 Plenary Deliberation	20-Aug-02
9 Sponsorship Speech (a)	14-Aug-02
10 Sponsorship Speech (b)	14-Aug-02
11 Sponsorship Speech (c)	14-Aug-02
12 Bi-cameral sponsorship meeting	27-Oct-02
13 Senate Bill 2292	
<i>B. House of Representatives</i>	
1 Committee Report on House Bill No. 1084 and 676	5-Mar-02
2 Committee on Civil Service	3-Oct-01
3 Plenary Deliberation	17-Apr-02
4 Plenary Deliberation	7-May-02
5 Plenary Deliberation	14-Oct-02
6 House Bill No. 1084	
7 House Bill No. 676	

The documents showed that there are 18 policy actors representing the legislative, bureaucracy and interest groups. Currently, six of these actors are either deceased, in extreme old age¹⁸ or in retirement. I conducted semi-structured elite interviews from March to April 2016 with six of the 12 remaining policy actors, who are key representatives of professional organizations of nurses, officials of nursing regulatory agency, the Philippine

¹⁸ Extreme old age refers to the aging condition of the prospective interview respondents, mainly having health issues such as difficulty in hearing, speech or early signs of dementia, which excluded their inclusion in the tracing of developments of the Nursing Act of 2002.

legislation and the academic community. Elite interviews are “rich and cost-effective vehicle” of gathering data to examine the “complexities of policy and politics” (Beamer, 2002, p. 86). Considering that not every aspect of policy formulation is reflected in the legislative documents, these interviews intend to illuminate and offer a rich description of the design process while also providing alternative views that are not fully discussed in the deliberation but significant in the development of the *Nursing Act of 2002*.

This chapter recognizes the complexity of locating these policy actors and securing interview schedules considering the policymaking process of the *Nursing Act of 2002* took place in the year 2000–2002. To address this issue, I selected the policy actors who are in public office as politicians or bureaucrats, the academe and those in private practice and engaged in the advocacy for nurses. I chose these policy actors based on their active involvement in the deliberation, their attendance in the meetings, and their substantial contribution as shown in the minutes of the proceedings.

The data in this study were coded and analyzed through NVivo, a qualitative data analysis software. First, data were entered, organized and categorized in terms of its sources. Second, the automatic data count function was used to inspect the most frequently used words or phrases in the public documents, which is helpful in assisting the researcher in developing the codes. These words or phrases initially reflect the recurring themes in the design process of the *Nursing Act of 2002*. Third, data were coded by actor and theme under the two major stages of the design process using the open-coding scheme.

4.4.2 The policy subsystem

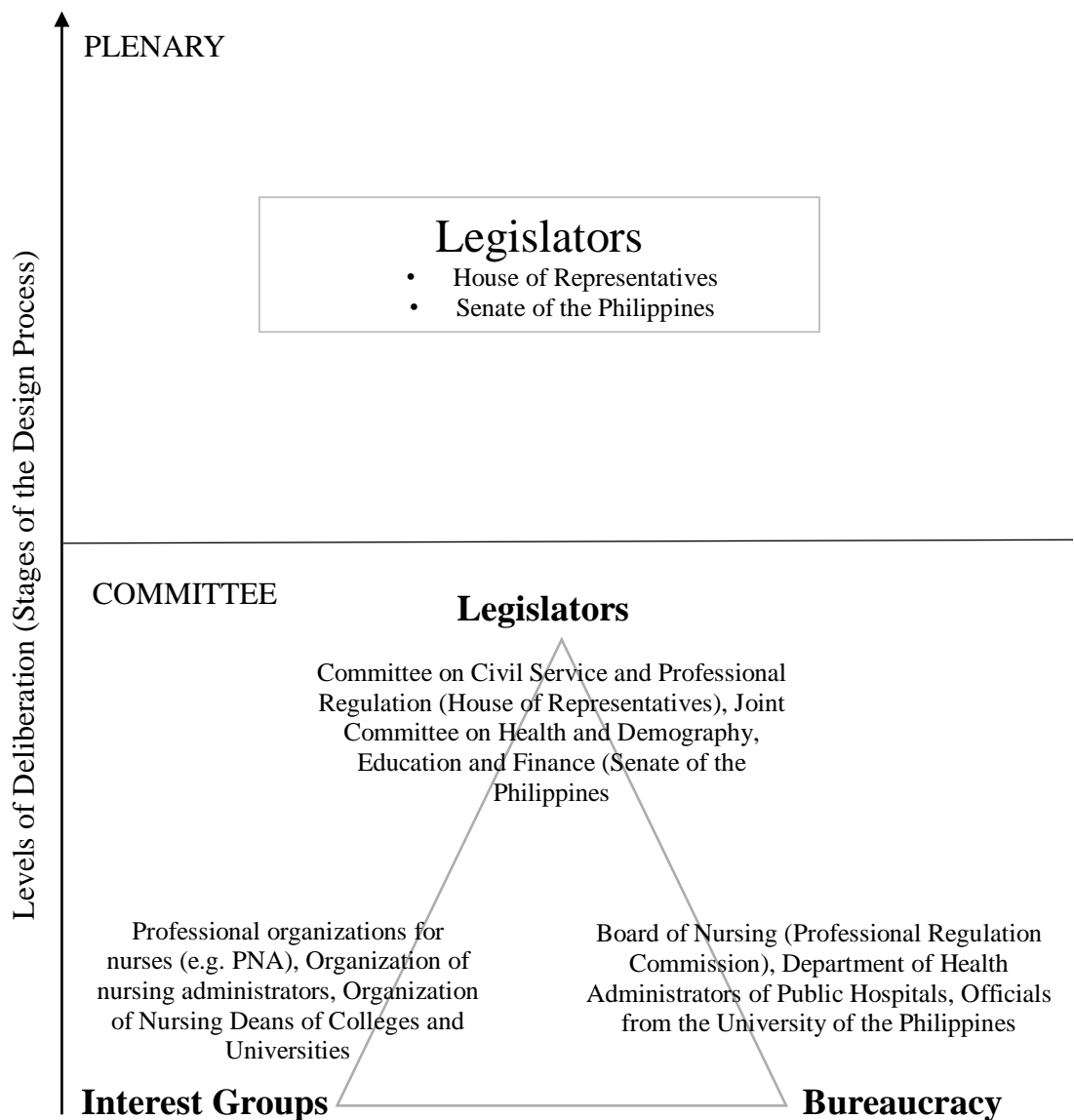
Before discussing the design process of the *Nursing Act of 2002*, it is important to describe the policy subsystem, specifically the composition of policy actors and their participation in the two major stages of the design process. By doing so, we can present the setting within which the nature of the policy problem is understood, and how this law subsequently developed into a migration-oriented legislation for nurses.

The Board of Nursing (BON) of the Professional Regulation Commission leads the line-up of the administrative-level policy actors (“Bureaucracy” in Figure 4.1). The BON oversees the quality of nursing education and licensure examination for nurses and monitors the quality of nursing practice. The Department of Health (DOH) and administrators of public hospitals also participated through their expertise on human resource planning in public health institutions. The officials of the government think tank on health (e.g. nursing education), based at the University of the Philippines, complete the group of administrative-level actors.

The interest groups consist of different professional organizations for nurses, nursing administrators and nursing deans of colleges and universities (“Interest Groups” in Figure 4.1). The Philippine Nurses Association (PNA) represents the voice of nurses, which promotes the standards of nursing professions through professional training of nurses. While the PNA coordinates with the BON on the improvement of nursing curriculum and professional standards, their advocacy focuses on working conditions and financial remunerations for nurses. The organization of nursing administrators complements the role of the DOH and public hospitals relative to the health

human resource planning. Meanwhile, the organization of nursing school deans articulates the interests of nursing schools through the implementation of nursing curriculum and standard on nursing education.

Figure 4.1 The Policy Actors in the Two Major Stages of the Design Process of the Nursing Act of 2002



In the legislature, the following committees have jurisdiction in the deliberation proceedings: Committee on Civil Service and Professional Regulation at the House of Representatives and the joint Committee of Health and Demography, Education and Finance in the Senate of the Philippines (“Legislatures” in Figure 4.1). They are composed of legislators who have expertise in health-related legislation, education, finance and professional regulation. The legislators worked closely with the BON in relation to the overall design process of the *Nursing Act of 2002*.

These actors participate in the different stages of the design process (see Figure 4.1). The legislators who are members of the different committees that have jurisdiction in legislating nursing education and professional practice in the Philippines, administrative-level policy actors and various interest groups participate in the committee-level deliberation. The plenary-level deliberation is a purely legislative forum, where members of the committee present the draft legislation (the output of the committee-level deliberation) to their fellow legislators, which they will debate and vote, leading to the approval of the bill.

As Figure 4.1 shows, the composition of policy actors is not from the migration field, and, hence, it is more puzzling how migration emerged and was integrated as a key strategy in the *Nursing Act of 2002*. Analyzing how these policy actors define policy issues and solutions in the two major stages of the design process will allow us to understand the migration and development context of this legislation.

4.5 Designing the Philippine Nursing Act of 2002

4.5.1 The committee-level deliberation: from the nurse workforce statistics to the emigration of Filipino nurses

The committee-level deliberations of the *Nursing Act of 2002* at the House of Representatives and Senate of the Philippines commenced in October 2001 and May 2002, respectively. These committee-level deliberations, spearheaded by the legislators, aim to engage the participation of different stakeholders from bureaucratic agencies and interest groups. This level in the design process provides an active platform for other policy actors not involved in the plenary meetings (bureaucracy and interest groups) to offer their inputs for the initial design of the *Nursing Act of 2002*. Two key themes emerged at this stage, namely (1) the demand and supply of Filipino nurses for the domestic and international markets and (2) the “emigration for development” context, an argument in support of exporting nurses.

Senator Edgardo Angara, a member of the deliberating committee initiated and directed the attention of the body to the significance of contextualizing the design of the *Nursing Act of 2002* to the current and projected domestic demand and supply of Filipino nurses vis-à-vis the international nurse market. The Committee Chair Senator Juan Flavio Velasco hailed him as the “author, father of almost all pioneering health bills in the Philippines” in recognition of his authorship of the Philippine Nursing Act of 1991 and other health-related legislations (Senate, 02 August 2002, 011). In his opening statement on 02 August 2002, meeting, Senator Angara cited the significant statistics of domestic demand and supply of the Philippine Nursing workforce that would aid the design process.

Right now, we don't have to worry about the shortage of nursing care in our country because we have a surplus of nurse. If I go by the statistics, there are about over 343,000 registered nurses according to the Professional Regulations Board and the annual demand locally is about 127,000. So, theoretically we have-or rather, 178,000 local demand. Theoretically, we have a surplus of about 120,000 nurses in the country [...] But it can also cost us a long-term damage if we don't plan even now. (Senate, 02 August 2002, 012)

The Senator also forewarned the growing shortage of specialty nurses (or nurses trained in a specialized area, i.e., operating room nurse) because of emigration. While he acknowledged the economic contribution of nurses who work abroad through remittances, the proposed legislation should strike a balance between domestic supply and the freedom of nurses to move.

Citing the international demand for nurses, according to some members of the committee, the USA serves as the international market for the domestic surplus of Filipino nurses, where recruiters are paying as much as US\$5000 for every successful nurse referral. Senator Ramon Magsaysay, Jr., disclosed that the USA needs 200,000 foreign nurses at that period and additionally the Immigration and Naturalization Services were hoping that half of these figures could come from the Philippines (Senate, 08 May 2002, 012). These arguments serve as a guiding principle in designing the *Nursing Act of 2002* toward satisfying two policy objectives—guaranteeing domestic supply and increasing the competitiveness of nursing education in response to the global demand.

Recalling the trend of Filipino nurse emigration when the deliberation took place, a leading nurse migration scholar revealed during my interview that

the Philippines had not yet experience the mass emigration of nurses, but he expected a looming shortage shortly after 2001 in the absence of policy intervention (Interview, 31 March 2016). At the same time, my interview respondents from nurse regulating agencies and interest groups (organizations of nurse administrators and deans of nursing colleges and universities), who were present during these meetings, recalled that they affirmed the statistics given by Senator Angara during the committee hearings.

Given the identified domestic surplus of Filipino nurses at the time, which could respond to the international demand, the emigration for development context of exporting nurses emerged and then dominated as another key theme during the committee discussions. The promotion of nurse emigration evolves as a primary motivation of the legislators in designing the *Nursing Act of 2002* because of the prevailing nurse labor market conditions and their personal anecdotes of the popularity of this profession in the world. Although the legislators recognized the shortage of experienced nurses due to emigration, the sponsors of the bill and other legislators considered the economic contribution of remittances as far more significant than shortage (i.e., economic wealth vs. health). Further, their personal stories about their own family members, who are successful nurses in foreign countries and the positive feedbacks they received about Filipino nurses during their trips abroad, show enthusiasm for nurse migration and a sense of pride as Filipinos.

By invitation of the joint Committee Chair, the Senate President Franklin Drillon participated in the 02 August 2002 meeting and assisted in framing the *Nursing Act of 2002* as a strategic response to the global demand for foreign nurses. His pronouncement reinforced the statistics on domestic

surplus of Filipino nurses, thereby providing a space to promote nurse export and the importance of quality as part and parcel of the promotion strategy.

This is timely because in the recent past, we have noted a perceptible demand for nurses and health care services, especially in the developed countries [...] And therefore, there is a challenge for us here to maintain the excellence in profession. (Senate 02 August 2002, 008)

The emigration for development context of the *Nursing Act of 2002* is an offshoot of the overall state policy of the Philippine government on the economic contribution of the Overseas Filipino Workers (OFWs) through remittances. While the *Nursing Act of 2002* is a profession-based legislation, the popularity of the nursing profession as an emigration route for Filipinos (Pittman *et al.*, 2007) led the designers of this policy to portray the significant role of nurses as OFWs. Moreover, the personal story of the Committee Chair, Senator Flavio, who was previously the Secretary of the Department of Health, revealed a strong emigration for development context for the *Nursing Act of 2002*. He recollected his experience in Baltimore, Maryland, about the good reputation of Filipino nurses.

In Baltimore when I was there and I was in the hospital, and I was pleasantly surprised when an American patient suddenly said, “I want a Filipino nurse.” I thought that was the ultimate praise of the Filipino nurse. And we want to continue that and this in mind, is a function of our training and of the atmosphere created by, hopefully, the Philippine Nursing Act of 2002. (Senate 08 May 2002, 018)

Consequently, other policy actors representing the bureaucracy and interest groups did not openly attribute migration as a motivation behind the design of the *Nursing Act of 2002* in the committee hearings. Recollecting from what transpired during these meetings, in my interviews, some of these policy actors expressed their dissatisfaction with how the legislators framed this law. My interviewee, who is a representative of a bureaucratic agency that regulates nursing practice, stressed this concern:

So it became a shall we say a regular thing (referring to the emigration promotion of the government) because our Filipino nurses would send money and all that and government was able to see the opportunity and that is the reason why we have the POEA not only because of nurses but other professionals as well who are working abroad. But very sad because instead of improving the plight of our nurses indirectly our government promote emigration because of those government bodies. (Interview, 09 March 2016)

In my other interviews, other policy actors such as the representatives of nurse administrators and deans of nursing colleges and universities and other related administrative agencies in the nursing profession present during the meeting voiced their perspectives on nurse migration, which did not manifest during the deliberations. While they saw the benefits of nurse migration through remittances, as forerunners of the nursing profession, they believed that emigration was not a significant concern in designing the *Nursing Act of 2002*. Instead, their concern was the development of the nursing profession that aimed toward the effective delivery of health services. A policy actor from the higher education sector explained:

Yes. I have nothing against nurses working abroad but I want nurses to be working in our country. But since there is no employment, there is no other recourse. But I want nurses to go abroad by choice, not by force. I believe so but we need now to look at the curriculum and make the nurses work in the community, but our goal is promotion of health and prevention of illness and we need nurses in our country to serve better the Filipino people. (Interview, 12 March 2016)

However, the legislators controlled the design process by synchronizing this policy with the overarching labor-export policy of the Philippine government while taking into consideration the domestic supply of nurses to service the health needs of Filipinos. The next subsection describes how these actors interacted in delivering this dual strategy in the plenary deliberations.

4.5.2 The plenary-level deliberation: exposing the dual strategy of retention and educating nurses for export

While it was clearly established in the committee meetings that the prevailing domestic and international labor conditions for nurses triggered the export promotion of Filipino nurses, the legislators also emphasized the need to maintain adequate number of nurses in the country to effectively deliver health services in local hospitals. This dual strategy was openly discussed, consolidated and sharpened in the series of separate plenary deliberations in the two houses of the Philippine Congress between the periods April 2002 and October 2002. In this purely legislators' meetings, they debated the key issues that were raised in the committee level during the three readings of the

proposed law. In this stage, the debate centered on the need to educate nurses to maintain excellence of the nursing profession in response to the global demand for Filipino nurses and retention policies to protect the domestic health system in anticipation for mass emigration.

Few studies point to the state strategy of the Philippines in educating nurses for export (e.g., Masselink & Lee, 2013; Ortega, 2014), but they focus on education institutions as key actors and thus overlook the *Nursing Act of 2002* as an overarching policy in delivering this state initiative. Senator Loren Legarda, one of the co-sponsors of the *Nursing Act of 2002*, articulated in her sponsorship speech the role of education to maintain the niche of Filipino nurses in the world:

[.....] our nurses deserve to be as equally competitive in a field that has gained for themselves recognition and acceptance, especially in hospitals and healthcare facilities in the United States and Europe. Our nurses continue to be models of professionalism, competence and skills as a people. They are among our overseas Filipino workers who have evolved into our modern-day heroes for the Filipino nation. (Senate, 14 August 2002, 269)

During the question-and-answer segment of the plenary meetings, Senator Aquilino Pimentel, Jr. expounded the role of higher education in nurse migration. He called for a government intervention to ensure the recognition of the Philippine nursing education in the USA to qualify as licensed nurses without further examination to ease the entry of Filipino nurses:

Mr. President, our government should exert effort to remove this apparent examination as far our nurses are concerned [...] First, as far as our nurses are concerned, they are equally if not even better trained and qualified than, perhaps, even the nurses trained in the United States [...] I would honestly say that we should also qualify for that in the United States without too much restrictions or too much inhibitions. (Senate, 20 August 2002, 340)

While encouraging nurse emigration, the legislators explored retention policies for nursing graduates to delay their emigration and ensure domestic supply. They proposed the improvement of the quality of nurses through strict regulation of nursing schools, licensure examination and training by strengthening the nurse regulatory bodies. They suggested and deliberated on imposing bond service to nursing graduates from state universities and colleges, but this proposal invited opposing perspectives. The debate centered on whether to explicitly stipulate these bonds or frame these through incentives like additional benefits for nurses or increasing their salary levels. In my interview with a Congressman, who was one of the main sponsors of the bill in the House of Representatives, my interviewee explained that they cannot curtail the right of nurses to explore employment abroad, considering that there are few opportunities for nurses in the country (Interview, 18 March 2016).

The proposed retention policy to keep nurses for a certain period in the country became an export-promotion strategy. The draft legislation required nurses to serve in the Philippines for two years, but this would then facilitate easier access for employment abroad and higher salaries as employers viewed these two years as strengthening their qualifications. Two senators—Pimentel, Jr., and Angara—elaborated this logic:

But it is actually also for their good because in the meantime they will acquire the necessary expertise and perhaps qualify easier to enter or meet the requirements of the United States or other countries where they have set their eyes on for employment abroad. (Pimentel, Jr. in Senate, 20 August 2002, 341)

[...] the two years that one is going to give back to our country are not really lost years. These are years when one accumulates experience that will add to his—I do not want to say that but—monetary value when he goes abroad or his hiring rate [...] (Angara in Senate, 27 August 2002, 407)

While these discussions in the plenary level reveal the inherent motivation of the legislators in designing the *Nursing Act of 2002* to educate nurses for export, my interview with a representative of a government regulatory body for nursing education and practice revealed a different story. This policy actor recalled that educating nurses for export is not part of their agency's agenda for the *Nursing Act of 2002*:

I don't think so. That was never in the agenda that we will pass this law so that our nurses will be competitive worldwide. I can talk about what the agency felt at that time because we discussed our policy position on the Nursing Law [paraphrased]. (Interview, 09 March 2016)

This representative also contested the scholarly literature that portrays the Philippine nursing curriculum as “global” or “international.” According to this representative, some of the nurse interest groups even criticized their

agency, because the country's education system anchors heavily in the community-oriented curriculum, which is not attractive to foreign employers. Despite resistance from bureaucratic and interest groups in framing the *Nursing Act of 2002* as educating nurses for foreign employment, as the interviews show, the legislators push forth their preference for labor export by co-opting higher education as an important strategy for economic development. The next section further explains how quality nursing education serves as an export-promotion strategy of the Philippines.

4.6 Rationalizing education as an export-promotion strategy

In the design process of the *Nursing Act of 2002*, the congressional committees and the added support of other concerned legislators in plenary deliberations affected the intentions, goals and processes of this policy in several ways. For example, although policy actors from the bureaucracy and interest groups have their own perspective in developing the *Nursing Act of 2002*, the legislators framed nursing education reforms as an export strategy, notwithstanding the intended benefits to the domestic health system. These legislators consistently incorporated the overarching state policy of labor-export promotion in a profession-based legislation such as the *Nursing Act of 2002* by strengthening the institutional setup of nursing education, licensure examination and training to produce Filipino nurses for foreign employment.

While the legislators were greatly concerned about maintaining an adequate domestic supply of nurses, they frequently emphasized the need to produce globally competitive nurses. This perspective developed from how these actors portrayed the good reputation of Filipino nurses abroad, and how

foreign employers seek after these nurses. These policy actors take pride in labeling foreign employed Filipino nurses as “unspoken heroes” and “modern-day heroes” because of their monetary contributions to the Philippine economy through remittances. Hence, this chapter suggests that higher education reforms in the *Nursing Act of 2002* such as increased regulation of the education system, licensure examination and training of nurses generally aim to prepare Filipino nurses for foreign employment. Indeed, even considering the introduction of bond service and other incentives that would delay nurse emigration have contributed to creating a more robust cohort of nurses for export.

Although policy actors from the government oversight body that regulates nursing education and practice deny the export-promotion context of the *Nursing Act of 2002*, other policy actors agreed with this underlying intention. In my interview with a sponsor of the *Nursing Act of 2002*, who was present in the committee until the plenary meetings, revealed that the quality of nursing graduates gradually improved after 2002 when this law took effect. Moreover, he disclosed that the Philippines have some university cooperation initiated by a nurse-receiving country to conduct training of their nursing students in the country.

I can say that because of the measure taken by Commission on Higher Education (CHED), we have witnessed that there is a significant improvement on the quality of our nursing graduates compared in 2002. We can always be proud that our nurses are one of the best in the world. As proof, few years ago, one university in Canada engaged in an exchange tie-up with the University of the Philippines and St. Paul University in the Visayas where they send their nursing students to observe and train under our educational system as a sign

that they salute the quality of our nursing education when it comes to nursing training. (Interview, 18 March 2016)

He further narrated that after the passage of the *Nursing Act of 2002*, the Congress mandated CHED to monitor schools that do not have complete training facilities and close nonperforming schools in the licensure examination for nurses to maintain quality. Consistently, other policy actors such as a former university official representing the organization of nursing deans in the Philippines and a representative from the organization of nurse administrators, who were also present in the committee meetings, disclosed during my interview that they believed the current nursing education system and the future reforms would further trigger the emigration of nurses (Interviews, 12 March 2016 and 14 March 2016, respectively). These accounts provide a clear understanding that the branding of the Philippine nursing education system is primarily geared towards nurse export and reinforces my observation that education performs as an export strategy for promoting nurse migration.

4.7 Lessons learned in the design process of the Nursing Act of 2002

This chapter demonstrates how the policy design perspective is helpful in uncovering the role of the state in the design process of the *Nursing Act of 2002*, particularly in promoting the emigration of nurses through higher education. Specifically, I offer evidence to support a lateral transfer or shifting of a policy field in terms of problems identified and solutions proposed outside the domain of the policy subsystem, where these policies are designed. At the onset of examining this policy, the composition of policy actors in the design process of the *Nursing Act of 2002* tells us that debates concerning this

legislation occurred among those specialized in nurse education and professional practice. What we learn from utilizing Thomas's (2001) stages device is the legislative shift toward labor migration. A detailed study of the design processes has exposed the pro-emigration stance of the state through its reconfiguration of higher education policy as a means to prepare nurses for foreign employment. Clearly, the design process of the *Nursing Act of 2002* shows the successful attempt of the state to regulate nursing profession through its labor-export policy by engaging higher education institutions in the production of nurses for export to achieve economic development through remittances.

Moreover, the balance between different stakeholders' interests in the design process of the *Nursing Act of 2002* can also lead to good solutions and outcomes even though some scholars claim that the public-private mix does not necessarily yield favorable results (Bryson et al., 2006). The fusion of actors from the bureaucracy and interest groups, who represent the thrust of higher education policies and nursing practice in contrast to the legislators who put forward state-led efforts on labor export, reveals a synchrony between the nexus of higher education and emigration for development policies. This interconnection converges within the overall frame of economic development, where all policy actors, despite their differences, recognize the relevant contribution of remittances to the Philippine economy.

In a much broader perspective, the design process of the *Nursing Act of 2002* helps us make sense of the role of higher education institutions in developing nations, especially those that increasingly depend on migrant-labor remittances. For developing countries that are increasingly dependent on

remittances, universities serve at the forefront of realizing the labor-export policy of the state by translating this strategy into curricula geared toward the production of manpower resource for employment in foreign markets (Goode, 2009; Ortiga, 2014). This chapter shows that aside from the market and profit-driven factors that lead to the proliferation of nursing schools (Masselink & Lee, 2010), the policy direction of the state to produce nurses for export creates a policy environment for these schools to operate and educate students under the strict regulation of the state. This strategy aims to ensure that universities produce graduates considered to be of top quality to remain attractive to the foreign job market and maintain the status of these countries as producers of excellent quality nurses (Ortiga, 2014; Walton-Roberts, 2015).

Further, the transnational nature of nurse migration strengthens the growing internationalization of higher education that involves collaboration of education institutions geared toward the standardization of curricula and mutual recognition of degrees to facilitate the increase nurse mobility in destination countries and regions (e.g., Davies, 2008). From their strategy to produce globally competitive graduates, universities (mostly private) aim to create a global brand in nurse production and maintain this excellent reputation in the highly competitive international nurse labor market. The remaining questions are: How ready are the universities (especially private) in developing nations to take up this challenge in the absence of funding support from the government? How are they going to keep the balance of producing nurses of top quality for employment abroad and their profit-driven interests?

While the international policymakers have long considered the Philippines as a “model” for labor export, making its higher education policies

and strategies blueprints for other labor-exporting nations, the trade-offs of this policy strategy should not be overlooked. On the one hand, the export of nurses, a migration stream mostly composed of women, can have negative effects on Philippine society and sometimes crippling for females who choose to go abroad. Relatively, some interest groups and professional organizations criticize the “commodification” of migrant nurses as economic actors for issues such as exploitation and deskilling, among others (e.g., Newton et al., 2012). On the other hand, while monetary remittance is a driving force for policymakers to fine-tune higher education policies to promote labor export, the strategic balance of maintaining a sufficient number of skilled professionals domestically vis-à-vis a productive manpower export remains a challenge. If ignored, the local supply would be at risk and might create local market distortions that could paralyze local health institutions and potentially impair economic development.

Indeed, in the design process of the *Nursing Act of 2002*, we learned that the legislators (especially the Committee members) possessed greater influence in shaping the *pro-emigration* stance of the law. This chapter clearly shows the committed efforts among the policy actors to design higher education policy that aims to produce “world-class” Filipino nurses. While there is no other unintended outcome in the design process except for the “migration” dimension of the nursing law, whether the goal of educating “quality” Filipino nurses is achieved remains unclear. The question on the “quality” aspect of higher education degrees of Filipino nurses serves as a major impediment for Filipino nurses to be admitted as professional nurses in some major destination countries (except the US). This issue is a key debate surrounding the negotiations of

bilateral agreements for nurse recruitment. Negotiating bilateral agreements is another form of sending state policy intervention, which is the focus of the succeeding chapter. In the next chapter, this thesis extends the analysis on how the sending state negotiates bilateral labor agreements on nurse recruitment, which includes negotiations on mutual recognition of the Philippines' nursing education degrees.

Chapter 5

Negotiations, bilateral labor cooperation, and the international recruitment of Filipino nurses¹⁹

In the previous chapter, I discussed the role of the sending state in designing higher education policy that prepares Filipino nurses for future employment abroad. This chapter, on the other hand, explores the role of the sending state in negotiating bilateral labor agreements with host countries as an intervention to secure a stable employment market for prospective migrants. Drawing from negotiation analysis, this chapter specifically examines the bilateral labor negotiations between the Philippines and Canadian provinces—Saskatchewan (2006), Manitoba and Alberta (2006-2008), and South Australia (2008-2009) to demonstrate how bilateral parties negotiate the agreements in recruiting Filipino nurses. Furthermore, this chapter highlights how negotiation analysis reveals the advantage labor-sending country like the Philippines has to successfully secure agreements that promote labor export for achieving economic growth.

5.1 Introduction

Labor migration is a significant issue that necessitates cooperation between the host (destination) and sending (source or origin) countries in managing migration. This chapter centers on nurse migration where cooperation allows these countries to collaborate on a shared solution amidst a global nursing workforce imbalance that threatens their health systems. Nurse manpower is a

¹⁹This chapter was submitted and reviewed by *International Migration*.

crucial element in attaining countries' universal health coverage, which is a principal component of the United Nations' Sustainability Development Goals (International Council of Nurses, 2017).

The policy issue stemmed from the chronic shortage of nurses in wealthier countries that triggered the migration of nurses from developing countries. This migration stream often drains the nurse-manpower of source countries' health institutions. The existing literature on nurse migration informs us of two key perspectives. First, there is an extensive focus on the source countries' *vulnerable* position because of brain drain or a mass exodus of nurses (Buchan & Sochalski, 2004; Connell & Buchan, 2011; Young, 2013). In this perspective, cooperation is necessary to promote ethical recruitment and reduce vulnerability. Second, other scholars (see Goode, 2009; Yeates, 2009b) focus on the strategies of source countries in producing nurses for export to achieve economic growth (i.e., migration-development nexus). However, they are less attentive to the role of bilateral cooperation and how source countries decide to cooperate with destination states (cf.: R.M. Rodriguez, 2010; Santiago, 2013). These narratives lead this chapter to the question: how and why do some states cooperate while others do not in the management of nurse migration?

Cooperation enables states to share policy problems, negotiate for solutions and ensure that the parties mutually benefit (Snidal, 1991). In some cases, there are states that are cautious to cooperate while others participate actively. Although international relations theories provide macro-level frameworks aiming at states as primary actors in inter-state relations, lesser attention has been given to the negotiation (synonymous to bargaining) process that shows how states reach agreement through their negotiators. According to

Odell (2010, p. 620), negotiation analysis explains the negotiation process as a sequence of actions between two or more parties as they “address demands, arguments and proposals [...] of reaching an agreement [...].” Drawing from negotiation analysis, this chapter examines the bilateral labor negotiations between the Philippines and three Canadian provinces: Saskatchewan, Manitoba, and Alberta (2006-2008), and between the Philippines and South Australia (2008-2009) to demonstrate how parties bilaterally negotiate labor cooperation in nurse recruitment.

The Philippines is the world’s leading producer of nurses (a female-dominated profession). The country produces a yearly average of 100,000 to 150,000 nurses but only five percent are employed (Huston, 2015, p. 363). Since 1970, the country has entered bilateral labor agreements (BLAs) with 22 countries (Makulec, 2014), which include nurse recruitment. In 2012, the government deployed 92,277 nurses (Hapal, 2017). The total migrant-labor remittances constitute 9.8 percent of the country’s Gross Domestic Product (GDP) (Agcaoili, 2017). Specifically, Filipino migrant nurses contribute approximately US\$1.0 Billion annually (Relos, 2014). Given the country’s past performance, the Philippines offers a revealing case for understanding bilateral labor negotiations in nurse recruitment.

The next section describes key policy areas where states cooperate, and then it focuses on nurse migration to emphasize how international agreements contribute to migration management. Then, the chapter proceeds with the discussion of negotiation analysis as a framework which highlights the role of individuals or negotiators for understanding how state parties negotiate agreements. Results show that the Philippines and its bilateral partners easily

agreed on ethical recruitment while negotiators needed to concur with the framework for mutual recognition of qualifications. I argue that bilateral negotiations fulfilling two necessary conditions—(1) participation of non-partisan technical expert and (2) history of previous interactions between the parties—are likely to be successful (i.e., the signing of the agreement), thus resulting in labor cooperation. This chapter concludes by explaining how negotiation analysis reveals the advantage labor-sending country like the Philippines has to secure agreements that promote labor export for achieving economic growth. In doing so, this chapter contributes to the role of the sending state in migration management beyond unitary policies. That is, bilateral cooperation serves as a strategic instrument for sending state in promoting labor export.

5.2 Cooperation and the international recruitment of nurses

Extant literature on state cooperation is rich within the field of international relations in policy areas such as war and security (Jervis, 1985), trade and economy (Balassa, 1961; Lipson, 1984) and migration (Hollifield, 1992). Within the migration sphere, states cooperate mainly in refugee and asylum (Lavenex, 2001), border control (Hollifield, 2004), irregular migration and human smuggling (Geddes, 2005) and in labor including nurses (Adepoju, Van Noorloos, & Zoomers, 2010). Missing from these broad sets of literature is the careful analysis of the role of negotiations in reaching the outcomes observed; this is because negotiation analysis as a framework is less systematic and less generalizable (Hopmann, 1995, p. 25). Recently, however, John Odell has utilized negotiation analysis to address this gap and has developed a more

systematic analysis of negotiations in international trade (see Odell, 2009). Odell's framework is a promising starting point for understanding the negotiations of bilateral labor agreements.

For nurse migration, many poor countries expressed concerns about the depletion of nurse manpower that affects the effective functioning of their health systems (Dovlo, 2007; Mackintosh, Mensah, Henry, & Rowson, 2006). At the same time, some are nurse-producing countries that view nurse emigration as economic opportunities both for the nurses and the national economy (Skeldon, 2009). This neoliberal policy portrays the sending state promoting labor export to generate remittances as a catalyst for economic growth (Goode, 2009; Yeates, 2009b). By engaging in labor cooperation, both parties expect to address skill shortages, de-skilling and brain drain through ethical recruitment (Connell & Buchan, 2011). Labor cooperation also helps facilitate remittances to source countries and to provide an opportunity for rewarding careers for migrant-nurses (Connell & Buchan, 2011; R.M. Rodriguez, 2010).

Cooperation in nurse recruitment includes ethical recruitment codes, largely in a multilateral set-up to address the adverse effects of nurse migration on source countries (Martineau & Willetts, 2006). Connell & Buchan (2011, p. 4) emphasize that, while there is no exact definition of ethical recruitment, ethical recruitment codes generally include the following three objectives: (1) "protecting individual health workers from unscrupulous recruiters and employers," (2) "ensuring that individuals are properly prepared for and supported for the job," and (3) "ensuring that flows of migrant health workers do not unduly disrupt the health services of source countries." Currently, the

2010 World Health Organization (WHO) *Global Code of Practice on the International Recruitment of Health Personnel* is the general guideline for hiring health professionals such as nurses. Since the framing of the code is voluntary and only functions as “guiding principles” (Connell & Buchan, 2011, p. 6), the implementation has not significantly affected host states’ behavior in recruiting nurses from developing countries (Siyam et al., 2013; Young, 2013).

Further, Connell & Buchan (2011, p. 6) suggest that bilateral labor cooperation can potentially achieve a “win-win” scenario. They explain that countries and migrant workers will benefit through a memorandum of understanding (MOU). According to them, the MOU is “tailored to the particular conditions of health systems and workers in both source and recipient countries [...] where migrant workers can acquire new skills, experience, and capital, and return to poorer countries and households” (Connell & Buchan, 2011, p. 6). However, some agreements remain problematic and unsuccessful. For instance, according to Young (2013), despite UK’s (as host country) bilateral agreements with India, the Philippines and South Africa, the UK did not control wider migration flows through “back door recruitment” of private nursing homes which operate outside the National Health Service (the recruiting arm of the UK) (Young, 2013, p. 189). Japan has existing agreements with the Philippines, Vietnam, and India on nurse recruitment, but the implementation revealed issue like mutual recognition whereby nurses are de-skilled below the qualifications they earned from their home countries (Ford & Kawashima, 2013; Yagi, Mackey, Liang, & Gerlt, 2014). Other implementation issues are high language proficiency requirements and poor passing percentage in Japan’s nurse licensure examination (Yagi et al., 2014).

For source countries, R.M. Rodriguez (2010, p. 65) examines the different strategies of the Philippines as a “brokerage state” in promoting labor export such as in bilateral ties with host countries. Aside from advertising strategies akin to retail business such as brochures and direct mailers, she reveals that the Philippine government actively networks in various international conferences as initial steps leading to negotiation and eventual cooperation. In terms of specific bilateral agreements, Blank (2011) analyzes the agreements of the Philippines with migrant-worker receiving states (e.g., Canadian provinces and Bahrain, among others) in order to develop a model of bilateral agreements to attract destination countries that are reluctant to cooperate with the Philippines. In his model, he emphasizes the importance of including ethical recruitment and mutual recognition in the agreements. Santiago (2013) examines the implementation effects of Canadian provinces’ MOUs with the Philippines as instruments in recruiting foreign nurses in parallel with other international instruments such as ethical recruitment codes. Nonetheless, missing from these studies is how source countries actively initiate and conclude bilateral agreements, especially those promoting nurse migration. Negotiation analysis could provide insights into the negotiations behind bilateral labor agreements. The next section introduces and discusses the negotiation framework that would guide us in explaining this puzzle.

5.3 Negotiating international agreements

Cooperation assumes that actors (states) are “directed to some goals,” which reveals a certain level of rationality among them and a perception that cooperation delivers gains or rewards (Milner, 1992, pp. 467–468). To initiate

cooperation, states negotiate treaties or other legal and practical arrangements to solve problems and achieve common goals (Abbott & Snidal, 2000). Odell & Tingley (2013, p. 144) define negotiation as a “process in which actors take steps to agree on an outcome, and every actor seeks to make that outcome as good as possible from their own perspective.” Negotiation analysis thus explains the negotiation process as a key area of understanding inter-state cooperation.

Although inter-state cooperation theories, specifically the rational choice tradition, highlight the state as the unit of analysis (Kydd, 2007; Snidal, 1991), negotiation analysis focuses on the individuals or negotiators (Odell, 2010; Odell & Tingley, 2013). Instead of generalizing the collective strategies of states which oftentimes neglect the “who,” “what,” and “how” in explaining inter-state cooperation, the level of reasoning for particular issues and state decisions originate from the individual minds of negotiators (Odell & Tingley, 2013, p. 147). Evidently, negotiation analysis reveals the processes within the micro-foundation of state decisions through the negotiators as a key aspect in explaining why and how some negotiations are successful and others are not. In this chapter, successful negotiations pertain to negotiations that resulted in the signing of a bilateral agreement among the negotiating parties. Consequently, successful negotiations do not refer to the “successful” outcomes of implementing these agreements. In negotiating agreements, Martin (2013) describes the necessary conditions or the procedural arrangements that are assumed to facilitate successful international negotiations. These are (1) non-partisan technical expertise and (2) previous history of interactions between the negotiating parties (also known as repeated interactions) (Martin, 2013, p. 10).

Firstly, as Martin (2013, p. 10) has explained, the involvement of a non-partisan technical expert is crucial and often helpful, especially in framing the issues at the early stage of the negotiation process. She underscores the observation that these experts assist in developing shared and unified perspective between negotiating parties in complex problems leading to successful negotiations. Secondly, Martin (2013, p. 11) asserts that repeated interactions (adopted from collective bargaining and tripartite negotiations) “builds trust and shared understanding among diverse interests.” Deriving from the rationalist tradition of trust (i.e., strategic trust) which depends on experience or history of interaction among negotiating parties (Hardin, 2006; Uslaner, 2002; Yamagishi & Yamagishi, 1994), repeated interaction is a key ingredient of inter-state cooperation (Rathbun, 2011). As Offe (1999, p. 50) describes, the easiest way to build trust is through constant interaction with concrete persons that we have known for a considerable period of time. He emphasizes that “out of *past experience* develops a *present* orientation concerning the anticipation of *future behavior*” (Offe, 1999, p. 50, emphasis original). Following Offe, I use repeated interactions to refer to the negotiating parties’ (states’) past experience(s) with each other. This process may not be necessarily understood as the previous history of negotiations, but any form of prior relationships or interactions between the states that build trust.

The key component of negotiation analysis is distinguishing different phases of negotiation—diagnostic, formula and detail (Zartman & Berman, 1982). In the diagnostic phase, negotiators explore the possibility of negotiations and conduct necessary preparations such as finding information about the parties and identifying potential negotiators (Odell & Tingley, 2013,

pp. 156–158). This phase highlights the participation of institutions seen as neutral (e.g., research universities) that provide unbiased technical expertise about the proposed agenda, especially on complex issues (Martin, 2013; Odell & Tingley, 2013). The formula phase sets the general principle of negotiating the specific agenda. In the last phase—the detail phase, the negotiators discuss the specific details of the agenda and formalize decisions to cooperate through a written agreement (Odell, 2010, p. 623). This phase may also result in deadlocks (parties put on hold the negotiation due to disagreement) or eventually to non-cooperation (Odell & Tingley, 2013, pp. 163–168). Deadlocks, however, could be prevented when a previous (positive) history of interactions between the parties exists.

This chapter centers on these stages of negotiation and underlines how the two necessary conditions—non-partisan technical expertise and previous history of interaction—provide insights into the outcomes of the Philippines’ bilateral negotiations with three Canadian provinces and South Australia. The next section introduces the research design, methods, as well as the data and method of analysis.

5.4 Research design and methodology

5.4.1 Case selection

The chapter focuses on the memorandum of understanding (MOU) as a negotiated instrument for recruiting Filipino nurses. The negotiations are between subnational governments and sovereign states, which is a form of cooperation known as “paradiplomacy” (Aldecoa & Keating, 1999). As an emerging mechanism in foreign nurse recruitment, “paradiplomacy” allows

subnational governments or cities, endowed by distinct competencies, to position themselves for global competition mostly in economic and security matters by cooperating with sovereign states (Aldecoa & Keating, 1999, p. 1).

The Philippines is a leading nurse sending country that actively seeks labor cooperation through bilateral labor agreements (BLAs) with host countries to facilitate the employment of Filipino nurses. Since the start of the state-sponsored labor export policies in the 1970s, the Philippines has successfully concluded BLAs with 22 countries (Makulec, 2014, p. 7), which include components or agreements for the recruitment of nurses. Other nurse-sending countries like India are less active in concluding bilateral labor agreements (Dhillon, Clark, & Kapp, 2010), which makes the Philippines a most revealing case for examining bilateral labor negotiations.

The US is the major destination country for Filipino nurses, but it does not have any bilateral labor agreement on nurse recruitment with the Philippines. But, Canada, especially its major provinces with existing labor agreements with the Philippines, is the leading destination for Filipino nurses. Following the set-up of “paradiplomacy,” the Philippine government successfully negotiated BLAs with the provinces of Saskatchewan (2006), Manitoba (2008) and Alberta (2008) and previously with British Columbia (2008, terminated after 2 years). Likewise, the Philippines has existing labor agreements in nurse recruitment with Bahrain, Japan, and Germany, among others, and it negotiated with South Australia in 2008. Given this track-record, utilizing the case of the Philippines and its bilateral counterparts is relevant for understanding bilateral labor negotiations. This chapter examines the negotiations between the Philippines and three Canadian provinces

(Saskatchewan, Manitoba, and Alberta) as successful cases and South Australia as a case of failed negotiations to show how and why negotiations did or did not result in labor cooperation in recruiting nurses. The MOUs of the Philippines with Saskatchewan, Manitoba, and Alberta were chosen because these three agreements have nurse recruitment as a major component (see Santiago, 2013). Specifically, the Philippines-Saskatchewan MOU serves as a “path-breaking” bilateral labor agreement that is primarily aimed for foreign nurse recruitment (Santiago, 2013, p. 216). The reason is that this MOU was signed several years before the 2010 WHO *Code of Practice* but includes ethical recruitment and human resource development components, which subsequently promoted by the WHO. The other MOUs of the Philippines with Manitoba and Alberta follow the same model with some modifications that are suitable for the need of the two provinces. The Philippines-British Columbia MOU was not included as a case study because it targeted engineering-related professions. The Philippines-South Australia bilateral labor negotiation is a case of failed negotiation which I discovered during the interviews with key negotiators from the Philippines (please see next section for more discussions). To my knowledge, the unsuccessful outcome of this negotiations is not a subject of academic discussions or news report for reasons that are undisclosed. The information gathered about this negotiation failure is a good contribution in examining crucial issues on bilateral negotiations in nurse recruitment.

We can observe in Table 5.1 that the MOU of the Philippines with the three Canadian provinces contributed to an increase in the number of nurses from the Philippines. The Philippines formally started deploying nurses in Saskatchewan only in 2008 following a tedious administrative process (see

Santiago, 2013). The other two provinces followed in the succeeding years. Deployment of nurses in Australia is relatively stable in small numbers during and after the negotiations.

Table 5.1 Number of Filipino Professional Nurses Deployed to Canada and Australia

	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
Canada	25	14	21	7	17	509	346	692	965	2,596
Australia	15	8	1	8	19	27	26	25	39	168

Source: POEA (2003-2009); Commission on Overseas Filipino (CFO) (2010-2011)

Note: The number of deployed nurses does not include Filipino nurses who went to Canada and Australia via direct hiring and permanent residency status who did not register with POEA and CFO. These numbers also did not represent whether these Filipino nurses are admitted as Professional Nurses in destination countries because POEA and CFO did not monitor the professional status of Filipino workers when they leave the Philippines.

5.4.2 Data and method

Public documents, elite interviews, and press reports are the sources of data for this study. Firstly, I gathered copies of the MOU between the Philippines and the three Canadian provinces. These MOUs are available at the online government portals of Saskatchewan, Manitoba, and Alberta and the Philippine Overseas Labor and Employment (POEA). Based on the signatories of the MOUs, the identification of the negotiators and other actors involved in the negotiations commenced in March 2016 with an interview with a Filipino nurse-migration scholar and correspondence with former Philippine top labor officials who signed the MOUs on behalf of the Philippines. The Filipino migration scholar, who was the resource person during the negotiations with Canadian provinces and South Australia, was very helpful in identifying other negotiators from the Philippines.

Secondly, I conducted 11 elite interviews (in English) during March 2016-August 2017 with lead negotiators and high-ranking officials of the different government agencies, nursing organization, and academic organizations in the Philippines (Annex 2). They are the main negotiators for labor-related and nurse recruitment agreements in 2006-2009- the negotiation period of the four bilateral cases. Interviews with negotiators are narratives of the negotiations that are “not transparent in second-hand accounts of cases, for example, information about delegations, bureaucratic support, and informal process” (Druckman, 1997, pp. 410–411). From these interviews, I learned about the Philippines-South Australia negotiations that did not succeed. During the interviews, I asked the negotiators about the bilateral negotiations in which they participated, the organization they represented, the reasons for negotiating, their proposals and the counter-proposals of their counterparts.

For the Canadian and Australian negotiators, I tried to locate their contact information on the provincial or state government websites, but they were no longer in office. Since I have their names, I did an online search of their current offices to locate their email addresses. I sent interview invitations to those former negotiators whose email addresses I have had retrieved as well as the labor and international relations offices in two countries and South Australia to obtain information about the negotiations. I sent the invitations at least two times (February and March 2018) but did not receive any response. Based on my knowledge, there is no existing research on bilateral labor negotiations reflecting the information provided by these officials through interviews or communications. As an alternative, I retrieved the media coverage of the agreements through the news archives of the provincial governments’

online portals, their countries' embassies in the Philippines and the DOLE Philippine website covering the period 2006-2009. These news articles supplement the information provided by the Philippine negotiators and reflect the general viewpoint of the Canadian and Australian negotiators about the negotiations. While the views of the negotiation process are limited to the perspective of Philippine negotiators, the respondents also include a technical expert from the Philippines. These views collectively provide a significant portion of information and reflect the first-hand experience with Canadian and Australian negotiators. The interviews, which lasted for 30 to 45 minutes, served as a platform for them to reflect on their negotiation experiences with the Canadian provinces and South Australia.

After I transcribed the interviews, I manually coded the interview transcripts together with the documents from the interview questions using the following codes: countries negotiated, organizations representation, reasons for negotiating, proposals and counter-proposals (Annex 3). These codes highlight the major discussions in the different phases of negotiation. The succeeding sections present the case studies to show how the parties negotiated during the different stages of negotiation—diagnostic, formula and detail—that led to bilateral cooperation (or did not) by emphasizing the effect of technical expertise and previous history of interaction in the negotiation outcomes.

5.5 Ethical recruitment and beyond: The Philippines-Canadian provinces labor cooperation

“Paradiplomacy” depicts the set-up of the individual bilateral labor agreements between the Philippines and the provinces of Saskatchewan (2006), Manitoba

(2008), and Alberta (2008) (Annex 4). The Philippines initiated bilateral negotiations with these Canadian provinces as potential markets to implement its labor export policy to achieve economic growth through remittances. This initiative was also the Philippine government's response to the slowdown of Filipino nurses' recruitment in the United States in the early 2000s. The Canadian provinces aimed to recruit skilled workers to address their critical labor shortage. These parties signed MOUs that provided guidelines for the recruitment of Filipino skilled workers, mostly nurses. The major discussions during the negotiations were: (1) ethical recruitment that includes orderly recruitment, protection of the rights of Filipino migrant workers and human resource development in the Philippines; and (2) mutual recognition of qualifications. This section examines these key discussions and how they evolved throughout the different phases of negotiations.

5.5.1 Setting the negotiating agenda and the role of the technical expert

The labor negotiations between the Philippines and three Canadian provinces involved both technical and ministerial level negotiations that commenced in 2006 (Annex 4). During the negotiation phase, Odell & Tingley (2013, p. 160) emphasize that some parties create sub-negotiating committees to focus on specific issues of the negotiation. They added that ministers also invite experts from academic institutions to provide purportedly unbiased advice about the agenda. The two main negotiators from the Philippines explained that, at the ministerial level, they assembled a technical panel composed of representatives from labor, education, professional regulation, and nursing organizations to

negotiate specific areas such as mutual recognition with their Canadian counterparts.

The significant highlight of the negotiation phase was the joint exploratory ministerial-level meeting in 2006 held at the Canadian embassy in the Philippines. A renowned Filipino nurse migration scholar from the Philippines recalled that the Canadian ambassador in the Philippines invited him to the meeting as a resource speaker. This migration scholar has written academic and policy papers on Filipino nurse migration. One of these papers is a conference paper that outlines specific recommendations for a “win-win” solution for the host and source country (Philippines) in the emigration of Filipino nurses.

At the meeting, the Philippine negotiators proposed ethical recruitment as a major item for negotiations, particularly recruitment procedures and the rights of migrant workers, on which the Canadian negotiators agreed. However, according to the nurse migration scholar, the investment on human resource development to replace the nurses in the Philippines who were emigrating was not originally included in the agenda. The Philippine negotiators did not include this item because they perceived that the other parties might reject it instantly in view of the enormous resources required for implementation by the Canadian provinces. The nurse migration scholar accounted how he convinced the Filipino negotiators to propose human resource development as an essential component in the negotiations, which they agreed. Indeed, this nurse migration scholar boasted:

Countries like the US and Canada are begging on their knees to take in Filipino nurses [...] we must admit that we are the superior, why should we look down upon ourselves, we are the leaders in nursing and it is about time that we acknowledge this. (Interview, 06 December 2016)

According to the Filipino migration scholar, the human resource development component was one of his policy recommendations in his conference paper. This paper that contains the said policy recommendation was a defining factor why the Canadian officials sought his expertise as a resource person during the initial stage of negotiation. The reason that the Filipino migration scholar cannot negotiate this component with the Canadian officials is that he was not part of the Philippine negotiators (or of the Canadians). He was only presenting recommendations based on the results of his research. In response, the Philippine negotiators disclosed that their Canadian counterparts agreed to their proposal on capacity building and the training of nurses to replace those who will move to Canada. Although the interviews did not reveal any contestations from the Canadian negotiators, the effort and expertise of the Filipino nurse migration scholar were instrumental in convincing the Filipino negotiators to propose this important component.

Another proposal to negotiate was the mutual recognition of qualifications. This component was a subject of intense discussions during the exploratory meeting and in several technical panel negotiations in Canada and the Philippines during 2006-2008. As the technical negotiator explained, most Filipino nurses in Canada are de-skilled when they are classified as Licensed Practical Nurses (LPNs) instead of Registered Nurses (RNs), which have implications for salary and job responsibilities. LPN is a designation for nurses

who obtained two-year practical nursing degrees and RNs are those with four-year baccalaureate degrees. Although Filipino nurses have a four-year nursing degree, they lack the number of years in basic education that Canada requires: basic education in the Philippines is 10 years and for Canada, it is 12 years. The migration scholar raised this concern in the exploratory meeting when he proposed the recognition of Filipino nurses' qualification.

Saskatchewan was the greatest success compared to Manitoba and Alberta [...] they accepted that our nurses were not LPNs [...]; they are true nurses. So instead of giving them 1,000 Canadian dollars, they were now given 3,000 Canadian dollars, of course depending on experience. So that put them at par with the Canadian nurses. (Interview, 22 December 2016)

However, another technical panel member from the Philippines recalled that their counterparts from the three Canadian provinces were not enthusiastic about the proposal concerning education and professional regulation. This official stressed:

Technically there is no full actual recognition. For the three provinces [...] we reiterated our interests in pursuing further exchanges or negotiation as to recognition of professional qualification and we did this because there is an initial indication of interest from them. Anytime we mention about recognition of professional qualification, we usually received a lukewarm treatment from them. (Interview, 03 April 2017)

From these narratives, the negotiations revealed the role of the Filipino nurse migration scholar who acted as a technical expert in facilitating substantial discussions on human resource development and mutual recognition. While his role was to provide unbiased technical advice on complex issues, he was instrumental in advancing the concerns of Filipino nurses. He also facilitated some affirmative responses from the Philippines and Canadian negotiators, specifically on these two complex issues. He explained his role:

The mere fact that I was invited by the Canadian parliament (Ministers) to explain it, the policies, and the mere fact that the Minister of Labor, or even the Chief Minister of Saskatchewan (well through the Canadian embassy and the ambassador), I had a face to face presence, which is not given to any other individuals. So, I was really honored, by that presence of meeting these ministers that came, and even funding my trips to Australia (another negotiation) to talk about the policy. It was overwhelming *lang*²⁰ because of that small paper. It just happened to be delivered in an international nursing conference that got into the internet, *ganun, ganun*²¹. (Interview, 31 March 2016)

Likewise, the Filipino nurse migration scholar described the general procedure on how the negotiations occurred and how his recommendations were “accepted” during the ministerial meeting:

²⁰“*lang*” is a Filipino expression for “just”

²¹“*ganun, ganun*” is a Filipino expression for “and so on”

It was interesting, I am at the table, just to show you, in Saskatchewan (referring to negotiations with Saskatchewan officials) with the ministers of Alberta and Manitoba were there, and we were all there with DOLE but I was not part of the Philippine panel. What would happen is after the Philippine panel has stated their position, the Canadian ambassador would be the one to introduced me to the negotiating panel to hear me out on my position and what is interesting after the meeting the Canadian (or Australian) panel would accept my recommendation. (Interview, 31 March 2016)

Although mutual recognition only gathered favorable response from Saskatchewan, the differing position of the other provinces on mutual recognition is a crucial feature in negotiating details of the agreement. The subsequent section presents how the negotiations led to the Philippines-Saskatchewan labor cooperation in 2006 followed by Manitoba and Alberta in 2008. The discussions underscore the previous history of interactions of the parties in labor migration as a driving factor of cooperation and negotiation success.

5.5.2 Negotiating details, mutual recognition and previous interaction on labor migration

The Philippine negotiators unanimously agreed that negotiating with Saskatchewan, Manitoba, and Alberta on migrants' rights was not challenging. According to them, these provinces already provided a good working environment and highest respect for Filipino migrant-workers, especially for

female nurses. One of the lead negotiators who experienced studying and working in Canada justified:

Other factors considered (for the female nurses and housemaids) were the humane conditions in Canada for female workers. Among these considerations, the respect and protection accorded in Canada to female workers were topmost. Horror stories for female workers in other parts of the world were inexistent in Canada. (Communication, 06 September 2016)

All negotiating parties agreed to simplify the bureaucratic process of nurse recruitment through fast-track visa processing and prohibiting recruitment agencies to collect recruitment fees. Similarly, Canadian provinces agreed to invest in developing human resource in the Philippines so as to not deplete the nurse manpower in the country. In formalizing labor agreements, the previous history of interaction (see Martin, 2013; Yamagishi & Yamagishi, 1994) between the provinces and the Philippines in labor migration is a major consideration for successful negotiation. First, this history of interaction manifests through the previous history of Canada's simplification of licensure requirements for Filipino professional immigrants. Second, and more importantly, it reveals through the good track record of the early batch of labor immigrants in the three Canadian provinces. Although he did not elaborate, a lead negotiator from the Philippines conveyed that Canada has been streamlining requirements for professional licensing of Filipino immigrant lawyers. From this account, there is a pattern of previous commitment from Canada to collaborate and work towards the mutual recognition of Filipino professional degrees, which include nurses.

Saskatchewan entered labor cooperation with the Philippines in 2006 as the main strategy to attract 5,000 new immigrants to address nursing shortages and other professions by 2008 (Press Release, Government of Saskatchewan, 2008). In signing this agreement, the Saskatchewan government acknowledged that “Immigrants from the Philippines are already making significant contributions to our [province] society and economy [...] The Philippines is the number one source country for applicants to the SINP [Saskatchewan Immigrant Nominee Program]” (Press Release, Government of Saskatchewan, 2008). Although there is no stipulated framework for mutual recognition, the parties signed the MOU while technical panel discussions were in progress between the two parties’ higher education representatives. Section J of the MOU, which specifies the creation of the Joint Consultative Committee, provides space to integrate mutual recognition in the agreement once finalized. This initiative shows Saskatchewan’s efforts to honor prior commitments during the early stage of negotiation to ensure the hiring of Filipino nurses building on the good track record of Filipino migrants already residing in the province.

Similarly, the existing connection between the Philippines and Manitoba through the Filipino-migrant communities served as one of the key considerations in signing the MOU. Before departing for the Philippines to sign the MOU in February 2008, Manitoba’s Premier Gary Doer acknowledged: “Manitoba has a strong Filipino community and it makes sense for us to build on the connections that already exist between our province and the Philippines” (Press Release, Government of Manitoba, 2008). Though negotiators from Manitoba ruled out mutual recognition during the exploratory meeting, both

parties in the final stage of the negotiations agreed on a framework that would lead to mutual recognition of Filipino migrant workers. Annex A of the MOU stipulates that Manitoba would “establish training and educational programs in the Philippines that meet the requirements and standards necessary for entry into specific occupations in Manitoba.” Correspondingly, Philippine Labor Secretary Brion clarified that “The RP-Manitoba cooperation would pave the way for greater recognition of Filipino skills and qualifications, thereby, facilitating their employment and deployment to Manitoba” (Press Release, DOLE, 2008).

Likewise, Alberta guaranteed the institutional framework for mutual recognition. Annex A.C of the Philippines-Alberta MOU specifies that the different ministries and nursing schools in the province will explore partnerships with Philippines’ post-secondary institutions to deliver “Alberta-recognized nursing” in the Philippines. As an improvement to the two MOUs, Alberta is considerably open to the long-standing Philippine proposal to recognize Filipino nurses as RNs through the involvement of the College and Association of Registered Nurses of Alberta. This RN registration body shall engage in “developing mutually acceptable assessment and credential recognition systems” (Annex A.C, Philippine-Alberta MOU). These efforts are pursuant to Alberta’s preferential hiring of Filipino workers because of their “skills, flexibility, adaptability and good work ethics” (Corpuz, 2008). Another consideration is the track record of Filipino migrants “as significant contributor to the economic success of Alberta” (Press Release, Government of Alberta, 2008).

Collectively, the two essential elements of negotiating successful agreements were present in the different phases of the negotiation process of the Philippines-Canadian provinces' bilateral cooperation. At the initial phase of negotiation, the role of a Filipino nurse migration scholar assisted all parties to proceed to the next level to finalize the details of their agreements. In the final phase, the previous history of interaction that enables trust between them is a significant factor in signing the three MOUs. The next section describes the negotiation failure of the Philippines with South Australia and how the absence of this history of interaction contributed to this outcome.

5.6 Mutual recognition and the breakdown of the Philippines-South Australia negotiations: where to locate the bridging program?

The Philippines-South Australia negotiations commenced in 2008 (Annex 4) through the exploratory trade mission in the Philippines of the Deputy Premiere and Minister for Industry and Trade, Kevin Foley. It aimed to promote cooperation with the Philippines on labor, employment and human resource development (Press Release, Australian Embassy in the Philippines, 2008). While Mr. Foley referred to the cooperation of the Philippines with three Canadian provinces as “catalyst for South Australia to follow a similar course” (Press Release, Australian Embassy in the Philippines, 2008), the negotiations did not lead to a labor agreement. The Philippine labor officials conveyed in media releases that the two parties would sign the agreement in 2009 but ended silently after detailed negotiations in South Australia during November 2009. Although the ultimate reason is not directly known, interviews with negotiators revealed mutual recognition of qualifications as one of the key issues upon

which the two parties could not agree. This points ultimately to the lack of trust between the negotiating parties as being responsible for the outcome. The lack of trust directs to the issue on the quality of education and training of Filipino nurses, especially those that are going to Australia, which I explain below.

Having a similar set-up with the Philippines-Canadian province's negotiations, the Australian officials tapped the expertise of the same Filipino nurse migration scholar on the negotiating agenda. At the initial phase of negotiation, he attended an exploratory meeting in 2008 held in Manila together with the Philippines and South Australian negotiators as a resource speaker. He presented the same proposal on human resource development and mutual recognition, and he claimed that the Australian counterparts agreed to negotiate.

As the negotiations progressed, the Philippines' lead negotiators and technical panel visited South Australia in 2009 to explicitly discuss the arrangements on nurse recruitment. The Philippine representatives from the labor department and professional regulations met with the South Australian government officials, particularly members from the Nursing and Midwifery Board of South Australia. The Filipino Australian newspaper reported that the "talks proved fruitful, resulting in the finalization of the draft RP-SA MOU on Labor Cooperation" (TFA Staff, 2009).

Yet contrary to this report, my interviews with the main members of the Philippine delegations exposed that mutual recognition became a thorny issue that ultimately resulted in failed negotiations. A lead negotiator disclosed:

If I remember right, their priority at that time are nurses and our nurses are not at par with theirs because we lack in the number of years of schooling.
(Communication, 04 August 2017)

A Philippine negotiator clarified that to resolve issues on mutual recognition, their counterparts required a bridging program prior to employing Filipino nurses since their educational requirement (K-10) is not comparable to Australian education (K-12). Although the Philippine delegations argued that South Australian officials should pay attention to the undergraduate degree and experience of Filipino nurses, rather than the basic education received prior to the nursing degrees, they declined. Instead, the Australian negotiators pushed for the adoption of a bridging program of six months to one year in South Australia with the Filipino nurses bearing the high cost of education. This negotiator counter-proposed:

So my proposal [...] can that bridging program be done in the Philippines instead so that the nurses while undergoing training don't need exactly to resign? At first they did not want it but later on, the Department of Labor and Employment officials supported me especially our Ambassador to Australia [...] The last time I heard from the Philippine Nurses Association [...] they really considered that the bridging program should be done in the Philippines. I told them that should the bridging program be done in the Philippines, we assure them that the teachers they will train to conduct the bridging program will be the very best [...] (Interview, 29 November 2016)

Based on this narrative, the issue on where to locate the bridging program was not resolved during the negotiation process. In general, the immigration of Filipino nurses in Australia is far more complex than the location of the bridging program. One of the major issues is related to the “quality” of Filipino

nurses (see Hawthorne, 2002). Although the negotiators from the Philippines did not disclose this issue during the interview, there are some commissioned research studies by hospital organizations in Australia that reveal poor English proficiency results of Filipino nurses (e.g., Hawthorne, 2002; Short, Hawthorne, Sampford, Marcus, & Ransome, 2012). English proficiency and qualification recognition are considered major hurdles for Filipino nurses in Australia to secure a professional nurse employment (Short et al., 2012).²² The Philippines is known for training “world-class” nurses but the massive expansion of private nursing schools and weak regulatory oversight compromised quality assurance (see Masselink & Lee, 2010). As permanent migration is often the migration route of Filipino nurses in Australia, only 58 percent of these nurses who immigrated secured nursing employment within five years after the arrival in the country (Short et al., 2012). The others are de-skilled or employed in other professions.

Clearly, these negotiations reached the detailed stage, and this is where the previous history of interaction as a necessary condition could play a crucial role in facilitating the positive conclusion of bilateral agreements. As Odell & Tingley (2013) explain, the parties may not decide to cooperate because they lack information about each other’s trustworthiness based on past interactions (see also Yamagishi & Yamagishi, 1994). In this case, the negotiators of the two parties could not agree on where to locate the bridging program which has cost implications for Filipino nurses and apparently has revealed a lack of trust between the two parties. Conversely, apart from New Zealand, Australia (or any

²² The reputation of Filipino nurses in Australia is in contrasts with non-English speaking destination countries like Oman. Although the Philippines did not have a bilateral agreement with Oman, Filipino nurses received the highest salary compared to other source countries. Filipino nurses are “sought after” by Oman employers because they are considered as well-educated and with good English-speaking skills (see Ennis & Walton-Roberts, 2018).

of its federal states) does not have any bilateral agreements on qualification recognition for foreign-trained nurses. Moreover, we can observe in the parallel reports that there is a question of quality assurance if the negotiators agreed to locate the bridging program in the Philippines based on the poor English proficiency results of Filipino nurses. Relatively, in comparison to Canada, the treatment of Filipino migrants in Australia is notorious with reported exploitation, abuse, and domestic violence (see Center for Migrant Advocacy, 2013). The Philippines and South Australia negotiated because of the need to expand new markets for nurses and to address nurse shortage, respectively. But, without any positive prior experience and coupled with the negative reputation of treatment of migrants in the destination state, the negotiations collapsed between the Philippines and South Australia.

5.7 Lessons for migrant-sending countries in managing nurse emigration

The chapter demonstrates the proactive nature of a nurse-producing state in seeking cooperation to reinforce labor-export policy for economic growth. What this chapter presents is in contrast to how some scholars portray the source countries as a disadvantageous party in the migration of nurses (Buchan & Sochalski, 2004; Connell & Buchan, 2011). In fact, the findings show that the case of the Philippines is akin to a business enterprise pursuing expansion of its market niche through international cooperation. The main purpose of this business strategy is to ensure product distribution and earn profits. This initiative of the Philippines extends the scope of neo-liberal reforms beyond the realms of labor production to marketing by negotiating for a profitable market

for nurses. Through labor cooperation, there is a guaranteed market for labor export.

We learn through negotiation analysis that mutual recognition of qualifications is a decisive issue in negotiating labor agreements. The negotiations highlight the persistence of the Philippine officials in negotiating for the recognition of Filipino nursing degrees to accelerate mobility. Thus, the discussions uncover how the relative deficiency in the number of years in pre-university education (K-10 versus K-12) serves as a window for de-skilling the qualification of migrant workers, especially women. This issue undermines the quality of their undergraduate education and work experiences prior to emigration. Current changes in pre-university education in the Philippines have addressed this deficiency by adopting the K-12 system, but this does not help those nurses who were already in Canada or Australia. On the other side, although the US accepts the Philippines' nursing degrees and its licensing examination is readily accessible in the Philippines, generally, Filipino nurses in Canada and Australia have experienced de-skilling. While these nurses completed nursing education and qualified as registered nurses, sometimes they are admitted as caregivers or domestic helpers.

Further, the successful negotiations of the Philippines with Saskatchewan, Manitoba, and Alberta assist us in making sense of the role of the source countries in bilateral negotiations. Most often, source countries possess little negotiating advantage and host countries hold the control to reject the agreements (Blank, 2011). Indeed, the necessary conditions for successful negotiations such as the participation of a technical expert and the previous experience of interaction between the Philippines and three Canadian provinces

reveal the negotiating advantage of the Philippines being the trusted source of nurses and other migrant-professions. These two key conditions provide a strong platform for the Philippines to insist on qualification recognition despite initial resistance. We can see the contrast of this scenario in the Philippines-South Australia negotiations where, in the absence of this condition that could enable them to trust each other, the host province maintains the most negotiating advantage while the source country remains inferior. However, the negotiations could be far more complex and the issue of trust (through previous interactions) is only one of many factors. What the Philippines-South Australia case reveals is the deteriorating quality of higher education (especially nursing education) in the Philippines, which may be the result of a limited government oversight on quality assurance. It shows how the country is even underperforming in the English language proficiency examinations, which could be surprising considering English is a medium of instruction in the Philippine education system. Moreover, this negotiation case has greater implications in nursing education and professional regulation which over the years have been affected by the issues of corruption and mismanagement especially the highly controversial licensure examination leakage (see Chapter 4).

The findings in this chapter uncover some areas for future research such as bilateral cooperation and mutual recognition concerning nurse recruitment. Future research could focus on exploring why Australia is less active in participating in bilateral negotiations concerning nurse recruitment in comparison to Canada. The result of this research could provide more insights into the key considerations of both countries (especially Australia) in

negotiating agreements. Given access to interviews with key negotiators in these countries, this line of inquiry would address the key limitation of this study, which is the perspectives of negotiators from host countries. Further, engaging other stakeholders such as professional unions is an added dimension on the negotiation process. Unions are known to be involved in political lobbying and are known to be influential actors in labor negotiations. It would be interesting to analyze how unions influence the negotiations and to what extent their influence is. Future research could also examine the reasons why mutual recognition of Filipino nursing education is a greater issue in Canada and Australia and not in the US. This type of research could contribute to the general debate on the “de-valuation” of non-Western higher education degrees—an important aspect in the migration of skilled workers from developing countries.

In the end, this chapter provides a key perspective on how a sending state, through its negotiators, performs in international negotiations to promote its labor-export policy. As a dependable source of migrant-labor, sending countries have the comparative edge in negotiating favorable terms and conditions with host countries that could amplify the positive contributions of labor migration to economic growth. Participation in bilateral labor cooperation in nurse recruitment is indeed a proactive endeavor of the sending state in managing the effects of labor migration to development.

Chapter 6

Conclusion: reflections on the sending state and the migration-development nexus

6.1 Concluding remarks

While the fields of sociology and economics have dominated migration studies for many decades and development is generally examined through the theoretical lens of economics, the migration-development nexus is a complex challenge for scholars in search of a unifying framework that could adequately explain its many dimensions. My thesis contributes to efforts designed to unpack this complexity by bringing together migration and development into the broader conversation about the role of the sending state. In this thesis, I introduced the public policy perspective and negotiation analysis to emphasize the significant contribution of the sending state in the migration-development nexus that has generally been less discussed in the existing literature.

From the findings presented in this thesis, we have learned that in the migration-development nexus the sending state becomes the principal actor at different stages of the migration process (both before and after emigration) by empowering labor migrants as agents of development. In the country's quest for development, the sending state provides a central role in the migration process by creating a policy space for both state and non-state actors to collaborate with each other. Consequently, however, the collaboration between state and non-state actors does not always lead to successful outcomes (which is another issue outside the context of this thesis). This policy space, therefore, enables

conversation for diverse ideas to address the specific issues concerning migration and development. While sending state intervention is more prominent when discussing development, such intervention does not receive the same level of scholarly attention when it comes to accounting for the uneven, ambiguous and conflicting effects of skilled migration on the development of the countries of origin. This thesis has established clearly the role of the sending state in policy design, instrument choice, and negotiation of bilateral labor agreements as forms of interventions in labor migration by the sending state to achieve development. In short, sending state interventions matter for development.

This thesis, however, does not provide a prescriptive approach to encourage sending state intervention in promoting migration for development. What these particular cases of interventions present are the unequivocal role of the state that actively operates in policy areas such as labor migration and higher education in order to achieve its development goals. Specifically, the innovation of financial products catering to migrants and their families, the national and international recognition of colleges and universities as “production” hubs of prospective labor migrants, and the active presence of the state in labor cooperation portray the massive investment of sending state resources at the local, national and international levels. Conversely, this thesis also recognizes that there are many dimensions to development, which can include the effects on individual migrants and their families. At the same time, this thesis does not speak to the general sufferings that migration causes to migrants and their families, which have been addressed by different sets of literature. What this thesis emphasizes is that these specific roles of the sending

state have wider implications for the development of source countries. Thus, sending state intervention may also affect individuals and families in different ways.

6.2 Contributions to the academic literature

In this thesis, I elaborated the different roles of the sending state in the context of the migration-development nexus by connecting different sets of literature—migration-development, negotiation analysis, and policy design—that do not speak to one another but should. This section discusses the contributions of this thesis in specific areas of the migration-development literature.

First, broadly this thesis hopes to advance the centrality of the role of the sending state in managing the effects of the migration-development nexus (see Chapter 3). Although given that the sending state has some roles to play in the migration process in the context of development, nonetheless scholars often view labor migration as a market-driven process which responds to the rapid rise of globalization. As a result, scholars generally portray the corresponding impact on the sending state's development as an effect of market forces. This thesis rejects this aspect of the migration literature that conveys pure market-based analysis. Instead, it suggests and shows that states play a significant role in this process by revealing their roles (interventions) in free markets through market-friendly reforms that promote sending state's competitiveness in the global economy. Moving beyond migrant institutions (Goss & Lindquist, 1995; R.M. Rodriguez, 2010; Ruiz, 2014), the cases presented in this thesis have examined closely these specific strategies that convey that sending state interventions occur both at the domestic level, through policymaking processes

such as design and policy instrument choice, and the international level through labor cooperation with receiving states. For example, in the context of remittances, the absence of the state in the remittance market makes it more difficult and costly for migrants to send remittances due to high transaction costs. The very absence of sending state intervention in this crucial stage of the remittances process raises questions about the ultimate effect of remittances in domestic development. With sending state intervention, especially in choosing the “right” policy instrument in the remittance market, I found that the flow of remittances is smoother with regulatory intervention. As a result, intervention in the remittance market ultimately provides investment opportunities for migrants and their families that trigger economic activities and bolster development. Indeed, the creation of state banks to cater to remittances has been a standard practice, as the case of Morocco (see Iskander, 2010) and the Philippines, which has established a bank exclusively for migrant workers. Equally, an intervention in the remittance market through regulation is also relevant when private players dominate the remittance market. These interventions show the many strategies the sending state can pursue to promote development.

Second, this thesis portrays the central role that the sending state could play in a domestic higher education system dominated by private actors (see Chapter 4). This role is exemplified by the creation of policies that would encourage private higher education institutions to “educate” skilled migrants for emigration. In their research on the nexus between higher education and labor migration, migration scholars focus on the role of specific government institutions on improving the “quality” of higher education to guarantee the employment abroad of prospective migrants (Masselink & Lee, 2010; Ortega,

2014, 2015; Ruiz, 2014; Walton-Roberts, 2015). In a more precise dimension, Ortiga (2014) demonstrates how the private nursing colleges in the Philippines adjust the curriculum to the demands of the international employers and on the oversight of government institutions on quality assurance. However, there is a lack of understanding about how government (state) actors interact with non-state actors when creating and designing policies that actually promote emigration. The convergence of these two sets of actors is an important aspect in the migration-development nexus especially because the policy sectors of higher education and migration have diverse actors (state and non-state) with differing perspectives on what constitutes development. In the specific context of nurse migration and other skilled professions in tourism and maritime industries, some scholars have explored increasingly the commercialization of higher education institutions to profit from prospective migrants (Baylon & Santos, 2011; Masselink & Lee, 2010; Ortiga, 2014, 2015; Walton-Roberts, 2015). Nevertheless, they leave a puzzle on how the sending governments actively provide and open up a policy space for these institutions to operate in collaboration with each other in promoting labor export as a development strategy. This thesis integrates all these different actors (state and non-state) and addresses these gaps by examining the design process of a policy on nursing education and professional practice. At the same time, it reveals the consistency of the *pro-emigration* stance of the Philippine government in other policy areas such as education and professional regulation. In so doing, this thesis adds to the migration-development literature by revealing the strong influence of the sending state (in synchrony with non-state actors) in a market-led higher education sector to explicitly reinforce its flagship labor-export agenda towards

economic development. However, this role of the sending state complicates the policy domain of higher education in democratic states in terms of the conversation of academic freedom. While this sending state intervention supports the profit-seeking behavior of private academic institutions, there is little room for universities and colleges to govern on its own. The reason is that these institutions are expected to operate within the policy direction of the state.

Third, this thesis extends the role of the sending state in migration-development beyond its far-reaching influence on domestic politics to the international spheres by emphasizing state bargaining power in negotiating bilateral labor cooperation (see Chapter 5). While R.M. Rodriguez (2010), Santiago (2013) and Blank (2011) have examined bilateral agreements using the Philippines and leading destination countries of Filipino labor migrants as a familiar case, they discount the negotiation process of these agreements. Although the reason for leaving out the negotiation part is not explicit in their research, these scholars' framework of reference is on the sociological, geographical and business aspects and not on the policy and negotiation perspectives. By examining the process leading up to these agreements, I found that the sending state plays a dominant position in negotiations and in securing foreign employment markets for the prospective migrants. Very importantly, this aspect of the migration-development literature suggests that the scope of sending state intervention does not end with creating migrant institutions and extending labor export policies to other relevant policy domains. Indeed, future research into roles that sending states play should include active participation in bilateral labor cooperation for ensuring the employability of their prospective emigrants. By securing their employment, in return, the sending state gives the

emigrants the ability to remit more and engage in philanthropic activities to share acquired knowledge back in their home countries. That is, despite the contribution of non-state actors in international labor negotiations, only the state can conclude and formalize bilateral agreements. The thesis also reveals that the synchrony between labor migration policies and higher education is a significant aspect when negotiating bilateral labor agreements. Coherence between these two policy areas has the capacity to strengthen the bargaining power of the sending state in negotiating specific terms and conditions such as mutual recognition of higher education degrees. Further, the same coherence addresses other concerns in the migration literature such as de-skilling and labor exploitation in terms of salary and working conditions.

Finally, in the context of theoretical approaches, this thesis adds to the migration-development literature by utilizing the public policy perspective and negotiation analysis in uncovering the role of sending states in labor migration. Despite some studies that integrate the role of the state, the use of the policy design approach and policy instrument choice in migration studies is a less common practice. Similarly, while negotiation analysis originates from labor negotiation literature, this framework is generally absent in studies of migration-development nexus. It could be due to the strong influence of free market-based approaches in migration studies. Some scholars who examine the role of the sending state focus comprehensively on domestic interventions by the state. These two overarching approaches bring forward the untapped roles of the sending state that focus on policymaking (policy design and instrument choice) and negotiating international labor agreements, which serve as

substantial factors in accounting for the uneven impact of development to source countries.

6.3 Directions for future research

While this thesis has initiated a conversation on the role of the sending state in managing labor migration for the development of the source countries, there are several areas that could be examined in future research. For instance, future studies could expand the scope of policy interventions by looking at different professions and country cases. Specifically, it would be interesting to distinguish whether these state interventions affect migration decisions differently at different stages of the migration process.

While I mentioned in Chapter 1 (research design) that the problem of “equivalence” is a formidable challenge for a comparative case, future studies could certainly explore ways to compare source countries in a particular field of migrant professions. For instance, seafaring is also one of the distinct migrant professions and the Philippines, Indonesia and India are among the active seafaring countries.²³ Seafarer emigration is an interesting case because of the space dimension: “where” (i.e., the location of work) is the destination country since seafarer spends most of their time in the ocean (see Borovnik, 2004; Sampson, 2003). Given this grey area, this case could provide a different perspective on how domestic policy and international interventions of sending governments affect the management of the effects of migration-development nexus. Other professions could include information technology (IT) professionals, engineers and scientists or researchers. These different skilled

²³ I excluded China and Russia because they do not have a clear policy on labor export as a development policy.

professions can potentially reveal distinct sending state strategies tailored-fit for these professions and the corresponding impact on achieving development goals of sending countries. From the sending state's perspective, it would be interesting to observe whether the state's capacity to manage development effects depends on the migrant's internationally-perceived skill level.

Another relevant area to examine pertains to how these specific strategies of the sending states affect the pre-migration and post-migration decisions of prospective migrants. The pre-migration aspect could reveal how the sending state affects migrants' decisions to work abroad from different viewpoints such as migrant's choices of university degrees (to study abroad or stay home) and destination countries for work, which may be closely linked with the degree received. Post-migration focuses on how the states influence migrants' remittance or investment behavior, their decision to return home, settle permanently abroad, or engage in sustained circular migration. These are very significant areas that could lead to a systematic analysis of the interaction between state and non-state actors in the migration-development nexus.

Finally, while this thesis presents the different dimensions of sending state intervention in the migration-development nexus, I recognize that the complexity within migration and development does not end with the conversation concerning the state. Indeed, this thesis constitutes an invitation to further discuss the roles of all actors—including the sending state—in the migration-development debate.

6.4 Reflection on the research process: locating reflexivity

In the foreword, I described that this thesis has some aspects of “benefits” through my experiences in a family of migrants, especially in identifying the debates in the migration-development nexus. My background as a member of a migrant family and a “migrant” myself inevitably points to the reflexivity required in the research and preparation of this thesis. Here, I define reflexivity following Horsburgh (2003, p. 308), which refers to the “active acknowledgment by the researcher that her/his own actions and decisions will inevitably impact upon the meaning and context of the experience under investigation.” Scholars, mostly in the qualitative tradition, applied reflexivity as a measure to “secure credibility, trustworthiness, and non-exploitative research by self-scrutinization of the lens through which the researcher views the phenomenon studied” (Berger, 2015, p. 229; see also Alvesson & Sköldbberg, 2009). I would like to end this thesis by describing and explaining how I have integrated reflexivity in some aspects.

From the onset, my personal experiences of the benefits of migration and my observation about the consequences of migration to the family left behind revealed an inherent tension of the migration-development nexus from the practical aspect. This factor has influenced and motivated me to explore the scholarly literature on migration and development deeper, particularly on what has been studied to identify the gaps that need further research. The personal experiences that made me acknowledge the complexity of the migration-development nexus form part of the reflexivity context of this thesis.

In the reflexivity literature, studying the “familiar,” because the researcher has been “there,” is one of the key components in generating in-

depth information from the subjects (respondents) but can also present a danger of putting subjectivity into the research process, especially in interviews (see Berger, 2015). For example, in recollecting her interview experience with prospective immigrants, Berger (2015, p. 224) allowed the respondents to tell their story rather than “pushing” them to “certain directions” despite relating to their painful stories and struggles that she also experienced. This is why I consider my position to be an “outsider” because my respondents are policymakers and academics. While these policymakers and academics may have been migrants at some point, I have not solicited their viewpoints on their own migration experiences. Instead, I give focus to their experiences in preparing nursing policy legislation and as leaders in different nursing organizations. While I have family members who are nurses, and thus I am familiar with the practices and travails of the nursing profession, I am not a nurse nor have I had previous experience in nursing legislations or bilateral labor negotiations. This allows me to have the distance necessary of being what I consider an “insider-outsider”: good knowledge, but an observer of the sector and its policy development and implementation. While it would also be helpful in this thesis if I have had any personal experience in these policy areas, my position as an “outsider” provides this thesis with a fresh, unbiased and different standpoint of the nursing profession in light of migration-development through questions (e.g., policy design related) that lead to “innovative directions” (e.g., higher education policy-migration nexus) (see Berger, 2015, p. 227)²⁴.

²⁴ This is especially relevant to Chapters 4 and 5, which I have learned the policy process of legislating nursing law and how bilateral labor negotiations occurred and developed for hiring Filipino nurses.

During the research process, I have had experienced unanticipated access to data that are usually less accessible to others. Before starting my PhD, I have been affiliated with reputable universities in the Philippines as a former faculty member. This has helped me in having access to data, especially legislative data and key informants. Without any information on the “size” of the nursing policy—labor and education domains from the previous studies, I came to discover that the policy area is actually relatively small. That is, the policy area is composed of policymakers and nursing officials who personally know one another and have been involved in all aspects of nursing education and labor migration advocacy, policy and research fields. Hence, access to these respondents became easier for me when I was able to tap into their “network” very quickly at the outset. Some of my interviewees and key informants in this study revealed enthusiasm about my research project because, in some ways, they have previous collaboration with my former universities. Although, I have to admit, some of these interviewees were hopeful that my reason for studying this field was because I was a nurse (I was not). Fortunately, my research respondents have been very helpful in pointing me to their other colleagues. As one example, I came across one interviewee who was actually a top-ranking official in one of the universities where I was previously affiliated. Through this thesis, I came to discover that this interviewee, who happened to be my former “big boss,” has been a key personality in nursing policymaking process and negotiations of bilateral agreements.

My experience in this research process has revealed the different shifts of “positioning” in my role as a researcher in a research theme that is relevant to my personal life. I began as an “outsider,” where there existed a clear

“boundary” between me and my interview respondents. Next, when I embarked on my research and began to interact with the policymakers and sector stakeholders, I became an “insider-outsider,” a researcher with good knowledge of the field. As I proceeded along with my research, I noticed that I became an “insider” into these sector-specific developments, having accessed the “core” (i.e., policy actors) of the policy domain of labor and nursing education sector. I have achieved this through a strong network of people I have established during the course of my academic career. These different “positioning” have contributed substantially in providing me with greater insights of what Fitzgerald (2006) refers to as “seeing inside the state” while explicitly maintaining my role as a researcher.

To conclude, my goal for this thesis was to explain and describe the processes of the different roles of the sending state in the context of migration and development. As I have previously mentioned, this thesis does not provide a prescriptive approach on whether to strengthen, weaken or suggests non-intervention of the sending state in managing migration and development. Explicitly, my goal was not to provide a solution but to explain, rather, the phenomenon so as to contribute to the existing academic literature. This is what this thesis stands for—depicting the quest for knowledge and demonstrating objectivity despite some reflexivity roles that I have explained in the research process. My findings may ultimately serve as reflections on the policy issues which may be helpful for the policymakers’ future policy choices and decisions concerning the migration-development nexus.

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Annexes

Annex 1. Key Informant Survey Questionnaire

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**KEY INFORMANT SURVEY QUESTIONNAIRE ON THE
EMIGRATION OF FILIPINO NURSES**

INFORMED CONSENT

This survey questionnaire is part of my thesis project entitled 'The Emigration of Filipino Nurses: Policies, Bilateral Cooperation and Migration-Development' in the School of Humanities and Social Sciences, Nanyang Technological University, Singapore. The questions in this survey are designed to solicit your perception on several issues related to your country's health system and the emigration of nurses to the UK, Canada and Singapore.

You are chosen to fill out this questionnaire based on your contribution and involvement in the area of nursing education, professional practice and international migration as frontliners or in-charge on either of the following sectors/organizations - labor, health and education sectors and in professional and diaspora organizations for nurses. This survey is purely for academic purposes and your responses will not be used beyond the scope of this project. Your responses to this survey will be kept confidential and anonymous. I appreciate your cooperation and your contribution to this project.

For your guidance, kindly refer to the following information. Should you have any questions or concerns, please feel free to contact any of the researchers.

Purpose of the study: The purpose of this research is to examine state intervention in health professional migration as a moderating factor to explain the effects of migration to the development of sending countries using the case of nurse migration in the Philippines. Specifically, it will investigate how the Philippines design their emigration-related policies on health professionals and why this country did or did not participate in bilateral cooperation with destination countries such as Canada, the UK and Singapore in the emigration of nurses.

Procedures to be followed: If you consent to participate in this study, the researcher/co-Principal Investigator, **Exequiel Cabanda**, will furnish you with the survey questionnaire. Participants will be briefed about the purpose of the study. The survey questionnaire will take 10 minutes to accomplish.

Confidentiality: All personal details will remain confidential to the researchers. No individuals will be identified in any published data or recordings. Data collected will be kept in a safe platform and will be deleted 10 years after the completion of this research.

Risks: There is no significant risk to you. However, if you experience emotional distress or are uncomfortable with answering any questions, please make this known to the researcher(s) and you are free to refuse to answer the question at any point in time.

Benefits: We will use the results of this study to ascertain the importance of the design process of emigration policies and participation in bilateral cooperation as state interventions to explain why some sending countries achieve more or less development benefits in the emigration of health professionals. There are no direct benefits to participants as a result of agreeing to participate in this study. However, the knowledge gained will be useful to the scientific community and policymakers who interested in the factors affecting a well-functioning system of higher education (in the health sector) and immigration.

Participation is voluntary: If you decide to participate, you are free to withdraw your consent at any time with no penalty to you.

More information: You are encouraged to contact the Principal Investigator or co-Principal Investigator if you have any questions or concerns about this study or the **NTU IRB** at irb@ntu.edu.sg.

Your participation will be an invaluable contribution to the advancement of skilled migration research and practice.

Thank you very much.

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Statement of consent:

By signing below, I acknowledge that I have read the above information and I am willing to participate in this study.

Name

Date (MM/DD/YY)

SECTION 1. BASIC INFORMATION

Name of Organization/Agency/Office

Choose which sector your organization belongs to?

- Labor
- Health
- Education
- Diaspora Organization
- Recruitment Agency
- Other

Designation/Position

SECTION 2. HEALTH OUTCOMES

This section is about your perception on the status of your health sector with respect to health outcomes. Health outcomes refer to the readiness of your health sector to confront health risks through the identification of current health risks, the sufficiency of the current health professional workers and the ability of your health sector to safeguard your countrymen from health risks.

Please check the current health risks in your country

- Malaria
- HIV/AIDS
- Dengue Virus
- Tuberculosis
- Influenza
- Measles
- Other

Please rate the following statement on the status of your country's health sector in terms of the supply and demand of health workers and the capacity to safeguard and protect the health of your countrymen against health risks that you have identified in the previous question.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Private and public hospitals in my country have adequate number of nurses to meet the number of patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My country's health sector has full capacity and capability to control the spread of infectious diseases and epidemics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have confidence in my country's health sector to promote and safeguard our health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 3. RETURN AND CIRCULAR MIGRATION

This section is about your perception on the contribution of migrants to your country when they return after 2-3 years of working abroad as foreign health professionals and repeat the same cycle.

Do you think nurses who have worked in Canada, the UK and Singapore eventually return and work in your country?

- Yes
- No

If no, state reason

Please rate the following statements based on your view on how important the return migration of nurses to your country.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Nurses who return to my country after several years of working in Canada, the UK and Singapore help local hospitals through new knowledge and technologies they learned from abroad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses who return to my country after several years of working in Canada, the UK and Singapore help increase the competency of the nurse professions in the country.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses who return to my country after several years of working in Canada, the UK and Singapore help improve the capacity of the health sector to safeguard the health of the people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 4. REMITTANCES

This section is about your perception on the contribution of the remittance of nurses to your country's public services such as health, education, and other public services.

Please rate how important remittances benefit your country in terms of improving public services such education, health and other public services

Low High

0 1 2 3 4 5 6 7 8 9 10

Please rate the following statements based on your view on the benefits of remittances of nurses who work in Canada, the UK and Singapore.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Nurses send money to their family members back home to finance the education of family members, hospitalization and other daily needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The government in my country ensures that there is a timely and cost efficient transfer of remittances to the families of citizens who work abroad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My government hails citizens who work abroad including nurses as heroes because of their contribution to the economy through their remittances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 5. DIASPORA NETWORK

This section is about your perception on the contribution of diaspora organizations in your health sector. Diaspora organization in this survey is defined as nurses' organizations established and based in the UK, Canada and Singapore, whose members are nurses from your country but now living and working in these three countries.

Have you coordinated/collaborated/work in your organizational capacity with nurse diaspora organizations based in the UK, Canada and Singapore?

- Yes
- No

If yes, please specify which organization

Have you coordinated/collaborated/work in your personal capacity with nurse diaspora organizations based in the UK, Canada and Singapore?

- Yes
- No

If yes, please specify which organization

Please rate the following statements based on your view of how nurse diaspora organizations help build capacities in the local health sectors.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Nurse diaspora organizations based in the UK, Canada and Singapore engage in activities such as free medical training and medical missions in their home countries to help the urban and rural poor sectors of the country.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse diaspora organizations based in the UK, Canada and Singapore give scholarship grants to financially disadvantaged students who want to pursue nursing degrees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse diaspora organizations based in the UK, Canada and Singapore collaborate with their home government for projects to improve nurse education, medical facilities and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 6. HOSPITAL PARTNERSHIP

This section is about your perception on the contribution of hospital-to-hospital partnership in fostering cooperation between your country and Canada, UK and Singapore.

Are you aware of any hospital partnership agreement between your country and that of Canada, the UK and Singapore?

- Yes
- No
- I do not know

If yes, please check which country

- Canada
- UK
- Singapore

Please write the partnership agreement

Please rate the following statements based on how you view the contribution and benefits of hospital partnership between your country's local hospital and that with hospitals in Canada, the UK and Singapore.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The partnership with hospitals in Canada, the UK and Singapore facilitates knowledge transfer through training exchanges among nursing students and professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The partnership with hospitals in Canada, the UK and Singapore allows the retention of an adequate number of nurses which will not impair the services of the local hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The partnership with hospitals in Canada, the UK and Singapore improves the quality of medical services of local hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Annex 2. Elite Interview Respondents

Respondents	Organization	Platform	Date
1. Respondent 1	Former Secretary, Department of Labor and Employment (DOLE)	Interview, Communication	27 September 2016 04 August 2017
2. Respondent 2	Former Secretary, Department of Labor and Employment (DOLE)	Interview	29 September 2016
3. Respondent 3	Former Secretary, Department of Labor and Employment (DOLE)	Communication	06 September 2016
4. Respondent 4	Former Secretary, Department of Health (DOH)	Interview	31 March 2016, 22 September 2016
5. Respondent 5	Current high ranking official, Philippine Overseas Employment Administration (POEA)	Communication	21 September 2016, 03 October 2016
6. Respondent 6	Former high ranking official, Philippine Regulation Commission (PRC)	Interview	29 November 2016
7. Respondent 7	Former President, Philippine Nursing Association (PNA)	Interview	14 July 2017
8. Respondent 8	Former President, Association of Deans of Philippine Colleges of Nursing, Inc. (ADCPN)	Interview	26 January 2017
9. Respondent 9	Former high ranking official, Philippine Colleges of Nursing, Inc. (ADCPN) and University President	Interview	11 June 2017
10. Respondent 10	Current high ranking official, Philippine Regulation Commission (PRC)	Interview	03 April 2017
11. Respondent 11	Current high ranking official, Commission on Higher Education (CHED)	Communication	04 April 2017

Annex 3. Summary of Codes

Major Codes	Sub-codes	Definition
Countries negotiated	Canada – provinces, Alberta, Manitoba, Saskatchewan	Refers to the countries/provinces/states where the Philippine negotiators negotiated bilateral agreements
	Australia – state, South Australia, Brisbane, Queensland, Adelaide	
Organization representation	Government agencies – labor, health, higher education, professional regulation	Refers to the specific fields the Philippine negotiators represent
	Non-government organization – nursing association, nursing colleges, nursing deans	
Framing for negotiating	Economic growth – surplus of Filipino nurses, quality of Filipino nurses, labor export, government policy, remittances, Filipino migrant communities' contribution, skills shortages in Canada	Refers to the reasons why the two parties negotiated
Proposals and counter-proposals	Rights protection – salary, working condition, working hours, day-off, termination of contract	Refers to the major agenda discussed during the negotiations
	Human resource development – investment in Philippine HRD, train Filipino nurses, ethical recruitment	
	Mutual recognition – non-equivalence, education system, deskilling, number of pre-university schooling, bridging program	

Annex 4. Comparative Cases on Bilateral Labor Negotiations and Agreements on Filipino Nurse Recruitment

Philippines' Bilateral Labor Agreement/ Negotiations Partner (Date and Place of Signing)	Start of Negotiation	Signatories	Major Issues during the Stages of Negotiations and Decisions of the Parties					Necessary Conditions	
			Diagnostic & Formula	Decision	Details	Decision	Non-Partisan Expert	Previous History of Interaction	
Saskatchewan (08 December 2006, Saskatchewan, Canada)	2006 ^{1/}	Labor Secretary Arturo Brion (Philippines); Minister for Immigration Pat Atkinson (Saskatchewan)	(1)	Ethical recruitment – orderly recruitment, rights protection of migrant workers, human resource development	<i>Agree</i>	(1) Mutual recognition	<i>Agree but work in progress</i>	✓	✓
			(2)	Mutual recognition	<i>Agree</i>				
Manitoba (08 February 2008, Manila, Philippines)	2006 ^{1/}	Labor Secretary Arturo Brion (Philippines); Premier Gary Doer (Manitoba)	(1)	Ethical recruitment – orderly recruitment, rights protection of migrant workers, human resource development	<i>Agree</i>	(1) Mutual recognition	<i>Agree with condition- invest in training and education of Filipino nurses in the Philippines according to province's prescribed standards</i>	✓	✓
			(2)	Mutual recognition	<i>Disagree</i>				
Alberta (01 October 2008, Manila, Philippines)	2006 ^{1/}	Labor Secretary Marianito Roque (Philippine) Minister for Employment and Immigration Hector Goudreau (Alberta)	(1)	Ethical recruitment – orderly recruitment, rights protection of migrant workers, human resource development	<i>Agree</i>	(1) Mutual recognition	<i>Agree with institutional collaboration between two parties</i>	✓	✓
			(2)	Mutual recognition	<i>Disagree</i>				
South Australia	2008		(1)	Ethical recruitment – orderly recruitment, rights protection of migrant workers, human resource development	<i>Agree</i>	(1) Bridging program in lieu of mutual recognition	<i>Did not resolve where to conduct the program</i>	✓	×
			(2)	Mutual recognition	<i>Disagree</i>				

Note: 1/ Joint exploratory meeting held in Manila