Expectation vs. Reality

A case study on Filipino Migrant Nurses in Ireland

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Abstract

The aim of this research is to provide a better understanding of experiencing migration. Providing an in-depth knowledge to the possible differences between the expectation pre-migration and the reality of post-migration. This study is focused on the individuals and the external factors that may influence their experiences as immigrants in the 1st world.

In order to provide an in-depth understanding, the researcher used qualitative research with an exploratory nature and focusing on the individual's experiences of events. The study is based on Filipino migrant nurses in Ireland and focusing on their experiences of labour migration. There is limitation to this research due to its specification.

As mentioned above, the study has an exploratory nature, this design is chosen with the intention of exploring the research question and does not offer a final conclusive solution to existing problems, Therefore, the findings from secondary and primary research are solely based on the individuality of migrant nurses.

The researcher aims for the readers to understand the possible impact of an increasing globalised world to individuals around the world. Providing an insight to the changes and what opportunities means for people born in a 3rd world country to living in the 1st world.

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Chapter 1: Overview

1.1 Introduction

In a highly globalised world, Migration has become part of the norm. Migration can be defined as "the crossing of the boundary of a political or administrative unit for a certain minimum period of time" (unesco.org, 2016). Different reasons and motivation had encouraged individuals to make this life changing decision. Influences can come from different factors such as social, economic and cultural (Kainth, 2009). Migration is accompanied by excitement, anticipation, fears, heartaches, tension and tears between the migrants and the population (Adler & Grehen, 2003). Every individual are different in regards to their own expectation and fears. In order to understand and create an awareness of the possible difference in the reality of being a migrant. A descriptive research will be performing on a chosen population. This will allow the researcher and its reader to have an in-depth information on the experiences of individuals that have chosen to migrate and seek for a "better life". According to unesco.org (2016) Migrants are considered as individuals who temporarily or permanently lives in a country where he or she was not born and developed significant social connection to this country.

There has been substantial body of research regarding migrants and migration. Some are highly focused on the individual and some on the general topic. However, a researcher chooses to study these phenomena. It is a continuous existing topic within the academic world. Migration, as a phenomenon can be an advantage and disadvantage to all parties involved. In the inclusion of individuals, societies and the economies of both the recipient country and the country of origin.

This research will focus on the experience of the individual as migrant nurse in a "first world" country. Providing an understanding and awareness of the expectation and reality of being a migrant nurse. Carefully investigating possible outcomes for different individuals.

For the purpose of the study, Data will be collected through a Qualitative Methodology. The format will not have a pre-determined response category. Qualitative research is a method that allows the study to focus on the human experienced through an interactive and systematic approaches (Grove et al., 2007). This can lead to a more descriptive and in-depth information.

1.2 Background

Migration

Migration can be considered as an effect of a more globalised world. In the past years, Countries had become more open with less barrier that allows easy travel, instant communication and a free market (Benatar, 2007). "Globalisation" has created an interdependency between countries that has resulted to changes in the political and economic systems (The European Commission on Factors influencing Labour Migration, 2001). Countries and Nations are continuously influencing each other at a rapid pace. In result global migration has become more intensified and causes significant shift in migration trends. The world now is shaped by human migration (Castle. S, 2000). Individuals, everyday makes an important decision to leave their hometown or their country for work, studies, retirement and to reunite with family members. Migration plays an important role in the erosion of traditional boundaries between culture, language, ethnic group and nation-states (unesco.org, 2016). Even the people who chose not to migrate are affected by movement and changes by the people in and out of their communities. Migration is a lifelong process that affect all aspect of the life of everyone that are involved (unesco.org, 2016). Migration has the potential to be beneficial for both the recipient country and the origin country of migrants (Castles and Miller, 1993). Many of the contribution an immigrant can make includes the increase in labour market efficiency, to act as catalysts for the growth and

creation of jobs and relieving the labour shortage (International Organization for Migration, 2017). Individuals entering a country can create diversity, encourage interest in learning about new cultures and develop an incentive for innovation. Immigrants can provide benefits for their country of origin through remittance (Canoy, et al. 2006). The pace by which migration takes places requires management. Without careful management, it can have negative effect and accentuate existing problems in labour markets, schools, social housing and insecurities of individuals. According to Canoy (2006) some of these existing problems are already visible today, they are not directly linked to migration. However, if not act upon at present, these problems will continue to grow and lead to serious consequences.

Chapter 2: Literature review

I. Academic Review

2.1 Pre- Migration:

2.1.1 Driving forces and Expectations of Filipino Migrant nurses

Migration is greatly influenced by economic factors including low income, unemployment and underemployment. These factors are considered basics for motivating migrants towards dynamic or prosperous areas with greater job opportunities. Economic factors can be classified as "Push Factors" and "Pull Factors" (Kainth, 2009). Migration commonly takes place due to push factors of individuals with less opportunity in a socioeconomic context and pull factors that exist in a more developed country or area (Thet, 2014). Driving forces can range from the personal desire and interest of the individuals seeking to improve their life status financially and intellectually or in terms of political and physical security provided by developed countries through their national recruiting drives (Benatar, 2007). These factors mainly focus on the micro-level. This involve the individual values, expectancies and desires.

2.1.2 Push Factors

According to Kainth (2009), examples of Push factors includes low productivity, underemployment, unemployment, poor conditions of the economy, the lack of job opportunities, lack of job progression and advancement, natural disasters and exhaustion of natural resources.

<u>Working conditions and lack of opportunities</u>

Push factors are driving elements that are produced from the origin country, in this case the Philippines. As stated by government officials, Philippines have a current surplus of nurses due to the lack of the capability of the country to accommodate, both newly graduate nurses and unemployed nurses because of the insufficient job opportunities (Lorenzo et al, 2007). The "surplus" was the result in order to render a response to the high demand of overseas workers. Studies shown that many individuals are motivated to migrate due to unemployment, low wage and the lack of employment opportunities (Ronquillo, et al. 2011). Many have turned to doing voluntary work in order to gain experience and have a competitive advantage (Burgess and Haksar, 2005). An interview carried out by Anne Umil expressed information of volunteer nurses with no signed contracts receives P6,000 (approx. 110 euro) a month without benefits and with working hours of 12-16 hours per day. Concerns may arise from the lack of assurance that volunteer nurses will receive certificates of employment due to the non-existence of a signed contract. Permanent staffs and volunteers shares the burden of long working hours and nurse to patient ratio of 1:35 to 1:50 (Public hospitals), leading to over exhaustion and high turnover rate due to nurses deciding to discontinue their employment (Umil, 2017). Even with the Philippines' surplus in nurses there is still an immense issue with understaffing. Consequences of understaffing impacts both the nurses and the patients in a negative manner. The performance of the nurses are affected due to the lack of time given to responds to the patient's medical and care requirements (Umil, 2017).

Family dynamics and Culture pressure

As mentioned above the most common drive for an individual to migrate is economic factors. However, other factors are considered in order to make a career decision and of migration (Thet, 2014). This include family dynamics and culture pressure of the individual. These factors play an important role. Studies revealed that it is commonly a family decision for an individual to pursue a nursing career. Such parental control and family involvement to their younger generation's career are not unusual and is part of the parenting culture (Wolf, 1997). According to Ronquillo et al. (2011), some migrant nurses choose to justify and accept the career decision made for them, by focusing on the potential financial, career and personal success that they will eventually achieve as a result. Despite their own desire to pursue a different path. Another important influence to their career decision- making is the advice of the extended family. Most country in Asia has a culture centred on the family (Ronquillo, et al. 2011). Therefore, family obligation plays a key drive factor for migrants around the world. According to Hagen-Zanger (2008) it is clear that most migrant rely on the influence of their family and do not base their decision to migrate in a social vacuum.

2.1.3 Pull Factors

The Pull factors includes job opportunities, higher income, better working conditions, facilities and amenities. These factors are individual desires that attract migrants to countries that offers a "better life". Developing Countries such as the Philippines, considers careers such as nursing to be a gateway to migrating to developed countries. Studies show that many individuals are motivated to migrate due to unemployment, low wage and the lack of employment opportunities (Ronquillo, et al. 2011).

<u>Personal, Family and life objectives</u>

As mentioned above family members are most likely an influential push factor in the decision making, however it may also be a Pull factor for an individual to seek opportunities in other countries. Migration has created expectations for opportunities for both the individual and their immediate family. Holding the dream for a better life and personal growth beyond what their "home" can offer. Offering opportunities such as travel, education and exposure to other culture (Alonso-Garbayo, 2009). Being able to see a different environment filled with new culture, people and adventure.

Another factor to consider is the social nature of personal objectives. According to Alonso-Garbayo (2009), a common factor that plays a key role for nurses to emigrate was the higher social status and increase in social reputation and respect assigned to migrant nurses in the Philippines. Creating higher status for the migrants and their family at home.

<u>Economic factors and Working conditions</u>

According to Vartiainen (2016) many migrant nurses believe that working condition in the destination countries would be better. There are high expectation that destination countries will have lower nurse to patient ratio, more option and flexibility in working hours and chances to upgrade and develop nursing skills (Lorenzo et al, 2007).

The key Pull factors that drives immigration is the availability of job opportunities and secure employment. Majority of migrant nurses has an expectation for higher income, better compensation and benefit package (Vartiainen et al, 2016). Providing economic stability and financial security.

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2.1.4 Fears of Migration.

With expectation, comes fear. According to Kok (2006) the fear of failure and the fear of the unknown, are much more likely to play a key role in the decision of a person to emigrate. Kok stated that in research context, these fears increases the possibility of triggering rationalisation. An individual may rationalise their "inabilities", which can be caused by the high cost of migration or by strong fears of the unknown. Most people migrate carrying these fears as they start a new life in their recipient country. Adjusting to new culture and norms can be difficult and many individual experience a "culture shock". Having their expectation drive their interest and excitement while fear drives their anxiety that can lead to depression (Kok, 2006). The fear of the unknown strengthen because of how migration is set as a journey that most individual has to face alone. Migrant nurses fear the unknown outcomes of the future, knowing the possibility of language barriers, difficulty in communicating and adjusting to new cultures and experiencing loneliness (Kok, 2006)

2.2 Post-Migration:

2.2.1 Positive and Negative Outcome of being a Migrant Nurse.

Experiences in the "First World" health care system

There are high expectations of nursing in a developed country for more advanced and high tech equipment, modern facilities and amenities, clean hospitals, good staff-patient ratios, high standards of care and positive working environment (Vantiainen, et al. 2016). These expectations had played an important role in creating a professional excitement of coming to work in a "First World" Health care system (Nichols & Campbell, 2010) Expectation were met,

however, studies and documents have shown that many migrant nurses were surprise at the unfamiliar nursing role and the norm for provision of patient care.

Personal care for patients and care for the elderly includes bathing, feeding and assistance with toileting. This can be considered basic and would usually be carried out by staff without training or family members of the patient/client in their home country (Smith et al. 2006). Some nurses find their role restricting and narrow, the role of nurses in their career helps create their identity as professionals. Changes in the role and the work can lead to loss of identity.

The relationship built between individuals and their colleagues, depending if it is positive or negative can result on different outcomes and experience. Migrant nurses with good relationship in the workplace are most likely be motivated to stay in their work and help build a safer and better quality of care. Alternatively, if their relationship with colleagues is impaired (Li, et al. 2014). This can lead to a sense of frustration (Li, et al. 2014). This can increase the feeling of isolation, difficulty in coping, loneliness during the adjustment period. According Li (2014) studies shown that migrant nurses, particularly those from Asia have experienced both high rates of psychological depression and distress. Having a long-term geographical separation from family members can lead to individuals feeling insecure due to the loss of emotional connection with their children and marriages (Vantiainen, et al. 2016).

2.2.2 Examples of Positive Outcomes

<u>Financial Security and Stability</u>

People are encouraged to migrate because of the needs of financial stability and a better life status. Making financial reasons the primary factor of their decision for migrating. Migrant nurses from developing countries earns 10 to 20 times more than their earnings from their home country (Awases et al, 2004). With this increase in earnings, nurses are able to save and be able to send financial help to their families in their home countries. By doing so, they are able to improve their lives and their families (Li, et al. 2014).

Education and Self-development

Having a better life also includes having equal access to opportunities for themselves and their family. Migrating opens up gateways to knowledge and skills. Family members are later on able to immigrate to the recipient country, providing them with the same opportunities for education and employment. This is beneficial for the individuals involve and for the rest of the world. Spreading knowledge can help diversify policies and regulation, creating new culture and lowering barriers (Vartiainen et al., 2016). Many individual's push and pull factors are on the basis of satisfying an individual's personal desire. This involves their needs for personal development and self-actualization by fulfilling their potentials that are considered unfortunately impossible in their origin country, because of multiple structural and social constraints (Corcoran, 2002).

2.2.3 Examples of Negative Outcomes

Lack of Recognition on Qualification and Skills

According to several studies, qualification, skills, knowledge and previous experiences are not as recognised and valued in recipient countries (Ronquillo, et al. 2011). Many migrant nurses

felt frustrated and resentful for being devalued and deskilled (Allen & Larsen, 2003). There are circumstances where nurses who are placed as juniors to nurses with fewer skills and experience. They are forced to disguise their experience and expertise from junior nurses to prevent conflict or being viewed as arrogant (Smith et al. 2006). Migrant nurses felt that humbling themselves down can cause a lost in skills because they are unable to continue their practice. However, many countries have reduced the opportunities for overseas health worker to show their capabilities in their chosen profession, because employment provided for immigrants are low-skilled, low-paid work that are considered to be unattractive to nationals of the destination country (Bach, 2003). Studies have explored the issue of migrant nurses feeling deskilled and devalued. O'Brien (2007) have concluded that overseas professionals that are proficient and highly trained in technical skills overseas professionals are expected to be occupy particularly subordinate positions. Number of migrant nurses were said to be graded at junior nurse grade in comparison to nursing professionals with the same level of qualification and skills (Wither & Snowball, 2003). The lack of recognition can lead to a sense of injustice, because of the imbalance between the pay received and task allocated to the experience of the individual (Bach, 2003).

Language Barriers

According to Schweitzer (2011), one of the most consistent difficulty that arises for migrant workers is communication. According to studies, the early arrival of immigrants are considered the destabilization stage of settlement and is highly important for individuals to have an understanding and have access to learning the language of the destination country (Schweitzer et al, 2011).

<u>Racial Discrimination</u>

Different studies have shown that racial discrimination in the workplace exists (Hunt, 2007). There are complex and subtle forms of discrimination. There is an increase on studies documenting racial discrimination, how experiences has affected the person's life and career (Larsen, 2007). Having the notion of experiencing social disadvantage suggest that it is not just an economic, interpersonal and social circumstances, however also a personal experience that impacts a person's holistic way of being. Larsen (2007) stated that individuals that has gone through this experience have adjusted or readjusted their life expectations and behaviours. According to Bourdieu (1991) the tendency of unwittingly accepting social and institutionalized disadvantage and adjusting behaviour and expectation as a response is the concept of "symbolic violence". Hunt (2007) suggested that there is a consistent poor management of racial and cultural workforce diversity. Discrimination towards migrant nurses may be demonstrated through grading, working conditions, pay and equal opportunities (Ball & Pike, 2005).

II. Contextual Review

2.3 Labour Migration in Europe

Europe has become one of the main migration destination in the world. Labour Migration from both EU and non-EU has dominantly occurred as a result of the Second World War. It was explicitly promoted around 1960s and later on due to the growth of EU and market integration policies (Zaiceva, 2008). Immigration has become a function of global forces that includes different processes of globalisation, world demographic growth, the enlargement of the

European Union and the inequality between the northern and the southern hemispheres (WRC Social and Economic Consultants, 2009).

2.4 Labour Migration in Ireland

During the 1990's an unprecedented growth in the economy has resulted to a significant rise in employment. There was a widespread of skill and labour shortages across the country. This led to a request from the employers for additional workers. The government responded by creating an easier process for recruiting and employing workers from outside the country (Pobal, 2016). By mid 1990s emigration has fallen, while immigration continued to rise. By definition "Emigration" is the movement of people leaving a country in order to live in another (Smith, 1984). Immigration can be defined as the movement of people entering a foreign country to live (Smith, 1984). In 2001, around 20,000 people were leaving the country each year, however, twice that amount were arriving in Ireland (see Appendix I for evidence). Migration has alleviate various labour shortages in both public and private sectors. The diversity in the population has created a country enriched with culture and social life (Castles, 2000). However, there are certain challenges issues due to these changes. Social integration and the society's acceptance of various culture are one of the most common issue that has developed with migration (unesco.org, 2016). There are migrants that are vulnerable to unemployment due to lack of skills. This can result to the dependency on social welfare benefits during a possible economic downturn. (NESC National Economic Social Council, 2006).

2.4.1 Transformation of the labour market in Ireland

Ireland had experienced multiple economic, social and cultural transformation if its labour market. Reaching a peak of unemployment in the mid 1980s and with the Irish economy growing in the 1990s at an incredible rate due to the employment boom. Participation rate were raised and unemployment rate were reduced. The outflow of the population was reversed into an inflow of immigrants to fill the rising shortage (Walsh, 2004). As a result of the rapid economic growth emerging in Ireland, the Irish population were able to maximise their flexibility in the Labour market and are able to move to better paying jobs and freely between sectors smoothly (Grabowski, 2005).

2.4.2 Ireland as a "Destination Country"

Ireland as a developed economy will remain to be a "destination" country for immigrants and the continuing management of immigration and Diversity. Placing an importance of integration as a basis Government policy and as part of the employers' practice and Trade Unions hemispheres (WRC Social and Economic Consultants, 2009).

2.4.3 Immigration Policy of Ireland

Ireland as a destination country for immigration is solely based on demand and pull factors. This includes economic condition, socio-economic environments, structural transformation in the labour market and demands for domestic labour (Grabowski, 2005). Ireland has been known as country of emigration or the "human resource warehouse of Europe". Even in the 1980s, Ireland has continued to supply the "surplus" population in large number to other countries (Allen, 1999). As the Celtic Tiger era hit its peak, the growth created by "newcomers" have

helped develop a foundation for new immigration policies. Ireland's economic activity had become vibrant and attractive for immigrants. It is important to discuss economic migration facilities in general and work permits in order to have a better understanding of what is required from migrant workers entering the country. Non-nationals are requiring granted permission to work in a particular state, in effect a concession granted by the Irish society or, by other societies. Permission may be granted subjected to conditions based on transparency to all concerned from the outset (Grabowski, 2005). As Ireland transformed a "country of net-emigration" to a "country of net-immigration" it has developed policies within a short period of time, consisting 3 policy areas that stands out. First, the government have issued a list of safe countries of origin in order to prioritise application accordingly to prevent a rise in the numbers of asylum applications. Second, from 2003-2005, fundamental changes were applied to the Irish citizenship laws to eliminate an Irish-born child's automatic right to citizenship when parents are non-Irish nationals. Third, in relation to labour immigration, Ireland have changed from a more liberal work permit system in order to meet most of the low-skilled labour necessary within the enlarged European Union. Ireland have decided to allow citizens from 10 countries in the European Union in May 2004 to immediately work in the country, contributing to the acceleration in EU immigration flows (Ruhs and Quinn, 2009). Around 2002-2004, the relative share of total inflow of non-Irish migrants and including migrants from outside the EU has risen from only 13 per cent in 1987-1989 to 36 per cent. Non-EU immigrants have composed 57 per cent out of all the non-Irish immigrants that arrived in Ireland in the period of 2002-2004 (Ruhs, 2005). As shown in the figure below:
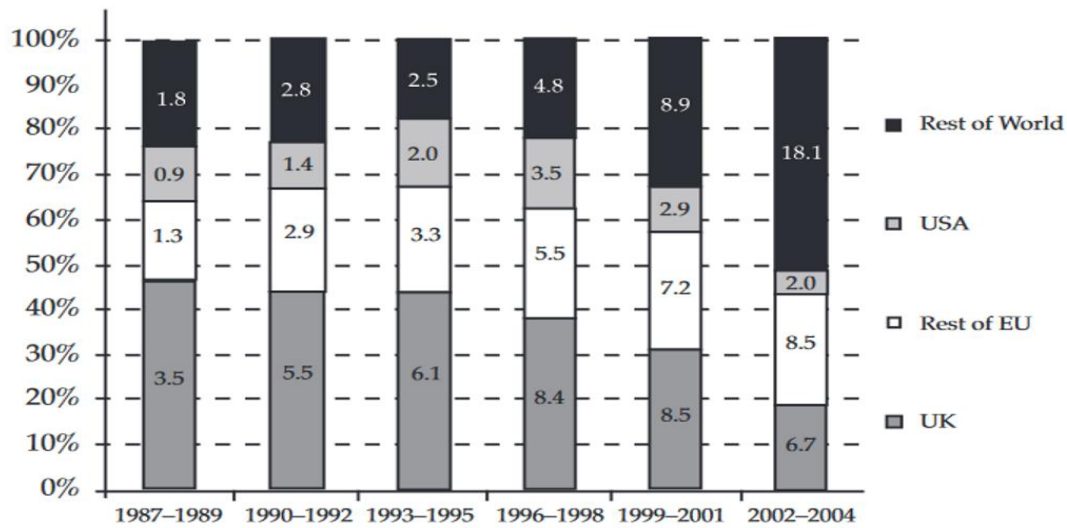
Source: Central Statistic Office (See appendix II)

As the number of people arriving to Ireland consist of a high percentage of Non-EU Immigrants. Ireland have instituted policies that favoured highly skilled immigrants from origin countries outside the European Union (Ruhs and Quinn, 2009). Irish Government have instituted conditions to regulate the access of migrants to the Irish labour market. This includes, work permits, work visas and authorisations. Work permit systems was administered by the Department of Enterprise, Trade and Employment. Non-EU migrants are required to be admitted under this system to work full-time employment legally in Ireland. Work permits are issued to employers, therefore, are not transferable and migrant workers are not allowed to work under other employer other than the one specified in the permit (Grabowski, 2005). The Work visas and authorisations scheme was introduced in 2000 that favoured "skilled and highly skilled migrant worker programme". This will cover jobs such as computing technologies, information, construction and a range of medical, health and social care occupations. Work visas and authorisation are issued after migrants have secured employment in Ireland. Visas are

issued to the individuals rather than their employer and are free to change employers within the same category after arriving to Ireland (Ruhs, 2005)

Chapter 3: Research Methodology and Methods.

3.0 Introduction

Research is a multi-stage process that is necessary in order to complete a research project. The result of research can be found all around us and is required to develop new knowledge and information to the world (Saunders et al, 2009).

This study aims to explore and develop a better understanding of individual's perspective in the expectation and reality of the experiences involve in migration. In order to gain the necessary information to fulfil the research problem and objectives, this chapter will cover a detail breakdown of the "Research Onion" (Saunders et al, 2012), providing a guideline in the necessary decisions, methods and approaches appropriate for the purpose of this study. Key points includes research philosophy, approaches strategies, choices, time horizon and data collection. This chapter covers the possible limitations and issues that may arise in the duration of the research process.

3.1 Research Problem Definition

A general purpose is illustrated through the qualitative problem statement or question (Ary et al, 2014). The question creates interest and focus the attention of the readers on how the study connects to the literature (Fischler, 2017). For the purpose of this study, the general question is as follows:

"Does the Reality of post-migration provides a different outcome compared to the individual's expectations?"

3.1.1 Research Objectives

According to Thomas and Hodges (2010), Research objectives provides a detailed and specific research topics or issues the study plans to investigate. Research objectives are declarative, concise and clear statement that provides a direction to investigate the variables. At the end of the research process, the research objectives provide the researcher the sought after results (Silverman, 2013).

To deliver a better understanding of the experience of migration based on a case study specifically focused on Filipino migrant nurses in Ireland, the following research objectives for the purpose of this case study are as follows:

1) **To investigate different driving factors and motivations of immigrants.**

To analyse the possible factors involve in the decision making for migration, by further exploring the following:

- Expectation and Fear of Individuals.
- "Pull" and "Push" Factors.
- Other factors that may influence migration such as: tradition, culture, environment and family.

2) **To investigate the reality of post- migration through personal experience of migrant nurses.**

To explore further the possible difference, if any between the expectation of the individual from a "3rd world" country and the reality of becoming an immigrant in the "1st world". For the purpose of this study the following points will be considered:

- Positive and Negative factors of Migration.

- Outcomes of Migration.

- Meeting expectations of immigrants.

3) To investigate the possibility of migration as an answer for a "Better Life"

The study aims to provide a form of answer to the question: Does the promise of a "better life" balance or exceed the possibility of experiencing negative outcomes of Migration?" Considering factors such as:

- Negative outcomes of migration.

- Different interpretation of "better life"

- Satisfaction of the experiences for migrant nurses.

3.2 Proposed Methodology and its Structure

Methodology is used as a general approach, referring to the choices we make in relation to planning and executing a research study. Methodology will define how the researcher approach the studying of the phenomenon (Silverman, 2013).

The aim of this research is to establish in a qualitative way the difference, if any between the expectations of Filipino migrant nurses and the reality of their experience in Ireland. The research methodology selected for the dissertation was derived from the Research Onion (Saunders et al, 2012). Breaking down the different layers of the Research Onion will provide a guideline for the overall research process.
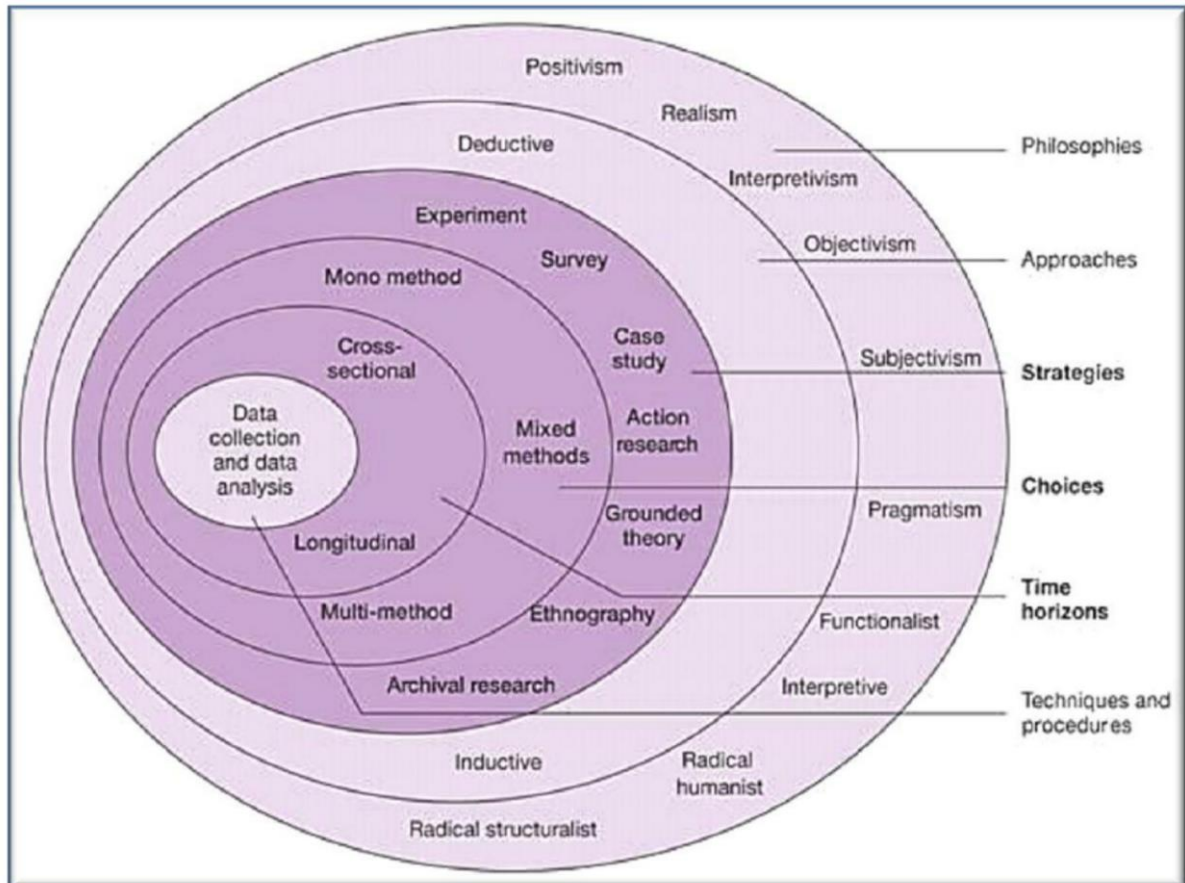
The two outer layer consist of developing research philosophies and approaches, the next three inner layer emphasises the necessity of research strategies, choices and time horizon while the centre of the Research Onion represents the data collection and analysis.

3.2.1 Research Philosophy

Research Philosophy is the basic definition of the nature of knowledge and refers to sets of beliefs that emphasises the nature of the reality being investigated (Bryman, 2012). The Research Philosophy will justify how the research will be initiated. According to Goddard and Melville (2004), Research Philosophies may differ depending on the aims and methods of achieving these aims for the purpose of the study.

For the purpose of this study, the research will focus on the Ontology view of the research philosophy. Ontology can be defined is the "study of being" and focuses on the nature of reality (Blaikie, 2010). According to Galliers (1991), there are two dominant ontological traditions or ideologies:

- Positivism
- Interpretivism

Positivism

Positivist ontology believes that there is one single objective reality to a phenomenon regardless the belief and perspective of the researcher. Therefore, the research requires a structural and controlled approach (Carson et al, 2001). Participants remain detached from the researcher by providing distance to remain emotionally neutral and give clear distinction between personal experience, values, science and facts. Positivist researchers' goal is to create a context free generalizations. They believe in the possibility of this goal because of human actions that are explained due to real causes, resulting to temporarily preceding the behaviours while the researcher and the research participants are independent and have no influences with each other (Hudson and Ozanne, 1988).

Interpretivism

Interpretivists believe in multiple and relative realities (Hudson and Ozanne, 1988). Interpretivism is the opposite of positivism when it comes to research approach, they have a tendency to be more personal and flexible with the research structures that are receptive to gaining meanings in human interactions (Black, 2006). The information and knowledge

acquired through this discipline is socially constructed rather than perceived and determined by objectives. The researcher is open to new knowledge all throughout the study and allow for it to develop with helps from informants. The main goal for interpretivist research is to understand and interpret meanings in human behaviour without generalizing and predicting cause and effects (Neuman, 2000).

For the purpose of this study the paper will focus on the philosophy of Interpretivist ontology. Studying the phenomena in the natural environment is important under this research philosophy. Within the area of interpretivism, <u>Phenomenology</u> suggest to set aside prevailing understanding of the phenomena and review the immediate experience for new meanings to emerge or discover an authentication or enhancement of the existing meaning. Phenomenology is defined as "a science whose purpose is to describe a particular phenomenon or the appearance of things, as lived experiences" (Speziale and Carpenter, 2007). According to Van Manen (2007), Phenomenology is the philosophical name for the method used to investigate or inquire into the meanings of individual's experiences and as they live through it. The aim of this study is to give further understanding in the possible differences between the experiences of immigrants pre-migration and post-migration. Phenomenological approach will allow the researcher to examine and focus on experiences of the selected population.

3.2.2 Research Approach

According to the model of the "Research Onion" above, there are two main types of research approaches: the Deductive and Inductive approach.

<u>Deductive Approach</u>

The Deductive approach creates a hypothesis derived from a pre-existing theory and develop the research approach to examine it (Silverman, 2013). This is compatible to context where the study is concerned with investigating whether the chosen phenomena is fitting to the expectations derived from previous research (Wiles et al, 2011). Deductive approach is considered more applicable to positivist research, allowing researchers to formulate a hypotheses and testing statistically the expected results to a certain level of probability. This approach is appropriate for the purpose of quantitative research.

Inductive Approach

Inductive approach allows researchers to immerse in the details and specifics of data collected to discover patterns, inter-relationship and possible themes. Inductive approach allows the expansion of knowledge, providing conclusion that contains more information than premises (Bryman and Bell, 2011). It is widely used for analysing qualitative research.

For the purpose of this study, an Inductive approach is applied. Gathering information through secondary and primary data collection, the researcher aims to analyse the data for patterns in attempt to developing a hypothesis. Due to the extent of the time limitation and a small numbers of the population was approached. It is fitting for this research to apply an inductive approach. Choosing an Inductive approach through a "data driven" study will help determine that the aim and objective of the research is to gain an understanding of the chosen phenomenon.

The Study has an exploratory nature, focusing on the individual's experiences of events. An exploratory research design is chosen with the intention of exploring the research questions and

does not have any intention of offering a final and conclusive solution to existing problems (Saunders et al, 2012). The aim is to collect data that are related to social concept, such as values, opinions and behaviours of people. Explorative qualitative research design to explore nurses' perception and experiences of being a migrant worker in Ireland's healthcare system. This will allow the researcher to create an in-depth study of an individual or a group of individuals. According to Burns and Grove (2009), Qualitative research are subjective and systematic approach in order to describe life experiences and give them meaning. This is considered as a more suitable method for this study.

3.2.3 Research Strategy

Research strategy is the tool required for the researcher to perform studies and investigation. According to the model of the "Research Onion" shown above, there are multiple types of approaches to be used that are suitable to the purpose of the researcher. This includes experimental, survey, case study, action research, grounded theory, ethnography and archival research (Saunders et al, 2012). The purpose of the research strategy is to create a plan of how the researcher aims to achieve the research goal. For the purpose of this study, the strategy must depend upon the nature, philosophy and approach chosen. The researcher developed a case study approach in order to collect an in-depth qualitative data.

Case study

Case study is considered the most flexible research design, allowing the researcher to investigate a phenomenon within its context. This approach has the purpose of answering research questions in the form of "how" and "why". By nature "how" and "why" questions are

explanatory (Yin, 1984). Case study may focus on a single case or multiple cases. This study will focus on a single case study emphasising the experiences of Filipino migrant nurses in Ireland. Allowing the researcher to study the detail, using any appropriate methods. While covering varieties of purposes and research questions, the general objective is to create a possible understanding of the phenomenon (Silverman, 2013).

3.2.4 Research Choices

The "Research Onion" outlines the research choices such as mono method, mixed method and multi-method (Saunders et al, 2012). A mono method have been chosen for this study, this means only one type method is used either one qualitative or one quantitative (Azorin and Cameron, 2010). A qualitative method was used for the purpose of this investigation. An in-depth one-on-one interviews were conducted in both Tagalog and English language to provide a greater understanding and retain an in depth information on the individual's experiences as a migrant nurse in Ireland.

3.2.5 Time Horizon

 Time Horizon provides the researcher with a framework that shows the intended time for the project's completion (Saunders et al, 2012). According to Bryman (2012) there are two types of time horizon outlined in the "Research Onion", these are cross-sectional and the longitudinal. Cross-sectional is also known as the "snapshot" time collection, this means that the data collected is taken at a specific point (Flick, 2011). This time horizon is suitable for investigating a particular phenomenon at a certain time. Longitudinal time horizon refers to collection of data

repeatedly and over a period of time. This is suitable for investigation that has the factor of examining change over time (Saunders et al, 2007).

Cross-sectional research was conducted due to the time frame of the overall dissertation process constraint to four months and the collection of qualitative data over three days. Provide that the research itself did not require a long period of time to examine changes or any factors that may affect the phenomenon or topic at hand.

3.2.6 Data Collection

The process of data collection for the purpose of the research will contributes to the overall reliability and validity of the study (Saunders et al, 2012). Some researchers have argued that concern arising with reliability and validity of observations is only applicable within the quantitative research tradition. This is due to the "positivist" point of view that the natural and social world does not differ in any way. However, according to Marshall and Rossnan (1989) it can be argued, once social reality is treated to be in continuous change or movement, then accurate research instrument measures should not be a worry for the researcher. As Argued by Kirk and Miller (1986):

> *"Qualitative researchers can no longer afford to beg the issue of reliability. While the forte of field research will always lie in its capability to sort out the validity of propositions, its results will (reasonably) go ignored minus attention to reliability. For reliability to be calculated, it is incumbent on the scientific investigator to document his or her procedure."*

The same point can be made for the validity of qualitative research studies. Validity can be defined as:

"The validity of research concerns the interpretation of observations: whether or not the inferences that the researcher makes are supported by the data, and sensible in relation to earlier research".

(Peräkylä, 2011)

For the purpose of the data collection the researcher must resist temptation of Anecdotalism. This is an attempt made by the researcher to convince the reader and themselves that the findings are genuinely based on critical investigation of all the data gathered and does not depend on a few well-chosen "examples" (Silverman, 2013). The aim of this dissertation is to provide a better understanding of the existence of the behaviour, attitudes and opinions of migrant nurses in Ireland. Therefore, it aims to create an awareness for the readers.

3.2.6.1 Secondary Data

Secondary data is referred to information derived from existing work and opinions of other researchers. This are information that had been processed by another (Newman, 1998). Secondary data can include both qualitative and quantitative data for the purpose of both descriptive and explanatory research. T can either be raw data, which means little processing has been done, or compiled data that have some form of summarization (Saunders et al, 2009).

There are different type of secondary data and uses available, as shown in the figure below:

Secondary data

Documentary | Multiple source | Survey

Written materials | Non-written materials | Area based | Time-series based | Censuses | Continuous and regular surveys | Ad hoc surveys

Examples:
Organisations' databases, such as personnel or production.
Organisations' communications, such as emails, letters, memos.
Organisations' websites.
Reports and minutes of committees.
Journals.
Newspapers.
Diaries.
Interview transcripts.

Examples:
Media accounts, including TV and radio.
Voice recordings.
Video recordings.

Examples:
Financial Times country reports.
Government publications.
Books.
Journals.

Examples:
Industry statistics and reports.
Government publications.
European Union publications.
Books.
Journals.

Examples:
Governments' censuses:
Census of Population,
Census of Employment.

Examples:
Government: Family Spending, Labour Market Trends.
Organisation: BMRB International's Target Group Index, Employee attitude surveys.

Examples:
Governments' surveys.
Organisations' surveys.
Academics' surveys.

Source: (Saunders et al, 2009)

The chosen type of secondary data for this dissertation is <u>Multiple source.</u> Multiple source secondary data are based entirely on survey or documentary survey. This is different data sets that have been gathered and combined for the purpose of forming another data prior to the researcher's access to that data (Saunders et al, 2009).

- <u>Advantages of Secondary Data</u>

  The main advantage of using secondary data is the immense saving in resources, such as money and time (Ghauri and Grønhaug 2005). Secondary data can be access immediately and can be a higher quality compared to the researchers own data. Secondary data can be often be used to compare with the researcher's own data,

allowing the researcher to create a finding within a general context (Saunders et al, 2009).

- Disadvantages of Secondary Data

  There is a possibility that secondary data is collected that is mismatched with the purpose of the study. Some secondary data are difficult to access and may require payment for access, also, there are cases that data collected have not been evaluated carefully and accurately resulting to lower quality of data (Saunders et al, 2009).

Sources of the Secondary data collected is mainly from the electronic academic database of National College of Ireland, books and literature were taken from NCI Library and Navan Library.

3.2.6.2 Qualitative Primary Data

Primary data is refers to the information gathered through first-hand sources. This data can be collected via surveys or interview (Bryman, 2012). The dissertation has chosen to use a semi-structured Interview for the purpose of the study.

```
                              Interviews
        ┌──────────────────────────┴──────────────────────────┐
   Standardised                                          Non-standardised
Interviewer-administered          ┌──────────────────────────┴──────────────┐
   questionnaires              One to one                              One to many
    (Chapter 11)       ┌───────────┼───────────┐              ┌─────────────┴─────────────┐
                 Face-to-face  Telephone   Internet and      Group            Internet and
                  interviews   interviews  intranet-mediated interviews       intranet-mediated
                                           (electronic)                       (electronic)
                                           interviews                         group interviews
                                                                │                    │
                                                           Focus groups        Focus groups
```
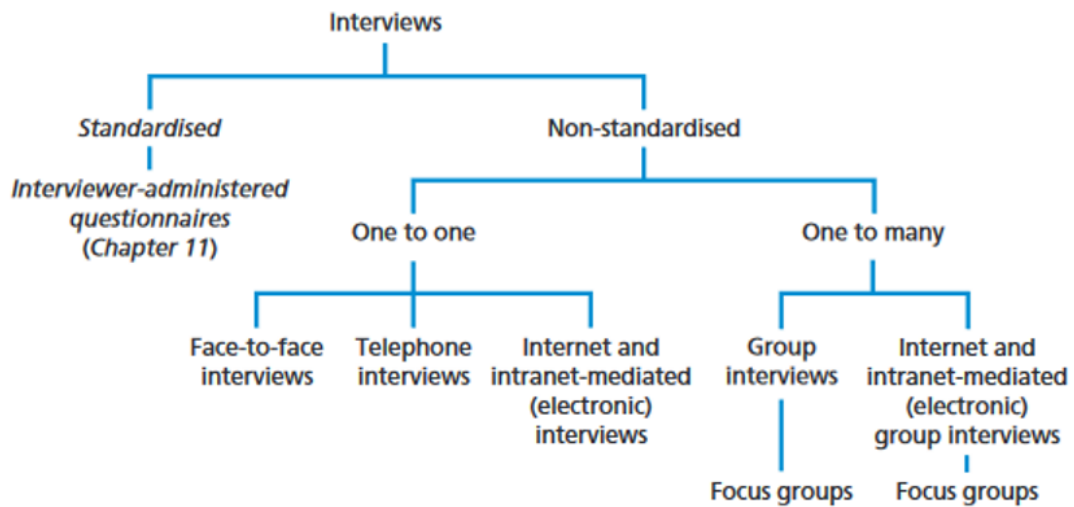
Source: (Saunders et al, 2009)

The interview conducted by the researcher is a non-standardised and is one to one with the population chosen for the case study involved. Semi-structured and in-depth interviews has allowed the researcher to probe answer and have a better understanding of the data being collected. A face to face interview has allowed the researcher to observe both verbal and non-verbal responses of the participants.

Advantages of Face to Face Interview

The procedure of the interview allows the researcher to be certain on who is answering the question and the interviewer can help participants to have a better understanding of the questions given. The interaction allowed the researcher to probe and develop more questions that will help gather additional information and data. Face to face interviews have provided convenience for the participant due to the location and scheduling. Validity can be guided through both verbal responses and body language and reactions.

The process of the interview can be costly, due to travel expenses and other factors (such as, food, beverage and transport for participants) necessary to provide convenience for the participants. In relation to the data there is the risk of providing advice instead of guidance to the participants and unknowingly cause manipulation to the information.

3.2.6.2.1 Population

The researcher interviewed three Filipino migrant nurses through audio recorded one-on-one open-ended interviews:

1. Melanie Hernando, 37 years old, Day Service Unit Nurse.

2. Ida Diosanta, 29 years old, Agency Nurse.

3. Rodolpho Osias, 42 years old, Orthopaedic theatre Nurse.

4. Lani Osias, 46 years old, Accidents and Emergency Department Nurse.

Transcript of the interviews can be seen in Appendix III.

The researcher acquired a purposive population of Filipino nursing staff who initially entered Ireland as a migrant, within the Leinster province. The researcher have a personal connection to different Filipino communities in Ireland. The participants were invited for the interviews via e-mail, telephone communication or available social media messaging apps. The interviews will take place in the participant's household to provide a comfortable environment and to create freedom from control. This is in hope of creating a more personal and honest data for the purpose of the study.

Included:

- Entered Ireland through labour migration

- Registered Staff nurse

- Currently working in the healthcare sector

- Nationality: Filipino

- Age ranging from 25- 45.

- Male and Female

3.2.6.2.2 Analysing qualitative data

In order for the analysing process to begin, the researcher must prepare the data collected from the method chosen. In the case of this study the interview was required to be <u>audio-recorded</u> and <u>transcribed</u>. Transcribing qualitative date is the process of reproducing the interview session as a written account of the actual words. The tone and action of the participants should also be noted (Saunders et al, 2009). For the process of this study an *Inductive* approach was used to analyse the data collected. According to Yin (2003), Inductive approach is the collection of data, then later explored to see patterns, themes or issue that may arise and requires focus and follow ups. The dissertation has an exploratory nature where the researcher focus on analysing the data during collection to develop a conceptual framework or guideline for the subsequent work.

3.2.7 Ethical Issues

Ethics refers to appropriate behaviour required from the researcher towards the participants and subject of the work. According to Cooper and Schindler (2008):

> *"Norms or standards of behaviour that guide moral choices about our behaviour and relationships with others"*

Research ethics involves the responsible and moral way of the formulation and clarity of the chosen topic, design, access and collection to data, analysing process and the writing of the research findings. The researcher focused on the ethical code of conduct to prevent ethical issues arising from any stages of the research. Data and information collected by conducting face to face in-depth interviews was used solely for the purpose of this study. Data are maintained confidential unless consent is provided by the participant. The researcher exhibit integrity at any stages of the research and privacy for all participants involved was respected. The qualitative primary data collection process were voluntary and participants were free to withdraw at any stage of the interview.

3.2.8 Limitation to the research

This study was focused on Filipino migrant nurses. Examining their expectation and fears during pre-migration and the potential positive and negative consequences of Migrating. The chosen country was Ireland mainly based in the Leinster province. With the chosen population it was difficult for the researcher to get adequate information under the academic review due to the lack of academic articles available on the chosen research question. The researcher found Migration are often written as a topic in generalized term, specific race (Filipinos) and specific countries (Ireland) are not emphasized in many academic articles or books.

The chosen methodology is qualitative research, therefore there are no generalised findings. The information sought after will focus on how something is experienced or processed and not about facts and figures (Jeanfreau & Jack, 2010). The case study method often lead to testable hypotheses and allow researchers to study rare phenomena. However, it is not recommended to be used in determining cause and effect. Case studies have limited use for creating accurate predictions (Hale, 2017).

Chapter 4: Research findings

4.1 Objective 1: "To investigate different driving factors and motivation of migration"

4.1.1 Migration as an option for the future.

Migrant nurses believe that migration is an access for a better future, it is commonly interpreted as movement of people from one place to the other with the possibility of a "greener pasture".

> *"My thoughts on migration, for us Filipinos migration is moving to another place to find greener pasture and to be with your love ones."*

Diosanta, 29 y/o, Agency nurse.

The research shows that migrant nurses associates nursing as access to opportunities for migrating. For Filipino nurses there is a tradition or belief that migrating to the US or Canada can provide then with more opportunities that are not readily available in the Philippines. Some individuals choose to migrate because it has become part of the norm. Migration has become an option for individuals in the "third world" because of the possibility of a better life. Nursing as a career allows individuals to have access to these opportunities. Younger generation were highly influenced by parents or family member to choose nursing as a career path. According to Ronquillo et al. (2011) individuals tends to justify and accept these decision by focusing on the possible financial, career and personal success. Some are driven by curiosity and the possibility of a new adventure.

The Philippines is one of the main source of emigrants for the purpose of labour migration. Films, stories and articles were created to capture ordinary Filipino's quest for better opportunities outside the country (Asis, 2006). United States and Canada are the most perceived countries to provide a better life, therefore, they were considered as first options of labour migration. However, America have a strict process for migrating professionals, which made it highly difficult for nurses to migrate.

"It is really not my first option, my first option was US or Canada. But during those times you had to take English exams, state exams. Where in UK or Ireland, in 2004 they only required English exams so I tried my best to be part of the UK nurses or here in Ireland. Luckily, Ireland employers got me first."

Hernando, 37 y/o, Day Service Unit Nurse.

Ireland had a developed economy that have remained to be a destination for immigrants. Ireland required nurses due to shortage in the healthcare sector resulting to access for professionals from all around the world to join the labour force in Ireland.

4.1.2 Expectations and Motivations of Labour Migration.

According to kainth (2009), Migration is influenced by economic factors including low income, unemployment and underemployment. Economic factors can be classified as "Push Factors"

and "Pull Factors". Motivation and driving factors can range from personal desires and interest of the individuals seeking to improve their life status.

4.1.2.1 Push Factors

Push factors includes low productivity, underemployment, unemployment, poor conditions of the economy, the lack of job opportunities, lack of job progression and advancement, natural disasters and exhaustion of natural resources (Kainth, 2009). The Philippines is a third world country with issues of being over populated. Filipino's have continued to struggle in competing in order to create advancement in their career. The economy of the Philippines is unable to provide enough employment for the continuous growth in the human capital (Lorenzo et al, 2007). Filipino nurses in Ireland have migrated because of the lack of opportunity to for growth and the ability to provide for their immediate family.

> *"My main motivation is to support my family with hopefully my higher income. During those time you really wanted to help. They're (parents) not asking for anything but it is my responsibility as a daughter."*

Hernando, 37 years old, Day Service Unit nurse.

Filipino nurses with family of their own, have based their decision to migrate on the possibility of a better future for their children. Ireland can open up new knowledge and skills for first and second generation migrants. Opportunities to travel will allow exposure to other culture and tradition resulting to a more diversified and educated individual.

4.1.2.2 Pull Factors

According to Ronquillo et al. (2011), Pull factors includes job opportunities, higher income, better working conditions, facilities and amenities. These factors are individual desires that attract migrants to countries that offers a "better life". Developing Countries such as the Philippines, considers careers such as nursing to be a gateway to migrating to developed countries. Studies show that many individuals are motivated to migrate due to unemployment, low wage and the lack of employment opportunities. The majority of the chosen population for the in-depth interviews have responded using "Pull Factors" as the main driving factors for migrating to Ireland. They believed that Ireland and other destination countries will provide incomparable higher income and the opportunity for them to help families back home.

"My salary will be bigger and a brighter future there. Really, to provide a good foundation for my own family."

Diosanta, 29 years old, Agency Nurse.

Migrant nurses have different driving factors and motivation due to the individuality of their needs. Some requires to satisfy the need for financial stability and the ability to be a provider. However, there are other factors that Filipino migrant nurses use as a motivation and that leads to greater expectations.

4.1.2.3 Other Driving Factors.

The researcher have found a common pattern within the chosen population. The majority of the nurses interviewed have arrived in Ireland had a single status and an age range from 24-30. The majority have decided to migrate due to the possibility of a higher income and unlimited possibilities of opportunities. While others have seen migration as part of the norm and have become a result of peer pressure. One interviewee have specifically spoken about her experience as a student with everyone aiming for a job opportunity in the US or Canada.

"Not really my choice, more of a peer influence and once i get started it was very difficult to stop, because you're already there plus the pressure of passing the course and you get into the spirit of being able to get through the curriculum and it just so happened that i passed everything. My best friend also wanted to become a nurse."

Lani, 43 years old, Nurse.

Motivation can differ depending on the individual's economic status in their country of origin and require different factors to satisfy their needs. A young, single professional have a tendency to migrate due to their curiosity for new adventures and to solely seek for the ability to grow independently.

"Migration, usually the idea is to try to find a better life, that's why you migrate to another place. You think you'll have adventures, a different environment and life. I think that's how migration is, you want to gain professionally and personally you want to grow and develop."

Lani, 43 years old, Nurse.

The decision to migrate can differ in order to satisfy the individuality of needs. That are highly influenced by factors that may affect their day to day life. Example of this factors include, economic, family dynamics and culture pressure (Wolf, 1997). Culture pressure have played a role within the younger generation in the Philippines. Allowing the majority of the population in the Philippines to believe that emigration abroad will lead to "greener pastures". This is passed down to the next generation.

4.1.3 Fears of Migration

As the researcher conducted the interview, it was clear that the main fear for the majority of the population involved was the fear of being alone and leaving their loved ones. The majority of Filipino nurses interviewed were from the age 24-30 years old. They were living under their parent's roof, sheltered and protected by their loved ones. Migration is an incredible step to take with the mysteries of the unknown. The idea of being on their own and having no one to "catch them when they fall" are the key factors that creates reluctance in Migrating. While others may find it as a source of freedom, it is still a thought that will follow them in the back of their minds.

"I'm afraid of home sickness, you know being far away from your love ones, family, Secondly, racism. That you won't belong to that place."

Hernando, 37 years old, Day Service Unit nurse.

According to Kok (2006), migrant nurses have the fear of unknown outcomes of the future, difficulties in communication due to the possibility of language barriers and adjusting to new cultures and experiencing loneliness. Fears drives an individual's anxiety that can heavily affect a person's decision to migrate to a new country. Other fears of migrant nurses is the possible impact of a different working system and environment. The possibility of not meeting their employer's expectation or the fear of failure. Taking a risk at this extent will always go hand-in-hand with the possibility of failure.

4.2 Objective 2: To Investigate the reality of post-migration through personal experience of migrant nurses.

4.2.1 First Impression of Ireland.

Filipino have a stereotype point of view that the United States of America, Canada or UK are the optimum option for a destination country. The usual reaction to Ireland is "Where ?", it seems not a lot of Filipinos recognise Ireland as a destination country for migration. It was never first option and for some they have chosen Ireland for the sake of leaving the country.

> *"Actually, I didn't want to migrate to Ireland, at that time people were telling me "yeah!, there's an Irish priest and maybe you want to speak to him. But I had never heard of Ireland ever before, I was meant to go to London, UK. It came a bit late, the offer, I was supposed to go there but people from Ireland pulled us out of the line to come to Ireland first."*

Osias, 42 years old, Nurse.

There is a difficulty in having expectations, when an individual have no form of knowledge or information about that country. Ireland's economy have had labour shortage in the early 2000s. In 2001, almost twice the amount of emigrants have immigrated and arrived to the country (Castles, 2000). Interestingly, nurses involved in the conducted interview shared different views in relation to their first impression of Ireland. One of the nurses expressed his views by describing Ireland, specifically Dublin as "stepping back to the past", "time warp" and did not feel like a city. Expressing that it was too cold and quiet. While another nurse expressed appreciation to the quietness and cleanliness of the environment. One of the main first impression all the participants shared was their appreciation of how welcoming the Irish people were.

4.2.2 Working Conditions in the Healthcare Industry in Ireland.

Ireland has a small open economy that is highly influenced by external factors. Ireland is known as a first world country, while the Philippines is an overpopulated third world country. The division within the population is due to the growing gap of poverty and wealth. Permanent staffs and volunteers shares the burden of long working hours and nurse to patient ration of 1:35 to 1:50 within the public sector, resulting to exhaustion and high turnover rate (Umil, 2017). According to the data collected from the conducted interviews, the main difference between Ireland and the Philippines' working condition for nurses is that the provision of personal care. Personal care includes bathing, feeding, dressing and toileting. The Philippines is known to be a country that is family oriented therefore, relatives and family members have the responsibility of providing personal care and staying with the patient almost 24 hours a day. The main

responsibility for nurses in the Philippines is to focus on medication and constant monitoring of the patients. Ireland have a more hands-on approach in terms of patients. However, the nurse to patient ratio is 1:6.

"Here is very hands-on in terms of patients. In the Philippines we don't wipe or do personal care, it can be delegated to the family. Ours is more family oriented, you can ask them to clean your patient. Patient ration wise, you have 30 patients per one nurse and here I only have 6, but again very hands-on. "

Diosanta, 29 years old, Agency Nurse.

In relation to recognition and interaction with colleagues, in the Philippines Doctors are seen as authoritative figures and are considered untouchable. This is caused by the culture of respect for elders that are shared to the next generations. In Ireland everyone is treated equally in relation to status within the workplace. The participating nurses for the primary research have expressed their feelings of being appreciated and recognised within the workplace here in Ireland.

4.2.3 Negative Outcomes: Difficulties and Challenges

There are different negative outcomes that may arise with migration, this may include lack of recognition and the feeling of being devalued within the destination country (Ronquillo et al. 2011). There are negative outcomes that may arise more commonly with migration, such as language barrier and even the possibility of racial discrimination. From the data collected in the

primary research, views on outcome as a "negative" factor have shown to be highly dependent on the perspective of the individual and their mind set. According to the in-depth interview, nurses learns to adapt and keep moving forward. That negativity only exist if you believe it is negative. Others have expressed their views on the challenges they had with other colleagues. Some local nurses were intimidating to the extent of translating those feelings to bullying. One nurse had mentioned her experience of feeling not worthy of the same privileges as local nurses.

"It was difficult to work with them because they were intimidating or you feel like you're bullied. I've also had the experience where you feel like you don't deserve the same privileges as they do. That's a problem with some colleagues. Because they're from here. Some of them believe they have more rights than you do."

Lani, 43 years old, Nurse.

In the duration of the conducted interview, the researcher have observed changes in motion and facial expression when delivering the questions. There was a feeling of hesitation and a longer time was taken in between responses. The researcher have observed the movement of the nurses involved in the interviews as they became more conscious of the recording apparatus. Filipino nurses have the tendency to be seen as a positive individual rather than dwelling in the negativity. Some chose to dismiss the possibility of having difficulties and challenges that came with the changes.

4.2.4 Positive Outcomes: Benefits

There are multiple positive outcomes of being a migrant nurse, 1st world country such as Ireland has many opportunities to offer and benefits that are beyond the capabilities of the Philippines.

According to the information expressed by the one of the nurses interviewed, salary is considered "incomparable". Salary in the Philippines will be approximately be 200 euros per month and in comparison to Ireland the same amount will be earned within 2 days. With an increase in their salary, nurses are able to send financial help to their families in their country of origin without placing themselves at a difficult position (Awases et al, 2004). Gaining financial stability and security provides satisfaction to their driving factors for migration. Migrant Filipino nurses believe they are treated fairly and equally as others and not seen as someone "mababa" (lower). There are access to multiple opportunities for migrant nurses such as, travel, learning new culture, meeting new people around the world and education.

"You are treated equally and you are not seen as someone who is "mababa" (lower). Of course there is the chance to lift and represent the Filipinos and your own country. There is the opportunity to travel, I haven't done it yet but we are so close to Europe. I had the opportunity to travel here in Ireland and see sights. The main thing is extra money."

Diosanta, 29 years old, Agency Nurse.

All the nurses involved in the Interview process have arrived to Ireland with a single status. They have now created a family of their own and call the country "Home". They believe that their children will have a better opportunity in regards to access to education with less

competition and have a better understanding of the world. They believe that by being in Ireland allows their children to have access to the world when they're older. Having no limits to their growth and the ability to provide them with a comfortable life.

4.3 Objective 3: To Investigate the possibility of migration as an answer for a "Better Life".

4.3.1 Interpretation of a "Better Life".

Filipino migrant nurses believe that migrating abroad will result to "greener pastures" or "better life". From the conducted Interview, nurses have shared their interpretation of the meaning of better life. For most it means to have comfort, shelter, warmth and have 3 meals a day. With the thought of having a simple life, content and happy. For others it was interpreted as affording material things, eating in fine restaurants and having a luxurious way of life. The interpretation of the meaning of a better life will depend highly on the person's perspective and the life they have experienced. For some it means the satisfaction of "needs", while others it means satisfaction of "wants".

4.3.2 The role of Migration in achieving a "better life".

For the purpose of this study, we observed and investigate the role of Migration in the process of achieving a "better life". Filipino migrant nurses believed that the financial stability provided my migrating have created a foundation to provide basic needs such as shelter, warmth, food and education. While having the freedom to provide support to family back home and even the ability to live with luxury. Where in the Philippines lack the opportunities for them to achieve such status.

"Migration provided us with a good financial foundation and that's where you get your basic needs such as food, shelter and clothing."

Diosanata, 29 years old, Agency Nurse.

As mentioned above, some believe that satisfying the basic needs and living with content and happiness is what defines a better life. Therefore, they believe that the effort the person exert is key to achieving a "better life" and the country of which they call home does not dictate the possibilities of achieving success.

Chapter 5: Conclusion

5.1 Expectation and motivations of Filipino migrant nurses.

The aim of the study is for the researcher and the readers to gain insight and in-depth understanding of the possible differences between an individual's expectation pre-migration and the reality of the individual's post migration. Through secondary and primary research the researcher have observed different factors that motivated and driven the decision of migrating. From the point of view of migrating from the 3rd world to the 1st world, many rely on the expectation of gaining financial security as their main push and pull factors. Driving factors highly depends in the perception and mind set of an individual. It is shaped and influenced by factors such as their status of living and family dynamics. The researcher have concluded that the status of the individual and their family within the society dictates the motivations to migrate. Many of those who comes from the lower working class and poverty chose to migrate to gain financial stability, security and the ability to provide for their family at home. Philippines is considered as family centred, many decisions in a Filipinos life is decided with great influence from parents and relatives. For example, Expectation for the eldest child is to take the responsibility to provide and help the family, many eldest children will chose to migrate to destinations countries that will provide them with opportunities and better chance for greener pasture. In the Philippines nursing is known as a career that will provide a gateway to a better life. While others who are living at a higher status in the society have the ability to choose. They believe migrating to another country will provide new adventures and freedom with the opportunity to learn and grow as an individual. They are given the opportunity to learn more about who they are without the influence of their parents. The freedom to explore and dictate their own life. For Filipino nurses, motivation will always rely on the economic factors that

divides its people to different status in the society and family. The researcher have explored and concluded that these two main factors will always key important role to migration. Whether the reason is due to taking the responsibilities or freedom from them.

Expectation of Filipino migrant nurse during pre- migration is highly influenced by life experiences of American and Canadians. Many believe that by migrating to the United States of America or Canada will provide "greener pastures". The researcher had a better understanding of how the term "greener pasture" is interpreted. Many believe it is the ability to provide a simple life with basic needs for themselves and their family. They are content as long as they are able to provide shelter, warmth, water, 3 meals a day and access to good education. There are some who defines "greener pasture" as the ability to provide for themselves and their family a luxurious lifestyle. The ability to provide beyond basic needs and to build a better status of life. The researcher noticed a pattern that have emerged from both secondary and primary data. The factors of motivation and expectation of an individual are similar and relative to each other. The expectation of gaining "greener pasture" and its interpretation is influenced by the status of living and family dynamics. These factors differentiate the way individuals satisfy their needs.

5.2 Fear of Migration

With expectation comes fear, minds of human beings analyses the possible consequence and risk involved to every decision they make. With the degree of risk involved with migration. Individuals have fears emerging from the mystery of the unknown. Filipino migrant nurses fears the inability to have control and security provided back home. Filipino migrant nurses have an incredible fear of loneliness. The fear of failing and no one to "catch" them. Labour Migration

is an individual journey. Success of transitioning to another country will rely heavily on the mind set and the ability of that individual to take risks. There are fears that have risen from stories or word of mouth. Many feared the possibility of racial discrimination, language barrier, difficulty in communication and interaction.

5.3 Ireland as a Destination Country

The researcher have concluded that Filipino nurses are unaware of the existence of Ireland as destination country in the past. Filipino migrant nurses chooses America, Canada and UK as their first option of destination countries for migration. When Ireland's economy was at its peak during the early 2000s. Shortage in the Healthcare sector, it opened opportunities for nurse from Europe and Asia. The Philippines is known as one of the main source of nurses in the world, providing highly skilled and qualified nurses. Ireland has now made a name for itself as a destination country due to its recovering economy.

5.4 Reality of Post-migration

In relation to expectation, pull factors such as higher salary, better working condition, benefits and access to new knowledge have been met. Ireland offers incomparable salary, working conditions are considered better due to smaller nurse to patient ratio and equipment and accessibility for medical tools. These are some of the positive outcomes. Ireland have created multiple opportunities for individuals such as travelling, access to new culture and tradition, meeting people around the world, sharing knowledge and providing the same opportunities for their future family. The researcher have learned that negative factors can depend on the person's perception in life. Many believe that negative factors are not as important and there is no necessity to dwell. The researcher have observed that Filipino migrant nurses are more hesitant

towards negativity. Filipino migrant nurses chose to focus on the positive aspect of the experience. This is not a general point of view. The researcher have observed both different sides to the responses to negative factors as a topic. Many believe that there is still a lack of recognition and self-progression and interaction with other local colleagues can be interpreted as racial discrimination or use the term "bullying". In relation to communication and language barrier, Filipinos have good or fluent English. Therefore, communicating in Ireland is not as difficult compared to other European countries with a native first language.

5.5 Better life

The researcher have concluded that "better life" will depend on the mind-set of the individual. Different factors will continue to have influence on a person's interpretation of a "better life". To the question is Migration the answer to achieving a "better life". Some believe that migration creates a gateway for achieving greener pasture. However, it will always be guided by the perception of a person's contentment. Migration and the opportunities it offers can be used as a tool to achieving a better life. This dissertation have shown the aspect of a person's individuality having an enormous influence in their life experiences.

5.6 Expectation vs Reality

 The researcher has discovered through exploring the topic of migration, that experiences will always differ and depend on the individuality of a person. Different external factors such as economic status, family dynamics, education, peers and media can influence person's perception and needs. Therefore, the outcome of the reality of post-migration is dictated by the migrants themselves. An individual's expectation will not be met unless they understand their own contentment.

Bibliography:

Adler, L. and Gielen, U. (2003). *Migration*. 1st ed. Westport, Conn.: Praeger.

Allan HT & Larsen JA (2003) 'We Need Respect' – Experiences of Internationally Recruited Nurses in the UK. The Royal College of Nursing, London. Available at: http://www.rcn.org.uk/downloads/international/irn-report-we-need-respect.pdf

Allen, K. (1999), *'Immigration and the Celtic Tiger: a land of a thousand welcomes?'*, pp. 3-17 in Gareth Dale and Mike Cole, eds. The European Union and Migrant Labour. Oxford: Berg.

Alonso-Garbayo, Á, & Maben, J (2009), *'Internationally recruited nurses from India and the Philippines in the United Kingdom: the decision to emigrate'*, Human Resources For Health, 7, pp. 1-11, Academic Search Complete, EBSCOhost, [Accessed 3 Apr. 2017].

Ary, D., Jacobs, L., Sorensen, C. and Walker, D. (2014). *Introduction to Research in Education*. 9th ed. Belmont, CA: Wadsworth Cengage Learning

Azorin, J. and Cameron, R. (2010). The Application of Mixed Methods in Organisational Research: A Literature Review. *The Electronic Journal of Business Research Methods*, [online] 8(2), pp.95-105. Available at: http://www.ejbrm.com [Accessed 10 May 2017].

Bach, S. (2003). *International migration of health workers: Labour and social issues*. International Labour Office Geneva.

Benatar, S.R. (2007) 'An examination of ethical aspects of migration and recruitment of health care professionals from developing countries', Clinical Ethics, 2(1), pp. 2–7. doi: 10.1258/147775007780267174.

Black, I. (2006). *The presentation of interpretivist research*. *Qualitative Market Research: An International Journal*, 9(4), pp.319–324.

Blaikie, N. (2010). *Designing Social Research*. 1st ed. Polity Press.

Bourdieu P (1991) Language and Symbolic Power. Polity Press, Cambridge

Bradbury-Jones C., Irvine F. & Sambrook S. (2010). Phenomenology and participant feedback: Convention or contention. Nurse Researcher. 17 (2), 25-33.

Bradbury-Jones, C., Irvine, F., Sambrook, S., 2010. Empowerment of nursing students in clinical practice. Journal of Advanced Nursing 66 (9)

Bryman, A. and Bell, E. (2015). *Business research methods*. 1st ed. Oxford (UK): Oxford University Press.

Bryman, A. and Bryman, A. (2012). *Social research methods*. 4th ed. New York: Oxford University Press.

Burgess, R. and Haksar, V. (2005). Migration and Foreign Remittances in the Philippines. *IMF Working Papers*, 05(111), p.1.

Burns, N. & Grove, S. (2009) *The Practice of Nursing Research: appraisal, synthesis, and generation of evidence* (6th edn) St. Louis: W. B. Saunders.

Canoy, M., Beutin, R., Horvath, A., Hubert, A., Lerais, F., Smith, P. and Sochacki, M. (2006) 'Migration and Public Perception', Bureau of European Policy Advisers (BEPA) European Commission

Carson, D. (2001). *Qualitative Marketing Research*. 1st ed. London: SAGE.

Castles, S. (2000). International Migration at the Beginining of the Twenty-First Century: Global Trends and Issues. *International Social Science Journal*, 52(165), pp.269-281.

Castles, S. and Miller, M. (1993). *The age of migration*. 1st ed. New York: Guilford Press.

Cie.uci.edu. (2016). *UCI Study Abroad Center*. [online] Available at: http://www.cie.uci.edu/prepare/shock.shtml [Accessed 27 Nov. 2016].

Corcoran, M. (2002). *The Process of Migration and the Reinvention of Self: the Experiences of Returning Irish Emigrants*. Eire-Ireland, 37(1/2)

Cso.ie. (2017). *Home - CSO - Central Statistics Office*. [online] Available at: http://www.cso.ie/en/index.html [Accessed 6 Feb. 2017].

Cummins, T 2009, 'Migrant nurses' perceptions and attitudes of integration into the perioperative setting', *Journal Of Advanced Nursing*, 65, 8, pp. 1611-1616, Academic Search Complete, EBSCO*host*, [Accessed 22 Nov 2016].

Fischler, A. (2017). *From Problem Statement to Research Questions*.

Ghauri, P. and Grønhaug, K. (2005) *Research Methods in Business Studies: A Practical Guide* 3rd ed. Harlow: Financial Times Prentice Hall.

Grabowski, I. (2005), 'Changes in the international mobility of labour: job migration of Polish nationals to Ireland', *Irish Journal Of Sociology*, 14, 1, pp. 27-44, Academic Search Complete, EBSCO*host*, [Accessed 9 May 2017].

Grove, S., Burns, N., Ihlenfeld, J. and Burns, N. (2007). *Study guide for understanding nursing research*. 1st ed. St. Louis, Miss.: Saunders Elsevier.

Hagen-Zanker, J. (2008). Why Do People Migrate? A Review of the Theoretical Literature. *SSRN Electronic Journal*, [online] pp.5-16. Available at: https://mpra.ub.uni-muenchen.de/28197/1/2008WP002 [Accessed 21 Oct. 2016].

Hale, M. (2017). *The 3 Basic Types of Descriptive Research Methods / World of Psychology*. [online] World of Psychology. Available at:

https://psychcentral.com/blog/archives/2011/09/27/the-3-basic-types-of-descriptive-research-methods/ [Accessed 6 Feb. 2017].

Hudson, L., and Ozanne, J. (1988). *Alternative Ways of Seeking Knowledge in Consumer Research*. *Journal of Consumer Research*, 14(4), pp. 508–521.

Humphries, N., Brugha, R. and McGee, H. (2016). *"I won't be staying here for long": a qualitative study on the retention of migrant nurses in Ireland*.

International Organization for Migration. (2017). *International Organization for Migration*. [online] Available at: http://www.iom.int/ [Accessed 1 Feb. 2017].

Jeanfreau, S. G., & Jack, L. (2010). Appraising Qualitative Research in Health Education: Guidelines for Public Health Educators. *Health Promotion Practice*, *11*(5), 612–617. http://doi.org/10.1177/1524839910363537

Kainth, G. S. (2009). Push and Pull Factors of Migration: A Case of Brick Kiln Industry of Punjab State. Asia-Pacific Journal of Social Sciences , pp.82-116.

Kirk, J. and Miller, M. (1986). *Reliability and Validity in Qualitative Research*. London: Sage.

Kok, P. (2006). *Migration in south and southern Africa*. 1st ed. Cape Town: HSRC Press.

Larsen, JA (2007), 'Embodiment of discrimination and overseas nurses' career progression', *Journal Of Clinical Nursing*, 16, 12, pp. 2187-2195, Academic Search Complete, EBSCO*host*, [Accessed : 30 November 2016].

Li H. Nie, W. Li, J. H, (2014). The benefits and caveats of international nurse migration. *International Journal of Nursing Sciences*, Volume 1, Issue 3, 314-317.

Lipley, N (2004). 'Overseas nurses challenge 'economic migrant' tag', *Nursing Standard*, 18, 29, p. 10, Academic Search Complete, EBSCO*host*, viewed 26 Oct. 2016.

Lorenzo, F, Galvez-Tan, J, Icamina, K, & Javier, L (2007), *'Nurse Migration from a Source Country Perspective: Philippine Country Case Study', Health Services Research*, 42, 3P2, pp. 1406-1418, Academic Search Complete, EBSCOhost, [Accessed 2 Apr. 2017].

M. Awases, A. Gbary, J. Nyoni, R. Chatora (2004), *Migration of health professionals in six countries: a synthesis report,* World Health Organanization, 65, pp. 38–42.

Marshall, C. and Rossman, G. (1989). *Designing qualitative research*. London: Sage.

NESC National Economic Social Council, (2006). *Managing Migration in Ireland: A Social and Economic Analysis*. Dublin: Government Publication, pp.1-2.

Neuman, L. W. (2000). *Social Research Methods: Qualitative and Quantitative Approaches 4th ed.* USA: Allyn and Bacon.

Nichols, J, & Campbell, J 2010, 'The experiences of internationally recruited nurses in the UK (1995-2007): an integrative review', *Journal Of Clinical Nursing*, 19, 19/20, pp. 2814-2823, Academic Search Complete, EBSCO*host*, viewed 27 Oct 2016.

O'Brien T (2007) Overseas nurses in the National Health Service: a process of deskilling. Journal of Clinical Nursing 16, 2229–2236.

Peräkylä, A. (2011). 'Validity in research on naturally occurring social interaction'. In D. Silverman (ed.), *Qualitative Research: Theory, Method and Practice,* 2nd ed. (pp. 282-303).

philstar.com. (2017). *State of Phl nurses today*. [online] Available at: http://www.philstar.com/letters-editor/2015/06/08/1463396/state-phl-nurses-today [Accessed 1 Apr. 2017].

Pobal (2016) Available at: https://www.pobal.ie/Pages/Home.aspx [Accessed 1 Feb. 2017].

Rogers, S. (2016). *More than half of nurse entrants are foreigners*. [online] Irishexaminer.com. Available at: http://www.irishexaminer.com/ireland/health/more-than-half-of-nurse-entrants-are-foreigners-55134.html [Accessed 22 Nov. 2016].

Ronquillo, C, Boschma, G, Wong, S, & Quiney, L (2011), 'Beyond greener pastures: exploring contexts surrounding Filipino nurse migration in Canada through oral history', *Nursing Inquiry*, 18, 3, pp. 262-275, Academic Search Complete, EBSCO*host*, [Accessed 27 Nov. 2016].

Ruhs, M. (2005). *Managing the Immigration and Employment of Non-EU Nationals in Ireland*. The Policy Institute at Trinity College Dublin.

Ruhs, M. and Quinn, E. (2009). Ireland: From Rapid Immigration to Recessio. *The online Journal of the Migration Policy Institute*. [online] Available at: http://www.migrationpolicy.org/article/ireland-rapid-immigration-recession [Accessed 3 May 2017].

Saunders, M., Lewis, P. and Thornhill, A. (2009). *Research Methods for Business Students*. 5th ed. Harlow: Pearson Education Limited

Saunders, M., Lewis, P. and Thornhill, A. (2012). *Research Methods for Business Students*. 6th edn. Harlow: Pearson Education Limited

Schweitzer, R. Brough, M. Vromans, L. & Asic-Kobe, M. (2011), *'Mental health of newly arrived Burmese refugees in Australia: contributions of pre-migration and post-migration experience',* Australian & New Zealand Journal Of Psychiatry, 45, 4, pp. 299-307, Academic Search Complete, EBSCOhost, [Accessed 8 Apr. 2017].

Smith P, Allan H, Henry L, Larsen JA & Mackintosh M (2006) *Valuing and Recognizing the Talents of a Diverse Healthcare Workforce*. University of Surrey. Available at: http://portal.surrey.ac.uk/reoh [Accessed 2 Nov 2016].

Smith, T. (1984). *Immigration and Emigration..* [online] Available at: http://dx.doi.org/10.1037/11440-017 [Accessed 17 Apr. 2017].

Speziale, H. and Carpenter, D. (2007). *Qualitative research in nursing*. 1st ed. Philadelphia: Lippincott Williams & Wilkins.

The European Commission on Factors Influencing Labor Migration. (2001). *Population and Development Review*, 27(2), pp.391-394.

Thet, K. (2014). *1 Pull and Push Factors of Migration: A Case Study in the Urban Area of Monywa Township, Myanmar*. [online] World of Statistics. Available at: http://www.worldofstatistics.org/files/2014/03/Pull-and-Push-Factors-of-Migration-Thet.pdf [Accessed 23 Oct. 2016].

Thomas, D. and Hodges, I. (2010). *Designing and Planning Research Project: Core Skills for Social and Health Researchers*. 1st ed. Sage Publications.

Umil, A. (2017). *The worsening 'toxic' work condition of Filipino nurses - Bulatlat*. [online] Bulatlat. Available at: http://bulatlat.com/main/2015/03/31/the-worsening-toxic-work-condition-of-filipino-nurses/ [Accessed 2 Apr. 2017].

unesco.org. (2016). *Migrant/ United Nations Educational, Scientific and Cultural Organisation.* [online] Available at: http://www.unesco.org/new/en/social-and-human-sciences/themes/international-migration/glossary/migrant/ [Accessed 17 Oct. 2016]

Van Manen, M. (2007). *Phenomenology of practice*. 1st ed. University of Alberta, pp.11-30.

Vartiainen P, Pitkanen P, Asis M, Raunio P, Koslela M, (2016). *From the Philippines to Finland: Nurses' Expectations and Finnish Realities*. *Journal of Population and Social Studies,* Volume 24, 30-46.

Vartiainen, P., Pitkänen, P., Asis, M.M.B., Raunio, P. and Koskela, M. (2016) 'From the Philippines to Finland: Nurses' Expectations and Finnish Realities', Journal of Population and Social Studies, 24(1), pp. 30–46.

Walsh, B. M. (2004), *'The transformation of the Irish labour market 1980-2003',* Presidential address. Statistical and Social Inquiry Society of Ireland.

Ward, C., Bochner, S., & Furnham, A. (2001). The psychology of culture shock (2nd ed.). New York, NY: Routledge.

Wiles, R., Crow, G. and Pain, H. (2011*). Innovation in qualitative research methods: a narrative review.* 11(5), pp.587-603.

Wolf, D. (1997). Family Secrets: Transnational Struggles among Children of Filipino Immigrants. *Sociological Perspectives*, 40(3), pp.457-482.

WRC Social and Economic Consultants (2009). *Issues and Challenges in the Recruitment and Selection of Immigrant Workers in Ireland*. Office of the Minister for Integration.

Yin, R. (1984). *Case study research*. 1st ed. London: Sage Publication, p.17.

Zaiceva, A. Zimmermann, K. (2008), *Scale, diversity, and determinants of labour migration in Europe. Oxf Rev Econ Policy*; 24 (3): 427-451. doi: 10.1093/oxrep/grn028

Appendices:

Appendix I
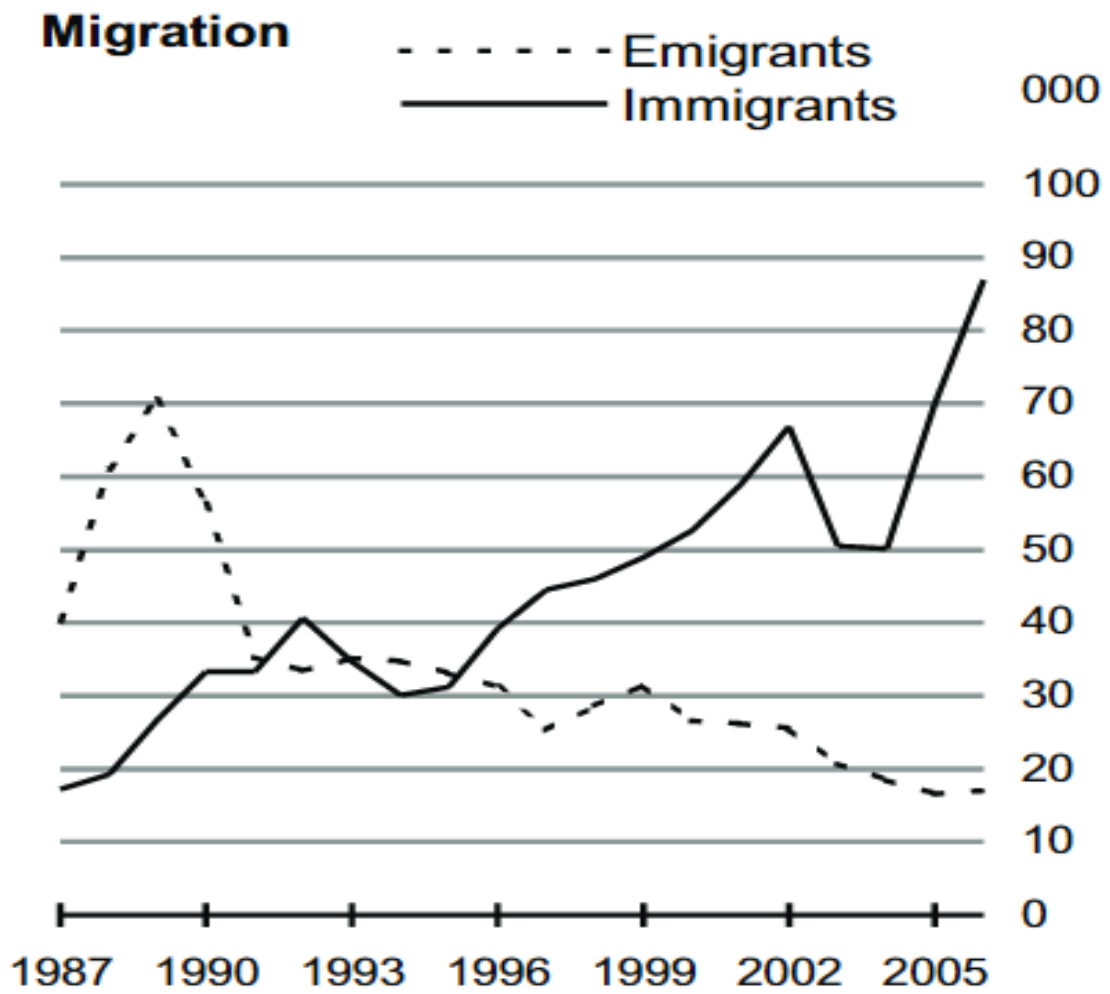
Migration

Source from cso.ie (2017).

Table A2: Emigration, immigration and net-migration flows by nationality, 1987-2004

	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total Inflows	17.2	19.2	26.7	33.3	33.3	40.7	34.7	30.1	31.2	39.2	44.5	46.0	48.9	52.6	59.0	66.9	50.5	50.1
Irish inflows	11.1	11.5	18.1	21.6	22.6	25.5	20.0	16.8	17.6	17.7	20.8	24.3	26.7	24.8	26.3	27.0	17.5	16.9
% of total inflow	64.5	59.9	67.8	64.9	67.9	62.7	57.6	55.8	56.4	45.2	46.7	52.8	54.6	47.1	44.6	40.4	34.7	33.7
Non-Irish inflows	6.1	7.7	8.6	11.7	10.7	15.2	14.7	13.3	13.6	21.5	23.7	21.7	22.2	27.8	32.7	39.9	33.0	33.2
UK	2.8	3.7	4.1	4.6	5.5	6.4	6.2	6.3	5.8	8.3	8.4	8.6	8.2	8.4	9.0	7.4	6.9	5.9
% of total inflow	16.3	19.3	15.4	13.8	16.5	15.7	17.9	20.9	18.6	21.2	18.9	18.7	16.8	16.0	15.3	11.1	13.7	11.8
% of non-Irish inflow	45.9	48.1	47.7	39.3	51.4	42.1	42.2	47.4	42.6	38.6	35.4	39.6	36.9	30.2	27.5	18.5	20.9	17.8
Rest of EU	1.0	1.2	1.7	2.6	2.0	4.1	3.3	3.3	3.2	5.0	5.5	6.1	6.9	8.2	6.5	8.1	6.9	10.6
% of total inflow	5.8	6.3	6.4	7.8	6.0	10.1	9.5	11.0	10.3	12.8	12.4	13.3	14.1	15.6	11.0	12.1	13.7	21.2
% of non-Irish inflow	16.4	15.6	19.8	22.2	18.7	27.0	22.4	24.8	23.5	23.3	23.2	28.1	31.1	29.5	19.9	20.3	20.9	31.9
Non-EU	2.4	2.9	2.8	4.6	3.2	4.7	5.1	3.7	4.6	8.2	9.7	7.0	7.0	11.1	17.3	24.4	19.3	16.7
% of total inflow	14.0	15.1	10.5	13.8	9.6	11.5	14.7	12.3	14.7	20.9	21.8	15.2	14.3	21.1	29.3	36.5	38.2	33.3
% of non-Irish inflow	39.3	37.7	32.6	39.3	29.9	30.9	34.7	27.8	33.8	38.1	40.9	32.3	31.5	39.9	52.9	61.2	58.5	50.3
USA	0.9	1.3	0.6	1.3	1.1	1.7	2.5	2.0	1.5	4.0	4.2	2.3	2.5	2.5	3.7	2.7	1.6	1.8
% of total inflow	5.2	6.8	2.2	3.9	3.3	4.2	7.2	6.6	4.8	10.2	9.4	5.0	5.1	4.8	6.3	4.0	3.2	3.6
% of non-Irish inflow	14.8	16.9	7.0	11.1	10.3	11.2	17.0	15.0	11.0	18.6	17.7	10.6	11.3	9.0	11.3	6.8	4.8	5.4
Rest of World	1.5	1.6	2.2	3.3	2.1	3.0	2.6	1.7	3.1	4.2	5.5	4.7	4.5	8.6	13.6	21.7	17.7	14.9
% of total inflow	8.7	8.3	8.2	9.9	6.3	7.4	7.5	5.6	9.9	10.7	12.4	10.2	9.2	16.3	23.1	32.4	35.0	29.7
% of non-Irish inflow	24.6	20.8	25.6	28.2	19.6	19.7	17.7	12.8	22.8	19.5	23.2	21.7	20.3	30.9	41.6	54.4	53.6	44.9
Total emigration	40.2	61.1	70.6	56.3	35.3	33.4	35.1	34.8	33.1	31.2	25.3	28.6	31.5	26.6	26.2	25.6	20.7	18.5
Total net migration	-23	-41.9	-43.9	-23	-2	7.3	-0.4	-4.7	-1.9	8	19.2	17.4	17.3	26	32.8	41.3	29.8	31.6

Sources: CSO, Population and Migration Estimates, various issues (latest: April 2004; and April 2003, with revisions for 1997-2002)

Table A2 (continued): Emigration, immigration and net-migration flows by nationality, 1987-2004

	1987-1989	1990-1992	1993-1995	1996-1998	1999-2001	2002-2004
Total Inflows	63.1	107.3	96.0	129.7	160.5	167.5
Irish inflows	40.7	69.7	54.4	62.8	77.8	61.4
% of total inflow	64.5	65.0	56.7	48.4	48.5	36.7
Non-Irish inflows	22.4	37.6	41.6	66.9	82.7	106.1
UK	10.6	16.5	18.3	25.3	25.6	20.2
% of total inflow	16.8	15.4	19.1	19.5	16.0	12.1
% of non-Irish inflow	47.3	43.9	44.0	37.8	31.0	19.0
Rest of EU	3.9	8.7	9.8	16.6	21.6	25.6
% of total inflow	6.2	8.1	10.2	12.8	13.5	15.3
% of non-Irish inflow	17.4	23.1	23.6	24.8	26.1	24.1
Non-EU	8.1	12.5	13.4	24.9	35.4	60.4
% of total inflow	12.8	11.6	14.0	19.2	22.1	36.1
% of non-Irish inflow	36.2	33.2	32.2	37.2	42.8	56.9
USA	2.8	4.1	6.0	10.5	8.7	6.1
% of total inflow	4.4	3.8	6.3	8.1	5.4	3.6
% of non-Irish inflow	12.5	10.9	14.4	15.7	10.5	5.7
Rest of World	5.3	8.4	7.4	14.4	26.7	54.3
% of total inflow	8.4	7.8	7.7	11.1	16.6	32.4
% of non-Irish inflow	23.7	22.3	17.8	21.5	32.3	51.2
Total emigration	171.9	125.0	103.0	85.1	84.3	64.8
Total net migration	-108.8	-17.7	-7	44.6	76.2	102.7

Sources: CSO, Population and Migration Estimates, various issues (latest: April 2004; and April 2003, with revisions for 1997-2002)

Appendix III

Transcript of Interviews

Interview 1 : Melanie Hernando, 37 years old,

Objective 1: To investigate different driving factors and Motivation of Migration

1.1 How did migration become an option?

Vast majority of my friends or colleagues are applying for overseas work as a nurse in Canada, US or UK during that time, so, I said out of curiosity why don't I give it a try, that's why I am here.

1.2 **What were your expectations and what motivated you as an individual to make the decision for migration?**

During that time I was so young, I don't have that idea of migrating, I have a string family bound with my family, which I was so afraid to go away. But you know, when I was working I wanted to support my family. I was giving half of my salary to support the finances of my sister's education. So I decided to go and I think there would be a lot of opportunities for me abroad. Especially western.

Opportunities, earning dollars and I wanted to be well compensated.

Higher salary,

My main motivation is to support my family with hopefully my higher income.

During those time you really wanted to help. They're (parents) not asking for anything but it is my responsibility as a daughter.

1.3 In the Duration of pre-migration, was there fears and have you felt reluctant to migrate?

I'm afraid of home sickness, you know being far away from your love ones, family, Secondly, racism. That you won't belong to that place.

Objective 2: To investigate the reality of post-migration through personal experience of migrant.

2.1 After arriving to Ireland, what were your first impression?

Freezing cold, Irish people speaks faster than Americans and the slang.

2.2 What was the different (if any), in your experience in the workplace here in Ireland? Such as: working condition, recognition, interaction

You know, I don't think there is a lot of difference in working. Maybe, personally, I just work the same as I would in the Philippines. I worked hard and interacted with people with different race, status. I treat them equally. I think, I just notice one difference, in working as a nurse in the Philippines, we don't really do sponge bath, morning care, a lot. We were more focused on giving medications and transcribing doctor's orders and the procedures. We were focused on that. But here in Ireland, we have to do everything, including the toileting, feeding, the turning, sponge bath, morning care. Everything.

A little difficult, in the Philippines there is the family members and they are allowed to take care of the patients. But here they're not allowed and there is (strict) visiting hours.

Tradition in the Philippines is different because I don't see the younger generation respect their elders. In the Philippines we have to value and respect elders. But here in Ireland I can't see it here.

For example, I can see students have no respect for their managers. Well I saw one incident and thought when I become a senior nurse, I think the younger generation will do the same and will not be able to respect me anymore. That's why I wanted to make sure my children respect other people.

2.3 In your opinion what are the negative factors of your experience as a migrant nurse in Ireland?

I don't really think about negativity, I really love my experiences here in Ireland. Most of the people are friendly and less people are racist. I have loads of friends.

I have been discriminated in a racial way, but I didn't mind. I don't really think much of the negative experiences and just think of the positive side. It doesn't affect me as much. The main one (negative experience) is the recession. The reason I came to Ireland was because I wanted well compensated, which now, we are over worked and less paid. That is what happened in the Philippines before and now it is happening in this country. Which is very sad, but I have learned that no matter how high your salary, I have learned to manage my finances wisely. You really have to value the money you have. Which means buying more of your needs than your wants.

Thinking of the negative experience will make me depress so I want to share my positive experiences.

2.4 In your opinion, what are the positive factors of your experience as a migrant nurse in Ireland?

I wanted to share that it is not about the other person and it will not affect you. If you want to be happy in a place, you yourself have to adjust, you have to grow as a person. For example if other people degrade you, just ignore them and go to those people who would appreciate you

as much. From then on, you will have the confidence and you will be the best person as you can be.

If I stayed in the Philippines with my 4 children. We will still be the same. Whatever country you decide to stay, you will have to learn how to live in their lifestyle, whatever they practice in that country. I have difficulties with my children especially in this type of country which is a little bit liberated it is hard to explain new things like same sex marriages or abortion. It is very personal. I have a difficulty to instil in their mind About the Christianity. It is a sad part of being here in Ireland.

Objective 3: To investigate the possibility of migration as an answer for a "Better life".

3.1 What is your interpretation of a better life?

Better life or greener pasture means that you can live your life with your family. That you can eat 3 times a day or even more. You feel secure in your own home and you can provide your children's need like education. Aside from those needs, I want them to be happy, even if the life is simple that is better life.

3.2 What role did migration play in achieving a better life and did it exceed any of the negative experiences (if any).

The recession is one of the negative (factors) I wanted to mention but it never really affected the life I really dreamed of. Having a happy family. As I have said, even if we go back home in the Philippines we will still have a better life. As long as you are contented and satisfied of what you have you can live happily with your family. Recession was already in the Philippines, so what is new in coming here in Ireland. Well, I expected it will be better when it comes to money. But it is still the same thing if you have the money but you don't spend it wisely. It will still be the same no matter where you live.

3.3If there is anything you can change in the overall experience. What would you change and why?

I don't want to change anything, all the experiences and everything that came in my way helps me grow as a person, I am not saying I am perfect, I still have imperfection and that is normal. It makes me more mature and I can say that my parents are so proud of me because I learned to accept the reality of life. You just have to go with the flow.

**Interview 2: Ida Diosanta 29 years old, Agency nurse.**

Objective 1: To investigate different driving factors and Motivation of Migration

1.1 How did migration become an option?

My thoughts on migration, for us Filipinos migration is moving to another place to find greener pasture and to be with your love ones.

I want a better future for my own family.

It was a childhood dream to be a nurse, because my mum is a nurse and saw her working at public health centre in the Philippines. I saw that she was a great part and respected individual in the community and that's why I wanted to be just like her.

The process to migrate is difficult, the documentation alone was difficult.

1.1.1 Ireland as a destination Country

I wouldn't say it was a destination country. It wasn't my first option because in the Philippines we think US or UK. Ireland is not very popular, but it became known to me because of my mum, she was already here and that's how I chose Ireland.

1.2 What were your expectations and what motivated you as an individual to make the decision for migration?

My salary will be bigger and a brighter future here. Really to provide a good foundation for my own family.

I was single and I arrived here when I was 24 years old back in October 2011.

1.3 In the Duration of pre-migration, was there fears and have you felt reluctant to migrate?

Yes of course, because I knew it was going to be a new environment and the healthcare system will be different from ours (Philippines). I know I am going to be back to zero. I had fear of being bullied a subject of a racial discrimination.

Of course, I'm going to miss my family and he (Michael the boyfriend) is also the reason why I was reluctant. Michael.

Objective 2: To investigate the reality of post-migration through personal experience of migrant.

2.1 After arriving to Ireland, what were your first impression?

The first day I came it was a gloomy day. The people they are friendly and the Filipino community is ok. Because I was introduced to CFC (Filipino Religious Community in Ireland). I didn't feel homesick because I had family here. It wasn't too bad. I will feel sad every now and them because of course my boyfriend is still back home at that time.

2.2 What was the different (if any), in your experience in the workplace here in Ireland? Such as: working condition, recognition, interaction

The first one is the salary, it is incomparable to the Philippines. You will get around 200 euros a month and here is like your 1 day salary. In terms of your colleagues, we see doctors in the Philippines as very authoritative and they are untouchable. Here (Ireland), you are treated equally. Your thoughts and ideas matter. You matter as a nurse. We are heard and recognised here.

Here is very hands-on in terms of patients. In the Philippines we don't wipe or do personal care, it can be delegated to the family. Ours is more family oriented, you can ask them to clean your patient. Patient ration wise, you have 30 patients per one nurse and here I only have 6, but again very hands-on.

The breaks, annual leave is very good here especially when you are working with the HSE. When you are sick you get paid in the Philippines of course if you are absent you have no pay and you get no money.

2.3 In your opinion what are the negative factors of your experience as a migrant nurse in Ireland?

Missing your love ones, my husband who was my boyfriend then wasn't here before. Even though I had my immediate family. Sometimes communication with patients.

It wasn't really too negative, you see I worked my first work here in a nursing home so I deal with a lot of dementia cases and I didn't have any experience with that in the Philippines. Sometimes it is hard and take it at a personal level at some point when they have these moments. But most time its positive, because the elderly population here are really nice.

I want a proper beach, the warmth. Because in our hometown the beach is only 30 minutes drive. Here you can go to the beach but not really swim.

2.4 In your opinion, what are the positive factors of your experience as a migrant nurse in Ireland?

You are treated equally and you are not seen as someone who is "mababa" (lower). Of course there is the chance to lift and represent the Filipinos and your own country. There is the opportunity to travel, I haven't done it yet but we are so close to Europe. I had the opportunity to travel here in Ireland and see sights. The main thing is extra money.

Objective 3: To investigate the possibility of migration as an answer for a "Better life".

3.1 What is your interpretation of a better life?

Better life for me is my family and I have 3 meals a day, have access to healthcare, I have a house, I am warm, I have clothes to wear and when my children are bigger I will be able to send them to school. They will go to a good environment. For me it is all basic needs such as food, shelter and clothing.

3.2 What role did migration play in achieving a better life and did it exceed any of the negative experiences (if any).

It depends cases to cases, for me it did exceed the negative aspect because I had a good support system here. I wouldn't know if I came here alone, it would have been a different story.

Migration provided us with a good financial foundation and that's where you get your basic needs such as food, shelter and clothing.

3.3If there is anything you can change in the overall experience. What would you change and why?

I would very much like to have my own place (independency). I would want to see if my family and I have our own place and not cohabiting with my parents. In Cork where I lived for 2 years I lived with my sister. So I don't know how it would be to be more independent. I don't know how I could do that because at the moment the rents are very expensive and I am the only one working.

__Interview 3: Rodolpho Osias, 42 years old, Nurse.__

Objective 1: To investigate different driving factors and Motivation of Migration

1.1 How did migration become an option?

To tell you honestly this would seem to be a bit different from the rest it was an option to get away from a heartbreak and a chance to get away from a big problem.

Process; as I've told you I wasn't supposed to be here, I was meant to be in UK. At first the thought of just getting away from your work in the Philippines just like that is really something else for me. I loved the idea of being a jet setter. So, the process of gathering stuff, making sure my papers were on the move was more of a happy-go-lucky thing for me. There was no hassle because I was enjoying it.

I chose nursing because of my parents. Probably, because it runs down in the family, somebody is lawyer, nurse, and somebody else. I didn't feel pressured. At first my real dream was to go for mass communication but my older brother was already (a mass communication major) so I went for nursing.

Thought on migration, really for betterment. It's getting out of poverty but those who can afford to migrate are people who got money but want a much better life

1.1.1 Ireland as a destination Country

Actually, I didn't want to migrate to Ireland, at that time people were telling me "yeah!, there's an Irish priest and maybe you want to speak to him. But I had never heard of Ireland ever before, I was meant to go to London, UK. It came a bit late, the offer, I was supposed to go there but people from Ireland pulled us out of the line to come to Ireland first.

1.2 What were your expectations and what motivated you as an individual to make the decision for migration?

As I've told you it was very personal, I wanted to cover my face from a scandal. But, as they say "In the long run everything will fall into place", so I wouldn't have changed that decision ever, even though, the biggest thing is to be away from your family. But this is what we have now. A better Life, I wouldn't get this back home.

1.3 In the Duration of pre-migration, was there fears and have you felt reluctant to migrate?

There was none, It might sound strange but when I came here, I had my money in my wallet and I could still afford to buy another ticket back home. So in that particular aspect, I didn't have any fear at all. Maybe, there is something to do with how you would react to people's way of thinking about you, how you would react to them accepting you as for who you are. But then, if worst comes to worst I would have said no and gone back to the Philippines. That was how easy my thoughts were, there were no such things as holding on or finishing the contract. It was just a matter of "testing the waters" or see for yourself if your initial decisions were right or wrong.

Objective 2: To investigate the reality of post-migration through personal experience of migrant.

2.1 After arriving to Ireland, what were your first impression?

Arrived June 2001. Rural, backward, time warp, expectations (in relation to) negative, as in I walked out of the airport and saw just the airport, I thought "Is this really Europe? , What is this all about did i land somewhere in the countryside. Is this the city centre?"

2.2 What was the different (if any), in your experience in the workplace here in Ireland? Such as: working condition, recognition, interaction

Having been working during the boom, they just discarded things as if it was just paper. They would often stuff a pack and throw it away. They would just throw anything if it was open in error. There was no consideration to make use of some. It was just trashed or thrown to the bin. Wasteful! In comparison to the Orthopaedic procedures, they would have a much rather things (equipment) here than what we would have back home. Interaction would have been, as you would have anywhere, English is used 24/7 and in the Philippines you wouldn't have to do that and you have to be more frank than what you're used to back home.

2.3 In your opinion what are the negative factors of your experience as a migrant nurse in Ireland?

I don't think there's any. You are given equal opportunity here, you can say promotion is not that easy. However, you are given the opportunity to progress and to study.

2.4 In your opinion, what are the positive factors of your experience as a migrant nurse in Ireland?

Advantages with a better life and opportunity to gain good insight into the proper way of living your life. You could give more to your kids and more family life. You can be a real parent to kids because you raise your family by yourself without help

Objective 3: To investigate the possibility of migration as an answer for a "Better life".

3.1 What is your interpretation of a better life?

Affording things you want, eating in fine restaurants and being able to afford it. Having the luxury of your own house and being able to say it's mine.

3.2 What role did migration play in achieving a better life and did it exceed any of the negative experiences (if any).

It did coincide with the thought of us or anybody else who migrated outside the country, you have ideas of people who migrated to the US. You are able to wear good clothes, driving your own car. Stuff like that that normal people in our country wouldn't be able to afford. Basically with the salary of a nurse they would only have a 1992 Kia pride back home.

3.3 If there is anything you can change in the overall experience. What would you change and why?

I don't think I have, So far I think everything is ok.

Interview 4: Lani, 43 years old, Nurse.

Objective 1: To investigate different driving factors and Motivation of Migration

1.1 How did migration become an option?

Not really my choice, more of a peer influence and once i get started it was very difficult to stop, because you're already there plus the pressure of passing the course and you get into the spirit of being able to get through the curriculum and it just so happened that i passed everything. My best friend also wanted to become a nurse.

Migration, usually the idea is to try to find a better life, that's why you migrate to another place. You think you'll have adventures, a different environment and life. I think that's how migration is, you want to gain professionally and personally you want to grow and develop.

During that time all my friends were leaving and applied to an agency and I thought I would try as well. And I guess i was just lucky i got accepted. It was not really my choice it was more of a just giving it a try. You know you try and try and try until you end up where you want. It's not much that i don't have a choice or option. It's more of a trying to get into that.

1.1.1 Ireland as a destination Country

I worked in Saudi beforehand, when I was there we (nurses) talked and you hear some are going to Ireland and London. So I thought of applying to those places and it happened that Ireland came first. But it wasn't really a choice for me, i think i was thinking of going to New Zealand but they were offering Ireland at that time, So, I applied for that.

1.2 What were your expectations and what motivated you as an individual to make the decision for migration?

My expectations about migration, it's just I wanted a different environment or experience. It meant more to me than financial gain. Because I was single and sometimes when you're young and single you think being able to go somewhere else would be considered a success on your part.

1.3 In the Duration of pre-migration, was there fears and have you felt reluctant to migrate?

My only fear was that I was leaving my family, it's difficult to be away from family especially parents, but you're still excited to go. Other than that, there were no other fear.

Objective 2: To investigate the reality of post-migration through personal experience of migrant.

You have to take exam, interview, and process papers, usual things. You have to pass their proficiency exams. Going to Saudi was more difficult because exam was more rigid. You have be a certain rank to be able to go. Whereas, in Ireland they are not big on ranking and had a bigger importance on English proficiency.

2.1 After arriving to Ireland, what were your first impression?

I arrived in March 2002. I was 32 years old. I like Ireland, other people would say it's rural or provincial. But I like the feel of a quiet and I'm not into urban cities. Navan was more suburban and a kind of homey feel. It is quiet and I like the weather and it is greener. Navan at the time was quiet and clean unlike now.

2.2 What was the different (if any), in your experience in the workplace here in Ireland? Such as: working condition, recognition, interaction

In Ireland, we're more into personal care it's more of providing personal care. Whereas, in the Philippines, it's more focused on giving medication and stuff. You wouldn't have to wash patients there, because you have the relatives and midwives that do the cleaning. Your responsibility is to give medication, charting and attend emergencies. That's how it differs from here. Also, here you can tell doctors what you want for example, if you're not happy to do

something you can give your opinion or your side. Whereas, in the Philippines the doctors are like "we know more" and are in higher position or authority.

2.3 In your opinion what are the negative factors of your experience as a migrant nurse in Ireland?

I think the difficulties I have encountered started when I had a family, because in the Philippines you have all your family. Whereas, here you raise your children on your own and mind them especially when they're a baby. Also some colleagues are difficult to work with especially Irish nurses. It was difficult to work with them because they were intimidating or you feel like you're bullied. I've also had the experience where you feel like you don't deserve the same privileges as they do. That's a problem with some colleagues. Because they're from here. Some of them believe they have more rights than you do.

2.4 In your opinion, what are the positive factors of your experience as a migrant nurse in Ireland?

Life here is easier and quieter, because you're able to provide for your kids and give them what they want. You're able to live comfortably, having your own house, buying things you need and sometimes you want.

Objective 3: To investigate the possibility of migration as an answer for a "Better life".

3.1 What is your interpretation of a better life?

A better life for me is being able to provide for your kids, send them to colleges, having a roof over your head and food on the table. Every day is a blessing, I'm not looking for something material like a big house. Being able to enjoy life is comfortable for me. I don't look for any excess.

3.2 What role did migration play in achieving a better life and did it exceed any of the negative experiences (if any).

No it didn't really play a role. I'm not saying we're rich back home but there are things I enjoy now that i enjoyed before. Life in the Philippines is difficult because salary is lower. I still wouldn't consider myself deprived at that time and I was able to enjoy things I wanted. My parents were still able to provide what we needed. No difference other than kids have better opportunity here. It's more difficult here, because in the Philippines my family could help, but in Ireland you're on your own here. And as you know Ireland is a better place to live in because there is low crimes and all that stuff.

3.3 If there is anything you can change in the overall experience. What would you change and why?

If there's something I wanted to change it's that my only regret is leaving. Because sometimes when you miss your family and cannot be with them you regret leaving. If I could change it *Hindi ba sana ako aalis (I wouldn't leave)* cause it is very difficult to start a life again in the Philippines, once you have established your life here. It is very difficult to go back. I definitely want to go back, but there is a lot to consider, you will be leaving your kids and your house. I've been here for 15 years and I am used to the life here. The systems back home are different and even though I'd like to go back there's the feeling of would I survive living there.