

Deskilling unpacked: Comparing Filipino and Polish migrant nurses' professional experiences in Norway

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Abstract

This article offers empirically based analytical scrutiny of what deskilling looks like and means for migrant nurses. We draw on 30 interviews with Filipino and Polish nurse migrants in Oslo, Norway, which we analyze comparatively. Through empirical attention to nurse migrants' professional experiences, we address the analytically oriented question of what constitutes deskilling in their experience. Concerns over deskilling, in relation to nurse migration and beyond, prompt attention to instances of human capital not being employed in meaningful and productive ways. We argue that attention to migrants' professional identities provides analytical opportunity to better unpack what deskilling entails. Borrowing from theorization of identities, deskilling as linked to migrants' professional identities is understood as dynamic, processual, and situated. We propose that deskilling should be understood as part of the multi-dimensional and interacting processes of de-, re-, and upskilling. We find cases of obvious and wasteful deskilling related to authorization procedures for non-EU-trained nurses, but also instances where it may be disputable whether human resources are used well, or not, and cases of upskilling and reskilling over time. Our findings uncover three core insights. First, our approach to deskilling reveals both the scope for and the salience of migrants' agency, despite structural constraints. Second, the importance of time and of capturing change over time in migration research becomes apparent. Third, we argue that improved conceptualizations of deskilling, linked to migrants' professional identities, could inform policies that make better use of migrants' human capital, and through this also contribute to migrants' well-being.

Keywords: Labor migration, deskilling, agency, Philippines, Poland, Norway

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1. Introduction

Deskilling is a much referred to, yet, we argue, relatively poorly theorized concept in migration studies. Such theorization is necessary, as current use of the term ‘deskilling’ is seldom followed through with operationalization and rigor, which in turn may lead to analytical slippage. The deskilling of migrants in destination countries has received increasing attention in migration studies, alongside a focus on the risks of brain drain in countries of origin, not least in the context of nurse migration (Bruyneel et al. 2013; Kofman and Raghuram 2006; O’Brien 2007; Pung and Goh 2017; Salami, Dada and Adelakun 2016; Thompson and Walton-Roberts 2018; van Riemsdijk 2010b, 2013). Recent analyses of youth mobilities in Europe also point to the necessity of broadening and deepening the analytical approach to skilled migrants’ use of their competence in migration studies (King and Williams 2018). In this article, we contribute to debates on deskilling in migration studies through comparative analysis of Filipino and Polish migrant nurses’ professional experiences in Norway.

The comparison of Filipino and Polish migrant nurses might be hypothesized to simply reveal the significant structural differences in migration to Europe versus intra-European mobility, and related structural differences in authorization regimes for nurse migrants in Europe (Salis 2014; Seeberg and Sollund 2010). In practice, these structural differences result in a very time-consuming, costly, and often unpredictable process for nurses trained in the Philippines to become authorized nurses with necessary residence and work permits in Norway. By contrast, for nurses trained in Poland, following Poland’s European Union (EU) membership and due to Norway’s participation in the European Economic Area (EEA), the process of authorization is swift and usually friction-free, since EU regulations make entry, residence and work permits easily obtainable. In light of the fact that there are too few nurses globally, alongside WHO concern over flows of nurses from the Global South to the Global North, the risk of deskilling in nurses who migrate—potentially resulting in the abandonment of practicing nursing altogether—also emerges as a policy relevant issue.

The point of departure for our analysis stems from a paradox that emerged from our data: notwithstanding the very real structural differences outlined above, both the nurses from Poland and from the Philippines experience threats to their professional identities as nurses in Norway. These threats, we argue, may be described in terms of deskilling. However, such an account underplays the agentic dimensions found, whereby nurse migrants implement a range of coping strategies in order to challenge, manage or even capitalize on the realities of working life in the Norwegian healthcare sector. Furthermore, a narrative of deskilling also lacks sufficient sensitivity to the roles played by the passage of time. Time is an influential factor in terms of acquiring recognized qualifications and achieving re-skilling, and in terms of professional development which—in formal or informal, recognized, or unrecognized ways—contributes to positive experiences of their profession among nurse migrants.

Based on 30 interviews with Filipino and Polish nurse migrants, collected in 2017–8 in the larger-Oslo area, we comparatively analyze their professional experiences in Norway. Through empirical attention to nurse migrants’ professional experiences, we address the analytically oriented question of what constitutes deskilling in their experience. We

consider whether (or not) deskilling adequately describes nurses' experiences and delve into what actions nurse migrants themselves pursue in response to situations that variously may be described as deskilling.

Our analysis is guided by an engagement with existing scholarship referencing 'deskilling' in the context of international migration, as well as literature on nurse migration specifically. We propose further analytical scrutiny of the agency of skilled migrants—in our cases, nurses, predominantly women—in processes that might be described as deskilling. This complements perspectives on deskilling that tend to emphasize structural constraints. We do not challenge the salience and power which lies in structural constraints, but offer complementary perspectives, as seen comparatively through the experiences of Filipino and Polish migrant nurses, acknowledging the interplay of skilling, deskilling, re-skilling, or upskilling (Cuban 2013; King and Williams 2018). Through this, we offer contributions to the new theorization of deskilling in migration studies.

We start by further developing the theoretical discussion of deskilling, where we acknowledge the boundary-making functions of national authorization regimes and the role of ethnic and racial hierarchies. We also consider the ways in which insights from studies of identity can shed light on processes of identity construction as regards professional identities (as nurses, for instance), which allows for the theorization of deskilling as a (potentially) dynamic, subjective, and situated process. Next, we present the methods applied in our study and the data on which this article builds, before introducing our approach to comparative analysis, which also provides contextual information about nurse migration to Norway. The four analysis sections unpack experiences of what might variously be described as deskilling among our Filipino and Polish nurse migrant interlocutors. We start by tracing the ways in which threats to professional identity emerge in our data; second, we explore the ways in which nurse migrants act to try to (re)establish a professional identity; third, we discuss deskilling and the roles of race; and finally, we discuss the many faces that deskilling as a multi-dimensional process takes on in the experiences of migrant nurses. The conclusion returns to our research question 'What constitutes "deskilling" for migrant nurses, and how do they experience it?', and summarizes our contribution, regarding conceptualizations of 'deskilling' with a view to broader applicability in migration studies.

2. Toward new theorization of deskilling

Concerns over deskilling rightly prompt attention to instances where human capital, in terms of education and experience, skills and know-how, are not being employed in meaningful and productive ways (Bach 2003; Man 2004; Neiterman and Bourgeault 2015; O'Brien 2007; Parutis 2014; Trevena 2013). However, in order to better understand the phenomenon of deskilling, there is a need for closer analytical scrutiny of what this entails. We start by reviewing previous work on deskilling, before proceeding to connect these discussions with insights from analyses of identity-construction processes, in order to arrive at some proposed new ways of theorizing deskilling as a dynamic, subjective, and situated process, where migrants' agency is recognized, alongside structural constraints.

In the context of migration studies, deskilling is often used to describe situations where migrants with higher education work in jobs that do not require such qualifications

(Nowicka 2014a,b; Ryan 2016; Salmonsson and Mella 2013; Sert 2016; Sporton 2013; Straiton, Ledesma and Donnelly 2017). However, deskilling is also discussed among broader patterns in the ways in which migrant labor may be treated, where for racial and ethnic reasons especially, assumptions about lower skills lead migrants to take on jobs that do not make use of their resources and competence in ways equal to non-migrant populations (Fossland 2013; O'Brien 2007; Parutis 2014; Pung and Goh 2017; Sert 2016).

Much effort has been invested in trying to explain why deskilling might occur. First, in the context of intra-EU migration, questions have been posed as to why migrants choose to work in jobs far below their qualification levels, and indeed continue to do so over time (McDowell 2018; Nowicka 2014a,b; Sporton 2013). In her study of Polish migrants to the UK, Nowicka (2014a,b) foregrounds a mismatch of aspirations and qualifications, tempered by a socio-cultural reality which was transnationally shaped by factors both in Poland and in the UK simultaneously—with dual reference points. Her interlocutors projected the resolution of this mismatch onto the future, whilst satisfied with the quality of life, all things considered, and despite their deskilling.

The more general devaluation of migrant skills in destination contexts, especially, but not exclusively in Europe and North America of migrants from the Global South, has been explored among the ways in which employers and recruitment agencies contribute to processes of deskilling (McDowell, Batnitzky and Dyer 2007; Walsh and O'Shea 2009). This has been foregrounded for care work specifically, for example, Filipino nannies in Canada (Pratt 1999), Filipino, Nigerian, and Indian care assistants in North-West England (Cuban 2013), and Polish migrant nurses in Norway (van Riemsdijk 2013).

On the one hand, this devaluation of migrant skills can be traced to the ways in which professional credentials do or do not travel across the borders of nation-states (Bauder 2006; Creese and Wiebe 2012; Sherwood and Shaffer 2014). Effectively, authorization regimes, whilst put in place to secure appropriately qualified staff within national labor markets, operate as boundary-making mechanisms that produce (perhaps intended) outcomes of deskilling of migrants. This occurs when skilled—or highly skilled—migrants do not obtain the relevant authorizations, for a host of different reasons (McElmurry et al. 2006), and instead take up work in other professions, often lower-skilled work, usually with lower pay and status (Cuban 2013; Seeberg and Sollund 2010; Straiton, Ledesma and Donnelly 2017).

On the other hand, the devaluation of migrants' skills can also be traced to pervasive and often racialized hierarchies in workplaces (Kofman and Raghuram 2015; Loftsdóttir 2017; O'Brien 2007; Pung and Goh 2017; Ryan 2016) and to language barriers (Creese and Wiebe 2012). In a comprehensive review of academic literature analyzing the experiences of trained nurses working internationally, Pung and Goh (2017) identify deskilling and devaluation of skills as key traits of experiences, together with discrimination and communication barriers. Dahle and Seeberg (2013) and van Riemsdijk (2010a, 2013), in the context of nurse migration to Norway, stress the roles which racialized hierarchies play, especially in devaluing skills, as often naturalized assumptions about abilities and human qualities remain unquestioned, probably often unconsciously so.

Whatever the reasons deskilling might occur, and whether or not migrants actively contribute toward this phenomenon through their decisions, the results lead to the under-utilization of human resources, and of people's skills, abilities, and know-how (Bruyneel

et al. 2013; Ho 2009; Kofman and Raghuram 2015; O'Brien 2007). Yet, does employment in a workplace where only a limited scope of one's specialized skills is utilized mean deskilling *per se*? It is pertinent to inquire further into the deskilling process: how it unfolds over time and with what scope for individuals' agency, in contexts of international migration.

We understand deskilling as a process that is subjective and situated (Nowicka 2014a, b). In order to unpack the processual dynamics at work, we draw on insights from the study of identity. If deskilling starts with a person who has particular skills, for instance, a nurse, this will also entail some sense of what we describe as a *professional identity*. While identities—ethnic or racial, religious or political, and gendered or otherwise—receive much attention in migration studies, the professional identities of migrants have received relatively little attention.

Identities are relational in the sense that they are dependent on self-identification in some relationship with the identification (and recognition) which is ascribed by others to an individual (Ryan 2007; Yuval-Davis 2006). Increasingly, it is acknowledged that identities are also dynamic and changeable over time, in both planned and willed, and more circumstantial and unexpected ways (Brubaker and Cooper 2000; Tajfel 1982). Nevertheless, terms such as 'identity work' and 'identity construction processes' are common, for instance when considering national identities (Buxrud and Fangen 2017; Wodak 2009). In these contexts, the agency is foregrounded, and how people act and speak are understood as ways in which to embrace or resist, to cope with or manage, the ways in which one's identity is ascribed.

Transferring such insights about identities as processual and dynamic onto professional identities allows us to explore the ways in which agency is employed, in relation to professional identities, as resistance, as coping strategies, or as a pragmatic investment with a long-term perspective on (possible) gains and losses. In the context of international migration, it is important to stress that such agentic choices are often made with several spatial reference points simultaneously and over time, spanning origin, destination, and other contexts transnationally (Nowicka 2014a,b).

The literature on deskilling in contexts of international migration also recognizes these processual dimensions of migrants' professional identities. This is, for instance, the case where deskilling is seen as an outcome at a particular point in time in the professional identity of a migrant, but in intimate interplay with other possible outcomes, in the past and in the future, which might involve skilling, reskilling, or upskilling, as well as deskilling (Cuban 2013; Kofman and Raghuram 2015; Raghuram and Kofman 2004). Such an approach to deskilling makes visible how deskilling is connected with other dynamics affecting migrants' professional identities.

Our approach to deskilling as a process that is subjective, situated, and dynamic foregrounds the potential for the interaction of processes of skilling, deskilling, reskilling, and upskilling, as part of professional identity. In the context of nurse migration, the roles of authorization processes and decisions cannot be stressed enough, as these are the tickets to being able to practice nursing, and through this to maintaining a fully-fledged professional identity as a nurse. However, it is worth observing from the outset that, as a person, with regards to your professional identity, being a nurse is neither contingent on nor determined by an authorization to practice as a nurse in a specific country, such as

Norway. Rather, processes of deskilling, as well as skilling, reskilling, or upskilling among migrant nurses need unpacking in light of the professional experiences of nurses, with an inclusive approach to the emic expressions of migrant nurses' professional identities as nurses.

3. Methods and data

This article draws on 30 semi-structured interviews with Filipino and Polish migrant nurses in and around Oslo, Norway. The interviewees are eleven Filipino and eleven Polish nurses, who were interviewed once or twice in the period between August 2017 and March 2018. The participants are a diverse group with respect to age (26–64 years old), length of stay in Norway (1.5 months–13 years), and types of the workplace (nursing home, hospital, rehabilitation center, short-term care center, and outside of nursing). They also differ in terms of level of education and specialization (bachelor's degree or master's degree in nursing, Ph.D. in nursing, and completed specializations) and work experience gained beyond Norway (some are newly graduated nurses with little experience, others supervised a team of nurses, interns and students or worked in a highly specialized clinic or a hospital prior to migration to Norway). We interviewed 20 women and 2 men, roughly reflecting the gender composition of nursing staff in Norway, and among nurses from the Philippines and Poland.

All our interviewees had completed a nursing degree and were authorized nurses in their countries of origin, or in another country of training (two cases of education in a third country and one migrant studied nursing in Norway). Fifteen out of twenty-two interviewees held authorization as nurses in Norway at the time of the first interview. However, in this article, we refer to all the interviewees as 'nurses'.

Repeat interviews were conducted with four Filipino and four Polish nurses, whose situation significantly changed between these two interviews. For instance, one had obtained authorization as a nurse in Norway by the second interview, another had gotten family reunification, a third had changed jobs and experienced a new and different workplace, and a fourth had received a Norwegian personal identification number (which is required to access healthcare, to open a bank account, and other basic services). The repeat interviews enabled us to capture changes in interviewees' situations as these were occurring and discuss changing experiences, reflections, and perceptions at different moments in time, adding substantial value to our analysis.

In all cases, we obtained interviewees' informed consent to participate. All interviews were conducted by the same interviewer, and carried out in English, in Norwegian, and/or in Polish. Thus, only Polish participants could be interviewed in their mother tongue. However, analysis of the whole set of interviews indicates comparable depth, whether interviews were conducted in English or Norwegian with Filipino nurses.¹

Meanwhile, positionality matters in migration research (Ryan 2015). A few Polish participants referred to Poland as 'our country' while talking to the interviewer, whilst a few Filipino interviewees would use the 'you' pronoun speaking about Poles, Europeans, or EU-citizens during the interview. Simultaneously, speaking to a non-Norwegian researcher presumably lowered the threshold for participants to bring up critical views about

aspects of life and work in Norway. These examples are mentioned here as an indication of the authors' awareness and conscious management of issues of bias throughout the research process.

Each interview was transcribed and translated into English with Norwegian expressions maintained and Polish idiomatic expressions flagged. Thereafter, the interview transcriptions were coded thematically in NVivo software for qualitative data analysis. Methodologically, retrospective narratives and re-interpretation of events are often challenging in empirical research, especially with respect to the consistency of data. In this article, we consider the temporal nature of data about past and anticipated future events in respondents' lives. How our interviewees perceive and make sense of past and future events shape their perspective on current experiences, also in the professional context (Wang and Geale 2015).

4. Comparing diverse Filipino and Polish experiences

Our approach to comparative analysis departs from an acknowledgment that nurses' experiences cannot be reduced to their national backgrounds, thus essentializing their national identities. We, therefore, introduce the stories of four of our interlocutors, which provide insight into varying Filipino and Polish nurse migration trajectories and experiences, also of de-, re-, and upskilling processes.

Darna² (30) is a Filipino nurse who has lived in Norway for seven years. She came to Norway as an au-pair with little professional experience in nursing from her country of origin. After the au-pair culture exchange program, she worked as a health worker in a Norwegian nursing home. Darna completed nursing education twice. She has her degree in nursing from the Philippines which was not authorized in Norway. After several failed attempts to get authorization as a nurse through additional practice and courses, she decided to complete the whole nursing degree in Norway to prevent further deskilling. Although her primary plan was to use Norway as a "stepping stone" on the way to the United States, at the time of the interview she did not want to move to the United States anymore. She finally works in the nursing profession in Norway.

Evelyn (29) is part of a family with an extensive Filipino-Norwegian migration history. Her family moved to Norway when she was still studying nursing at a university in the Philippines. Later she joined the family and was disappointed with the life in Norway. She decided to move back to the Philippines, but after two years she migrated to Norway again due to economic reasons and the fact that she was missing her relatives. Evelyn had been trying to obtain authorization as a nurse for four years. At the time of the interview, she was enrolled in a complementary study program for foreign nurses (skilling) and worked as a health worker.

Norwegian immigration policies and authorization requirements for nurses trained abroad produce a clear distinction between immigrants from the Nordic countries, those within the EU and those outside of the EU (Norwegian Directorate of Health 2019). As a result, Filipinos and Poles follow different pathways into the Norwegian system. For instance, to come to Norway as an au-pair is a common path for Filipino nurses (Darna's case) (see also

Bikova 2016 ; Seeberg and Sollund 2010), whereas Poles benefit from free movement within the EEA, which enables them to seek employment on their own (Friberg 2012; Bell and Erdal 2015; Bygnes and Erdal 2017). Graded authorization, which in this context means applying for authorization as a health worker as the first step (and possible application for authorization as a nurse as a second step) is another group-specific pattern in the Filipino cases (Darna and Evelyn). In our sample, all the Polish participants applied directly for authorization as a nurse and received it, whereas none of the Filipino nurses received authorization as a nurse without additional courses, exams, or else completing the whole Norwegian nursing study program. The constant changes in authorization regulations and language requirements make the time of arrival, period of authorization processing, and length of stay in Norway important parts of nurses' narratives.

Jolanta (49) is a Polish nurse with a university degree in nursing and specialization, who decided to emigrate due to economic reasons, intending to move back to Poland when she retires. At the time of the interview, Jolanta was making her second attempt to get established in Norway. Previously, she had come to Norway as an employee of a recruitment agency and her contract was terminated. This time, she moved to Norway on her own and found a job in a nursing home. When interviewed the second time, she shared her experience of respect for the nursing profession, which she appreciated in the Norwegian nursing home. This was something she did not experience to a similar extent in Poland, despite more challenging nursing responsibilities, her MSc in nursing and the highly specialized skills she used at work in a hospital. At this point her husband had also joined her in Norway.

Anna (33) has lived in Norway for seven and a half years. Before she came to Norway, she had gained professional experience as a nurse in Poland and in the United Kingdom. She is very satisfied with the opportunities that her workplace (a big hospital) gives her. She has upskilled in Norway, completing a one-and-a-half-year-long specialization, and in addition, she is currently taking specialization in another field of nursing. She says her home is in Norway and does not have any intention to move elsewhere.

These four cases illustrate the diversity of our interviewees with respect to age, aspirations, workplaces, authorization statuses, and experiences of de-, re-, and upskilling. The Filipino participants took a longer time to get established as nurses (and not all of them succeeded: some abandon the process, with or without exhausting all options) compared to the Polish participants. Darna became an authorized nurse after six years in Norway and Evelyn had been trying for four years and was still not an authorized nurse in Norway at the time of the interview, whereas Jolanta and Anna got authorized prior to their arrivals in Norway.

There are striking differences in structural terms in the experiences of nurse migrants from the Philippines and Poland. Meanwhile, the professional experiences which nurse migrants report, across nationality and, to an extent, across length of stay, appear to point toward a number of similarities. In the following, we take our cue from a key similarity: namely, the salience of professional identities for nurse migrants in Norway. We aim to comparatively explore the ways in which these are being threatened, and how this relates to questions of deskilling, as well as skilling and reskilling.

5. Emerging threats to professional identity

Authorization rules place emphasis on the country where nursing training was completed, and the EU versus non-EU division is crucial. As a consequence, Filipinos, who received training in a non-EU/EEA country, are confronted with a complex process.³ Finding themselves in the position of a nursing aide or a nursing student puts Filipino nurses in roles that devalue their prior training and experience. For some of them, it is a temporary challenge, whereas others give up on their dream of becoming a registered nurse in Norway, due to personal and economic reasons. A common reason is that of remittance-obligations to family members in the Philippines, which echoes realities of transnational economic obligations for migrants worldwide (Åkesson 2011). In these cases, nurses may permanently stay in a position where their competences, skills and professional experience are under-utilized, or at some point in time, they may start and perhaps even complete the process of gaining authorization, flagging the salience of variable temporalities of deskilling, skilling, or reskilling.

Polish nurses who apply for authorization directly and receive it quickly start working in Norwegian workplaces. Here, they are often confronted with a lack of trust in their skills and must prove their knowledge and expertise in front of their colleagues or patients. As Patrycja (33, Pol, 7 years in Norway) asserts, the assumption is not always—despite having authorization—that your nursing degree is as valid as a Norwegian one:

Sometimes it can happen at work that I feel I need to prove than I can do something, that I know something, because someone takes it for granted that I am from a foreign country, we have a different study program, different practical classes . . .

Two constituent dimensions of nurses' professional identities should be separated from the outset: namely, nurses' self-labeling and others' perceptions of them (van Os et al. 2015). Our participants self-labeled as nurses, but others' views of them are another matter. The incertitude produced through others' (expressed) perceptions of nurses' competences constitutes a threat to professional identity for nurses, regardless of formal titles.

To be considered a nurse in Norway, one must have a health personnel number and authorization to work in the profession. Being in limbo between a health worker and an authorized nurse creates an ambiguous space, not least in terms of others' evaluations. Formally, professionals without authorization cannot take on tasks regulated by law as within the remit of nurses, regardless of their skills or past experience. However, Blessica (31, 4 years in Norway), who graduated from nursing in the Philippines, and who had not applied for authorization as a nurse in Norway (at the time of the interview), experienced that her colleagues recognized her expertise in nursing despite her formal position as a health worker. She was asked for advice on medical treatment of wounds and other medical problems due to her professional experience from working as a nurse in Saudi Arabia. Meanwhile, she was not allowed to do tasks which required a nursing diploma, as formally she was still a health worker, a position which she experienced as a threat to her professional identity as a nurse.

At the beginning of their careers in Norway, all interviewees trained outside of Norway found themselves unable to express their thoughts on a given patient's case in a fully

professional manner, using medical terminology and jargon in the appropriate way. Language-related challenges thus constituted experiences of the threat to professional identity. The common experience of a never-ending story with Norwegian language learning, a way of speaking indicating non-Norwegian origins or challenges in adapting to cultural codes in contact with co-workers and patients makes for a shared aspect of identity as foreign nurses, among Filipino and Polish interviewees.

While an experience of professional identities as nurses being threatened—in different ways—cuts across our data, there was also a range of empowering practices and circumstances which were highlighted. We turn to these in the next section, exploring the scope for (re)establishing a professional identity as nurses.

6. Scope for (re)establishing professional identity as nurses?

Almost all participants were positively surprised by what they experienced as a high social status of nurses in Norway. The respect which nurses experience in Norwegian workplaces fostered their empowerment as professionals. Skills, training, and education may be acknowledged in a manner that cross-cuts divisions between a foreign nurse-Norwegian nurse or foreign nurse-Norwegian health-worker. Jolanta (49, Pol, interviewed the first time after 1 month in Norway, the second time after 5 months in Norway) felt respected by her colleagues in a nursing home. Jolanta's co-workers would say to her, 'No, you are the boss here, because you're a nurse.' As she described, 'one can hear it in their voices, the respect for the [nursing] profession'.

Jane (30, 6 years in Norway), a Filipino nurse, benefits from what she observes as a flat professional structure in Norway, which she experiences as empowering. She said, 'I learn in Norway that there's no [negative] consequence if you say no.' The picture of encounters between migrant nurses, Norwegian personnel and patients is full of nuances, yet few studies appear to dwell on such positive descriptions. Our interviewees almost equivocally stress better working conditions in Norwegian workplaces, both in terms of measurable aspects, such as nurse-to-patient ratio, number of working hours, and higher salary, as well as more subjective evaluations, such as lack of pressure from high speed of work or possibility to take an uninterrupted lunch break at work. Norwegian workplaces are perceived as more employee-friendly spaces, where the time available to do tasks affects the pace of work, as compared to past experiences in other countries. We find that nurses' agency and the perceived respect of their profession play an important role and may lead to a boost in their self-confidence and career improvement over time, in similar ways for the Filipino and Polish interviewees. Through the individual agency, threats to professional identity as nurses may be (but are not necessarily) countered, both in relation to authorization status and language competence, as we now develop further.

Cooperation with patients is intertwined with communication. Some Polish nurses in our sample began their work in a Norwegian-speaking environment after only a few months of language training, and without sufficient basis to feel secure with Norwegian as a working language. Similarly, Filipinos reported that at the beginning of their career in

the health sector, their command of the Norwegian language was insufficient for them to feel comfortable in their roles as health workers or nurses, although they had already passed language exams at that point. Communication and language skills are, however, an arena where nurses' agentic coping strategies appear, both in terms of verbal and non-verbal aspects of communication and with implications for their (threatened) professional identities as nurses.

Oral communication with colleagues, patients, and their relatives was one of the biggest challenges experienced by these migrant nurses. Some of our interviewees invested considerable time as low-paid interns observing colleagues' work and interplay with patients (*hospitering*). This activity fostered the process of getting used to everyday Norwegian language, medical jargon, and dialects in Norway. The latter is especially relevant for nurses employed by recruiting agencies, who were often sent to far-flung places around the country, where dialects spoken are very different from the standard Norwegian (*bokmål*) taught at language courses.

Assisting colleagues—both nurses and health workers—in their daily routines contributes to getting to know the patients and making them familiar with their own manner of speaking. Familiarity with routines proves to be very important, especially in long-term healthcare institutions. At the same time, being in the role of an assistant and taking over some of the health worker's tasks in exchange for additional training or language help places nurses at risk, both of a general deskilling and of a potentially sustained threat to their professional identity as nurses. Some interviewees actively found ways to avoid tasks that required high-level command of Norwegian and familiarity with different dialects, such as phone conversations or presenting a summary of a patient's condition during a reporting meeting among staff. The temporal dimension plays a crucial role in the development of coping strategies, since most of our interviewees continued developing their language skills over time and adapted their strategies accordingly.

Nurses mainly use written language when updating information about a patient's treatment in the electronic journal. This is a task that foreign nurses find challenging and therefore often ask native speakers for help with, especially at the beginning of their careers in Norwegian workplaces. This is when nurses solicit help from their Norwegian-speaking health worker colleagues, to support them in writing (or correcting Norwegian) in exchange for the nurses helping the health workers with practical duties, such as changing bed sheets or washing the patient.

My responsibilities are completely different but because you still have a “language deficiency”, then, well, you do this to be able to possibly expect some help from lower medical personnel, right? Well, lower personnel – here this hierarchy doesn't exist, it's different than in Poland, but, you know, I had a feeling that if I help three nurse's assistants [nor. hjelpepleiere], then they will also help me in case I need help.

Katarzyna, 45, Pol, interviewed the first time after 4 months, the second time after 7 months in Norway

Non-verbal communication may also be a challenge for nurses raised and trained outside of Norway. This is an arena where national stereotypes about 'cold Norwegians' come into play. Some interviewees were confused about different cultural codes in varying

social contexts, for example, about the extent of physical contact with patients, or what kind of contact to expect during the lunch break with colleagues. Facial expressions and body language among Norwegian colleagues were often viewed as less vivid, but viewed positively, by both Filipino and Polish interviewees. At the same time, cultural differences in terms of display of emotions may be confusing for migrant nurses.

Among trained nurses from the Philippines, the key threat to nurses' professional identities is clearly lack of authorization. In this context, informal recognition of nursing competencies by co-workers contributed to maintaining a professional identity as a nurse, despite the lack of formal recognition in the form of authorization. We found that language and communication issues pose a threat to people's professional identities as nurses, especially during the early phases of working in Norway, as what nurses feel able to communicate is not up to their own professional standards of what a nurse should be able to deliver. The nurses' agentic coping strategies may help (re)establish professional identities over time, yet these too pose risks. Undertaking tasks below the nursing level may serve to solidify impressions of foreign nurses' competence as somehow lesser than Norwegian nurses' professional competence. In both cases, whether working as a health worker below their education level or coping with language challenges, nurses' professional identities may be at stake. This is in large part determined by the recognition (or lack thereof) by others of migrant nurses' professional identities. In this context, a nurse's own self-identification as a nurse is an important inner coping mechanism for retaining a professional identity. This self-identification may be supported or challenged in the workplace over time, with implications for what may be described as deskilling, or indeed skilling, and reskilling or upskilling.

7. Deskilling, race, and foreign nurses

Migrant nurses are at risk of practicing below their knowledge and skill levels (O'Brien 2007; van Riemsdijk 2010a). It is thus crucial to investigate how being 'migrant', 'foreign', or 'non-Norwegian' can contribute to differences within the scope of a nurse's responsibilities and dynamics in the workplace, as well as how professional hierarchies play a role in a nurse's everyday professional experiences (Kofman and Raghuram 2015; Loftsdóttir 2017). We now discuss how the issues of deskilling and of migrant nurses' ambiguous roles are mutually intertwined, in light of the scope for (re)establishing professional identities, and in relation to how race comes to the fore.

Encounters between migrant nurses and Norwegian-born personnel and patients create arenas where being 'foreign' may matter for the purpose of assessing nurses' skills. Some of our interviewees experienced that a patient or his/her family asked for contact with a Norwegian nurse. Norwegianness then became synonymous with a kind of competence that was perceived as unattainable for some of our interviewees. This phenomenon has previously been described in the Norwegian context (Dahle and Seeberg 2013; van Riemsdijk 2010a) and is largely reflected in our dataset.

Being foreign may directly lead to discriminatory practices by patients and/or co-workers. Clarissa (64, 13 years in Norway), a Filipino nurse, experienced that

Sometimes the patients really will require [meaning: demand] a Norwegian nurse.

This part of Clarissa's narrative indicates explicit discrimination, where her formal position as a nurse was not enough for patients to recognize her as a qualified healthcare professional (Ryan 2007; van Riemsdijk 2013). We also find contrary examples in our dataset, albeit with foreign but white nurses: Jolanta (49, Pol, a year in Norway) experienced that, in contact with colleagues in a nursing home, her professional title as a nurse may outweigh her foreign origin, where being a nurse is respected. Clearly, the experiences of Polish (white) and Filipino (non-white) migrant nurses are different, and there is no doubt that racialization is a challenge experienced by people of color in everyday life in Norway (Gullestad 2002; McIntosh 2015). Indeed, some of our interviewed Filipino nurses were critical of the division of foreign healthcare professionals into those trained within the EU and those trained beyond. They wondered if it was a way to discriminate against people from outside of the EU, with a significant impact on authorization policies and access to the Norwegian labor market. These comments can be signs of considerations around ethnicity and its significance with respect to authorization policies. It appears from our dataset that it is the shared experience of being non-Norwegian, a foreign nurse, which plays a bigger role than whiteness or ethnic divides among migrant nurses in relation to nurses' professional identities.

In addition to the issues of hierarchy, respect, and empowerment outlined above, our interviewees described a range of challenges in maintaining, developing or (re)establishing their professional identity as nurses. Emilia, one of our Polish interviewees with professional experience from Poland, Norway, and another Western-European country, stressed that her expertise was not utilized in her workplace in Norway. She reported that any act of taking initiative was unwelcome.

Generally speaking, [if] you aren't "one of us" [pol. *nasza*], you are not from here, you came from abroad – so, you are less intelligent, worse, in such a way. It's just the same thing here in Norway, right? I've got a patient with epileptic seizures . . . and I used to work at a neurosurgical unit [in Poland] – I know how to work with this [kind of medical problem], let's say it like this. However, here it's unwelcome.

Emilia understood such situations at work to denote a lack of acknowledgment of her post-graduate education and professional experience. Emilia's experience depicts another example of deskilling and a noticeable loss of human capital.

The risk of deskilling among migrant nurses is a complex issue with temporal dimensions, where both race and being foreign may matter. Deskilling has many faces: the deskilling of migrant nurses can involve the ambiguity of roles they may take on or the structural matter of whether or not they are granted authorization to practice nursing in their destination country. Therefore, whilst recognizing the potential importance of race, and racial microaggression also identified in the context of international nurses in the UK (Estacio and Saidy-Khan 2014), in the subsequent section, we turn to some of the similarities cutting across race, in relation to the many faces of deskilling.

8. The many faces of deskilling

As shown in the above analysis, nurse migrants' deskilling takes on many faces. There are structural issues, such as authorization (or not) and (lack of) permission to work in Norway as a nurse; there are Norwegian language skills and self-chosen coping strategies in everyday nursing practices; and there is the degree to which nurses' highly specialized skills are (recognized and) utilized (or not) in their current workplaces. Evidently, lack of authorization is the most visible, clear-cut form of deskilling, where some nurses resign from further pursuit of authorization and simply take up work outside of their profession (O'Brien 2007).

Nurses' coping strategies may inadvertently contribute to deskilling—or they may be a mode of accomplishing upskilling—as time passes. For instance, helping health workers with daily routines or avoiding making or receiving phone calls can temporarily lead to deskilling. Nurses may limit the scope of tasks that they take on.

Under-utilizing nurses' technical abilities, experience, and knowledge constitute a further dimension of deskilling, mainly depending on the type of workplace. Several nurses in our sample were employed at nursing homes (seven Filipino and six Polish). Most Polish nurses were directly recruited to nursing homes, where their long and broad clinical experience, completed master's degree or even Ph.D., and sometimes several specializations in different fields of nursing could not be entirely used. Under-utilization of their technical and clinical skills is clear in these cases.

This gives rise to two key questions: does working at a nursing home mean deskilling *per se*? and do these highly qualified nurses want to change their workplace? It is important to consider language skills and time-frame related to interviewees' length of stay in Norway and the context of the Norwegian healthcare system. A nursing home is considered a less desired workplace by Norwegian nurses (Isaksen 2012; van Riemsdijk 2013). The nurses whom we interviewed sometimes use nursing homes as stepping-stones on their way to hospitals or other workplaces. They feel that nursing homes with a stable group of patients and everyday routines are places where they can get more confident with the Norwegian language before they apply for work in more specialized healthcare centers. Besides, some nursing homes provide their employees with a range of relevant clinical courses, which many nurses find attractive as a means of upskilling. In the Norwegian healthcare system, nurses working in a nursing home have a large medical responsibility for treatment of the patients, since there are few doctors present. Finally, some nurses appreciate a stable work schedule as well as HR/management-related tasks which they deal with in nursing homes, and they consider staying where they are on a long-term basis. Assessing whether this is a sign of deskilling or not is difficult from an observer's perspective. However, when skills are under-utilized, it is a loss of human resources for a receiving country in need of highly-qualified specialists in nursing.

(The risk of) deskilling is a complex phenomenon, which is firmly related to individual differences and resilience. Danilo (28, Fil⁴) shared a story about how his way toward obtaining Norwegian authorization as a nurse went. At the end, he expressed his feelings about the final outcome and his personal approach, saying:

I studied four years in the Philippines, and two years more here. So, it was, you know, somehow, I'm a person, like, really appreciate, like, everything that happened to me. . . . I was not so unlucky. For me, I wasn't even unlucky that I did that route, because I really learnt a lot, like, you know, a lot of updates and not just academically, but I've gained, you know, more friends, and you know, more network. . . . And, yeah. I'm just proud that I risked that, you know.

Like Danilo, all our interviewees narrated and reflected on their own personal stories as nurses in Norway. Notwithstanding rationalization, being employed as a health worker or being forced into skilling (in the form of supplementary courses) negatively impacts nurses' well-being. Filipino nurses in our sample shared stories about frustration over the lengthy authorization process, some rationalized staying in a position of a well-paid health worker, giving up on the idea of working as a nurse, due to satisfactory working conditions under their skill level. When measuring deskilling among migrant nurses, such stories are difficult to capture if using national statistics where only authorized nurses to count. Yet, these personal stories matter, as they add to the picture of deskilling among migrant nurses. Furthermore, such stories are arguably more representative of the status of skilled migrants than official records of skills and qualifications in countries of immigration, as these continue to be incomplete.

9. Conclusion

Deskilling is a multi-dimensional process, fluctuating along the lines of de-, re-, and upskilling. Based on our analyses of migrant nurses' professional experiences in relation to deskilling, we offer three contributions to ongoing debates on deskilling in migration studies. First, the individual agency that is employed by migrant nurses—even in the face of structural hurdles which are hard to negotiate—underscores the necessity for unpacking the concept of deskilling further through the eyes of those who experience it. We find straight-forward deskilling experiences, but we also find a lot of nuance and space wherein nurses may employ strategies to cope with threats to their professional identities as nurses—temporarily or more permanently. There is also the possibility that what might be seen as deskilling by non-migrants is not always the same for migrants, for example, in relation to what are seen as more or less prestigious roles and responsibilities.

Second, time matters and interacts with both migrants' agency and migrants' rationalization of experiences and choices, which may contribute to deskilling, skilling, or reskilling. We found radical fluctuations in nurses' professional lives occurring over a short period of time, especially during the early stages of their careers in Norway. Our repeat interviews with nurses thus had significant value, as we managed to capture changes in interviewees' authorization statuses, formal employment, and family lives. Conducting interviews with participants with different national backgrounds during the same period of time allows for comparisons of how different regulative frameworks affect professional and personal trajectories under similar conditions. There is thus a methodological reflection, on the need for methods which move beyond the 'snap-shot' interview or survey, be

that ethnographic methods or systematic follow-up interviews, which enable a more comprehensive and time-sensitive analysis of processes of deskilling, skilling and reskilling.

Third, and finally, we set out to ‘unpack deskilling’ through the comparative analyses of professional experiences of nurse migrants from the Philippines and Poland. Deskilling is always situated in a specific professional setting, as dynamics between migrant nurses and Norway-born colleagues and patients in our analysis shows. Deskilling in its dynamic, subjective and situated form is relevant for the whole group of our Polish and Filipino interviewees at different stages of their careers in Norway, as the phenomenon relates to disparities between skill level and current area of responsibility, and lack of trust in foreign training, as well as linguistic challenges. These dimensions of deskilling are easily transposable to most contexts of migration and threats to migrants’ varying professional identities. Here, we find that considering deskilling, reskilling, and upskilling as part of the same multi-dimensional, interacting process proves analytically useful.

Whilst deskilling—in the sense of waste of human capital—is a problem, further analytical scrutiny of the agentic coping strategies employed by migrants experiencing what might be termed deskilling is needed. Perhaps the dynamics and processes at work are not always unique to migrant populations, though clearly those of language and communication, as well as locally known and approved-of credentials, are. Meanwhile, there is also a need for further interest—empirically and theoretically—in processes of reskilling or upskilling in the context of migration. Arguably, it is among migrants who have professional training and experience, often with formal education and university degrees from countries of origin (or third countries) that the resourcefulness necessary to accomplish reskilling or upskilling as a migrant is likely to be the highest.

While we have cases of obvious and wasteful deskilling in our data, there are other instances where it may be disputable whether human resources are used well or not. As deskilling is closely associated with migrants’ professional identities, and threats posed to these professional identities, we suggest a need for further focus on migrants’ professional identities. This can provide a means through which to better understand and conceptualize deskilling in migration studies, across different professional groups of migrants and across different countries of origin and settlement. In turn, improved conceptualizations of deskilling—linked to migrants’ professional identities—might inform policies that make better use of migrants’ human capital, thus avoiding ‘brain waste’ and contributing to migrants’ well-being.

Notes

- 1 Participants were encouraged to use the language they felt the most comfortable during the interviews. This resulted in a dataset consisting of some transcriptions of interviews in more than one language, since the majority of interviewees included Norwegian expressions or even whole parts of stories in Norwegian in their narratives.
- 2 All names used in this article are pseudonyms.

- 3 The alternatives are: a multi-stage process of additional courses and exams for foreign healthcare professionals to receive their authorization as nurses; a complementary study program for foreign nurses (a pilot program in Oslo); or else the whole Norwegian three-year-long nursing bachelor's degree. Regulations change frequently.
- 4 Length of stay in Norway removed to retain anonymity.

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