TITLE

Filipino nurse migration to the UK: Understanding migration choices from an Ontological security-seeking perspective

Abstract

The Philippines remains the world's largest exporter of nurses, with over 22,000 employed in the NHS (Baker, 2020).1 In this article, we analyse the migratory rationales and choices of Filipino nurses either about to embark or already working in the UK's National Health Service (NHS), through an ontological security framework. Qualitative interviews and focus groups were undertaken with 24 nurses in the Philippines and UK one element of which set out to understand why, in the context of high global demand for overseas nurses the nurses had chosen the UK as their destination. Findings highlight how collective imageries of 'home' and of different overseas destinations are rooted in shared understandings of underlying social structures, and their perceived capacity to generate ontological security for their citizens. Social and institutional pressures in the Philippines engendered a generalised insecurity that was corrosive to the nurses' identity and sense of agency and undermined the ability to meet cultural norms of family support. The nurses favoured the UK due to the comparative ease of moving there; a prevailing perception of social stability and of its political and institutional structures as being based on transparency and meritocracy, facilitating professional development and social mobility. The findings extend 'culture of migration' perspectives by illuminating *why* nurses migrate to where they do by emphasising place as a source of ontological security, with migratory preferences influenced by the perceived capacity of different national systems to minimise social risks. This also implies that as global social risks and volatilities intensify, plugging nursing gaps in the economically developed world with nurses from the developing world will become increasingly unpredictable as the ability of governments in destination countries to guarantee ontological security becomes more uncertain.

1. Introduction

This article explores the role of social imagery in shaping the decisions of Filipino nurses to move to the UK. These imageries are informed by shared understandings about social and institutional structures in various destinations and the nurses own security as potential migrants in those places, constituting an important yet under explored aspect of why nurses choose one destination over another. Social imageries operate through shared meanings, understandings and narratives that 'encompass the condition of both the known world and the horizons of possible worlds' (Daniels, 2011, p. 182). They also reflect underlying structural factors such as national and global inequalities and processes of development and underdevelopment, constituting 'a form of understanding that has a wider grip of history and social existence' and providing a 'sense of who we are, how we fit together, how we got where we are, and what we might expect from each other in carrying out collective practices' (Gaonkar, 2002, p. 10). Galam (2015) notes that migration is a way of mitigating uncertainties by bridging the gap between what is socially desirable and what is economically

[1]In this article we only focus on those nurses working in the NHS not those working in private nursing homes, care facilities or engaging in other forms of care work who are likely to be paid less and with significantly poorer working conditions than those interviewed for the current study.

possible with imagination forming ‘a crucial component that underpins not only migration but also the development of a culture of migration’ (2015, p. 144). The article’s emphasis is not on assessing how objectively ‘correct’ the nurses’ imageries of the UK and their future lives there were, but how they anticipated their lives in the UK as an expression of how its society and polity are collectively imagined vis a vis, other possible destinations. In Harvey’s (2005, p. 212) discussion of the ‘geographical imagination’ he observes that how places are understood has important implications for how social action proceeds, which is the starting point we take from which to explore the migratory choices of Filipino nurses intending to, or working in, the UK.

Incorporating the social structural foundations of social imageries into the analysis enriches our understanding of nurse migration by highlighting the specific constellation of social and psychological advantages that movement to the UK is thought to entail, adding to a more nuanced understanding of global nurse migration. Further, understanding the role of imagination and perceptions of security in shaping migratory flows has important policy implications regarding healthcare delivery in economically developed regions. Outflows of healthcare workers from low to higher income nations grew by 20% between 2011 and 2016 to reach 550,000. The UK was the second largest importer with increasing overseas recruitment predominantly from the Philippines and India (OECD, 2019). These trends have been facilitated through ‘migration institutions’ such as nursing schools oriented towards the global nursing market (Ortiga, 2014); transnational recruitment agents, occupational networks and the mix of regulatory frameworks, social and immigration policies in source and destination countries (Yeates, 2010). Nursing shortages in higher income nations can place exporting countries in a favourable position when securing agreements that promote labour export for economic growth, human resource development, mutual recognition of qualifications and recruitment processes (Cabanda, 2020). The Philippines has Bilateral Agreements (BLAs) with 22 countries and exported over 92,000 nurses between 2000 and 2017 (PSA, 2019). Its strategic use of BLAs has been described as ‘akin to a business enterprise pursuing expansion of its market niche through international cooperation (Cabanda, 2020, p. 422). The global shortage of nurses is expected to rise to 7.6 million by 2030 and will be highest in upper middle-income and high-income nations, intensifying global competition for skilled health workers (Liu et al, 2016). Healthcare worker migration is ‘more global, more complex and more dominated by women’ (Connell, 2010, p. 48) and characterised by increasingly heterogeneous migratory pathways. Migrant nurses can take multiple pathways to different destinations including ‘bi-lateral’ routes or direct ‘source-to-destination’ migration; ‘bus stop’ migration with temporary migration a precursor to onward movement, or ‘two-step’ migration involving study-to-work routes. This results in differential inclusion of migrants in different destinations in terms of costs, time and complexity of migration in addition to access to residency and citizenship rights (Walton-Roberts, 2020). The latter were important considerations informing the migratory choices of the nurses reported in this article, which explores the implications of how places are collectively imagined as sources of ‘ontological security’ (Giddens, 1990, 1991) on choice of destination.

In some developing nations, migration becomes a culturally embedded aspiration transmitted and diffused throughout society as the most feasible route to financial security and social mobility (Kandel and Massey, 2002). Over time, migration is institutionalised and becomes cumulative within the family through investment in education, for example to fund a family member to qualify in nursing and move abroad. Younger family members are socialised into migratory norms via the influence of family members overseas increasing their own future migratory readiness (Asis, 2008). Decisions concerning the allocation of resources and family members overseas are often made within a family context with different members located in various overseas destinations and forming ‘transnational corporations of kin’ (Connell, 2014). Ronqillo et al’s (2011) study with Filipino nurses in Canada found that often the decision to enter nursing was not an individual but a family decision. The desire to emigrate ‘persevered and dominated the imagination of Filipino nurses to the present day, though for them, they seem no longer traceable to a specific catalyst’ (Ronquillo et al, 2011, p. 266). ‘Culture

of migration' approaches augment economic or policy-based explanations by explaining how a cultural propensity to migrate develops in certain societal conditions and the social processes through which this is transformed into an enduring and socially prevalent practice. These aspirations can persist even when opportunities in the home country improve through their influence on educational choices and subsequent career pathways, and the role of remittances in reshaping economic and status hierarchies in the source country (Ali, 2007). While social context influences levels of migratory aspirations, realising them is dependent on individual and human capital factors with localised ideas and meanings about different places, feeding into people's 'migration projects' (Carling and Schewel, 2018). In this article we foreground the imageries that are conveyed by and consumed via multiple communication channels to understand the nurses' migratory choices. These were influenced not primarily by economic rationality but by an understanding of place as a source of ontological security or 'security of the self' (Mitzen, 2006). Ontological security-seeking, while neglected in the nurse migration literature, was a central theme running through the nurses' accounts and was mediated through collective imageries of life overseas giving form and structure to their migratory choices.

2. Methods

Research Design

This article is derived from a multiple methods study that sought to update the existing, largely outdated, body of UK literature on Filipino nurses in the UK. Specifically, we sought to understand migratory decision making amongst Filipino nurses choosing to working in the UK during a period of favourable policy and regulatory changes (Gillin and Smith, 2019). Initially, the authors undertook a literature review on international and Filipino nurse migration and of policies, legislation and requirements that influence the movement of nurses to the UK. Freedom of Information (FoI) requests were then sent to 19 NHS Trusts with higher-than-average proportions of overseas nurses to determine their international recruitment trends and the reasons behind them. This confirmed a shift in recruitment activities away from the EU and towards India and the Philippines.

As we were interested in the role of shared imageries in motivating migratory decisions, a qualitative methodology was employed since this approach is appropriate for exploring connections between ideas, imageries and social action (Bryman, 1988). In July and August 2018, discussions and interviews with nurse educators, medical professionals and academics at the University of the Philippines Diliman in Quezon City, Philippines: our research partner, were conducted by one of the authors. One focus group was held with nurses just prior to their departure to the UK and a nurse returnee to the Philippines was interviewed. Between November 2018 and July 2019 focus groups and interviews were held in South-East England with Filipino nurses working in the NHS for two years or less.

Sampling and recruitment

The focus group in the Philippines was organised by our partners at the University of the Philippines (Diliman). The UK focus groups were organised by longer established Filipino nurses working in two NHS Trusts who assisted in recruiting workplace colleagues. A purposive sampling strategy was used whereby participants were invited to take part based on relevant characteristics e.g Filipino nurses either about to embark for the UK or working in the NHS for two years or less.

Participants

One focus group was conducted in the Philippines with four pre-departure nurses, and one interview took place with a nurse who had returned to the Philippines after two spells of working in the UK. Four focus groups (n=3+2+6+6) and two interviews took place in the UK one of which was a follow-up interview with a participant from the Philippine focus group. In total 24 nurses participated (17 females and seven males) with all but one (the returnees who was 54) aged between their mid-20s

and mid-30s. Of the UK participants all were working in the NHS since arrival in the country between two years and a few weeks prior to the focus group. One of the participants had previously worked in Saudi Arabia for two years and one had worked in the United Arab Emirates (UAE) for 10 years while the rest had not worked abroad before. The number of focus groups, while constrained by time and logistical issues, continued until they reached data saturation whereby focus groups yielded little new information or insights (Polit and Beck, 2008).

Data Collection

Interviews and focus groups were conducted by the two authors separately, apart from two focus groups which were undertaken with both authors present. The focus group in the Philippines took place in a hired private meeting room while those in the UK took place in the homes of participants who had agreed to host the focus group. A topic guide was used which covered broad themes within which participants could elaborate. Emerging themes and points of interest were incorporated into the guide and addressed in subsequent focus groups. Focus groups lasted between one and two hours, were audio-recorded and transcribed verbatim.

Analysis

Interview transcripts were manually coded separately by the two authors. These were compared and a framework of emerging themes were developed and patterns identified. Themes were incorporated into the interview guide as they emerged and informed subsequent focus groups through a process of constant comparative assessment with coding and analysis occurring concurrently. Using this approach, the interplay between themes and categories became progressively refined as data collection progressed. The analytical strategy was similar therefore to grounded theory where theory is generated from data though this approach can be equally applied to explanatory accounts of the social world as in the results below (Strauss and Corbin, 1990).

Ethics

Ethical approval was granted by (DETAILS REMOVED) in July 2018.

3. Social Structures, Collective Imageries and Migration

3.1 Insecurity and its Structural Dimensions

The collective representations of place that channel migration towards certain destinations also express notions of the present, these lived experiences forming a baseline against which possibilities overseas are evaluated. Personal and professional development, economic security and family obligations were the proximate drivers for migration. The possibility of meeting these ambitions and responsibilities in the Philippines however were frequently compromised by the nurses' social framework.

> *You really can't do much* [in the Philippines]. *That's simply it, that we need to leave to another country, I mean, just go to another country just to be able to give more – how do I say this - meaning or not really but give justice?* (FG1)[2]

Many of the nurses played a vital informal role in administering vaccinations and giving health advice in their communities, and discussed the difficulties faced by many of the poor in accessing and paying for medical treatment. These social injustices were interpreted as a lack of agency, engendering feelings of helplessness.

[2] FG1 refers to Focus Group 1 etc.

We don't have a free healthcare system so what happens is if you don't have any money, you'll die so that's what happens in the Philippines. You want to do something but you can't do anything even though you see the person is dying so the thing is it's like moral values factor as well. (FG5)

For Giddens' (1991) trust in 'abstract systems' or institutional structures and in the social narratives and practices that are integrated with those systems is essential to ontological security-the sense of coherence and security in one's social and material environment necessary for realising a sense of agency. The construction of the self as a 'reflexive project', 'is not just a narcissistic defence against an externally threatening world, over which individuals have little control' argues Giddens, but 'a positive appropriation of circumstances in which globalised influences impinge upon everyday life' (1990, p. 124). Chronic insecurity was experienced as destabilising as one nurse recalled, *'I find myself not settling in the Philippines, because I've seen what's happening to the nurses it's difficult to be employed there'* (FG2). Social expectations associating nursing abroad with social mobility increases frustration with the situation in their own country, reinforcing the view that emigration is the only way of realising personal objectives and supporting their families.

For us nurses it's the way things are in the Philippines with work and everything. Everybody says the same thing that they want to go somewhere else. I guess it just depends on where they wanted to go. It just happens that all of us wanted to come here. (FG3)

3.2 Organisational Injustice, Hierarchy and Opportunity

In addition to macro or social structural level constraints, organisational factors were a more immediate source of discontent impinging directly on the nurses' daily experiences. Inadequate compensation referred to not merely in terms of meeting individual needs, but an inability to meet cultural ideals of familial obligation and support.

I wanted to support my family who are in the Philippines because when it comes to earnings you couldn't even support yourself. You're tired, you're overworked and the compensation is not that good (FG3)

The chances of improving their situation through career progression were, the nurses argued, thwarted by nepotism in appointments and promotions. One nurse explained that a major barrier to appointment was, *'we're up against the 'padrino'*[3] *so whoever gets accepted by the Chief Nurse even if he or she does not have hospital experience they're still accepted'* (FG1). Acquiring the specialised knowledge and skills to move into advanced nursing roles was made more problematic following a change of law whereby the costs of professional training have to be met by the nurses.

'They want us to grow professionally but you've got to at least give us a leg up. They know the status of how healthcare is in the Philippines and how we nurses are being paid but they just turn a blind eye to this and everything else.' (FG4)

The nurses also referred to a perceived lack of fairness and respect during workplace exchanges (Crawshaw et al, 2013). There was a view that while nurses are highly regarded for their income potential overseas they are granted little respect by the government, by doctors or by patients. One nurse observed that patients, *'look at you condescendingly such that "you're just a nurse where is your doctor?"* (FG1). Clinical hierarchies consign nurses to a lowly status as highlighted by a pre-departure nurse, *'we were taught that if you were a nurse then you're just equal to the doctor but it's not like that in a Filipino setting it feels like you are under them'* (FG1). Another highlighted the

[3] Directly translates as 'godfather' but implies nepotism and seniority.

importance of social connections in determining workplace experiences, *'if you don't know the doctors all that well they're going to treat you like literally shit'* (FG5).

3.3 Migratory Cultures and Social Expectations

As discussed, studies have shown that the decision to pursue nursing is often made by the family with the primary aim of securing migratory opportunities (Ronqillo et al, 2011; Ortiga, 2020). One nurse recounted contemplating different careers, *'the boom in nursing did have an influence on me. Of course, my family would say 'hey you should take nursing"* (FG1). Many reported a general desire to emigrate prior to entering nursing, with family and colleagues, instrumental in translating these desires into action by financing the nurses' studies. One quipped that, *'they* [family] *want it more than we do!'* with her colleague adding, *'because they see how little we earn back home they know it's for our own good'* (FG5). Many concurred that migration has become a rite of passage for nurses and a symbolic marker of status and success. Migration is closely associated with family duty and many recalled considerable moral and social pressures to migrate.

> *If you're a Filipino nurse locally and you're already working four years 'why are you not leaving for abroad?' it's really like that 'why are you still here in the Philippines'? It's like their gauge of success.* (FG1)

Migration is also influenced by friends and colleagues working overseas and by the diffusion of social imageries and knowledge that circulates within and between social networks (Tarde, 2010). The persuasion of friends was a key factor shaping migratory choices for the nurse returnee who had two spells of working in the UK, *'and they would encourage 'c'mon let's join, join us to apply for the UK because they're needing nurses'* (Interview 1). The ubiquity of social media and 'digital diasporas' displaying the seemingly successful lives of overseas nurses further raises awareness of alternative possibilities as one participant revealed, '*when I see my friends, my classmates actually move to different countries and then they are boasting themselves on Facebook'* (FG4). How accurate the information gained from observing the social media filtered lifestyles was, and how accurate the subsequent expectations that developed as a consequence is debatable. Nevertheless, negative views about their own situation were reinforced through comparing themselves to the relatively affluent and secure lifestyles of previous nurse migrants in the UK. Although one participant was sceptical over how reflective social media accounts were of reality, he acknowledges that comparing himself with friends abroad resulted in self-doubt and reflection, '*I see my friends coming over younger than me then I thought to myself why have I not dreamed that kind of big dream you know?* (FG3). Other participants expressed similar sentiments for example, '*I questioned myself what's happening to me? Am I going to stay here forever like this or should I pursue my dreams?* (FG5)

Portrayals of 'home' and of how the nurses' future lives there were imagined conveyed stagnation and a state of ontological insecurity with the circumstances of life forming a threat to one's identity and autonomy (Laing, 1990). The interface between present circumstances and future possibilities are gauged according to the potential of different social systems to provide ontological security and are important social-psychological stimulators of migration (Kennan and Walker, 2013). The next section will develop this argument with reference to the nurses' collective imageries and understandings of British society and its institutions, and how these ideational components shape and channel migratory cultures and practices towards particular destinations.

4. Migratory Choices and Ontological Security

4.1 Global Opportunities, Security and the UK

When articulating how they envisioned their lives overseas, the nurses drew upon two sets of imagery one of which elicited a generalised sense of life overseas for example, *'Philippines always*

have that notion that if you work abroad, it's 'greener pastures' like financial growth, abundance' (FG2). The other was associated with the relative benefits of living and working in the UK, providing a frame of reference for comparing present with future prospects in different locations (Suárez-Orozco and Suárez-Orozco, 1994). The UK was at the top of a hierarchy of potential destinations due to a prevailing perception of social stability and of its political and institutional structures as based on meritocracy and equality of opportunity-the political and moral foundations from which individual aspirations could be achieved. When discussing the comparative attractions of the UK, social stability was a major consideration as noted by the following nurse, *'being able to come over here has lots of appeal not just financial. The UK is more appealing in the sense that it's more stable'* (FG5). The nurses' images comprised a 'complex, unstructured and not fully articulated understanding of our whole system within which particular features become evident' (Goakar, 2002, p. 10). This gave the UK leverage over destinations such as the USA and Middle East, which was evident regarding crime and personal safety. Media reports detailing the abuse and murder of Filipino workers in the Middle East, heightened concerns over safety particularly for women. One nurse who had worked in the UAE argued that it was, *'not secure. There's not much security in the UAE'* (FG5). Another recalled that her aunt who was also an overseas nurse had, *'advised me to come here instead of Saudi so one of the reasons I chose this country is that I think it's safer than Saudi'* (FG2). Social imageries are powerfully shaped by media representations with frequent news stories about crime and gun violence in the USA deterring some from applying. Others were dissuaded by the country's political climate with heightened racial and social tensions, and the mainstreaming of anti-immigrant rhetoric.

> *'Going to the US never really appealed. I don't have a good idea of how things are here but it's not as bad* [in the UK] *looking at how things can get in the States with everything going on. It seems crazy for me to be going there so I decided 'why not here'?'* (FG4)

The Philippines status as a US colony between the late 19th and mid-20th centuries has meant American cultural influence 'felt in every aspect of life in the old colony' (Min, 2006, p. 41) and the US contains the largest Filipino diaspora in the world with over 4 million residents (US Census Bureau, 2018). Despite these historical and cultural ties one nurse argued that the image of the UK as a more stable and 'traditional' society meant it had greater social and cultural affinities with the Philippines, making it easier to adapt to.

> *'The UK is better than the US when it comes to culture. The US is more vocal I think the UK is more conservative. I just find it more close to the Philippines and that's better for me I guess, it's more family oriented.'* (FG3)

4.2 Individualism, Trust and Opportunity Frameworks

The nurses' imagined futures also drew upon ideas concerning the relation between self and others in 'the West' and is an important consideration for people migrating from cultures that emphasise a 'we' ideology over the 'I' or individual (Philip, 2007, p. 52). The image of British society and its people as more individualistic was widely held- one nurse arguing that, *'in this country you have to be more independent. It's the mentality here that you have to be on your own'* (FG 2). Participants contrasted this to the Philippines where a more collectivist ethos prevails and, *'If you try to be more assertive or you express your feelings something like that maybe you'll have an argument'* (FG5). Many expressed mixed feelings about this such as the following nurse, *'there has always been someone there helping me do things. Now it will be like I am on my own. However, it's still exciting because I will learn to be more independent'* (FG1). A more positive outcome afforded by individualism was the chance of taking control of one's circumstances as noted by nurse, *'being able to thrive, that motivated me to come here'* (FG5).

Connell (2010, 2014) notes that in many developing countries a 'medical culture of migration' has developed among nurses and other healthcare workers as a subset of a more general culture of migration. This is oriented to migrating where the best health-care technology and specialised training is available. The opportunity for professional development was a significant factor influencing migratory choices as one nurse commented, '*when it comes to learning you have that desire to keep improving yourself, but in the Philippines, it would be very expensive'* (FG3). Poor career prospects was a strong impetus for migration with development opportunities in the UK viewed favourably, *'I was thinking that if I'm going to work abroad that the UK offered good assistance with pursuing your career, in fact doing some postgraduate studies as well'* (FG4). Moreover, exposure to more diverse working environments would develop intangible skills that would be advantageous in the future.

> *'Being able to adapt to different cultures finding a way to approach this person with this or that different background that's what's going to really help us. Everything else you can learn, the machines, there's guidelines on what to do...but with people that's a whole different skill'* (FG5).

The nurses were acutely aware that their security as migrants and those of their families in the Philippines were dependent on institutional and organisational frameworks and procedures in their host-country. Trust in 'abstract systems' connects individual actions to social systems and requires social actors to be confident that those systems will abide by and uphold certain principles. This type of trust is important because individuals are oriented towards reducing unpredictability by establishing routines performed in the realm of 'practical consciousness'. Ontological security is achieved through these routines which makes social life more or less predictable. A level of predictability therefore is necessary for the enactment of agency, through supplying individuals 'with ways of knowing the world and how to act giving them a certainty that enables purposive choice' (Mitzen, 2006, p. 347). Trust that organisational processes in the NHS would be fairer and more meritocratic made progression into more senior nursing positions a realistic proposition in the nurses' imagined futures.

> '*I have a feeling that they are more open. It's not because of your relatives that you'll be prioritised among others. I have a feeling that we are really evaluated such that he or she really deserves to go on trainings, or deserve to be assigned to this area'* (FG1).

Individual hopes and aspirations were inseparable from a concern for family in the Philippines since the ability to be independent and autonomous also meant meeting normative obligations to family members. Financial motivations therefore featured prominently. UK salaries one nurse reported, were around *'ten times higher than our salary in the Philippines'* (FG5). Reciprocal obligations to family was therefore a persistent theme one nurse stating, *'my main reason why I opted to work in the UK is financial. In the Filipino culture we need to support our family as a pay-back attitude'* (FG2). Although economic rewards were a major driver for migration, in isolation from non-economic factors they are insufficient for a full understanding of the nurses' migratory choices. Participants were well informed of salaries in different global locations and aware that NHS salaries could be achieved or surpassed elsewhere. More influential in channelling migration towards the UK were pragmatic demand-side considerations in particular immigration, employment and social factors combined with more fundamental considerations of its underlying social formation, since it is these that play a central role in making the nurses imagined futures more or less attainable.

4.3 States, Immigration and Migratory Decision Making

The visa programmes and immigration policies that wealthy nations have implemented to attract nurses away from low and middle-income nations determine how long and costly the process will be for those considering migration (Solimano, 2010). These considerations generally took precedence over purely economic motives-despite higher earning potential in the USA. The following nurse decided not to apply because of the complex and lengthy process explaining that, *'I considered the US because it's higher paying but the process is too long. I have friends had to wait seven to 10 years just to reach America'* (FG2). In a globally competitive labour market for nurses, countries with

policy and regulatory frameworks that facilitate migration promptly and with low financial outlay have a clear advantage. The relatively liberal immigration and regulatory system for overseas nurses wishing to work in the NHS made it a more feasible option, and although two nurses had previously worked overseas all had arrived in the UK directly from the Philippines via a recruitment agent.

> *If you go to other countries like the US it takes more than seven years. In New Zealand and Australia, you have to pay I think a million* [pesos]. *You have to go to university, pay for accommodation and everything. But in the UK, it was the easiest like you can process it in six months if you pass the exams. So, it was very convenient.* (FG2)

The ease with which migration to the UK is facilitated has fluctuated over the last twenty years, when large scale Filipino nurse recruitment began in earnest. Alignments of well-established recruitment channels underpinned by bi-lateral agreements and multinational recruitment agencies; numerous regulatory and language requirement changes which have lowered entry requirements since 2017 (NMC, 2015); exemptions from minimum salary requirements and the maximum number caps of Tier 2 Skilled visas (HMG, 2019), currently expedite movement of nurses between the two countries. To obtain a Tier 2 visa, nurses must have first secured a certificate of sponsorship from their intended employer. Given the current (45k+) shortfall of nurses within the NHS and the NHS Long Term Plan viewing the relaxation of regulatory hurdles for overseas nurse as a way of significantly increasing nursing workforce supplies (NHS, 2019), demand for Filipino nurses within the NHS currently supersedes supply.

Previous research found that many Filipino nurses regarded the UK as a 'step wise' destination to develop the human and economic capital necessary to reach more prized destinations, particularly the USA (Buchan, 2006; Carlos and Sato, 2010). As discussed, the ranking of overseas destinations in the nurses' decision making is dependent on a host of factors-social, economic, political and policy related-in destination countries and while many nurses said it was too soon to state their future intentions, only one expressed an intention to move to the USA. The UK was a second option for one nurse who had relatives in Ireland, yet did not meet their entry requirements: *'I did try to stay in Ireland where my relatives are but then I don't have enough qualifications, so I just opted out for UK, yes, I got accepted here and I am here'* (FG3).

Nurses in the pre-departure focus group discussed how other countries were considered, yet subsequently discounted for the UK. Saudi Arabia was considered as a second option by one nurse due to having three failed attempts at meeting the UK's English language requirements. She was discouraged by her family from going to the Middle East in favour of continued perseverance at reaching the UK: '*My sister did not want me to pursue it. Actually, I was about to really leave already then. I was about to go'* (FG1). An application to Japan was abandoned by another nurse in favour of the UK. Unlike Saudi Arabia where English is used, Japan requires its overseas nurses to be proficient in Japanese. This was reappraised as a much more difficult task then perfecting existing English language skills to the standard required of the NHS, and the application was resultantly dropped. She recounts that, '*I already had a hospital where I applied to, but I realised, why will I make it hard for myself to learn Japanese? I should just focus my efforts on improving my English instead'* (FG1). For the majority, the UK was their first-choice destination with over half of the nurses intending to either settle permanently or to remain for the long-term. None intended returning to the Philippines to work as nurses though most reported they would return for holidays and/or that they would eventually retire or set up businesses there.

4.4 Citizenship, Security and Migration

Ontological security depends largely on the ability of modern states and their institutions to minimise social risks within their territories (Baltodano, 1999). The nurses held a generally positive image of the UK's political structures as capable of providing security for themselves and their families though social, political and economic means. As discussed, increasingly heterogeneous migratory pathways results in gradations in social inclusion with respect to residence and citizenship rights among different categories of workers and in different destinations (Walton-Roberts, 2020). Social policies and their interaction with immigration procedures were viewed as providing secure economic and social foundations for the pursuit of life plans.

> *'In the UAE after you retire what's going to happen to you. You're going back to your country without any pension, without much support from the government. So, the UK is appealing in the sense that it's more stable…If you really want to live here you can be a citizen after how many years. In the UAE there's none of that'* (FG5).

Tier 2 visa holders can gain permanent residence after five years and citizenship 12 months after residing in the UK after gaining permanent residence. The ability to acquire citizenship and bring dependents over was an important element in viewing the UK as a potential long-term or permanent destination as one participant stated, '*having two children that's one big part of why I want to come over here because I want to bring them over later when I'm able to'* (FG4). A few had spouses or partners who were also nurses and who were planning to join them, one noting her intention, *'to bring our families here. My husband he's also a nurse so he's starting the process. Fingers crossed'* (FG5). Furthermore, bureaucratic processes for acquiring citizenship was viewed as more straightforward than elsewhere

> *'They have a requirement it says £900 for myself and £600 for my husband. As long as you have that amount in your bank account…tenancy agreement, employment and just proof of address. I have friends who have applied just six months after their OSCE*[4] *so they had their husbands come'* (FG2).

The ability to acquire citizenship and rights vis à vis social support systems constituted a major source of security and verified the nurses' confidence that the British state would safeguard against life's exigencies. The provision of universal healthcare was frequently cited as a key asset, with one nurse commenting for example, *'you have better healthcare more advanced technology if you get sick. And it's a more secure place'* (FG3) while another noted, *'when it comes to healthcare as well, everything is free if you're ill so that's a benefit as well'* (FG4). Accordingly, as the following participant highlights, collectivised social policies such as healthcare and education play an important role in shaping migratory choices, *'as long as I am stable in my job I will definitely stay. The healthcare system you're a priority if you're a taxpayer'* (FG2). Expectations of life in their new home, and of their future social and professional status were rooted in these collective imaginings concerning the country's social structure and institutional arrangements.

> *'Me and my boyfriend we want to stay here for good and have a family here. It's my plan and my boyfriend's plan we want to have a family here in this country. One reason is that it's a free education and healthcare system because in the Philippines you have to pay a lot'* (Interview 3).

Benson (2012) notes that the timing of migration often coincides with life-course events with imagination translated into action when people 'appropriate such imaginings through their own embodied experiences, transferring these from a vicarious position into social practice' (p. 1693). Biographical and demographic factors with many participants having young children and others either

[4] The Objective Structured Clinical Examination (OSCE) is part of the Nursing and Midwifery Council (NMC) registration process for nurses and midwives trained outside of the European Union (EU) / European Economic Area (EEA).

in the early stage or else planning family formation, may have influenced their impressions of the UK as expressed by the following participant, '*whenever you want to start a family the education is good here and the government gives support'* (FG5). While biographical and life-stage factors often provided the spur for migration the antecedent conditions were rooted in the structural conditions and pressures in their own country, which meant the nurses' imagined their futures there as bounded by limited opportunities and social instability, experienced in a sociocultural context that encouraged and facilitated migration. Their migratory aspirations were given focus by a set of broadly shared imageries through which future lives and possibilities were conceived. These imageries must be understood within a relative frame of reference that centred on an idealised version of British society and polity and reflected ideas about the appropriate function of social institutions and their role in enhancing social justice and collective well-being. Social imageries therefore draw attention to the structural foundations of how people understand the relationship between themselves and their social context, and can channel social action towards where it is imagined that the desired social and economic security can be achieved.

5. Discussion and Conclusion

Harvey's (2005) 'geographical imagination' extended C. Wright Mills 'sociological imagination' from the relations between biography, history and social structure to include their interplay with political and geographic structures. Applying this approach to nurse migration can advance theoretical understanding beyond studies that emphasise how policy and regulatory regimes shape migratory flows or from economic perspectives based on cost-benefit notions of motivation. Studies from 'applied' approaches such as nursing meanwhile, have largely focused on issues related to job satisfaction; adaptation to new working environments and practices; difficulties and barriers encountered, workplace discrimination and so on (O'Brien, 2007; Montayre, Montayre and Holroyd, 2018). Such approaches remain wedded to 'theme identification' as the end point for analysis with descriptive categories invoked as explanations, rather than as phenomena to be explained (Thorne, 2020). Exploring the structural foundations of migratory behaviour reveals how choices are shaped by collective imageries that themselves are a product of historical factors such as colonialism, underdevelopment and inequality, and by the globalisation of communications, media, migration and capital (Gaonkar, 2002). The nurses' narratives linked social structures and institutionalised oppression in the Philippines to their aspirations to exercise agency in the shaping of their own futures. In doing so they illuminated how the decision to migrate, and to where, was arrived at 'through a combination of individualised biographies, trajectories and actions, as well as wider cultural contexts and structural conditions' (Benson, 2012, p. 1681). The narratives illustrate how agency and structure played out in the nurses' lives, and in doing so highlighted the difficulties of distinguishing 'voluntary' from 'forced' migration when limited opportunities, overstretched infrastructures, poverty, and social injustices drive many who can to migrate (Henderson, 2019, p. 93). One nurse articulated the dilemmas inherent in the tension between individual agency and collective allegiances.

> *'it makes me sad like you want to serve your country your fellow Filipinos but due to other factors that is more for you personally that may weigh more importance to you such that you have to consider* [migration] *even if you really want to stay and help'* (FG1).

Explaining migratory choices through an ontological security framework highlights how choices are shaped in the relationship between social experiences and social expectations surrounding the perceived capacity of different political systems to minimise social risks and instabilities. This can be analytically limiting if security-seeking is assumed to be a universal trait or else the analysis lacks a corresponding focus on the social and environmental conditions from which such responses emerge, as this article has attempted to do. Although the concept has attracted critique for implying 'an accordance with wider political and social frameworks wherein comfort frequently signifies some degree of privilege and/or complicity' (Rossdale, 2015, p. 384) such statements and the world-views

that inform them are themselves a product of relative security and privilege. For the nurses, structural constraints and lived realities consisting of chronic insecurity were a more immediate concern, intensifying pressures to migrate to where it was imagined a more secure social environment exists.

Despite the nurses' perceptions of the NHS as an equitable and meritocratic employer they may become less sanguine about their working lives over time. Overseas nurses in the NHS are significantly under-represented in senior posts and higher pay bands (NHS, 2020), with many reporting a lack of recognition of their skills, deskilling, discrimination, marginalisation and inequalities in the workplace (O' Brien, 2007; Alexis, 2013). Although the UK was the first-choice destination for most of the nurses in this study, they remained open to moving elsewhere in the future stating concerns over the cost of living, levels of taxation and working conditions with many indicating they would 'wait and see' whether the UK lives up to their expectations. The ability of states to deliver ontological security for the majority of its citizens has come under severe pressures in recent years, which has implications for a strategy of meeting the healthcare needs of the economically developed world with workers from the developing world. This approach has always been highly sensitive to global conditions as can be seen with the current Covid-19 pandemic, which led to the Philippine government temporarily banning nurses from leaving the country to work abroad (Sawer, 2020). As global conditions become increasingly precarious and unpredictable through massive economic, social and environmental shocks, relying on supplies of nurses and healthcare workers from overseas will also become more tenuous and unpredictable. Such changes may orient policy makers in wealthier nations to invest more in training local nurses and retaining them by making nursing a more appealing and well remunerated career, instead of relying on a seemingly inexhaustible supply from abroad. Indeed, whether nurses overseas will view the UK so favourably in the future as the sample of nurses in this study remains to be seen. This is particularly so given the UK government's incompetent response to Covid-19, the relatively high infection and death rate and the disproportionate numbers of ethnic minority NHS staff dying from the disease for causes as yet unknown. Falling international recruitment may then force a radical rethink on how to meet future workforce demands in healthcare.

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