

‘Human Security and Global Nurse Migration: A Mixed Methods
Study of Filipina Nurses in Ireland’

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This thesis is dedicated to my wonderful and loving father

Edward (Teddy) Plummer 1944-2008

Safe in the Arms of Jesus

ABSTRACT

It is widely recognised and accepted that there was a serious nursing shortage in Ireland from the years 2000 to 2008 and that care deficits were increasingly being met by foreign nurses. According to Irish Nursing Board statistics active recruitment campaigns were successful in attracting 11,288 non-EU nurses to Ireland between the years 2000 and 2008. During this time migrant nurses accounted for 40 per cent of all newly registered nurses and they became an essential part of the health workforce in Ireland. Many of these nurses came from the Philippines as it was targeted as a major ‘nurse reservoir’.

The recruitment of Filipina nurses to address gaps in Ireland’s health service during the more prosperous Celtic Tiger Period 2000 to 2008 forms part of the broader phenomenon of global or transnational nurse migration, a phenomenon that has global or transnational consequences for human security. The aim of this study has been to explore the ‘human security’ dimension of migration from the perspective of Filipina nurses recruited to work in Ireland’s health service from the years 2000 to 2009. The research findings and analysis of this study suggest overall migration has the capacity to enhance the security of Filipina nurses through increased income and remittance flows. However, just as migration can enhance human security it can also create new risks, vulnerabilities and threats that impact the well-being and security of Filipina nurses, their families and communities. Findings from this study highlight the need for a broad holistic view of human security, one that incorporates a wide range of both objective and subjective threats. In keeping with the human security framework findings from this study reveal ‘human security’ from the perspective of Filipina nurses relates not only to financial and economic security but also to human agency, feelings of safety and security, the ability to participate fully in the life of the community, human well-being and the building and stability of developments/capabilities gained.

A feminist approach to the study of human security is used to highlight the relational nature of ‘human security’. In this study it brought to light the important role of Filipina nurses in achieving human security. It also revealed that migration through family separation and the loss of social supports can alter or damage relations of care and this can have implications for the well-being and human capacity of Filipina nurses, their families and communities. However, by placing security and gender at the centre of their migration experience, findings also reveal the strategies employed by Filipina nurses to overcome disadvantage. Filipina nurses through acts of social solidarity with other Filipino women continue to ensure the daily survival and security of their families and communities in Ireland and the Philippines.

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DECLARATION

I hereby declare that this work has not previously been accepted in substance for any degree or any other qualification. I further state that this work is not currently submitted in consideration for any degree or any other qualification. This thesis is the result of my own investigations. Where references have been made to the work of others, this has been acknowledged in the text and a bibliography is appended.

Signed _____ (Candidate)

Date _____

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CHAPTER 1: INTRODUCTION

INTRODUCTION

Encouraged by her family Arlene came to Ireland in 2002 in search of ‘greener pastures’. Like many other Filipina nurses she left her home and her family in search of financial security and to secure her children’s future. Arlene took a big risk as she embarked on a time-consuming and costly recruitment process without any guarantee of a job at the end. Having passed a series of exams and interviews she was proud to have been chosen to work abroad from the 1,500 nurses that had applied to the recruitment agency. However, her success was bitter sweet as Arlene knew when she migrated to Ireland she would have to leave her two boys behind in the Philippines. At that time her sons were just 8 months old and five years old.

*So when I came over here there was really a big change, I actually cried when I first arrived here, yeah I was lost, it was such a big change with regards to lifestyle. I was extremely lonely, I would nearly go home because of my baby and you know this anxiety, big separation anxiety and plus you are facing a different culture and a different routine of the job and plus the communication. **Arlene***

The recruitment of Filipina nurses to address gaps in Ireland’s health service during the prosperous Celtic Tiger Period 2000 to 2008 forms part of the broader phenomenon of global or transnational nurse migration (Williams, 2010b; Yeates, 2009a), a phenomenon that has global or transnational consequences for human security (Encinas-Franco, 2007). The flow of nurses from the global South to address gaps in service provision in the Global North interacts with structures of gender and inequality at the global, state and individual level and this has consequences for the security of migrant nurses (Robinson, 2011). The aim of this study is to explore the ‘human security’ dimension of transnational nurse migration, in particular the ‘human security’ dimension of female nurse migration from the Philippines to Ireland from the years 2000 to 2009. Migrant nurses move to improve their financial and economic security but at what cost to their quality of life and well-being? There is also a need to consider, not just the ‘security’ of nurses on the move but also the ‘security’ of the families and communities left behind (Robinson, 2011; Levitt and Jaworsky, 2007). I begin in this chapter by introducing the thesis and providing the background and justification for the research topic. I set out the theoretical and methodological framework underpinning the

research study and the main research questions to be answered. I then give a brief outline of the next seven chapters in the thesis.

1.1 BACKGROUND TO THE RESEARCH TOPIC

It is widely recognised and accepted that there was a serious nursing shortage in Ireland from the years 2000 to 2008 and that care deficits were increasingly being met by foreign nurses (Yeates, 2009; Barrett and Rust, 2009; Humphries, 2008b, Murphy Lawless and Quin, 2004; Wren, 2003). According to Irish Nursing Board statistics active recruitment campaigns were successful in attracting 11,288 non-EU nurses to Ireland between the years 2000 and 2008 (Humphries et al 2009). During this time migrant nurses accounted for 40 per cent of all newly registered nurses and they became an essential part of the health workforce in Ireland (Humphries et al 2009). Many of these nurses came from the Philippines as it was targeted as a major ‘nurse reservoir’ (Yeates, 2006). In April 2002 there were 3,900 Filipinos in Ireland and by April 2006 that figure had risen to 9,548 (CSO, 2006). At this time seven out of ten Filipina women and four out of ten Filipino men were employed in Irish health service (CSO, 2006). Filipina nurses like other migrants have faced a number of concerns and challenges since they arrived in Ireland. Many significant concerns relate to family reunification laws and rights for migrant workers and their families including the right to citizenship and security of their position in Ireland (see Humphries et al 2008; 2009).

1.2 JUSTIFICATION FOR THE RESEARCH STUDY

This study focuses on female nurses from the Philippines also referred to as Filipina nurses throughout the thesis. The migration of nurses from the Philippines to Ireland contributes to the feminisation of migration as nurses are more likely to be women. In relation to nurse migration, eight out of ten nurses leaving the Philippines from the years 1992 to 2003 were women (POEA, 2004). Labour migration is strongly gendered and the Philippines Overseas Employment Agency (POEA) portrays for example images of the strong male construction worker and the caring female nurse (Tyner, 1996). Women have very different migration experiences to men and the decision to focus the research project solely on women was made in the belief that ‘women only’ studies allow for a more in depth analysis and understanding of ‘the shared and yet at the same time different gender burdens’ (Parreñas, 2009:1) Filipina nurses experience at every stage of the migration process. It is important to note here however, that this study incorporates a gender analysis by focusing on the multiple social relations these nurses maintain with both men and other women (see Truong et al 2014a; Parreñas, 2009; Donato, 2006).

A broad, holistic concept of human security is used to guide this research study, one that appreciates the need to view issues such as poverty and migration as a result of political, social and cultural processes (Robinson, 2011; Eadie, 2007; Ewan, 2007; UNDP, 1994). In 1994 the UNDP introduced a new concept of 'human security' that in addition to national security, focused on the needs of ordinary people and what they require to feel secure in their daily lives (UNDP, 1994). It promotes a much needed global response to addressing new risks and security concerns that have occurred in response to globalisation. This new concept of human security provides the ideal platform to investigate security and migration in the transnational field as it moves beyond state-centred meanings to social meanings that transcend national borders (Gasper and Truong 2014; Vietti and Scribner, 2013; Robinson, 2011). It provides an attractive framework to explore the impact of migration from the perspective of Filipina nurses, as it shifts the focus from a narrow state-centric view of national security, to a more humanist approach that focuses on threats to the security and well-being of ordinary people (Guild, 2009; Graham, 2000). Attending to the voices of migrant people poses a much needed challenge to dominant state-centric perspectives, that rather than ensure the rights of migrant people, look to exploit and control migrant labour for the greater good of the nation state (Turong et al 2014a; Guild, 2009; Commission on Human Security, 2003).

While recognising the importance of theoretical, academic and policy debates in contributing to our understanding of 'security' it is essential that we explore the meaning of 'security' from the perspective of ordinary people and what they require to feel secure in their daily lives (Truong et al 2014a). In relation to the study of 'human security, gender and migration' a small number of studies incorporating the viewpoints of migrant people were found in the literature. Parmer et al (2014) in their study on refugee women in Djohong District Cameroon concluded that the human security framework is gender blind and fails to uncover lifetime or recent sexual violence. Ngan-ling Chow (2003) in a study of factory workers in south China compared the experiences of migrant men and women in terms of their human insecurity and citizenship. Summerfield (2007) examined the gender and human security aspects of transnational migration using Latina/o labour migrants in central Illinois. Vélez (2009) explored gender based violence towards uprooted women in the Northern Borderland of Ecuador through a gender, conflict, borderland and security approach. Truong et al (2014a) offer insights into the use of human security as a framework for attending to social justice concerns by connecting the results of international teams of research on women and

migration to the concept of human security. A small number of studies on ‘human security and migration’ from the perspectives of the migrants themselves were also found (see Ganguly- Scrase and Sheridan, 2012; Mawadza, 2008). All of the above mentioned studies focused on illegal, irregular, low skilled and or low paid labour migration. No studies were found on ‘human security and skilled labour migration’ or ‘human security and transnational nurse migration’. Just one paper in relation to human security and nurses from the Philippines was found ‘The Export of Filipino Nurses: Gendered Dimensions and Implications to Human Security’ (Encinas-Franco, 2007). While this paper contributed valuable insights (which will be discussed later in the study) into the export of Filipino nurses and implications for ‘human security’, it contained no field research from the perspectives of the migrant nurses or those left behind in the Philippines. This study seeks to address this gap in the literature and provide a unique insight into the meaning of human security from the perspective of Filipina nurses recruited to work in Ireland’s health service from the years 2000 to 2009.

1.3 THEORETICAL AND METHODOLOGICAL FRAMEWORK

As this study is concerned with issues of social justice and the equitable treatment of Filipina nurses in Ireland ‘critical theory’ was chosen as the best paradigm for this study (Neuman, 2011; Mertens, 2007). A broad holistic concept of human security (Ewan, 2007; UNDP, 1994) is used in this study to bring attention to issues of social justice and migration in a transnational context (Truong et al 2014a). It is used to stimulate debate and offer insights into the human dimension of nurse migration and to capture the wider socio-political context (Truong et al 2014a; Guild, 2009) that shapes the lives of Filipina nurses in Ireland. Modern feminist theory which is ‘inherently critical’ (Robinson, 2011:44) is used to strengthen the theory of human security and develop a framework for analysis that is both theoretically and normatively strong. Feminist theory is used to challenge male dominated conceptions and institutions of security, to add a relational and contextual understanding to the meaning of security and to highlight the role of women in achieving human security (Truong et al 2014a; Tripp, 2013; Robinson, 2011; Hudson, 2005).

Recasting human security from a gender perspective allows for a broad and deep understanding of human security, one that is descriptively rich, taking into account structural context and relations of power based on gender, race and class (Truong et al 2014a; Tripp, 2013; Robinson, 2011; Hudson, 2005). This research study is not looking to provide a complete survey or exhaustive list of security concerns; it adopts a more reflexive qualitative approach to understand the complex security concerns of female migrant nurses from the

global south recruited to work in the global north. It is not looking to raise new migration concerns but old concerns in the new light of security and to understand the impact of gender and other related identities of race and class in determining their experiences of (in) security (Robinson, 2011). The study distances itself from Western Centric literature that view women from the South as passive and weak (Robinson, 2011) and instead focuses on the experience of Filipina nurses in terms of exclusion and the disadvantages they face due to the fact they are both female and migrant. It will also focus on women's agency and the ways employed by women to overcome disadvantage and the migration strategies they employ to ensure their own human security through the process of migration (see Truong et al 2014; Robinson, 2011).

Research Methods

To build an accurate picture and capture the complexity of the lives of Filipina nurses taking part in this study, a mixed method sequential explanatory design consisting of two distinct phases was employed (Sweetman et al 2010; Creswell, 2008, Creswell and Plano Clarke, 2007). In June 2009 Filipina nurses completed survey questionnaires (n=125) at St. Anne's Park, Dublin, the results of which were used to inform and guide the second qualitative phase of the study. In the second phase semi-structured interviews (n=21) were conducted with Filipina nurses in the East and South East of the country during the autumn of 2011, to further explore and explain significant and interesting findings from the survey questionnaires.

Research Questions

How do Filipina nurses recruited to work in Ireland from the years 2000 to 2009 perceive the particular (in) securities they experience in their immigrant lives?

To answer the main research question the following will be explored

1. The reasons Filipina nurses migrate to work in Ireland
2. Ireland's role in the recruitment of nurses from the Philippines
3. Participants' experience of working as a migrant nurse in Ireland's health system
4. The impact of being a migrant nurse in Ireland to their security and well-being

1.4 CHAPTER OUTLINE

Chapter two will introduce the conceptual framework 'human security' that will be used to guide the research study. *Chapter three* will explore the contribution of feminist theory to the

study of migration, the global or transnational migration of nurses and, the large scale recruitment of Filipino nurses to address gaps in Ireland's health service during the more prosperous Celtic Tiger period 1997 to 2008. *Chapter four* will discuss the theoretical and methodological framework underpinning the research project. It will provide a description and rationale for employing critical theory as the best paradigm for this study and for the use of a mixed methods sequential explanatory design (Creswell, et al 2003). It will report on the research methods employed in both the quantitative and qualitative phase of the study. Steps taken in both phases of the research to reduce bias and produce accurate, valid and reliable data will also be reported in this chapter. *Chapter five* will report on the results from the quantitative phase of the study. In June 2009 a quantitative survey (n=125) was used to identify the key factors that combine to determine the experience of Filipina nurses in Ireland especially in terms of their security and well-being. *Chapter six* will report on results from the qualitative phase of the study. In the autumn of 2011, semi-structured interviews (n=21) were conducted with Filipina nurses in the East and South East of the country, to further explore and explain finding from the first phase of the study. Results from both the first quantitative phase and second qualitative phase will be integrated in this chapter and participants' comments from the qualitative interviews will be quoted in italics at appropriate points throughout the chapter. In this chapter the key findings from the research study will be located within the border 'human security' framework as identified in Figure 2.1 in the second chapter of the thesis. *Chapter seven* will conclude on the key findings of the research study. The limitations of the study and recommendations for future policy initiatives will also be outlined.

CHAPTER 2: HUMAN SECURITY AS A CONCEPTUAL FRAMEWORK FOR THIS RESEARCH STUDY

INTRODUCTION

The aim of this chapter is to justify the use of ‘human security’ as a conceptual framework for this research study. In 1994 the UNDP introduced a new holistic concept of ‘human security’ that in addition to national security focused on the needs of ordinary people and what they require to feel secure in their daily lives (UNDP, 1994). Although the new concept of human security has the potential to transform the way we think about security and to raise concerns for the welfare of ordinary people (Ewan, 2007) it has been widely criticised for its broad scope and for being analytically and critically weak (Owen, 2008; Kirby, 2006a; 2006b; King and Murray, 2002; Paris, 2001). In this chapter I examine the concept of human security put forward by the UNDP in 1994 and the key objections and criticisms to this human security framework. I then go on to consider the way in which the human security concept despite its limitations can be a useful framework for analysis and how feminist theory can be used to strengthen its value as both a conceptual and normative framework. Finally, I explicate the use of a broad holistic concept of human security for the study of migration; specifically I discuss the use of human security as a conceptual framework to explore the particular (in) securities experienced by Filipina nurses recruited to work in Ireland from the years 2000 to 2009.

2.1 HUMAN SECURITY

What is security and whose security are we talking about? are questions that can open up extensive dialogue and debate in normative and theoretical discourse as the term ‘security’ has been appropriated many different meanings and can be observed across a wide range of disciplines, theories and practices (Guild, 2009). In international relations the concept of security falls between two main theoretical camps; traditional realists who view the state as the primary referent object of security and critical or non-traditional security studies more broadly who challenge state-centric approaches and look to redefine the meaning of the term ‘security’ (Eadie, 2007). For a long time traditional notions of security concerned with the protection of the nation state through the use of power and military force dominated academic research and foreign policy thinking (Newman, 2010; Tadjbakhsh and Chenoy, 2007:80). However, the usefulness of a theory that continues to place the state as the key referent object of security has been questioned since the end of the Cold War (Tadjbakhsh and Chenoy, 2007). Historic changes in international relations, the changing role of the state and the

increased flow of capital, goods, information and people across the globe signalled a need for change in how we view matters of security (Tadjbakhsh and Chenoy, 2007).

Why Human Security?

Although it had been recognised since the foundation of the United Nations (UN) in 1945 that the two main pillars of human security are ‘freedom from fear and freedom from want’ (UNDP, 1994:24), over time international hostilities led to a state-centric realism that focused on fear, external military threats, economic power and national security (Poku et al 2000). Post-cold war, the world looked to return the focus to ‘freedom from want’ and address ongoing issues of poverty, underdevelopment and disease (Tripp, 2013; Robinson, 2011; Tadjbakhsh and Chenoy, 2007; Truong et al 2006). In a climate of peace, it was hoped that resources could now be deployed from the high levels of military spends typical of the Cold War period, to the building and maintenance of long term development strategies (Ewan, 2007). In response the UNDP introduced a new concept of ‘human security’ that in addition to national security, focused on the needs of ordinary people and what they require to feel secure in their daily lives (UNDP, 1994). The new concept of human security shifts the focus from a narrow state-centric view of national security to a more humanist approach that focuses on threats to the security of the individual (Graham, 2000). In doing this it extends the concept of security, to a condition beyond simple existence to a life that is worth living and therefore threats to the well-being and dignity of human beings (Tadjbakhsh and Chenoy, 2007:9). It encompasses safety from threats of ‘hunger, disease and repression’ and ‘protection from sudden and hurtful disruptions in the patterns of daily life whether in homes, in jobs or in communities’ (UNDP, 1994:23).

In its report the UNDP (1994:23) identified the seven fundamental and interconnected components of human security as being economic, food, health, environmental, personal, community and political security. The report also acknowledged new and emerging global challenges to human security including; unchecked population growth, disparities in economic opportunities, excessive international migration, environmental degradation, drug production and trafficking, and international terrorism (see UNDP, 1994:34). At the 2000 UN Millennium Summit, the UN Secretary General Kofi Annan called on the world community to progress the twin goals of ‘freedom from want and freedom from fear’. To further advance this effort the Commission on Human Security was established in 2001 and, in 2003 published its first report *Human Security Now*. This report identified ‘terrorist attacks, ethnic

violence, epidemics and sudden economic downturns' as further threats to human security since the turn of the millennium (Commission on Human Security, 2003:iv).

One of the most important contributions of the new human security framework is its potential to bring together issues of human development, human rights, and human insecurities (Tripp, 2013; Benedek, 2008; Tadjbakhsh and Chenoy, 2007; Ewan, 2007; Chari and Gupta, 2003; UNDP, 1994). Both the human development and human security concepts share with each other a desire to be people centred, multi-dimensional, provide long term human fulfilment and address issues of poverty and human dignity (Alkire, 2003). With so much in common some have questioned the value of the human security concept to the development programme (Kirby, 2006a) however, a clear distinction can be made between the two (Tripp, 2013; Tadjbakhsh and Chenoy, 2007; Alkire, 2003; UNDP, 1994). Where 'human development' focuses on redistribution and the building of long term capabilities and choice, 'human security' moves on, to focus on, the maintenance and safeguarding of development and capacities gained and, the protection and security of the most vulnerable during times of economic recession (Tripp, 2013; Tadjbakhsh and Chenoy, 2007; Alkire, 2003; UNDP, 1994). The human security concept is used to complement and enhance the development agenda as it 'highlights the links between development and security and the ways in which lack of human security, conflict, inequality, and lack of choice negatively impact development' (Tripp, 2013:8). It allows for the analysis of not only objective threats (environment, unemployment, poor access to health and education services) but also feelings of insecurity or subjective threats (fear of losing a job, perceived ability to cope and the inability to have control over one's life) (Tripp, 2013; Tadjbakhsh and Chenoy, 2007; Mahoney and Pinedo, 2007).

The concept of human security has also been used to strengthen the human rights framework by considering threats to 'security' and 'well-being' that are not adequately considered by narrow legal definitions (Tripp, 2013). 'People may have the legal rights and protections from discrimination and violence, but in reality structural constraints, including lack of income, education, and access to the legal system, as well as cultural constraints, may prevent them from exercising those rights' (Tripp, 2013:8). While some human rights activists believe the human security concept threatens to displace the human rights framework, others have focused on their mutually supportive value (Tripp, 2013). Benedek (2008) observes that 'human security' and 'human rights' are highly interdependent and mutually reinforcing

concepts; human security is unthinkable without human rights and, a secure environment is a necessary prerequisite for people to be able to enjoy their human rights (see also Tripp, 2013; Tadjbakhsh and Chenoy, 2007). For Bertrand Ramcharan, a former UN Human Rights expert, ‘human rights’ actually define ‘human security’. ‘To be secure is to be safe, protected. Security is a secure condition or feeling. It is respectfully submitted that international human rights norms define the meaning of security’ (Ramcharan, 2002:9). However, the human security framework is not just about securing ‘human rights’, it goes even further to identify and understand potential threats to ‘human rights’ and the institutions and government arrangements necessary to uphold people’s rights. In international law it shifts the focus from the protection of the state to the protection of the people, making it increasingly difficult for states under the guise of state sovereignty, to elude ‘human rights’ violations (Tadjbakhsh and Chenoy, 2007).

The Broad Definition Debate

The new concept of human security has the potential to transform the way we think about security and to make the concept of security more relevant to contemporary issues (UNDP, 1994). First, where traditional studies define security in terms of threats to the nation state, a key aim of the human security agenda, is to promote a more holistic and people-centred approach to include wider threats to the security of the individual from factors such as poverty, environmental degradation, underdevelopment and disease (UNDP, 1994). Second, where traditional security studies focus on defending the state from external military threats, the human security concept recognises that states themselves can be the very actors that threaten the security of their citizens (UNDP, 1994; Commission on Human Security, 2003).

The Positive Debate

Despite its potentially transformative value, the holistic and interdisciplinary nature of the new human security concept has been widely criticised for its broad scope and lack of clear definitional boundaries (Owen, 2008; Kirby, 2006a; 2006b; King and Murray, 2002; Paris, 2001). Policy makers and scholars have argued that the concept is too vague to have any real use in policymaking (see Paris, 2001) with writers such as King and Murray (2002) attempting to solve the problem by redefining and narrowing the concept. Not surprisingly, much mainstream IR guarded by their epistemological and ontological assumptions are unable to embrace ‘the reflexive, contested and contextual character of human security’ (Ewan, 2007: 187) with more positive inclined security scholars attempting to delimit the concept of security to preserve its analytical and policy value (Roberts, 2008; Ewan, 2007).

For these scholars the excessive broadening of the human security agenda to include everything from poverty to migration renders the concept analytically and methodologically weak (Paris, 2001). However, it can be argued that the holistic and interdisciplinary nature of the human security framework is in fact one of its best assets (Ewan, 2007; UNDP, 1994) and that positive inclined research in pursuit of methodological precision only serves to ignore the underlying issues of structural violence and redistribution that cause insecurities in the first place (Eadie, 2007; Ewan, 2007). The reality is that issues like poverty, underdevelopment and disease kill more people in the world than the direct violence of war and any definition of security that fails to include this reality is suffering from a major ontological blind (Newman, 2010; Roberts, 2008; Eadie, 2007). For Roberts (2008:126) IRs rejection of the new concept of human security goes far deeper than the broad definition debate, for it is the core values and principles at the heart of traditional IR, that are themselves the ‘elemental causes of human security failure’ (Roberts, 2008:126). Roberts (2008) observes that (neo) realism as a male dominating school of IR, promote masculine priorities of war, which result in much fewer deaths by comparison, above the priorities of ‘female’ concerns such as the under-five mortality rate (U5M) (see also Peterson, 2013; Ewan, 2007). ‘Similarly identifying priorities in security is undertaken primarily by males in governments and institutions, while the hegemony of neoliberalism as an economic model undermines the social provision necessary to reduce high rates of U5M’ (Roberts, 2008; 126). Recognising the limits of traditional IR scholarship to contribute meaningfully to this debate and emerging alternatives is perhaps the first step in countering the intellectual hegemony of realist ontology (Roberts, 2008). Rather than a rejection of the most intangible aspects of security, what we need is a broad holistic conception of security, one that is descriptively rich taking into account the social and political nature of human (in) security (Eadie, 2007; Ewan, 2007). While a number of holistic conceptions of human security have been promoted (Eadie, 2007; Ewan, 2007; Commission on Human Security, 2003; Thomas, 2000) the strengths of the 1994 UNDP report, which remains the benchmark for the human security debate are clear (Ewan, 2007). The UNDP by extending security to include ‘freedom from want’ moves from a narrow concept of security preoccupied with the direct violence of war, to a concept that recognises the role of structural, economic and political violence in determining levels of human (in) security across the globe (Ewan, 2007).

The Post-Positive Debate

Post-positive theorists like that of the Copenhagen School have also looked to delimit the concept of human security in pursuit of methodological precision (Ewan, 2007). However, these scholars have been more conscious of the ethical and political implications of human security (Ewan, 2007) and warn of the political dangers of broadening the security agenda (Buzan et al 1998). While looking to deepen the security agenda to include issues such as poverty or environmental degradation when they pose a threat to national security and state sovereignty, these post-positive theorists challenge the securitisation process and look to ‘desecuritize’ what they deem to be normal policy issues (Buzan et al 1998). For these scholars the securitisation process which takes issues from ‘normal politics’ to ‘emergency politics’ can be used to manipulate for political gain and justify the use of extraordinary measures and military force (Buzan et al 1998). Therefore, the securitisation of issues such as poverty and migration which can invoke a negative response (Lazaridis, 2011) are perhaps better understood as societal rather than security issues, to be solved by the everyday politics of the nation state (Buzan et al 1998). For these scholars the very act of ‘speaking security’ can invoke unnecessary emergency measures and the use of military force (Robinson, 2011) and such arguments in the current climate of ‘war on terror’ can be convincing. Post-September 11 there is a real concern that the positive and progressive elements of the human security framework are being lost to the narrow military focus of state security (Tripp, 2013; Robinson, 2011; Hudson, 2005). One of the most serious critiques of the human security concept, is the way in which a number of academic and policy makers have used it to legitimise increased border controls and military presence in the fight against the global ‘war on terror’ (Truong et al 2014b; Robinson, 2011; Shani et al 2007; Gibson, 2004).

In the post-September 11 world, the traditional state-based security interests are challenging individual liberties as a global ‘war against terrorism’ is launched to the detriment of war against socio-economic injustices such as poverty.

(Tadjbakhsh and Chenoy, 2007:12)

While recognising these serious concerns, I believe to reject the new concept of human security would only serve to clear the way for dominant norms of security to take hold, resulting in the loss of ‘the alternative political possibilities signalled by human security’ (Ewan, 2007:183). If we reject the new concept of human security we lose the potential for a bottom up people-centred approach (Ewan, 2007) that moves away from the dominant hegemony used by states and powerful elites to serve more traditional security concerns and reinforce existing relations of power between the ‘powerful’ North and the ‘powerless’ South

(Truong et al 2014b; Tripp, 2013; Robinson, 2011). To deepen our understanding of human insecurity we need to move beyond state-centred meanings to a more holistic global approach. The referent object of security should be the individual whose security is now threatened by civil and ethnic wars, as new and more complex human security concerns emerge in response to poverty and an unfair and inequitable approach to global development (Johns, 2014; Newman, 2010; Tadjbakhsh and Chenoy, 2007; Moussa, 2008; Sarosi, 2007; Ewan, 2007; Booth, 2005; Thomas, 2001; UNDP, 1994). A broad holistic conception of human security has the potential to do this, as it problematizes the view that the security concerns of ordinary people are best served by the policies of the nation state (Ewan, 2007; UNDP, 1994; Commission on Human Security, 2003). Global problems demand global solutions and the human security framework promotes a much needed global response to address new risks and security concerns that have occurred in response to globalisation including; neo liberal economic reform, the decline of the welfare state, disparities in standards of living, low paid insecure employment and migration (Tadjbakhsh and Chenoy, 2007; The Commission on Human Security, 2003; UNDP, 1994).

2.2 HUMAN SECURITY AS A CONCEPTUAL FRAMEWORK

The disconnection between positive traditional security studies and even post-positive theorists in the critical approaches to security are easy to see but why have more critical security scholars closed the door to human security? Critical scholarship like that of the Welsh school, share with human security a desire to place the individual as the key referent object of security, securitise normal policy issues to bring attention to the reality of security and to bring about change (Newman, 2010). However, they too, have been highly critical of the human security framework and have so far rejected the concept for seeing a continued role for the state in the provision of human security and for being theoretically and critically weak (Johns, 2014; Newman, 2010).

Critical Security Vs Human Security

Since the 1990s 'human security has become the dominant framework for international regulation' and a number of states including the US, Canada, Norway and Japan have embraced the concept and adopted it into their national policy (Tripp, 2013: 3). Although human security looks to challenge the state as the key referent object of security, it recognises the power of the state and believes 'the state, if properly constituted, can work in the interests of people' (Newman, 2010; Tadjbakhsh and Chenoy, 2007; Chari and Gupta, 2003). For these reasons critical theorists who look to challenge state-centric notions of security are

suspicious of what they view to be a hegemonic concept co-opted by states to maintain the status quo (Robinson, 2011; Booth, 2007; Black, 2006). Interestingly Booth (2007) argues, that those from the realist tradition of security are more likely to embrace the administrative approach to human security, as in reality the human security framework continues to embrace a statist approach leaving existing structures of power unchallenged. The human security framework seeks to privilege the individual as the key referent of security and directly influence policy in this regard; therefore most human security scholars address security concerns from a less critical problem solving approach (Newman, 2010). Dominant human security literature has been heavily criticised for adopting an approach that seeks to improve the welfare of ordinary people within the existing 'political, legal and practical parameters of the real world' (Newman, 2010:78). In light of this critical theorists have dismissed the human security framework as an unsophisticated theory that fails to engage in important epistemological, ontological and methodological considerations (Newman, 2010). For critical theorists who look to question reality and emancipate people from structural oppression (Jones, 1999) the ideas of human security are already subsumed within critical security debates that offer greater 'conceptual sophistication' (Newman, 2010: 78). For those looking to challenge existing structures of power and dominant policy assumptions (Booth, 2005) human security is a purely normative concept that adds little value to the critical security literature (Newman, 2010).

In adopting a human security framework to guide this study I am sympathetic to the serious concerns that the human security framework can be manipulated by states to serve more traditional security issues (Tripp, 2013; Buzan et al 1998). However, an outright rejection of the human security concept by those in the field of critical security will not solve this problem. By not opening the door to 'human security' critical security scholars are guilty of the same analytical practices that exist in realist ontology and, their claim to be emancipatory and bring about change is problematic if they are unwilling to engage with policy analysis and practices that they view to be uncritical and statist (Newman, 2010). While it is important to acknowledge the theoretical weakness of much of the dominant human security literature, it is just as important to recognise and embrace its normative strengths (Newman, 2010; Roberts, 2008; Eadie, 2007; Ewan, 2007). After all a concept concerned with the welfare of ordinary people, gaining ground in the global political arena and bringing attention and resources to non-traditional security challenges (Klein-Solomon, 2013; Ewan, 2007) cannot not be ignored. Critical security scholars should engage with the human security literature in

an attempt to address its limitations. Both ‘critical security’ and ‘human security’ could engage with each other to enhance each other’s potential and provide a framework that is both theoretically and normatively strong. Newman in his work proposes such a union in what he refers to as ‘Critical Human Security Studies’ (Newman, 2010). Human security studies which need to go beyond their problem solving approach could develop theoretically and, critical security studies which need to overcome their reluctance to engage in problem solving discourse could come closer to their practical aspirations (Newman, 2010). Where Newman (2010) proposed to bring critical security and human security studies together to address their intrinsic faults, this study will draw on modern feminist theory which is ‘inherently critical’ (Robinson, 2011:44) to strengthen the theory of human security and develop a framework for analysis that is both theoretically and normatively strong.

Human Security and Feminist Theory

A small number of scholars have sought to understand human security from a theoretical perspective and to bring the new concept of human security to the field of security studies (Grayson, 2008; Shani et al 2007; Newman, 2001; Thomas, 2001). From a theoretical perspective these scholars ask questions about sources of insecurity, who the referent object of security should be, the nature and intentions of institutions that provide security and how best to respond to human insecurity (Newman, 2010). Within this literature feminist scholars have also looked to enhance the human security agenda. They have used feminist theory to bring ‘human security’ beyond its uncritical conceptual analysis and provide a framework that is both theoretically and normatively strong (Tripp, 2013; Marhia, 2013; Robinson, 2011, 1999; Moussa, 2008; Sarosi, 2007; Hoogensen and Stuvoy, 2006; Truong et al 2006; Hudson, 2005). For feminist scholars there are many limitations to the way dominant conceptions of human security have been used and they have been right to criticise much ‘human security’ discourse for its gender blind analysis and for continuing to focus on the protection of the nation state (Tripp, 2013: Robinson, 2011; Truong et al 2006). Critics have argued, that despite its aspirations to bring about change in how we view matters of security, dominant conceptions of human security have reinforced rather than challenged the unequal nature of liberal economic reform and, have so far failed to understand global inequalities and existing structures of power that impact on the day to day security of people’s lives (Tripp, 2013: Robinson, 2011; Truong et al 2006). However, rather than an outright rejection of the concept, a number of feminist scholars have recognised the potential of ‘human security’ for a bottom-up people centred approach that provides a new space for constructive thinking and

the analysis of gender (Truong et al 2014a; Tripp, 2013; Robinson, 2011; Hudson, 2005). The concept of human security has become important enough in international policy to attract the attention of feminist scholars and 'human security' has provided the conceptual space for feminist theory to have some influence on key UN security resolutions, especially in the area of peace making (Tripp, 2013). According to Hudson (2009) the framing of women's rights and gender equality as a security issue has the potential to bring women's issues to the international community, where the language of security can attract greater attention, especially in the context of the UN agenda.

This chapter will now go on to explore feminist engagements with 'human security' and how feminist theory can be used to strengthen its value as both a conceptual and normative framework. Traditional, critical, human and feminist security scholars ask the same question, whose security are we talking about? With critical and human security theorists deepening the security debate, to include not just the security of the state but the security of the individual. Feminist scholars have gone even further and have added significantly to the security literature in three key ways. First, they have challenged male dominated conceptions and intuitions of security, second they have added a relational and contextual understanding to security and third, they have highlighted the role of women and women's agency in achieving human security.

1) Challenge Male Dominated Conceptions of Security

While a number of different feminist approaches - realist, liberal, constructivist, post-structural, post-colonial and critical feminism have emerged in the study of security (Tripp, 2013; Sjoberg, 2010) they all 'share a normative and empirical concern that the international system is gender-hierarchical' (Sjoberg, 2010:3). For feminist scholars gender is not a variable that can be objectively measured; it is a much more complex social/cultural construction and central to this understanding of gender, is the recognition that gender hierarchy is a normative problem that can and should be analysed in the study of security (Peterson, 2013; Sjoberg, 2010; Tickner, 2014). The failure of much security scholarship to recognise gender hierarchy as a normative problem has theoretical implication and in this regard makes much traditional security scholarship descriptively weak and devoid of a major cause of insecurity for many people in the world (Peterson, 2013; Sjoberg, 2010; Roberts, 2008; Tickner, 1992). Feminist scholars like Ann Tickner (2014; 2005; 1992) and Laura Sjoberg (2010) have added significantly to the security debate by critically analysing the

masculine nature of the study of security and the absence of women in the making of both national and international security policy (Sjoberg, 2010; Tickner, 1992). In international relations these feminist scholars have contributed enormously to our understanding of how structural violence, poverty, insecurity and war are persistently gendered (Tripp, 2013; Sjoberg, 2010; Tickner, 1992). They have been instrumental in challenging dominant norms and assumptions that continue to ignore the relationship between global governance, gender inequality and human insecurity (Sjoberg, 2010; Tickner, 1992).

There is a need to question how belief and myths around gender play an important part in creating, maintaining and ending discriminatory relationships fuelling insecurity, violence and war. The focus on gender should not only be limited to programs set out to augment human security but should also take the gendered nature of the international system and its agents and frameworks into account.

(Sarosi, 2007:1)

Dominant discourse on human security, assumes the state is 'neutral rather than gendered, in ways that privilege power over certain groups' (Tripp, 2013:16). By relating gender to human security we can identify the relationship between the patriarchy of the state, the masculine nature of institutions and the social relations that shape the pattern of women's lives, and the rights and entitlements accorded to them in any given society (Moussa, 2008; Truong et al 2006). Gender is a core component of human security and gender inequalities that exist in societies across the globe impact on women's security (Moussa, 2008; Steans, 2008). 'By relating gender to human security we can capture the socio-cultural dimension of the concept of human security, and identify the correlation between gender and human security and their mutual influence on each other' (Moussa, 2008:81). The impact of globalisation and neo liberal economic reform on women's security is gender-differentiated as their access to and control over resources is different when compared to that of their male counterparts (Steans, 2008). In all societies women live in disadvantaged positions; the level and extent of which depend on relations between the state, the market and society (Tripp, 2013; Sarosi, 2007; Moussa, 2008; Steans, 2008). A critical feminist approach to the study of human security should involve 'problematizing or bringing the state back into the analysis of security' (Hudson, 2005:171). What is necessary is 'a reconstruction of the role of the state in promoting human security in an era of globalization' and to ask how and why states are responding to the forces of globalisation, insecurity and gender oppression (Hudson, 2005:171). When studying issues of gender and security it is also important to recognise that issues of gender equality can-not be achieved through state intervention alone but also

requires social transformation around issues of gender, power and violence (Sarosi, 2007; Chari and Gupta, 2003).

2) A Relational and Contextual Understanding

In human security discourse the use of the word 'human' essentially erases the gendered nature of 'security' and the impact of other identities of race and class in determining people's (in) security (Tripp, 2013; Marhia, 2013; Robinson, 2011; Hudson, 2005). Feminist scholars (Tripp, 2013; Marhia, 2013; Robinson, 2011; Hudson, 2005) have been right to criticise dominant human security discourse for focusing on the autonomous rational individual and failing to recognise the relational aspects of our human existence. Dominant human rights and human security discourse has so far neglected the way institutions of global governance and state power play out in households, communities and society (Robinson, 2011). However, a number of feminist scholars have managed to overcome this criticism by adding a relational and contextual understanding to the study of security (Truong et al 2014; Marhia, 2013; Robinson, 2011, 2008; Hoogensen and Stuvoy, 2006; Hudson, 2005). For Robinson (2011:10) the 'human' in human security discourse should not be viewed as an 'autonomous individual' but rather as 'being-in-relation' and efforts to improve the human security framework must move away from narrow masculine notions of state power, to incorporate other important power relations such as gender, race and class (Tripp, 2013; Marhia, 2013; Robinson, 2011; Hudson, 2005). In security terms we need to understand the individual, the state and the international community as existing in relation to each other, subject to change and saturated with different forms of power at every level, from the global to the local (Gasper and Truong, 2014; Tripp, 2013; Robinson, 2011; Hudson, 2005; Chari and Gupta, 2003). Feminist scholars have provided a much deeper understanding of the root causes and consequences of human (in) security by examining security in terms of structural determinants, institutional constraints, social relationships of power and the capacity for human agency (Tripp, 2013; Makwana and Parsons, 2006). By situating the individual socially they have opened up the space for a less individualistic interpretation, one that is more open to context and subjectivity. Such an approach allows for a rich contextual analysis of the social and political conditions that significantly influence levels of human (in) security (Truong et al 2014; Marhia, 2013; Tripp, 2013; Robinson, 2011, 2008; Sjoberg, 2009; Hoogensen and Stuvoy, 2006; Hudson, 2005). The addition of feminist theory to the human security framework is also used to clarify the analytical connection between threats to people's security and achieving a condition of 'security'. From this perspective security and

well-being are sought through the reconfiguration of power and relationships at the global, state and individual levels (Marhia, 2013; Robinson, 2011, 2008; Sjoberg, 2009; Hoogensen and Stuvoy, 2006; Hudson, 2005).

3) The Role of Women and Women's Agency in Achieving Human Security

The most significant contribution of the human security framework is undoubtedly its 'potential to be an emancipatory and empowering framework' for people (McCormack, 2008:13). It places particular emphasis on the ability of people to have control over their own lives and draws attention to human well-being and positive action to expand long term human capabilities and human agency (Tripp, 2013:9; UNDP, 1994). The new concept of human security provides an attractive normative framework for feminist studies as it shifts the focus from the security of the state to the security of ordinary people and the 'agency' of those affected by insecurity (Tripp, 2013). Having said this, much human security discourse has been criticised for continuing to embrace a paternalistic approach that views women as dependant, vulnerable and powerless. So far the security framework has failed to adequately explore women's agency and the positive contributions of women to both economic and social life (Tripp, 2013; Robinson, 2011; Chari and Gupta, 2003; Truong et al 2006).

The Commission on Human Security (2003) in their report 'Human Security Now' have been criticised for disempowering women in terms of the (in) securities they experience in their lives. 'Where women were mentioned in the report, they were lumped together with children in an infantilizing way as people in need of special protection in times of conflict, famine and economic crisis' (Tripp, 2013: 12). Modern feminist theory is used to address this concern as it seeks to empower women and create a positive environment that fosters their long term capabilities (Hoogensen and Stuvoy, 2006). A feminist perspective takes into account the structural inequalities and relationships of dominance that shape women's insecurity and the strategies they employ to overcome them (Tripp, 2013; Robinson, 2011; Hoogensen and Stuvoy, 2006; Hudson, 2005). It has the potential to enhance women's security by identifying and reconfiguring power imbalances that create insecurity in the first place (Tripp, 2013) and looks to redefine power in more positive relational terms 'where the survival of one depends on the well-being of the other' (Hudson, 2005:156). It highlights the important role of women in achieving 'human security' and the many contributions and sacrifices women make to ensure the survival of their families, communities and societies (Tripp, 2012; Robinson, 2011). While women are vulnerable to the effects of neo liberal globalisation, they are also

active agents with many using their skills as care givers to meet their own security needs and the security needs of their children (Robinson, 2011). Attempts to improve the human security framework must take into account the important role of networks of care and care responsibility in shaping the everyday (in) securities of ordinary people. Relations of care from the public to the private occupy a central part of people's lives and when relations of care are lost or damaged it ultimately threatens people's security (Robinson, 2011). Women's 'security' is a necessary pre-condition for both state and human security and a permanent foundation for peace and development rests on the equal participation and empowerment of women, where women have real choices and are viewed as active agents of change (Tripp, 2013; Haq, 1997).

2.3 HUMAN SECURITY AND THE STUDY OF MIGRATION

The issue of migration in the area of security is highly contested with a diversity of perspectives emerging in an attempt to understand the relationship between security and migration (Vietti and Scribner, 2013; Truong et al 2011; Mitchelle, 2012; Koser, 2011; Robinson, 2011; Walters, 2010; Guild, 2009; Huysmans and Squire, 2009; Eadie, 2007; Adamson, 2006; Poku et al 2000; Commission on Human Security, 2003; Weiner, 1995; Waever et al 1993). These approaches span a broad range of disciplines, methodologies and practices, with a more traditional approach and its concern for the security of the state at one end of the spectrum and human security with a concern for the security of the individual migrant at the other (Huysmans and Squire, 2009).

Traditional Approaches to the Study of Migration

Much of the literature on migration in international relations has focused on the impact of migration to the security of the state (Adamson, 2006; Rudolph, 2006; Weiner, 1995) and a clear correlation can be seen between traditional security studies and the traditional approach that has subjugated the study of migration (Mitchelle, 2012; Guild, 2009:2). While migration is a normal and necessary part of development, learning and cultural enhancement (Gasper and Truong, 2014) dominant state-centric discourse for a long time has viewed the mobility of people, especially the poor, as abnormal and as a threat to national security (Gasper and Truong, 2014; Tripp, 2013; Graham, 2000). In more recent times, tensions have arisen between the need to open state borders, to remain competitive within the global economy and the desire to protect state sovereignty and national security, especially in wealthier countries of the North (Gasper and Truong, 2014; De Somer, 2012; Truong, 2011; Schierup

et al 2006; de Haas, 2006; ICI, 2003b; Graham, 2000). State-centric notions of security have been criticised for exacerbating problems of migration by effectively pushing migrants into the hands of illegal traffickers and anti-immigrant discourse in public, political and media debates has led to an increase in racism and xenophobia toward immigrant populations (Koser, 2011; Walters, 2010; Commission on Human Security, 2003). A widespread and deceptive view of migrants as spongers, criminals and terrorists has been used to justify exclusionary policies and the surveillance, detention and deportation of migrant people across the globe (Koser, 2011; Guild, 2009; Commission on Human Security, 2003).

Adopting a Human Security Approach

The concept of human security provides an attractive alternative framework for the study of migration in international relations as it shifts the focus from the needs of the state to the well-being and dignity of migrant people (Truong et al 2014b; Mitchell, 2012; Guild, 2009). It allows for a bottom-up human centred approach that appreciates the need to examine issues of security and migration from a transnational or global perspective, strengths that will be discussed in more detail below (Gasper and Truong, 2014; Truong et al 2014b; 2013; Vietti and Scribner, 2013; Kaldor et al 2007; Eadie, 2007; Commission on Human Security, 2003; Poku et al 2000).

A Global or Transnational Approach

Since the 1990s there has been a growing acceptance that ‘interactions with distant others more often than not play a part in the original pressures for populations to move from one place to another’ (Poku et al 2000:20) and that the social impacts of globalisation and migration transcend national boundaries (Truong et al 2014; Levitt and Jaworsky, 2007; Graham, 2000; Poku et al 2000). Despite this, much of the dominant literature on international migration has failed to recognise ‘causal interdependence’ or the notion of sustainable common or shared security (Gasper and Truong 2014; Poku et al 2000). For example, European governments fail to acknowledge the causal connection between the presence of EU Frontex ships off the Senegal Coast to block illegal migration and the subsidised foreign products and factory trawlers that drive Senegalese farmers out (Kaye, 2010). In contrast, the human security framework promotes a much needed global response to address new risks and security concerns that have occurred in response to globalisation. The new framework provides the ideal platform to investigate security and migration in the transnational field as it moves beyond state-centred meanings to social meanings that transcend national borders (Gasper and Truong 2014; Truong et al 2014a; Vietti and

Scribner, 2013; Robinson, 2011). From this perspective, it is recognised that the actions or activities of people in one part of the world can have grave consequences for another (Gasper and Truong, 2014; Poku et al 2000). Such an approach extends the idea of ethical responsibility beyond national borders and so has important implications for how we view the issue of migration and our responsibility to protect people on the move (Poku et al 2000).

In relation to migration it is not just the power of the state that influences the decision to migrate but also non-state actors operating at many different levels from the local to the global. In turn, the migration process itself builds social fields and identities that cross geographical, political and cultural borders (Truong et al 2014b; Lazar, 2011). Here, the analysis of migration is extended to include not only the experience of migrants themselves but also the families and communities impacted by migration, through networks of social relations, that involve constantly changing flows of money, goods, values, ideas, practices and identities (Levitt and Jaworsky, 2007; Levitt, 2004). A transnational approach to the study of migration involves moving away from North/South dichotomies associated with the study of 'international' migration (Gasper and Truong et al 2014). Moving from a hierarchical to a lateral approach allows for the analysis of structural inequalities and vulnerabilities that cut across countries of both the North and South. Relationships of dominance and non-dominance exist in all countries and issues of gender, race and class that transcend dominant North/South dualisms also influence the migration experience (Robinson, 2011).

More fruitful for dealing with contemporary realities in migration is to study structures, networks, and relationships that cut across national boundaries, including the practices adopted by migrants and their trans-local networks, in interaction with different state agencies, employers, migration brokers, and so on.

(Gasper and Truong, 2014:371)

A Human Centred Approach

The International Organisation for Migration (IOM) have highlighted the benefit of the human security framework in promoting a human centred approach, where the needs of migrant women, men and children and those affected by migration are placed at the centre of the migration process (Klien-Soloman, 2013:1). To understand the causes and consequences of migration it is essential that we study migration from the perspective of migrant people themselves (Truong et al 2014a). To do this, we need to move beyond narrow forms of inquiry preoccupied with the analysis of stocks and flows, to a more holistic, contextual and

subjective understanding of the complex migration process. In addition to stocks and flows we need to ask questions about social and economic life and feelings of human (in) security and well-being (Truong et al 2014; Robinson, 2011). The human security framework has the potential to do this as it shifts the focus from a narrow state-centric view of national security to a more humanist approach that is concerned with threats to the security and well-being of ordinary people (Guild, 2009; Graham, 2000). By incorporating principals of human rights, human development and human security, it has the potential to switch the focus from border security and the control of migrants to the safeguarding of human rights and the security and well-being of migrant people at the pre migration, transition and post migration stage (Klien-Soloman, 2013:1; Viette and Scribner, 2013; Sjoberg, 2010). It is of particular importance to those on the move, living outside their country of origin (Truong et al 2014b) as it seeks to enfranchise the ‘global citizen’ (Benedek, 2008:7). It proposes a post-Westphalian notion of the state, from one whose problems stop at state borders, to one that must also accept responsibility for people outside of their national borders, the global citizen (Tripp, 2013; Benedek, 2008:7). ‘From a human security perspective, it is crucial to put into place legal protections for people on the move and to establish institutions and structures that can effectively enforce those protections’ (Vietti and Scribner, 2013: 26). While ‘migration is vital to protect and attain human security’ (Commission on Human Security, 2003: 41) it can also expose people to migration-tied risks, threats and vulnerabilities that impact on their human security (Gasper and Truong 2014; Vietti and Scribner, 2013; Wongboonsin, 2004; Commission on Human Security, 2003). During transit the risk of exploitation and or physical and sexual violence for migrants, especially undocumented women and children increase significantly and when migrants reach their new destination, their security may be threatened by a climate of intolerance, exclusionary policies, racism and or xenophobia (Truong et al 2014a; Vietti and Scribner, 2013; Commission on Human Security, 2003). While it is recognised that refugees, displaced persons and or victims of trafficking suffer the most serious threats to their human security, voluntary migrants who are often compelled to move in response to poverty and limited political and social opportunities, also face new threats to their human security (see Ball, 2008; Encinas-Franco, 2007).

A Gender Enriched Human Security Approach

While the human security framework ‘helps to base concern for human rights in an awareness of bodily and emotional needs, of global interconnectedness, and of the intersecting circumstances in people’s everyday lives....it requires and lends itself to, gender-enrichment

through partnership with insights from feminist theory' (Gasper and Truong 2014:367). Within the field of migration, feminist theory has made the most significant contribution in shifting the focus of migration studies away from narrow state-centric approaches to one that incorporates the human, contextual and relational aspects of the migration process (Truong et al 2014b; Ehrenreich and Hochschild, 2002). In relation to the international migration of women, feminist theory has been used to understand the complex migration process, the reasons women migrate and the consequences for those on the move. It allows for the analysis of the multiple social relations that impact migration process and the role of both structure and agency in shaping migrant women experiences (Gasper and Truong, 2014; Robinson, 2011). A feminist perspective is used in this study to enrich the human security framework and to illuminate the particular opportunities, risks, vulnerabilities and (in) securities migrant women experience due to the fact they are both female and migrant. The contribution of feminist theory to the study of migration will be discussed in more detail in the next chapter of the thesis.

CONCLUSION

The aim of this study is to explore the particular (in) securities experienced by female migrant nurses from the Philippines, recruited to work in Ireland from the years 2000 to 2009. Drawing on the findings from the critical, feminist and human security literature this study seeks to embrace a broad and deep understanding of human security, one that is descriptively rich, taking into account structural context and relations of power based on gender, race and class. Having reviewed the human security and feminist literature I have developed a framework for analysis (see Figure 2.1) which I will use later in the study. This framework will assist me interpret and give meaning to human security from the perspective of Filipina nurses taking part in this study. To develop the framework I drew on the core elements of the two key foundational reports used to progress the human security framework the UNDP (1994) 'Human Development Report' and the Commission on Human Security (2003) 'Human Security Now'. I also drew on the essential contributions of feminist theory to the study of human security (Tripp, 2013; Robinson, 2011).

The aim of this study is *not* to 'securitise' the issue of migration and it is *not* to interpret the security practices of global institutions or the state, rather, it is to understand the particular (in) securities experienced by Filipina migrant nurses recruited to work in Ireland's health service from the years 2000 to 2009. A review of the human security literature has revealed

many complex debates about the definition and meaning of ‘human security’ with some asking the question, what actually constitutes security? While recognising the importance of theoretical, academic and policy debates in contributing to our understanding of ‘security’ it is essential that we explore the meaning of ‘security’ from the perspective of ordinary people and what they require to feel secure in their daily lives (Truong et al 2014a).

Figure 2.1 ‘Human Security’ as a Conceptual Framework for this Study

Nature of Human Security/Core Elements

For the purpose of this study ‘human security’ relates to human agency, feelings of safety and security, ability to participate fully in the life of the community, human well-being and the building and stability of developments/capabilities gained.

Human Agency

The human security framework places particular emphasis on the ability of people to have control over their own lives and draws attention to issues of human well-being and positive action to expand long term human capabilities and human agency (Tripp, 2013; UNDP, 1994).

Feelings of Safety and Security

The human security framework is concerned with the safety and security of migrant people at all stages of the migration process (Commission on Human Security, 2003). In this regard, a human security perspective allows not only for the analysis of objective threats for example security of income, security of employment and having a secure environment but also subjective threats for example fear of losing a job, the unpredictability of institutional settings, perceived discrimination and the perceived ability to cope and have control over one’s life (Tripp, 2013; UNDP, 1994).

Ability to Participate in the Life of the Community

A human security perspective is concerned with equality of participation in economic, political and social life and it seeks to protect migrants ‘against racism and intolerance and other human rights violations’ (Commission on Human Security, 2003:47).

Human Well-Being

The concept of human security shifts the focus from the needs of the state to the well-being and dignity of ordinary people and communities (Commission on Human Security, 2003; UNDP, 1994). When we talk about well-being we shift our concerns from economics and wealth to people and the society in which they live (UNDP, 1994).

The Building and Stability of Developments/Capabilities Gained

In their report ‘Human Security Now’ the Commission emphasised the need to empower people through participation and the building and stability of human capabilities necessary to achieve adequate and sustainable levels of human security (Commission on Human Security, 2003).

Sources of Insecurity

- New forms of exclusion that have occurred in response to globalisation including; neo liberal economic reform, the decline of the welfare state, disparities in standards of living, low paid insecure employment and migration.
- Economic, political and social structures at the global, state and individual level.
- Relationships of dominance and non-dominance including relations of power based on gender, race and class.

Referent Object of Security

- Individual as being in relation.

Approach to the Study of Migration

- A Global or Transnational Approach
- A Human Centred Approach
- A Feminist Perspective

Source: Tripp, 2013; Robinson, 2011; Commission on Human Security, 2003; UNDP, 1994

In relation to the study of ‘human security and migration’ a small number of studies incorporating the viewpoints of migrant people in the illegal, irregular, low skilled and or low paid labour migration sector were found in the literature (Parmer et al 2014; Truong et al 2014a; Ganguly-Scrase and Sheridan, 2012; Vélez, 2009; Summerfield, 2007; Ngan-ling Chow; 2003; Mawadza, 2008). No studies were found on ‘human security and skilled labour migration’ or ‘human security and transnational nurse migration’. This study seeks to address this gap in the literature and provide a unique insight into the meaning of human security from the perspective of Filipina nurses recruited to work in Ireland’s health service from the years 2000 to 2009. It will explore what in their view constitutes security? This research study is not looking to provide a complete survey or exhaustive list of security concerns; it adopts a more reflexive qualitative approach to understand the complex security concerns of female migrant nurses from the global south recruited to work in the global north. It is not looking to raise new migration concerns but old concerns in the new light of security and to

understand the impact of gender and other related identities of race and class in determining their experiences of (in) security. The next chapter in this thesis will explore women in global migration and the contribution of feminist theory to the study of migration. In particular it will explore the global or transnational migration of nurses and, the large scale recruitment of Filipina nurses to address gaps in Ireland's health service from the years 2000 to 2009.

CHAPTER 3: GLOBAL NURSE MIGRATION AND FILIPINA NURSES IN IRELAND

INTRODUCTION

It is widely recognised and accepted that there was a serious nursing shortage in Ireland from the years 2000 to 2008 and that care deficits were increasingly being met by foreign nurses (Yeates, 2009a; Barrett and Rust, 2009; Humphries, 2008a, Murphy Lawless and Quin, 2004; Wren, 2003). According to Irish Nursing Board statistics, active recruitment campaigns were successful in attracting 11,288 non-EU nurses to Ireland between the years 2000 and 2008 (Humphries et al 2009f). In April 2002 there were 3,900 Filipinos in Ireland and by April 2006 that figure had risen to 9,548 (CSO, 2006). At this time seven out of ten Filipina women and four out of ten Filipino men were employed in the Irish health service (CSO, 2006). The aim of this chapter is to provide a global and contextual understanding of the phenomenon of nurse migration from the Philippines to Ireland during the prosperous Celtic Tiger period 2000 to 2008, from a gender perspective. To do this, first, I bring Ireland into a global perspective and examine the wider literature on the feminisation of migration and the contribution of feminist theory to the study of migration. Second, I examine Ireland's role in the global migration of nurses and how Ireland's nursing shortage and the need to recruit nurses from abroad relates to more deep-seated problems in the structure of Ireland's health system. Third, I examine Ireland's role in the international migration of nurses, the reasons Filipina nurses came to Ireland during the Celtic Tiger period and the impact of Ireland's recession 2008 to their position here.

3.1 WOMEN IN GLOBAL MIGRATION

Globalisation and migration represent two of the most powerful global socio-political trends of our time and while they both have their own driving force, they are highly interrelated (Papantoniou et al 2004). Our ever increasing 'global' world has witnessed a rise in human mobility, as many people have come to see migration as the only way to meet their personal, economic and social objectives (Papantoniou et al 2004; Castles and Miller, 2003). Millions of people are migrating in search of work, a new home or a safe place to live, with a number of different factors creating situations and conditions which place increased pressure and intensify the desire to migrate (Papantoniou et al 2004; Castles and Miller, 2003). Improved communications, global transportations, growing inequalities and disparities in standards of living, demographic pressures, the breaking down of national economies, conflicts and the ease with which capital now flows from one country to another can all be linked to

globalisation and significantly influence current migratory flows (Makwana and Parsons, 2006; Papantoniou et al 2004; Graham, 2000). According to Castles and Miller (2003:2) what is distinctive about recent migratory movements ‘is their global scope, their centrality to domestic and international politics and their enormous economic and social consequences’.

In the year 2005 191 million or 3 per cent of the world’s population lived outside their country of origin, compared to 75 million or 2.5 per cent in 1960 (UN, 2006a:1). It is important to note here, that figures on international migration often exclude ‘great unknowns’. With the number of irregular migrants increasing in recent decades current statistics do not accurately represent the marked growth in international migration during the current era of globalisation (Castles and Miller, 2003:4). According to the UNDP (2009:22) UN estimates are based on national censuses and so exclude irregular migrants which possibly account for a third of all migrants in developing countries. While most migration still occurs outside the OECD, growth in migration propensity over the last three decades has been concentrated in the OECD area, with their share of immigrants increasing from just over 4.5 per cent in 1975 to 8.3 per cent in 2005 (Lowell, 2007:9). Most movement still occurs between either developing countries or developed countries however, people generally move in search of a better quality of life and most move to a country with a higher Human Development Index (HDI) (UNDP, 2009). For many migrants especially those experiencing the most severe deprivation, their ability to travel far or reach a developed country is constrained due to poor resources and boarder restrictions (UNDP, 2009). Those with resources and or an internationally tradable skill are more likely to cross international borders and migrate to a developed country (UNDP, 2009). Overall the share of migrants travelling to developed countries has increased significantly in the past fifty years and while the 2009 Human Development Report (HDR) expected migration to slow temporarily during the global recession it also expected underlying structural trends to continue to encourage movement once growth had been restored (UNDP, 2009). According to the UN (2013:1) *International Migration Report* by the year 2013 there were 232 million international migrants worldwide.

The Feminisation of Migration and the Highly Skilled

According to Obaid (2006:21) 94.5 million or nearly 50 per cent of all international migrants are women. One of the most significant developments in global migration has been the entry of women into migratory streams historically dominated by men. Women have always

migrated but in the past their movements usually depended on a male migrant, for marriage reasons or for family reunification (Obaid, 2006:22, Pillinger, 2007). There has been a change from primarily male migration to both male and female migration, with women increasingly migrating on their own as the principal wage earner, sending money home to support their families (Pillinger, 2007, Forbes Martin, 2003:4). In addition to the growing feminisation of migration another significant trend that has occurred is the ‘increasing selectivity of migration towards the highly skilled’ (Dumont et al 2007:3). Today skilled professionals constitute a growing proportion of migrants across the globe as skill status becomes more important in the migration chain (Connell, 2008). Evidence shows that the migration of women to OECD countries has increased substantially in recent decades, resulting in equal numbers of men and women in the current stock of immigrants (Dumont et al 2007). This trend is also true for the highly skilled, with equal numbers of skilled women and men now migrating to OECD countries. The increased mobility of highly skilled workers has occurred in response to selective immigration policies in OECD countries (especially Europe) designed to attract migrants to meet skills shortages (Dumont et al 2007). According to OECD estimates highly skilled Asian migrants have dominated migration patterns over the past few decades, with large numbers of IT specialists and doctors from India, nurses from the Philippines and professional workers from China (Dumont et al 2007). OECD estimates show that by the year 2000 almost 39 million immigrant women (aged 15 or over) were residing in OECD countries (17 million from other OECD countries, 9.4 million from South and Central America and the Caribbean, 8.4 million from Asia and 3.2 million from Africa) (Dumont et al 2007:5). OECD findings also found that the ‘emigration of highly skilled women is higher, the poorer the country of origin’ (Dumont et al, 2007).

Migration Theory – Neo-Classical Vs Structural

Up until the 1980s two opposing views related to neo-classical economics and structuralist interpretations dominated migration theory. Neo-classical interpretations including modernisation theory, relate migration to the supply and demand of labour across the globe, as workers move in search of increased wages and better employment opportunities (Lewis, 1954; Sjaastad, 1962; Todaro, 1969). They view migration as a positive force and as an integral part of the development process (Lewis, 1954). In this process migrants are seen as rational human beings who make calculated choices, moving to the place where they can maximise their productivity (de Haas, 2008). Structuralist interpretations including neo-Marxist, dependency and world systems theory see migration as a by-product of global

capitalism, where migrants move from periphery or poor nations to core or rich nations (Wallerstein, 1974; 1980) in order to escape ‘their disadvantaged position within the global geopolitical structure’ (de Haas, 2008:11). Far from being rational individuals who make calculated choices, migrants are forced to move due to their position in our global world as traditional economic structures are increasingly harmed by the forces of globalisation (de Haas, 2008). While neo-classical economists have been criticised for ignoring important structural or constraining factors such as policy restrictions, structuralist theories have been criticised for simply viewing migrants as passive victims with little consideration given to the role of individual agency in the migration process (de Haas, 2008; Kofman et al 2000). To overcome the weakness of these approaches more pluralist and sophisticated theories of migration emerged incorporating both structure and agency in the complex migration process (Blackwell, 2010; de Haas, 2008).

A Gendered Political Economy Approach

It was during the 1970s/1980s that feminist accounts of migration appeared in response to ‘the near-invisibility of women’ in the migration process (Boyd and Grieco, 2003:1). Morokvasic (1984) was among the first to show that the migration of women was not just a response to economic hardship but also related to ‘agency’ as women made tactical decisions to escape oppressive structures. ‘Agency’ allows for the analysis of migrant women’s contributions, their aim for respect and their ability to improve their own lives and the lives of their children (Kofman et al 2000:25). Having said this, it is important to understand that for many women especially those in poorer regions ‘agency’ may be embedded in kin obligations and women may feel they have little choice but to move in order to send remittances home, even where migration results for example in a lower social status (Williams, 2010b). In their work Kofman et al (2000) employ a gendered political economy approach to highlight the important role of both structure and agency in the migration process. While structural interpretations of migration have been criticised for failing to take into account the role of the individual in the migration process, their contribution to the field must not be overlooked. An increase in female migration from poorer to wealthier regions is directly related to a number of important structural factors including the feminisation of poverty, the migration policies of individual states and an increase in demand for female labour across the globe (see also Kofman 2013; Truong et al 2014a; Piper, 2008, 2005; Pillinger, 2008).

The dramatic rise in the number of women migrating from poor countries in search of work is strongly associated with the feminisation of poverty (Kofman et al 2000:24). Research by academics, policy makers and UN agencies overwhelmingly show that global economic restructuring (new forms of employment, privatisation, deregulation, liberalisation and SAPs) and an unfair and inequitable approach to global development, has gone on to harm poor people, who are most likely to be women in the developing world (Steans, 2008; Roberts and Hite 2007, Wanda, 2004). In response to poverty and growing disparities in standards of living 'women are on the move in all parts of the world, drawn by the opportunities and forces of globalisation'(Obaid, 2006:22). Many see migration as the only way to resist and escape oppressive structures in which they live and to gain economic and personal independence (Ehrenreich and Hochschild 2002; Kofman et al 2000). At both the state and individual level women can face restrictions in making their own decision to move. While some countries of origin prohibit female migration to protect or control women, others actively encourage female labour migration in order to receive remittances (Boyd and Grieco, 2003; Kofman et al 2000:24).

For a number of academics in the field however, the policies of destination countries have had the greatest impact on female migration. There has been a significant increase in demand for female labour in wealthier destination countries (Pillinger, 2008; Boyd and Grieco, 2003; Kofman et al 2000) where improved economic conditions and more women entering into paid employment have created a substantial increase in demand for female migrant workers in the domestic, care and entertainment industry (Pillinger, 2008; UN, 2006b, Obaid, 2006). While social networks play an important role in connecting people across the globe (Kofman et al 2000:29) recent large scale female migration has been encouraged by intermediary institutions and organisations both legal and illegal, as they increasingly link female migrants in poorer developing countries with demand for labour in developed or rapidly developing nations (Boyd, Grieco, 2003: Goss and Lindquist, 1995). While there are many legal recruitment agencies in the business, tight immigration controls in wealthy countries have also created a very profitable market for entrepreneurs and organisations that facilitate illegal migration movements (Kofman et al 2000). Once migrants reach their new destination their experience is influenced by the laws and policies of that country where the successful integration of female migrants relates not only to their entry status but also the labour market and the status accorded to them after migration (UN, 2006b; Boyd and Grieco, 2003). Pre-existing gender inequalities are often heightened for women who are attributed the status of

dependant, asylum seeker or illegal as their status impacts on their ability to obtain their individual residency, citizenship rights and entitlements (UN, 2006b; Boyd and Grieco, 2003).

Women Centred Research and the Analysis of Gender

Developments during the 1980s and 1990s in feminist research led to more complex theories that looked beyond the simple differences between men and women (Boyd and Grieco, 2003) and there was a move from women-centred research to the analysis of 'gender' (Nawyn, 2010; Donato, 2006). By the late 1980s, the idea that gender relations are 'subjective' processes was pioneered by social theorists and historians such as Joan Scott (Scott, 1986). Scott characterises gender as 'a constitutive element of social relations based on perceived differences between the sexes' and as 'a primary way of signifying relationships of power' (Scott, 1986:1067). More recent scholarship has talked about gender as a 'constitutive element of immigration' that 'permeates a variety of practices, identities and intuitions implicated in immigration' (Hondagneu-Sotelo, 2003:9). Here gender is viewed 'as a practice or ideology rather than a fixed biological category, and as a structure that shapes power relations in families, communities and whole societies' (Nawyn, 2010:751).

A new relational and contextual understanding of gender has been applied to the study of migration in an attempt to understand the mutually causative relationship between gender and migration and the complex, dynamic and transformative nature of the migration process (Nawyn, 2010; Piper, 2008; Donato, 2006; Phizacklea, 2003; Connell, 2002; Parreñas, 2001; Kofman et al 2000; Hondagneu-Sotelo, 2000). A shift from women-centred research to the study of gender as a system of relations that influences and is influenced by migration, allows for a deeper understanding 'of how gendered intuitions and gender relations are reconstituted and transformed following migration through interactions of micro- and macro-level processes' (Nawyn, 2010:750). This is not to say that women-only studies are no longer viable to feminist research or the study of migration (see Truong et al 2014a; Parreñas, 2009; Donato, 2006). What is important here is that women-only studies incorporate a gender analysis that focuses on the multiple social relations women maintain with both men and women. While it is necessary to study the migration experiences of both men and women, narrowing the focus to studies that compare their gendered experiences would result in the loss of 'the shared and yet at the same time different gendered burdens women confront' in the migration process (Parreñas, 2009:1).

To claim that a sole focus on women is bad for feminism is dangerous. Equally dangerous is to merely see gender as the social differences between men and women. As a feminist, I believe that we can still study gender even by solely focusing on women. This is because when we speak about women's gendered experiences, we are always already referring to men.

(Parreñas, 2009:1)

For Parreñas (2009:1) it is imperative that feminist migration studies examine the way in which gender delimits the experience of migrant women. When we talk about 'gender' we are talking about 'gender inequalities' that shape the experiences of migrant women, how migrant women negotiate these inequalities and how 'gender inequalities exist alongside with and exacerbate other forms of inequality including class and race' (see also Truong et al 2014b; Piper 2008; Steans, 2008; Kofman et al 2000). To some degree globalisation and migration have enhanced the lives of women as migration and new employment opportunities allow them to experience greater economic and personal independence (Steans, 2008; UN, 2006b:18). Increased wages have been used to enhance autonomy and improve the education and health status of women and their children (Obaid, 2006:26). Migrant women have been exposed to new ideas and social norms that advance women's rights and gender norms in their country of origin and women have mobilised in all parts of the world to lobby for gender equality (Steans, 2008; Obaid, 2006; UN, 2006b). On the other hand migrant women have experienced disadvantage and have been exposed to new risks and security concerns due to the fact they are both female and migrant. Women have different experiences than men and they are often confined to traditional female occupations which tend to be low paid and less secure (Boyd and Grieco, 2003, Ehrenreich and Hochschild, 2002). While some traditional female roles in the care and nursing sector provide formal migratory channels allowing women to legally migrate it does not eliminate all forms of discrimination and abuse (Obaid, 2006:22, UN, 2006b:18). Women including those in highly skilled positions may be subjected to sex segregation in the work place (Kofman et al 2000:25) and in wealthier destination countries migrant women may simply be viewed as assuming the 'cast off female roles' of wealthier women (Ehrenreich and Hochschild, 2002:3).

The Global Care Chain

A number of frameworks have been developed to examine the complex and diverse relationship between migration and care today. Hochschild (2000:131) developed the Global Care Chains concept to refer to 'a series of links between people across the globe based on the paid or unpaid work of caring'. These chains examine the way in which women from

poorer countries of the South migrate to wealthier countries of the North to care for the children, households and/or elderly relatives of women in the North while leaving their own children in the care of a female relative (Ehrenreich and Hochschild 2002; Parrenas, 2001; Hochschild, 2000). Parrenas (2001) in her cross-national comparative study *Servants of Globalisation* refers to this as the international division of reproductive labour. While research on the global care chain concept has tended to focus on micro-processes a number of authors (Lutz, 2008; Krugman and Raghuram, 2007; Yeates, 2004a; Parrenas, 2001) have expanded this work by incorporating these micro-processes into the wider global political economy of care. Building on Parrenas's work, Yeates (2004a; 2004b; 2005a; 2006; 2009b) adopts a transnational approach and broadens the debate by applying the global care chain concept to other groups of migrants such as the nursing sector and the religious orders (Yeates, 2009a). Williams and Gavanas (2008) in their work have used a comparative study of the UK, Sweden and Spain to highlight the importance of 'institutions' in the migration and care process. While the employment of female migrant care workers is increasing in Europe the speed and magnitude of this increase varies considerably between countries. In their study Williams and Gavanas attribute such variations to the intersection of a country's care, employment and migration regimes (Williams, 2010a; Williams and Gavanas, 2008). By advancing her earlier work Williams proposes a transnational political economy of care approach to understanding the complex relationship between migration and care in Europe today (Williams 2010b; 2010c). According to Williams (2010b:4) this approach 'brings European welfare states into global perspective in which, directly or indirectly, welfare societies may seek to reduce their social expenditure costs through migrant care labour'. According to Williams (2010b:5) this approach also allows for the analysis of other forms of reproductive labour including nurses, doctors and teachers.

Global Nurse Migration

The recruitment of female nurses to address care gaps in wealthier destination countries forms part of the broader phenomenon of the global or transnational movement of care labour (Williams, 2010b; Yeates, 2009a; 2004a). The position of migrant workers is diverse and it is important to expand the global care chain concept to include other categories of migrant including those in the nursing profession (Williams, 2010b). The international migration of nurses is not a new phenomenon; as far back as 1948 the International Council of Nurses criticized England when they 'poached' nurses from Sweden and the Netherlands (Buchan, 2001:3). While nurse migration flows in the past mainly occurred within the global North or

within the global South (Kingma, 2007) over the years ‘what were then relatively simple migration flows, reflecting linguistic, colonial and post-colonial ties, became steadily more complex’ (Connell, 2008:5). While many traditional flows still remain today what has changed in recent times is the dramatic increase in the number of nurses migrating from poorer less developed to wealthier and more developed regions (Kingma, 2007). While a number of countries (for example the UK, Australia and Canada) simultaneously import and export nurses (Yeates, 2009a) research evidence suggests that nurse migration is increasingly from developing to industrialised countries (Connell, 2008; Yeates, 2005a; Aiken et al 2004; Bach 2003). A review of Yeates (2009a; 2005a), Buchan et al (2005) and Aiken et al (2004) suggests that primary nurse donor countries during the 2000s were the Philippines, Africa, India and China and primary receiving countries were the US, Canada, Australia, the UK and Ireland. With countries such as the Philippines, who actively began by exporting an overspill of health workers now experiencing nursing shortages themselves (Connell, 2008; Aiken et al 2004). Yeates (2005a; 2009a) in her work suggests that a hierarchy in Global Nurse Care Chains can be observed across the globe as rich developed countries actively seek out migrant nurses from poorer less developed regions.

[Such chains are] an expression of the international status of countries. Countries at the top of the chain are ‘fed’ by those lower down the ranks; for example the United States draws nurses from Canada; Canada draws nurses from England to make up for its losses to United States, England draws from South Africa to fill its vacancies; South Africa draws on Swaziland. Countries at the bottom of the nursing chain may supply international markets but not replenish their stocks by importing health workers from other countries: the Philippines is a major example of this. The problem for such countries is that they have no further countries from which they may recruit to make up for the losses of their own nurses.

(Yeates, 2009a:80)

Patterns of nurse migration can change over time and ‘Ireland is a noteworthy example of the potential for developed countries to join the ranks of current host countries in active international recruitment’ (Aiken et al 2004:1). Traditionally a country that produced more nurses than it could employ, Ireland for many years supplied nurses to other developed countries including the UK and the US. However, during the 1990s/2000s as Ireland became more industrialised and experienced high levels of economic growth, the demand for nurses far outstripped supply and Ireland becoming a major host rather than a source country (Kingma, 2007; Yeates, 2005a; Aiken et al 2004). According to Yeates (2005a) as Ireland became a more wealthy country, it changed its position in the international division of nursing care labour. Ireland began to import general nursing care labour from countries such

as the Philippines and India, while Irish nurses in response to international demand left the country for more specialist positions abroad. At the same time other peripheral countries supplied general nursing labour to the countries that Ireland formally supplied (Yeates, 2009a; 2005a).

3.2 IRELAND'S ROLE IN THE GLOBAL MIGRATION OF NURSES

During the 1990s Ireland emerged as one of the most globalised countries in the world and due to unprecedented levels of economic growth became widely known as the Celtic Tiger (Kirby, 2009; Smith, 2005; Fagan, 2003). For almost two decades Ireland was hailed as the 'crowning glory of neo liberalism' (Finn, 2011:2) as dominant readings of the Celtic Tiger placed Ireland's successful economic model within a neo liberal framework of low tax, low levels of social spending and the increased privatisation of state services (Walsh, 2004; Kirby, 2004; Krugman, 1997). High levels of economic growth at this time were reflected in decreasing levels of emigration and an increase in the number of migrants entering the country (Sexton, 2002). While Ireland was the last EU member state to become a country of net immigration in 1996, by the year 2007 it had the third highest migration rate in the EU with only Spain and Cyprus having a higher number of migrants per head of population (Rhus and Quinn, 2009). Rapid economic growth created a huge demand for labour in a number of different areas including the construction, finance, IT and health care sectors (Rhus and Quinn, 2009). As a result during the 1990s/2000s a large numbers of immigrants chose Ireland as a destination to meet their economic and social objectives. Census figures from 2002 and 2006 have shown that the growth of the immigrant population in Ireland increased dramatically, reaching over 10 per cent of the population (CSO, 2002; 2006). Migrant inflows since the 1990s have included significant numbers of returning Irish nationals and their dependants (Rhus and Quinn, 2009:3; OECD, 2008). Rhus and Quinn (2003:3) in their analysis of CSO statistics found that the number of returning immigrants peaked at 27,000 in 2002. Immigrant flows from 2001 to 2004 were dominated by non-EU migrants; while such flows included asylum seekers, refugees and students, the majority entered into the country on work permits or work visa/authorisation schemes (Rhus and Quinn, 2009; OECD, 2008). The enlargement of the EU in 2004 saw immigration rates reach record heights with flows now dominated by migrants from new member states such as Poland and Lithuania (OECD, 2008; Rhus and Quinn, 2009). CSO statistics show that in 2007 immigration flows peaked with well over 100,000 migrants entering the country.

However, since recession in 2008 these flows have begun to level off (Rhus and Quinn, 2009:2).

Ireland's Nursing Shortage 2000 to 2008

Ireland experienced a serious nursing shortage from the years 2000 to 2008 with active recruitment campaigns attracting a large number of foreign nurses to address gaps in service provision (Humphries et al 2009f:2; Yeates, 2009a; Barrett and Rust, 2009; Humphries, 2008b, Murphy Lawless and Quin, 2004; Wren, 2003). At this time most countries across the globe were experiencing nursing shortages and migration became a 'quick fix' solution to the problem rather than improved training, retention and recruitment (Yeates, 2009a; Connell, 2008). Ireland's nursing shortage and its dependence on migrant nurses takes place in the wider context of 'a highly organised global hunt for talent' and the migration of nurses has become a problem in the context of 'migration exploitation' and 'nursing shortage' (Kingma, 2007:128). There is evidence to suggest that the international migration of nurses has largely been demand driven with receiving countries actively recruiting nurses from abroad (Connell, 2008; Yeates, 2005b; Aiken et al 2004). Migration flows generally respond to economic conditions in destination countries and nursing shortages in countries such as the US, Canada, Australia, the UK and Ireland were the driving force behind the recruitment of nurses from abroad at this time (Buchan, 2001).

Figure 3.1 Nursing Supply and Demand in Ireland

Supply Shortage	Increased Demand
<ul style="list-style-type: none"> ❖ Attractive alternative career opportunities for school leavers, nursing graduates and nurses ❖ Flexible working arrangements- a greater number of nurses required to fill available posts ❖ Inefficient utilisation of nurses ❖ Opportunities overseas for Irish trained nurses ❖ Reduction of the standard working week for nurses following industrial action 	<ul style="list-style-type: none"> ❖ Aging population requiring more nursing care ❖ Increasing complexity of healthcare ❖ Poorly developed community services, leading to higher hospital occupancy rates ❖ Shortages in ancillary professions, e.g. physiotherapy ❖ Impact of the European Working Time Directive (EWTD), reducing doctors' working week ❖ Transfer of care responsibilities from

	doctors to nurses
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Source: Humphries et al (2008a: 3)

Humphries et al (2008a) identify a number of supply and demand factors that have contributed to Ireland’s nursing shortage during the period 2000 to 2008 (See Figure 3.1). Growth in the overall population of the country especially since the 1990s when Ireland reversed its long tradition of being a country of net emigration placed extra demands on Ireland’s health service (Barrett and Rust, 2009). An ageing population, a longer life expectancy and advances in medical science also increased the complexity and demand for care services at this time (Burke, 2009; Humphries et al 2008a:3). In addition to a nursing shortage, Ireland has long suffered from a shortage of medical consultants and even when the number of consultants increased in 2000 it was still low when compared to international standards. Ireland has relied heavily on non-consultant hospital doctors (NCHS) from abroad who work long hours and treat mainly public patients (Burke, 2009). The number of consultants in Ireland has been restricted due to their high cost and many Irish doctors go abroad for their consultant training due to lack of specialist training positions and long working hours (Burke, 2009; Quinn, 2006).

A Deeper Analysis of Ireland’s Nursing Shortage 2000 to 2008

According to Buchan (2001) the need for countries to recruit nurses from abroad is usually the result of more ‘deep-seated problems in a country’s nursing labour markets relating to long term under investment in the profession and its career structure’ (see also Kingma, 2007). As developed countries increasingly rely on skilled health workers from less developed countries they continue to ignore the underlying causes of their own nursing shortages and at the same time create nursing shortages elsewhere (Connell, 2008; Kingma, 2007; Yeates, 2005a). In general reasons for nursing shortages within a country relates to ageing populations, lack of investment in training, changes to health care provision, the increased privatisation of services and a lack of professional recognition (Thomas et al 2005: Aiken et al 2004). While Ireland’s nursing shortage during the years 2000 to 2008 may in part be attributed to a rising population (Barrett and Rust, 2009) and an increase in the complexity and expectations of care (Humphries et al 2008a) it also relates to more deep-seated problems in the structure of Ireland’s health system.

In Ireland the 1980s and 1990s saw a shift in how welfare was viewed as neo liberal values came to permeate Irish politics (O’Connor, 2009; Skillington, 2009; Murphy-Lawless, Quin,

2004; Allen, 2003). A strong neo liberal political agenda has resulted in low levels of social spending and the increased privatisation of state services including those in the health sector (Kirby, 2010). Ireland's health service is made up of a complex mix of universal public health services and a fee paying private system (McDaid et al 2009). Those with medical cards can access the health service free of charge while everyone else has limited eligibility for free services (Quinn, 2006b). To ensure quicker access to healthcare in Ireland those who can afford it take out private health insurance (McDonnell and O'Donovan, 2009) with the result that by 2008 half of the population had acquired this type of health cover (McDonnell and O'Donovan, 2009). What is unique about Ireland's health care system is that a significant proportion of private health care takes place in public hospitals and private care is heavily subsidised by the exchequer. This dual system has led to the emergence of a two-tier health service where those with the ability to pay receive superior care in a much faster time (Brick et al 2012; Finn and Hardiman, 2012; Tussing and Wren, 2006; Wren, 2004). A low value placed on care work, restructuring and a lack of suitable and sustained investment in the health sector are directly related to Ireland's unique neo liberal model of care and the need to recruit migrant nurses from abroad.

A Low Value Placed on Care Work

Traditionally in Ireland nursing has been viewed as an extension of a woman's care duties with poor pay and little appreciation of her role (Fealy, 2006). The low value placed on care work in Ireland is evident in the low levels of support for home carers and the low pay and status attached to jobs in the sector (Lynch and Lyons, 2008). 'Caring has been taken for granted and made invisible because it is seen as a duty of individual women not the responsibility of an entire household, family or society' (Lynch and Lyons, 2008:177). A view which can be attributed to the continuation of the male breadwinner model, a fixation with neo liberal ideals and the reduction of the welfare state in more recent times (Murphy, 2008; Lynch and Lyons, 2006). While there have been some improvements in the nursing sector since the 1980s, with for example diploma, degree and masters level programmes (Fealy, 2006) it remained difficult to attract people to the nursing profession during the prosperous Celtic Tiger period, especially in the big cities where the cost of living is high (OECD, 2008). In 1999 the first ever nursing strike took place in Ireland when the Government ignored nurses' demands for improved training, pay, and attention to professional issues (Murphy-Lawless and Quin, 2004). While some advances were made to attract and retain nurses with the introduction of flexible working hours and job share

positions, these changes only served to increase the demand for nurses and, nurses continued to leave the profession due to poor pay and family unfriendly policies (Burke, 2009). According to Burke (2009:132) 'it is no coincidence that nurses are a predominantly female profession and are paid 14 per cent less than their male counterparts'. Relatively low wages, the expectation that women will take on more care responsibilities than men and Ireland having one of the highest costs of private childcare in the EU (NWCI, 2011; Burke, 2009; Lynch and Lyons, 2008) has made it difficult for women to take up nursing, to work on a full time basis and or to remain working in the profession.

Restructuring and a Lack of Suitable and Sustained Investment

While there is no doubt that spending on health increased dramatically during the Celtic Tiger period as it 'quadrupled from €4 billion in 1997 to €16 billion in 2008' (Burke, 2010:1), it was not enough to overcome vast capital deficiencies or keep up with rising inflation, increased costs and the demands of an expanding population (Allen, 2009; Considine and Dukelow, 2009; Burke, 2009; Tussing and Wren, 2006). During the Celtic Tiger years despite an increase in its expenditure, the pursuit of efficiency and the drive to privatise rather than solve the underlying problems in the system led to poor planning and, a poorly organised and weak health structure (Byers, 2010; Considine and Dukelow, 2009). The expansion of the private sector detracted much needed investment from the public sector, leading to problems of inequity and the continued residualisation of the public hospital sector (Finn and Hardiman, 2012; Kuhling and Keohane, 2009; Tussing and Wren, 2006). During the 1990s/2000s the capacity of the public sector to meet rising demand reached crisis point and there were frequent reports across the country of patients waiting on trolleys in A&E for long periods of time and excessive waiting lists for surgical procedures (Finn and Hardiman, 2012; Burke, 2009). Concerns were also raised about the treatment of patients and conditions of employment in for example the private nursing home sector (Burke, 2009; Yeates, 2006). Despite a substantial increase in the investment of elder care since 1997 it was not enough to make up for the significant underdevelopment of the sector or to meet rising demand (Burke, 2009). As more women entered into paid employment during the Celtic Tiger period, older people increasingly came to rely on public or private care services (Pillinger, 2008; Timonen and Doyle, 2008). In the early 2000s in response to the crisis in A&E and to free up hospital beds the government contracted out the care of the elderly to the private nursing home sector (Burke, 2009; Tussing and Wren, 2003). By December 2008 there were 10,543 public beds compared to 26,136 private long term residential beds for older people in Ireland (HSE,

2009:1). However, private care for the elderly ‘happened at the whim of developers and investors’ lacking any clear vision or concern for the appropriate and professional care of the patients in receipt of such services (Burke, 2009:285). In 2005 a documentary exposing the mistreatment of patients in Leas Cross nursing home led to further discoveries of abuse in nursing homes across the country (Burke, 2009). While steps were taken to improve conditions in these nursing homes, concerns remained in relation to the continued marginalisation and underfunding of the sector (Walsh and O’Shea, 2009).

It has been suggested that during the Celtic Tiger period migrant nurses were recruited to fill the positions Irish nurses were not willing to do. A struggling public hospital sector (Burke, 2009) and a lack of sustained investment and training in the nursing profession (Yeates, 2009a; Tussing and Wren, 2006) made it difficult to attract women to the profession during the more prosperous Celtic Tiger period. Although the number of students enrolled in nurse training programmes increased substantially towards the end of the 1990s it was not enough to offset the number of Irish nurses leaving to work as nurses abroad or leave their nursing career behind for more attractive career opportunities (Yeates, 2009a; Humphries et al, 2008a). While an increase in the number of elder care nursing homes in Ireland during the Celtic Tiger period led to an increase in demand for nurses, the low value placed on elder care and employers finding it difficult to attract Irish nurses into the private nursing home sector significantly increased the demand for migrant nurses (Wash and O’Shea, 2009). During the Celtic Tiger period the Irish state recruited nurses from the Philippines and India to fill general nursing posts while at the same time Irish nurses emigrated for better opportunities abroad or left the profession altogether (Yeates, 2009a). Rather than sustained investment and retention of the domestic nursing sector, the government turned to the short term pragmatic solution of recruiting nurses from abroad. Migrant nurses from outside Ireland were recruited to address nursing shortages as opposed to increasing wages and attracting more domestic nurses to the sector (Barrett and Rust, 2009).

Filipina Nurses in Ireland

In April 2002 there were 3,900 Filipinos in Ireland and by April 2006 that figure had risen to 9,548 (CSO, 2006). In 2006 seven out of ten Filipino women and four out of ten Filipino men in Ireland were employed in the health sector (CSO, 2006). It was in the year 2000 that Ireland began to actively recruit nurses from abroad and the Philippines and India were targeted as the main source countries for the Irish nursing market (Barrett and Rust, 2009;

Yeates, 2005a). The recruitment process was put out to tender and employment agencies were selected to go to source countries where they advertised the positions available and worked in cooperation with local recruitment agencies to draw up a list of suitable candidates (Quinn, 2006). Recruitment drives targeting specific countries depending on the type of nursing skills required. Indian nurses are often recruited to work in the acute hospital sector while Filipino nurses are recruited to care for the elderly (Barrett and Rust, 2009: Quinn, 2006). While there are no formal bilateral or multilateral agreements between Ireland and the Philippines, the HSE established a relationship with the Philippines in order to attract nurses (Barrett and Rust, 2009). During the Celtic Tiger period the Department of Health and Children also welcomed Filipino diplomats into the country to discuss the interests of their emigrant work force in Ireland and ensure Filipino workers had the qualifications necessary to take up employment in Ireland (Barrett and Rust, 2009: Quinn, 2006). Nursing is a regulated practice and is influenced by EU directives which set out the criteria for the recognition of qualifications (Quinn, 2006). At the national level all nurses and midwives from outside the EU must apply to An Bord Altranais for registration. Each nurse must meet the standards set out in the *Requirements and Standards for Nurse Regulation Education Programmes* which relate to education, training and English language skills (An Bord Altranais, 2001). Once nurses arrive here they must take part in a six to twelve week adaptation period in which they receive further training and practice supervision. In order to register and remain as a practicing nurse in Ireland migrant nurses are required to pass this period of adaptation and training (Quinn, 2006).

Filipina Nurses in Search of Security

The years 1992 to 2003 saw almost 88,000 nurses emigrate from the Philippines to work abroad, with roughly 44,000 of those emigrating between the years 2000 to 2003 (POEA, 2004). The top five destination countries for Filipina nurses at this time were the US, the UK, Saudi Arabia, Ireland and Singapore (Galves-Tan et al 2004). Closely linked to human migration is the concept of human security as people move in response to a threat to their security or to enhance their security and well-being (Graham, 2001:187). Labour migration has occurred in response to global uneven development (Obaid, 2006; Graham, 2001) and growing disparities between the rich and poor have intensified the need or desire to migrate (Roberts and Hite 2007, Wanda, 2004). For example a Filipino domestic worker in Hong Kong can earn 15 times more than a school teacher in the Philippines (Ehrenreich and Hochschild, 2002:). In developed countries the context in which emigration decisions are

made are different to those in developing countries where push factors often include the need to support family who depend on remittances to survive (Connell, 2008; Yeates, 2005a). Migration from developed countries may also be actively encouraged through national policies and government-approved programmes in the country of origin where remittances are seen as a substantial resource to the country (Connell, 2008; Encinas-Franco, 2007; Yeates, 2005; Aiken et al 2004). Families in India and the Philippines pay for their daughters to attend nursing schools in the expectation that they will migrate and send remittances home (Connell, 2008; Redfoot and Houser, 2005).

The Philippines or the Republic of the Philippines, granted independence from the US in 1946 is a self-governing island country, located in South East Asia. In the year 2004 its population stood at 82.34 million (Trading Economics, 2013) and in December 2004 there were 8.08 million or almost 10 per cent of the Filipino population and 23 per cent of the labour force living overseas (Encinas-Franco, 2007). Damaged by World War II and heavily reliant on aid from the US, it has followed a neo liberal prescription since 1962 (Scipes, 1999). During the 1960s, under the regime of Diosdado Macapagal the Philippines embraced policies of deregulation and took out huge loans from the IMF (Scipes, 1999). Encinas-Franco (2007:2) in her paper *The Export of Filipino Nurses: Gendered Dimensions and Implications to Human Security* she discusses the link between trade liberalisation, structural inequalities, poverty and the export of people from the Philippines. The Philippine economy damaged by global economic restructuring (Bello, 2009; Encinas-Franco, 2007) saw unemployment increase from 8.4 per cent in 1990 to 12.7 per cent in 2003 (Bureau of Labour and Employment Statistics, 2003). Poverty has remained a consistent problem and women as the main providers of care have been disproportionately affected by a reduction in already poor social services (Encinas-Franco, 2007). Although the new liberal regime adopted by the Philippines provided more jobs for women, this labour has mainly been concentrated in the low paid, flexible and insecure services sector (Encinas-Franco, 2007). Salaries are especially low for public health care workers even for those qualified and registered as a nurse (Encinas-Franco, 2007). In 1987 a government approved plan to export nurses as part of its overall development programme firmly established the Philippines as a 'global nurse reservoir' (Buchan et al 2003). According to Encinas-Franco (2007) the migration of healthcare workers from the Philippines, contributes to the feminisation of migration as health care workers are most likely to be women. Filipina domestic and care workers have a long history of migration and they play a central role in generating income to support the

family (Ball, 2008; Ehrenreich and Hochschild, 2002). In relation to nurse migration, eight out of ten nurses leaving the Philippines from the years 1992 to 2003 were women (POEA, 2004). In countries like the Philippines, little or no state support for the vulnerable in society leave many families dependent on remittances to ensure their basic health, education and social needs (Humphries et al 2009b). In many cases these transfers help to create an unofficial social security system (Aiken et al 2004; Yeates, 2001) and they are viewed as a substantial resource to the country (Yeates, 2005a; Aiken et al 2004). However, while these remittances can help the struggling economies of receiving states, countries that can least afford it are losing skilled workers and are left with depleted and endangered health systems (Yeates, 2005). The loss of migrant women to families and communities can also be great and in some cases women may be forced to leave their children behind (Connell, 2008; Ehrenreich, Hochschild, 2002).

As the level of migration and recruitment of nurses has increased there has been much debate about its effects, the need for policy interventions and ethical considerations (Kingma, 2007; Yeates, 2005a; Buchan, 2001) with many host countries beginning to address the ethical question of which countries it is justifiable to recruit (Buchan, 2001:4). Some sending countries have sought to implement policies and develop guidelines to improve conditions with countries such as England, Ireland and Canada publishing national strategies to deal with nursing shortages (Yeates, 2005a). Ireland follows the UK's *Code of Practice for International Recruitment* (Department of Health, 2004) and in 2001 the Department of Health and Children published *Guidance for Best Practice on the Recruitment of Overseas Nurses and Midwives* (Department of Health and Children, 2001c). However, so far there has been little evidence of any receiving countries taking realistic steps to improve conditions in their health service or to solve the underlying factors that create nursing shortages in the first place (Connell, 2008:24; Yeates, 2005a).

The Impact of Ireland's 2008 Recession

The employment of migrant nurses to Ireland's health service occurred in the context of health care reform (Burke, 2009; Skillington, 2009), more women entering into paid employment (Pillinger, 2007) and pressure to contain the welfare state (Kirby, 2010). Despite the opulence of the Celtic Tiger, migrant nurses were employed to work in a health service that was struggling to cope after years of underinvestment and the continued residualisation of the sector (Finn and Hardiman, 2012; Yeates, 2009a; Kuhling and Keohane, 2009; Burke,

2009; Tussing and Wren, 2006; Wren, 2003). In 2008 Ireland's already stressed health system faced tough austerity measures under the *National Recovery Plan 2011-2014* (Government of Ireland, 2011) as Ireland plunged into one of the worst recessions in the history of the state (Kirby, 2010).

Prior to the recession in 2008 some migrant nurses due to the insecurity and instability of their position in Ireland considered migrating to a third country (Humphries et al 2008a). Filipina nurses like other migrants have faced a number of concerns and challenges since they arrived in Ireland, with many significant concerns relating to family reunification laws and rights for migrant workers and their families including the right to citizenship and security of their position in Ireland (see Humphries et al 2008c; 2009a). The recession which began in 2008 has only served to deepen these insecurities and has led to an increase in the number of nurses considering a move to another country (Humphries et al 2009f; 2012). Irish Nursing Board statistics reveal that from the years 2008 to 2010, 4,202 'verifications' which signify intent to migrate were sought by non-EU migrant nurses (Humphries et al 2012). If these nurses were to emigrate, the loss of their specialist skills and experience would leave the Irish health system struggling to cope (Humphries et al 2012). While recession and a subsequent embargo in the public health sector would suggest Ireland no longer needs to recruit migrant nurses from abroad, future projections show that Ireland will continue to rely on migrant care labour to meet labour shortages especially in the elder nursing care sector (Barrett and Rust, 2009).

CONCLUSION

Having reviewed the wider literature on women, gender and migration, it is clear that the growth of migration into Ireland during the Celtic Tiger period 2000 to 2008 forms part of the broader transnational movement of care labour (Williams, 2010b). As more women enter into paid employment, wealthier countries of the North increasingly rely on migrant women from poorer countries of the South to address care gaps (Hochschild, 2000). In relation to nurse migration, wealthier countries of the North rather than solve underlying problems within their own health systems turn to the 'quick fix' solution of recruiting nurses from abroad (Yeates, 2009a). This was evident during the prosperous Celtic Tiger period in Ireland when the Irish government actively recruited nurses from the Philippines and India to address gaps in service provision rather than improved wages and recruitment and retention of domestic nurses to the sector (Barrett and Rust, 2009). The recruitment of Filipina nurses to address

gaps in service provision during the prosperous Celtic Tiger Period forms part of the broader transnational movement of migrant nurses (Williams, 2010b; Yeates, 2009a) a movement that has transnational or global consequences for human security (Encinas-Franco, 2007). The flow of nurses from the global South to address gaps in service provision in the Global North interacts with structures of gender and inequality at every level from the global to the intimate and this has consequences for the security of migrant nurses (Robinson, 2011). Filipina nurse move in search of financial and economic security but at what cost to their quality of life and well-being? Although Filipina nurses migrate legally to work in skilled positions they are at risk of gender, ethnic and or racial abuse at every stage of the migration process (Piper, 2005). Once they arrive in Ireland their experiences are shaped by the laws and policy of the country and Filipina nurses like other migrants have faced a number of concerns and challenges since they arrived in Ireland. Many significant concerns relate to family reunification laws and rights for migrant workers and their families including the right to citizenship and security of their position in Ireland (see Humphries et al 2008a; 2009a). In terms of migration there is a need to consider, not just the ‘security’ of the migrant nurse but also the ‘security’ of the family, children and communities left behind (Robinson, 2011).

The aim of this study is to explore the human security dimension of transnational nurse migration; in particular it will explore the (in) securities experienced by Filipina nurses recruited to work in Ireland’s health service from the years 2000 to 2009. In this study feminist theory is used to strengthen the human security framework and to acknowledge, question and understand the particular experiences of Filipina nurses. It is used to explore the male dominated structures and institutions of migration, the particular pressures and disadvantages migrant women experience at the pre migration, transit and post migration stage and women’s agency and the strategies employed by female migrants to promote their own human security through the process of migration (Gasper and Truong, 2014; Robinson, 2011; Kofman et al 2000). The next chapter of this thesis will outline the theoretical and methodological framework underpinning the research study and the mixed methods approach used to explore the particular (in) securities Filipina nurses experience in their immigrant lives.

CHAPTER 4 - METHODOLOGY

INTRODUCTION

This aim of this chapter is to provide an understanding of the theoretical and methodological framework underpinning the research study. First, I provide a description and rationale for choosing critical theory as the best paradigm for this study, a study that seeks to explore the particular (in) securities Filipina nurses in Ireland, experience in their immigrant lives. I then go on to provide the reasons for using a mixed method sequential explanatory design to guide the research process in this study. A detailed description of the use of both the quantitative survey approach (n=125) and the qualitative interview method (n=21) will be discussed and justification for the use of both methods in a single study will be explicated. Furthermore issues of validity, reliability and generalisability will be discussed in relation to the individual methods employed.

4.1 PHILOSOPHICAL ASSUMPTIONS

Philosophical debates about truth and reality date back to ancient western philosophy from Plato's singular or universal truth to Pythagoras multiple or relative truths (Burke Johnson et al 2007). Today the paradigm 'war' in research continues with positivist and post positivists (quantitative) claiming that truth and reality are out there waiting to be scientifically discovered and interpretivists (qualitative) who claim that truth and reality are socially constructed and change over time (Neuman, 2006; Burke Johnson and Onwuegbuzie, 2004). During the early decades of the twentieth century a third major approach to research involving both quantitative and qualitative research began to emerge in the work of anthropologists and sociologists (Burke Johnson et al 2007). Today the use of both quantitative and qualitative methods in research is widely referred to as mixed methods research (Burke Johnson et al, 2007; Creswell, 2003). This type of research encompasses the principal of Aristotle's 'golden mean' as it looks for a balance or middle position between the purist traditions (Neuman, 2006). There has been much debate about the 'compatibility' of quantitative and qualitative research and whether it is possible to mix paradigms and methods (Creswell, 2003:234). In response researchers began to look for a single paradigm to support their mixed method studies (Tashakkori and Teddlie, 2003). Pragmatism and later the critical transformative approach were put forward as the ideal paradigms for justifying the use of mixed methods research (Mertens, 2003; Tashakkori and Teddlie, 2003; Creswell and Plano Clarke, 2007).

Several authors have advanced pragmatism as the ‘best’ paradigm to support mixed method research (see Tashakkori and Teddlie, 2003:20) as it allows for both ‘deductive and inductive thinking’ (Creswell and Plano Clarke, 2007:22). Pragmatists reject ‘the either or choice regarding methods’ as they believe that both quantitative and qualitative approaches are important in research and research should be conducted in a way that best answers the research question (Teddlie and Tashakkori, 2009:87, Burke Johnson and Onwuegbuzie, 2004:14-16). While many researchers have put pragmatism forward as the ‘best’ paradigm for mixed methods research (see Tashakkori and Teddlie, 2003:20) it has also been criticised for failing to provide a strong basis for critiquing the social context that helps shape collective experiences (Mertens, 2003; 2005). Mertens (2003) suggests that pragmatism does not do enough to challenge the status quo or provide an acceptable value base for social research. She puts forward the transformative-emancipatory approach as the ‘best’ philosophical paradigm for mixed methods research (Mertens, 2003; 2005; 2007; 2009). Like pragmatism this approach supports the use of both quantitative and qualitative methods in a single research study, however it moves on to ‘examine issues of power imbalances and the marginalization of underrepresented groups in our society’ (Sweetman et al 2010:441).

Critical Theory

It is acknowledged that Filipina nurses were not directly engaged at every stage of the research process in this study and so it does not claim to fully adopt a transformative (see Mertens, 2007) or participatory approach (see Oliver, 2002). However, it does aim to stimulate debate around issues of social justice and to give participants a voice in the research and policy process (Sweetman et al 2010; Mertens, 2007; Neuman, 2006). As this study is concerned with issues of social justice and the equitable treatment of Filipina nurses in Ireland ‘critical theory’ was chosen as the best paradigm for this study (Neuman, 2011; Mertens, 2007).

Critical research can be best understood in the context of the empowerment of individuals. Inquiry that aspires to the name critical must be connected to an attempt to confront the injustice of a particular society or sphere within the society. Research thus becomes a transformative endeavour unembarrassed by the label ‘political’ and unafraid to consummate a relationship with an emancipatory consciousness.

(Kincheloe and McLaren, 1994:140)

Traditionally associated with Marx (1818-1883) and Freud (1856-1939) critical theory was modified by the work of the Frankfurt School in Germany during the 1930s (May, 2010;

Neuman, 2006). In research it provides a framework for addressing issues such as inequality, gender and social justice by placing them within their cultural, political, economic and historical contexts, where findings are generalised to theory ‘to uncover a deeper level of reality’ (Neuman, 2011:112; May, 2010; Neuman, 2006). According to the French sociologist Pierre Bourdieu (1930-2002) social research is *reflexive* and necessarily political with a perpetual interaction between theory and facts (Neuman, 2006). People make choices but they are constrained by the structures of society and by what they believe is possible, reality has many levels and what we see on the surface does not always expose the deeper structural layers (Neuman, 2006). A broad holistic theory of human security (Ewan, 2007; UNDP, 1994) is used in this study to bring attention to issues of social justice and migration in a transnational context (Truong et al 2014a). It is used to stimulate debate and offer insights into the human dimension of nurse migration and to capture the wider socio-political context (Truong et al 2014a; Guild, 2009) that shapes the lives of Filipina nurses in Ireland. It is used to challenge dominant state-centric approaches that continue to ignore the important connections between economic and political globalisation and migration (Viette and Scribner, 2013; Truong et al 2014b; Poku et al 2000). Modern feminist theory which is ‘inherently critical’ (Robinson, 2011:44) is used in this study to strengthen the theory of human security and develop a framework for analysis that is both theoretically and normatively strong. Recasting human security from a gender perspective allows for a broad and deep understanding of human security, one that is descriptively rich, taking into account structural context and relations of power based on gender, race and class (Truong et al 2014a; Tripp, 2013; Robinson, 2011; Hudson, 2005).

Designing the Questions for the Quantitative and Qualitative Phases

The human security framework employs a humanist approach and is therefore concerned with the needs of ordinary people and what they require to feel secure in their daily lives (UNDP, 1994). For this reason participants taking part in the quantitative and qualitative phase of this study were asked questions about their economic, political and social life. They were asked questions about objective threats, for example security of income, security of employment and access to services. They were also asked questions about subjective threats, for example, fear of losing a job, unpredictability of institutional settings, perceived discrimination, perceived ability to cope, and the (in) ability to have control over their own and their family life (Tripp, 2013; Tadjbakhsh and Chenoy, 2007; Mahoney and Pinedo, 2007). The human security framework is concerned with threats to the security of the individual and the factors

important in securing the well-being and dignity of human beings (UNDP, 1994). It is used to understand how human well-being is being undermined in today's global world (Kirby, 2006a). For this reason participants in this study were also asked questions about the impact of migration to their quality of life and personal well-being (Truong et al 2014a; Guild, 2009). The concept of human security brings a global or transnational approach to the study of migration, therefore questions were asked about participants' experience of migration at the pre migration, transition and post migration stage. Questions were asked not just about the experience of migrants themselves but also the families and communities impacted by migration through networks of social relations that involve the flow of money, goods, values and practices (Levitt and Jaworsky, 2007; Levitt, 2004).

4.2 MIXED METHODS DESIGN

To capture the complexity of the lives of Filipina nurses taking part in this study, a mixed method sequential explanatory design consisting of two distinct quantitative and qualitative phases was employed (Sweetman et al 2010; Creswell and Plano Clarke, 2007).

Strengths and Limitations of the Approach

Using a mixed method design can provide strengths that offset the weakness of both quantitative and qualitative research. Such an approach allows for a more comprehensive knowledge base, adding insights and understandings that would otherwise be unattainable (Creswell and Plano Clarke, 2007; Burke Johnson and Onwuebuze, 2004). The quantitative survey in the first phase of this study was used to provide a broad and general understanding of the lives of Filipina nurses in Ireland and identify factors important in ensuring their security and well-being, the results of which will be reported in chapter five. Quantitatively it is difficult to portray the significance of these findings and at times nurses were contradictory in their responses. This highlighted the limitations of the questionnaire survey to fully capture the true meaning of their answers. For this reason interviews were used to further explore and explain the quantitative findings, the results of which will be reported in chapter six. Chapter six will integrate and discuss the significant and interesting findings from the first quantitative phase with findings from the qualitative phase. The limitations of this design are its high cost and the length of time it took to collect both types of data (Creswell and Plano Clarke, 2007; Creswell et al 2003). Another significant challenge faced by the mixed methods researcher is the scale of methodological expertise necessary to collect and analysis both sets of quantitative and qualitative research (Kelle and Erzberger, 2004). To develop the skills and knowledge base necessary for this study I completed a twelve week SPSS (Stastical

Software Package for Social Sciences) training course and consulted with a statistician. I also sought advice from a number of academics proficient in the use of nVivo (Qualitative Data Analysis Software Package) software.

Figure 4. 1 Mixed Method Sequential Explanatory Design

<i>PHASE</i>	<i>PROCEDURE</i>	<i>PRODUCT</i>
<i>Quantitative Data Collection</i>	<ul style="list-style-type: none"> • <i>Survey</i> 	<ul style="list-style-type: none"> • <i>Ordinal, nominal and scale data (n=125)</i>
<i>Quantitative Data Analysis</i>	<ul style="list-style-type: none"> • <i>Frequencies</i> • <i>SPSS software</i> 	<ul style="list-style-type: none"> • <i>Descriptive statistics</i> • <i>Text, tables, bar charts</i>
<i>Connecting Quantitative and Qualitative Phases</i>	<ul style="list-style-type: none"> • <i>Developing Interview questions</i> 	<ul style="list-style-type: none"> • <i>Interview protocol</i>
<i>Qualitative Data Collection</i>	<ul style="list-style-type: none"> • <i>Semi-structured individual interviews</i> 	<ul style="list-style-type: none"> • <i>Text data</i> • <i>Cases (n=21)</i>
<i>Qualitative Data Analysis</i> <i>Integration of the Quantitative and Qualitative Findings</i>	<ul style="list-style-type: none"> • <i>Coding and thematic analysis</i> • <i>NVIVO software</i> • <i>Interpretation of quantitative and qualitative results</i> 	<ul style="list-style-type: none"> • <i>Codes and themes</i> • <i>Integration of significant quantitative results and qualitative results</i> • <i>Discussion/Findings</i>

Source: Ivankova et al 2006; Creswell and Plano Clarke, 2007 Creswell, 2003

Procedural Issues

Mixed method designs can be difficult to implement and a number of procedural issues around *priority*, *implementation* and *integration* must be addressed (Ivankova et al 2006; Creswell, 2003; Creswell et al 2003). *Priority* refers to the weight or emphasis given to the quantitative and qualitative phase of the research (Ivankova et al, 2006: Creswell et al, 2003, Hanson et al 2005). In keeping with the philosophical assumptions of this study *priority* is given to the rich in-depth information gathered in the qualitative phase. However, the importance of the quantitative phase in determining the focus of the research (Creswell and Plano Clarke, 2007; Creswell et al 2003) and providing large scale data necessary to answer the research question is also recognised (Neuman, 2011; Bryman, 2004; Denscombe, 2003; Robson, 2002). *Implementation* refers to the timing of the data collection and analysis of both the quantitative and qualitative phases of the study (Creswell and Plano Clarke, 2007; Creswell, 2003). In this study, data was collected sequentially and used to build a detailed picture of the lives of Filipina nurses in Ireland (Creswell and Plano Clarke, 2007; Mertens,

2007; Creswell, 2003). The goal of the first phase was to provide a broad and general understanding of the lives of Filipina nurses in Ireland and identify factors important in ensuring their security and well-being. The results were then used to inform the interview schedule for the qualitative phase. Semi-structured interviews allowed for a more in-depth exploration of the significant and interesting quantitative findings. *Integration* of both phases occurs when results from the quantitative phase of the study are used to guide the interview schedule. It also occurs when results from both phases are brought together in the discussion in chapter six (Creswell, 2003).

4.3 DATA COLLECTION IN MIXED METHODS RESEARCH

In June 2009 Filipina nurses completed survey questionnaires (n=125) at St. Anne's Park, Dublin, the results of which were used to inform and guide the second qualitative phase of the study. In the second phase semi-structured interviews (n=21) were conducted with Filipina nurses in the East and South East of the country during the autumn of 2011, to further explore and explain significant and interesting findings from the survey questionnaires.

The Role of the Researcher

In this study, the researcher and participants have an 'active' and 'reflexive' role in the construction of knowledge and understanding (Mason, 2004; 20). It is acknowledged that assuming such an active role in the research process can lead to bias. All potential biases will be acknowledged and addressed throughout this chapter (Robson, 2002).

Ethical Considerations

A social justice theory of ethics encompassing values of equality and respect were employed during the research process (Baker et al 2004). Critical theorists hold that knowledge is power and research can be used by the powerful to deceive or maintain the status quo (Schostak and Schostak, 2008; Mertens, 2007; Baker et al 2004). While power in research cannot simply be eradicated, steps can be taken to mitigate its effects (Schostak and Schostak, 2008). To protect the rights of participants in this study, a number of 'ethical protocols' were adopted (see Figure 4.2).

Figure 4.2 Ethical Protocols Employed by the Researcher

- Permission to conduct the study was obtained from the ethics committee at WIT in 2008. WIT's ethical guidelines and codes of conduct are in line with the Data Protection Act 1988 and 2003¹.
- Participants signed consent forms prior to taking part in both phases of the study (see Appendix One and Two).
- Participants were provided with details of the study and any possible implications.
- The researcher's contact details were provided.
- Participants were told they could withdraw from the research at any time.
- Research was conducted in neutral and safe environments.
- Confidentiality and anonymity were assured at each stage of the research process.
- Results will be shared with the Filipino community on completion of the study.
- Data will be stored for two years on completion of the study and then destroyed.

Source: Teddlie and Tashakkori, 2009; Schostak and Schostak, 2008; WIT, 2008 Mertens, 2007

Access to the Filipina Community

To build trust and negotiate access to the Filipino community, contact was made with the chairman of the overseas nursing section in the INMO Mr Cres Abragan who is also a member of the Filipino community. During the research process I built a rapport with Mr. Abragan, who is well known to the Filipino community. Permission was sought from Mr. Abragan to access a single research site in June 2009 to conduct the questionnaire. A number of steps (see Figure 4.3) were put in place to build trust with the Filipino community and obtain valid data.

Figure 4.3 Steps for Building Trust and Obtaining Valid Data

- Participants were told that the researcher is independent and is in no way connected to the HSE or any other private health service.
- Prior to conducting the questionnaire survey the research study was advertised in an INMO magazine.
- In June 2008 the researcher attended the National Filipino Independence Day Celebrations at St. Anne's Park, Dublin to meet with the INMO and other

¹ Data Protection Act 1988 and 2003

members of the Filipino community.

- In June 2009, the researcher returned to the celebrations at St. Anne's Park and permission was sought to distribute survey questionnaires from the INMO stand that day. The researcher met with most of the nurses taking part.
- A number of nurses (n=7) who completed questionnaires in 2009 agreed to take part in the second phase of the study. These nurses were already familiar with the research when they took part in the interview phase.
- For the interview phase, contact was also made with a Filipina nurse in the South East of the country and the sample snowballed from there (n=14). The fact that nurses heard about the research from a friend or colleague who had already completed an interview, helped to build trust with the participants.
- Face to face individual interviews were conducted in the second phase to help develop a trusting relationship with the nurses.

Source: Mertens, 2007; O'Leary, 2005; Bryman, 2004, Sarantakos, 1997

4.4 QUANTITATIVE PHASE

The quantitative phase of this study used the survey approach which has emerged as one of the most popular strategies in social science research (Denscombe, 2003:6). Surveys are used to capture the 'beliefs opinions, characteristics, and past or present behaviours' of participants (Neuman, 2011:309). They are straightforward in design and can allow anonymity for those taking part (Robson, 2002: 233,234). They are popular in research as they can facilitate the collection of large amounts of data over a short period of time and at a reasonable cost (Robson, 2002). Although surveys can provide large volumes of data, they have been criticised for their inability to collect rich in-depth information (Denscombe, 2003:28). This is not an issue for this study as rich in-depth information was gathered in the qualitative phase.

Design of the Instrument

Self-completion questionnaires (see Appendix Three) were chosen as the best research instrument to provide a broad and general understanding of the lives of Filipina nurses in Ireland and identify factors important in ensuring their security and well-being (Neuman, 2011; Truong et al 2006; Bryman, 2004). Self-completion questionnaires were chosen as they offer complete anonymity to participants and produce standardised answers which expediently assist the researcher with the data analysis phase (Denscombe, 2003). They also facilitated the collection of a large sample, at a single research site, at a reasonable cost

(Bryman, 2004). Social research which asks people to talk about their own lives requires some personal touch therefore postal and phone questionnaires were not considered appropriate for this study (Denscombe, 2003).

Piloting the Questionnaire

To enhance the validity of the research process, pilot questionnaires (n=5) were used to assess the astuteness of the questions, highlight areas of confusion and address any concerns (Bryman, 2004; Robson, 2002:27). When designing the questionnaire I had to consider the fact that English was not the first language of Filipina nurses (Bryman, 2004). Although a small number of questions were misinterpreted in the pilot study, participants reported that they liked the design of the questionnaire and felt at ease answering the questions asked. Questions that were misinterpreted were subsequently reworded to make them clearer and easier to follow.

Content and Layout of the Questionnaire

According to Denscombe (2003) self-completion questionnaires should have a simple well laid out design so participants can follow the questions with ease and give accurate responses. In this study the questionnaire gave clear instructions, used simple clear language and avoided culturally sensitive or embarrassing questions (Neuman, 2011; Denscombe, 2003; Sarantakos, 1997). There was a logical flow to the questions being asked, with the most straightforward questions at the start of the survey (see Figure 4.4). Existing theory and research were used at the start of the project to plan and design the questions to be asked in the quantitative phase (Humphries et al 2008a; Tadjbakhsh and Chenoy, 2007; Mahoney and Pinedo, 2007; Yeates, 2004a; UNDP, 1994). Participants were asked questions about their lives and their experience of being a migrant nurse, with specific questions asked in relation to the security of their position in Ireland and personal well-being and their security and well-being at work.

Figure 4.4 Themed Sections of the Questionnaire

Section 1 - General,

Section 2 - Family

Section 3 - Legal Status

Section 4 - Nursing Qualifications and Recruitment

Section 5 - Main Nursing Post That You Are Currently Working In

Section 6 - Migration Experience and Plans for the Future

Constructing the Questions

The questionnaire consisted of fifty two questions which were considered necessary to cover crucial issues relating to the research topic. While there are no set rules on the length of a questionnaire, it is recognised that response rates drop significantly for longer questionnaires (Neuman, 2011; Denscombe, 2003). I anticipated that any negative response to the large number of questions would be offset by the fact that nurses were interested in the research topic as it was of great significance to their lives (Neuman, 2011; Bryman; 2004). I also took a number of steps to ensure quick and efficient responses to questions. The questionnaire mostly consisted of pre-coded or close-ended questions requiring tick box answers making them quick and easy to complete (Denscombe, 2003). Filter questions (see Figure 4.5) were also used to direct participants away from irrelevant questions therefore further reducing completion time (Sarantakos, 1997).

Figure 4.5 Example of a Pre-Coded Filter Question

What is your civil status?

Single Married Living with partner Married but separated

Legally separated Divorced Divorced and remarried Widowed

IF YOU DO NOT HAVE A SPOUSE/PARTNER PLEASE MOVE ONTO QUESTION 7

Pre-coded questions provide standardised answers which can assist the researcher in the data analysis phase, while open-ended questions provide wide and varied responses that can be ineffective and difficult to evaluate (Robson, 2002). For this reason open-ended questions were kept to a minimum and were only used when specific answers were needed to obtain the most accurate data for example *what year did you come to Ireland to work as a nurse?* While

pre-coded questions can speed up the completion time of questionnaires and encourage people to respond in an honest way, they can also lead to frustration if the options available to answer the questions are restricted (Denscombe, 2003). In order to obtain the most reliable and accurate information the response set or possible answers given to questions were mutually exclusive and exhaustive (Neuman, 2011). When it was impossible to include all possible answers to a question asked, the option *other* was given (Sarantakos, 1997). Providing mutually exclusive and exhaustive answers to pre-coded questions can also safeguard against leading questions and researcher biases (Neuman, 2011). Balanced response categories (see Figure 4.6) offering polar opposite response sets were also used to reduce bias in the questionnaire (Neuman, 2011). The questionnaire contained questions about facts *what age are you?* and opinion seeking questions *how satisfactory have you found family reunification laws in Ireland?* Opinion seeking questions ask participants ‘to reveal information about feelings, to express values and to weigh up alternatives in a way that calls for judgement about things rather than mere reporting of facts’ (Denscombe, 2007:155). The Likert Scale (see Figure 4.6) was used in this questionnaire to assess participants’ attitudes and opinions. In order to construct reliable questions and scales that will yield answers suitable for statistical analysis using SPSS software, I took part in extensive SPSS training, consulted with a statistician at WIT and carried out extensive methodological and statistical research (see Neuman, 2011; Neuman: 2006; Denscombe, 2007; Bryman, 2004; Robson, 2002; Sarantakos, 1997).

Figure 4.6 Example of Likert Scale with Polar Opposite Response Sets

<p><i>How satisfactory have you found family reunification laws in Ireland?</i></p> <p><i>Very satisfactory</i> <input type="checkbox"/> <i>Satisfactory</i> <input type="checkbox"/> <i>Unsatisfactory</i> <input type="checkbox"/></p> <p><i>Very Unsatisfactory</i> <input type="checkbox"/> <i>No Opinion</i> <input type="checkbox"/></p>
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The use of a large number of pre-coded questions can result in the loss of important or original data (Neuman, 2011). To offset this limitation the last page of the questionnaire gave participants the opportunity and space to express their feelings about their experience of being a migrant nurse in Ireland. *Is there any comment you would like to make about your experience of being a Filipina nurse in Ireland?* At the very end of the questionnaire participants were asked to leave their contact details if they wished to take part in follow up interviews.

Choosing a Valid Sample

According to Neuman (2011:240) a sample is ‘a small set of cases a researcher selects from a large pool and generalizes to the population’. It is more often than not impossible for researchers to study an entire population or group of people and attempting to do so can lead to less accurate results as systematic errors are more likely to occur (Neuman, 2011). Quantitative research is usually associated with random sampling techniques where ‘each unit of the population has an equal probability of inclusion in the sample’ (Bryman, 2004:90). As I did not have access to sufficient information about the target population in this study (Filipina nurses over eighteen years of age living and working in Ireland) non-random sampling techniques were used (Denscombe, 2003).

In June 2009 permission to gain access to a single research site at the National Filipino Independence Day celebrations at St. Anne’s Park, Dublin was secured. Here self-selecting or volunteer sampling techniques were used. Filipina nurses were asked to participate in the research and became part of the study when they agreed to complete a questionnaire (O’Leary, 2005; Sarantakos, 1997). A large poster advertising the research and asking nurses to participate was placed at the front of the INMO stand and approximately 200 flyers advertising the research were distributed in the park (see Appendix Four). The researcher and four helpers invited passers-by and went out into the crowd to ask nurses to participate in the study. It is recognised that non-random sampling techniques are more likely to introduce bias into a sample than random or probability sampling techniques (Neuman, 2011; Bryman, 2004). Nurses who agreed to take part in the study may be considerably different to those who did not agree to take part and nurses who attended the celebrations in the park may be different to those who did not attend the celebrations (O’Leary, 2005; Denscombe, 2003). Therefore a number of steps were taken to keep any possible bias to an absolute minimum (see Figure 4.7).

Figure 4.7 Steps Employed to Reduce Bias in the Sample

- The National Filipino Independence Day celebrations at St. Anne’s Park, hosts the largest yearly gathering of Filipino people in Ireland. Large numbers of Filipina nurses from all over Ireland attend the celebrations. The aim was to include respondents from both urban and rural locations and from public and private care institutions to have a wide and varied sample as possible.
- Target population was clearly defined – Filipina nurses (over eighteen years of

age) from the Philippines living and working in Ireland.

- The celebrations start early in the morning and continue late into the evening, giving sufficient time to access the target population.
- Research was advertised and approximately 200 flyers were distributed in the park to access as many Filipina nurses as possible at the research site.
- The sample was taken from a neutral environment where participants were free to express their honest thoughts and feelings.
- A large sample was used to reduce sampling error.

Source: Neuman, 2011; Bryman, 2004

Securing a High Response Rate

One of the most damaging limitations to social surveys are low response rates which have implications for the validity of the research, as those who agree to take part may be very different to those who do not agree to take part (Bryman, 2004). For this reason a number of steps were taken to secure a high response rate of 83.3 per cent in this study (see Figure 4.8).

Figure 4.8 Steps Taken to Ensure a High Response Rate

- Prior to conducting the research steps were taken to build trust with the Filipino community and the study was advertised in an INO magazine..
- Questionnaires were handed out at a single research site and collected on the same day.
- Participants were provided with details of the study and any possible implications.
- A poster and 200 flyers were used to advertise the researcher and reach as many Filipina nurses as possible on the day (see Appendix Four)
- The poster and the flyers advertising the research posed a question, aimed at encouraging nurses to participate and complete questionnaires. *Would you like to help research aimed at providing a greater understanding of the lives of Filipina nurses in Ireland?*
- The poster and flyers also stated *in appreciation to the nurses assisting with this research, a donation will be made to 'Gawad Kalinga', an organisation that provides support and care to people in the Philippines.*
- Tables and chairs were set up beside the INMO stand where nurses could sit

down and complete the questionnaires.

- There was some personal contact between the researcher (and or helpers) and the nurses taking part.
- The research helpers had a good understanding of the research topic and the aim of the study.
- The research was conducted in a friendly, open and honest way.
- Refreshments were offered to people completing the questionnaires.
- Two large boxes were made available, one for completed consent forms and the other for completed questionnaires. Participants did not have to leave their name on the completed questionnaires so anonymity was offered for those taking part.
- The questionnaire was distributed in a non-threatening neutral environment.
- Confidentiality was assured for all taking part.

Source: Neuman, 2011; O’Leary, 2005; Gilbert, 2001

Statistical Analysis

The statistical package SPSS (Version 19) was used for analysis. Given the non-random nature of the sampling method employed, and following advice from a statistician I realised that inferential statistics (tests of significance excreta) were not appropriate for this study. Only descriptive statistics, therefore, are reported in this study: frequencies/percentages for categorical data, means and standard deviations for numeric data, and cross-tabulations for the relationship between two categorical variables. Simple graphical presentations for example bar charts are also employed. The percentages quoted are for the actual number of respondents to each questionnaire item e.g. if 120 out of 125 responded to a particular question, and 30 of these responded “yes”, this would be reported as 25% (30 out of 120).

4.5 QUALITATIVE PHASE

According to Teddlie and Tashakkori (2009) the combination of questionnaires and interviews is one of the most common approaches to mixed methods research, allowing the strengths of both methods to be used in a complementary way. In this mixed methods study the first quantitative phase was used to gather a large number of responses (n=125) on a broad range of survey topics (Denscombe, 2003). Findings from the first quantitative phase were then used to guide the qualitative phase, which used interviews (n=21) to further explore the findings from the first phase of the study. While interviews can be a costly and timely method of data collection they can provide rich in-depth data necessary to answer the

important research questions (Creswell et al, 2003; Bryman, 2004). In this study qualitative interviews with an emphasis on ‘discovery and exploration’ (Sarantakos, 1997:53) were used to gather rich detailed data about the lives of Filipina nurses in Ireland (Creswell and Plano Clarke, 2007; Creswell et al 2003).

Semi-Structured Interviews

Semi-structured qualitative interviews were chosen as the best research instrument to further explore the experiences of Filipina nurses in Ireland and capture the complexity of their lives (Silverman, 2010; Neuman, 2011; Bryman, 2004). Interviews do not produce standardised answers which can make data analysis difficult and timely (Denscombe, 2003; Sarantakos, 1997). To help counter this limitation semi-structured interviews were used. Semi-structured interviews allow for the use of an interview schedule or guide (see Appendix Five) including a list of topics to be covered during the course of the interview (Bryman, 2004). In this study results from the first quantitative phase provided a clear focus for the interview schedule and helped determine the questions to be asked (Bryman, 2004). Semi-structured interviews have been criticised for obscuring genuine access to participants’ perspectives. However, they have also been revered for their ability to produce more standardised answers thereby enhancing the *reliability* of a study (Bryman, 2004). In this study semi-structured interviews were used to combine structure with flexibility. During the interview process I changed the order or wording of questions, left out irrelevant questions or added new questions as necessary to gather the most appropriate and meaningful data (O’Leary, 2005; Bryman, 2004; Robson, 2002).

The Role of the Researcher in Qualitative Research

In line with the ethical values embraced by this study I conducted interviews in an open, honest and respectful manner (Mertens, 2007). In keeping with the underlying philosophical assumptions the researcher took on a ‘reflexive and interactive’ role where the researcher and participant collaborate and ‘share in the process of negotiating coverage, language and understanding’ (Lewis and Ritchie, 2003: 140). It is recognised that assuming such an active role in the interview process can lead to possible biases therefore a number of steps were taken to gather honest, valid and meaningful data (see Figure 4.9).

Piloting the Interview

A pilot interview was carried out to test the suitability of the questions asked, the structure of the interview schedule, the ability of the researcher to conduct the interview and the time it

would take to complete the interview (Silverman, 2010; Bryman, 2004). In the pilot interview the participant was allowed to talk at her own pace while covering all of the topics on the interview schedule. However, at times I assisted a little too enthusiastically in an effort to cover all the topics on the interview schedule and this issue was addressed in subsequent interviews (Silverman, 2010). The feedback from the pilot interview was positive, the participant felt comfortable throughout the interview process and felt the questions asked were relevant to her experience as a migrant nurse here in Ireland. Results from the first phase of the study used to guide the interview schedule contributed to the success of the pilot questionnaire (Creswell and Plano Clarke, 2007). As expected, I spent about two hours at the participant's home and the interview took approximately one hour to complete (Bryman, 2004). Due to the success of the pilot questionnaire, it was incorporated into the main research study and it was not considered necessary to carry out any further pilot interviews (Lewis and Ritchie, 2003).

Figure 4.9 Steps Taken to Produce Honest, Valid and Meaningful Data

- The researcher embraced values of equality, respect, dignity and privacy.
- The interview was carefully planned, designed and piloted.
- Interviews were conducted in an open, honest and respectful manner.
- To guard against researcher bias results from the questionnaires completed in the first phase of the study were used to draw up the interview schedule.
- The researcher was open and honest about what was expected of participants and reassured participants that there were no right or wrong answers to the questions (see Appendix Five).
- Participants were told they could withdraw from the research at any time (see Appendix Five).
- The researcher adopted a non-judgemental stance.
- The interview was conducted in a relaxed environment at the participant's home or at an alternative location chosen by them.

Source: Neuman, 2011; Denscombe, 2003; Robson, 2002; Gilbert, 2001; Sarantakos,

1997

Preparing for the Interview

In preparation for the interview I designed a consent form (see Appendix Two), an interview schedule (see Appendix Five) and a demographics form (see Appendix Six). Findings from the quantitative phase were used to develop a number of key open-ended questions (see

Figure 4.10) to be asked during the course of the interviews. Rather than looking for wide empirical generalisations of the human security dimension of nurse migration, empathic and careful listening was used in the interview phase to bring to light the meaning of human security from the perspective of Filipina nurses in Ireland (Truong et al 2014b). Here, questions were asked about participants' experience at the pre migration, transition and post migration stage and about feelings of (in) security and well-being (Truong et al 2014b). It is important to note here that during the interview process nurses did not speak in terms of 'human security' which is an academic term but spoke of quality of life, well-being and feelings of (in) security and so on.

Figure 4.10 Interview Schedule – Introduction Key Questions

1. How would you describe your day to day life in Irish society?
2. Can you tell me about your decision to come to Ireland to work as a nurse?
3. How would you describe your experience of working in the Irish health service?
4. As a migrant nurse in Ireland how do you feel you have been treated by the Irish government?
5. Has being a migrant nurse in Ireland impacted on your life?
6. Has the current economic downturn (recession) in Ireland impacted on your life?
7. Would you have migrated to Ireland as a nurse if you had the same opportunities in the Philippines?
8. What sacrifices have you made to be a migrant nurse?
9. Have you ever experienced racism or discrimination in Ireland?
10. How long do you intend to stay in Ireland? Why?
11. Looking at the bigger picture how do you think nurse migration impacts on communities and families in the Philippines?

Interview Protocol

In keeping with values of equality, respect and privacy; individual as opposed to group interviews were considered the best method to collect data (Mertens, 2007: Baker et al 2004). Face to face interviews were used as they facilitate direct contact between the researcher and

the participant and it is recognised that the success of an interview relates to the ability of the researcher to establish a good rapport with (O’Leary, 2005). Face to face interviews can also enhance research findings as they allow the researcher assess the physical reactions of participants (Babbie, 2009). Prior to conducting the interview I took the time to put participants at ease and create a climate of trust (see Appendix 5). I used simple clear language and avoided sensitive or embarrassing questions throughout the interview process (Neuman, 2011; Denscombe, 2003; Sarantakos, 1997). There was a logical flow to the questions asked and the most straightforward questions were asked first for example *how would you describe your day to day life in Irish society?* Questions two to six followed a logical flow and were designed to help participants narrate their migration journey for example *can you tell me about your decision to come to Ireland to work as a nurse?*

A number of direct questions were asked to get specific information on the impact of migration such as *what sacrifices have you made to be a migrant nurse?* Open-ended questions were used to encourage nurses to speak freely and gather information on matters not previously considered by the researcher for example *how would you describe your experience of working in Ireland’s health service?* I listened carefully and gave participants time to answer the questions asked and at different points during the interview repeated back a summary of what the participant had said to ensure information was understood correctly (Bryman, 2004; Robson, 2002). Gentle probes were used such as *anything more?* when I felt participants had additional information to give (Robson, 2002). According to Lewis and Ritchie (2003:154) ‘it is all too easy to ask a question that suggests a possible answer to the interviewee’ to avoid this I used neutral questions throughout the interview for example *how did that make you feel?* At the end of the interview I gave participants a card and a box of chocolates to thank them for their time and for agreeing to take part in the research.

Recording the Interview

Interviews can be intimidating for participants, especially when they are recorded. However, it is necessary to record interviews to accurately and completely collect the data (Robson, 2002). Tape recording ‘provides an accurate, verbatim record of the interview, capturing the language used by the participant including their hesitations and tone in far more detail than would ever be possible with note-taking’ (Lewis and Ritchie, 2003:166). In the qualitative phase of this study all interviews were audio taped and notes were taken to record non-verbal cues and any additional information given when the tape was turned off (Lewis and Ritchie, 2003; Robson, 2002). To reassure participants the consent form stated that. *All interviews will*

be recorded as it would be difficult to write down everything that is discussed. This tape will be stored securely until it is transcribed and it will be destroyed two years after the research is completed. No record of the interview will be kept with your name on it and consent forms will be stored separately from any interview records. The tape recordings from the interviews were transcribed and content-analysed thematically using computer-assisted qualitative data analysis software package NVivo 9 (Bryman, 2004).

Choosing a Valid Sample

Interviews are usually carried out with a small number of participants to gather rich in-depth information therefore non-random sampling techniques are employed (Teddlie, Tashakkori, 2009; Denscombe, 2003). In a non-random sample participants are chosen to reflect the particular features of a group and for the special contribution they can make to the study (Denscombe, 2003; Ritchie et al 2003). According to Silverman (2010) random sampling is *not* necessary to produce credible research as a single case may provide rich illuminating data necessary to answer the research questions. When hand picking a sample a researcher could easily introduce bias by choosing respondents that will confirm what they already suspect (O’Leary, 2005). It is important for the researcher to be aware of their personal ideas and assumptions and employ valid techniques for choosing and collecting the research sample (O’Leary, 2005). For the qualitative phase of this study interviews were conducted with a sample of Filipina nurses (n=21) living in the East and South East of the country, during the autumn of 2011. Nurses had to be over eighteen years of age to take part. The aim was to use *purposive sampling* techniques to include diversity into the sample and reflect the different characteristics of the group (Ritchie et al 2003). To highlight demographic differences a sample was chosen from the East (Greater Dublin Area) and South East of the country, as experiences may be very different in more urban than rural areas.

Securing an Adequate Sample

Some of the Filipina nurses taking part in the questionnaire survey in 2009 indicated that they would like to take part in follow up interviews, leaving their contact details at the end of the survey. In 2011 a number of these respondents from the Greater Dublin Area were contacted by the researcher and invited to take part in follow up interviews. I intended to use purposive sampling techniques to incorporate a number of characteristics identified in the first phase of the research, as being important to the migration experience of Filipina nurses (Creswell and Plano Clarke, 2007; Ritchie et al, 2003). However, two years had passed since completing the questionnaires and with many of the nurses employed in shift work contacting them proved to

be a difficult task. Therefore purposive sampling techniques were not used and to secure an adequate sample (n=7) I had to contact all the nurses from the Greater Dublin Area. Although it was not possible to purposively choose the sample I was satisfied that the sample achieved, included a number of diverse characteristics identified in the first phase of the research (Creswell and Plano Clarke, 2007; Ritchie et al, 2003). The fact that nurses had already taken part in the first phase of the research helped to build trust with the participants.

In October 2011 contact was made with a Filipina nurse in the South East of the country and the sample 'snowballed' from there (n=14) (Neuman, 2011). This Filipina nurse took part in the first interview and she later contacted a number of her friends and work colleagues to take part in the study. Some of these nurses subsequently contacted their friends and colleagues to take part in the research study. According to Ritchie et al (2003) the fact that new participants were generated through participants who had already taken part in the study can compromise the diversity of the sample frame. To guard against this I continued to conduct interviews until all the key characteristics were covered and asked nurses to identify participants with the characteristics necessary to collect complete and valid data (Ritchie et al, 2003). The fact that nurses heard about the research from a friend or colleague who had already completed an interview for the study helped to build trust with the participants (Denscombe, 2003; Lewis and Ritchie (2003). All participants taking part in the second phase of this study were asked to meet at a time and location convenient to them. The majority of the interviews took place in the participant's home, where they felt at ease, safe in the comfort and privacy of their own home (Denscombe, 2003; Lewis and Ritchie (2003).

Sample Size

In qualitative research a large sample size is not considered necessary to produce credible results. In fact the collection of large amounts of data in qualitative research can result in the loss of detailed qualitative methods of analysis (Silverman, 2010). According to Ritchie et al (2003) a phenomena needs to only appear once to be considered part of the analytical map. In qualitative research the researcher is not concerned with incidence and prevalence instead they are concerned with achieving a sample that captures the key characteristics of the population thus producing rich detailed and valid data (Ritchie et al 2003).

Qualitative Analysis

In the qualitative phase the coding and thematic analysis of data was carried out using NVivo 9 software. A classification node was created in NVivo to record the information gathered

from the short demographic surveys completed prior to the interview. Factors identified as important to respondents security and well-being in the first phase of this study ‘the decision to migrate’, ‘the recruitment process’, ‘working as a migrant nurse in Ireland’, ‘family and community life in Ireland’, ‘family and community life in the Philippines’ ‘legal status’, ‘respect, racism and discrimination’, ‘impact of recession’ and ‘plans for the future’ were assigned as parent nodes prior to coding the data and a number of child nodes were allotted to each parent node (Ritchie et al 2003). An additional parent node, titled *specific questions* was created for information relating to a number of summary questions that were asked at the end of each interview. New parent and child nodes were added as necessary throughout the analysis process *risk, home, new culture, impact on spouse* and so on. I read through each interview and divided the text into small units (phrases, sentences, paragraphs) each text segment was then assigned to the appropriate node(s). To ensure accurate, valid and meaningful information was extrapolated from the large volume of data collected; nodes and themes were also manually identified, a summary report of each interview was recorded and research comments and reflections were logged in a memos file (Richards, 1999). Data from the interview phase was used to identify common themes and provide multiple perspectives on the experience of being a migrant nurse in Ireland (Creswell, 2007).

4.6 RESEARCH QUALITY IN MIXED METHODS RESEARCH

In this mixed methods study multiple samples that vary in size were used to yield both numeric and explorative data necessary to answer the research questions (Creswell and Plano Clarke, 2007). Filipina nurses completed questionnaire surveys in the first phase of the study yielding a large sample size (n=125). Results from these surveys were then used to guide the qualitative phase which had a much smaller sample size (n=21). Such variations in sample size are not an issue in mixed methods sequential designs as the researcher did not look to merge or compare the two data sets (Creswell and Plano Clarke, 2007:123). The use of two different samples to generate a breadth and depth of information can enhance the *validity* of the research as it allows the researcher to generate complementary data (Teddlie and Tashakkori, 2009). Multiple methods in research can produce more meaningful and informed results as the qualitative research builds on and further explains the quantitative data (Creswell and Plano Clarke, 2007). A number of steps were taken to ensure the overall quality of the study (see Figure 4.11).

Figure: 4.11 Steps to Enhance the Quality of Mixed Methods Research

- The quantitative data collection phase has a much larger sample (n= 125) than the qualitative phase (n=21).
- Findings from the first quantitative phase were used to determine the focus of the second qualitative phase.
- The qualitative phase further explains and explores quantitative results.
- Traditional approaches to *validity* were identified and addressed in both the quantitative and the qualitative stages of the research process.

Source: Creswell and Plano Clarke, 2007

Quantitative Phase

In keeping with the underlying philosophical and methodological assumptions of this study, quantitative research was articulated scientifically, without claiming that scientific knowledge is totally objective, valid and accurate (Crotty, 1998: 29). While it may not be possible to claim that the results from the quantitative phase of this study are truly representative, more importantly I am satisfied that they provided a broad and general understanding about the lives of Filipina nurses in Ireland especially in terms of their security and well-being and, acted as a catalyst for further exploration of their lives in the second phase of the study (Neuman, 2011; Sarantakos, 1997; O’Leary, 2005).

Reliability in quantitative research is concerned with the consistency of the measures used to collect and analyse data (Bryman, 2004). If the research instrument is consistent and *reliable* it will produce the same results each time (Deanscombe, 2003). While no formal tests for *reliability* or *validity* were appropriate in this study great care was taken in the formulation of the questionnaire to produce standardised answers, cancel out bias and enhance the consistency of results (Oppenheim, 1992). ‘*Validity* refers to the issue of whether an indicator (or set of indicators) that is devised to gauge a concept really measures that concept’ (Bryman, 2004; 72). According to Denscombe (2003) the quality of data collected is only as good as the methods used to collect them. ‘The idea of *validity* hinges around the extent to which research data and the methods for obtaining the data are deemed accurate, honest and on target’ (Deanscombe, 2003:301). Internal *validity* measures ensure that the study investigates what it intended to investigate and external *validity* is concerned with the representativeness of the sample (Seal, 2004). In the first phase of this study I am satisfied that throughout the design of the questionnaire survey, the construction of the questions and

the collection of the data, all the necessary steps were taken to produce accurate, honest and valid data (Neuman, 2011; 2006; Creswell and Plano Clarke, 2007; Bryman, 2004; Deanscombe, 2003; Robson 2002). While no formal tests were necessary to test the *validity* of the research, the use of SPSS to analyse quantitative data will ensure that the findings from the survey are both reliable and valid (Bryman, 2004; Seal, 2004). According to Seal (2004) *validity* refers to the ‘truth-value’ of a study. Can we say what we found reflects reality and covers all critical matters? All the necessary steps were taken in the first phase of this study to cover all critical matters, achieve the best sample possible and create a *reliable* and accurate research instrument. However, it is acknowledged that if this study was repeated now, it would probably produce very different results as the circumstances of the Filipina nurses are likely to have changed since the survey was conducted in 2009 (Neuman, 2011; Seal, 2004).

Qualitative Phase

Issues of *reliability* and *validity* have different meaning for qualitative research. *Reliability* has limited meaning as qualitative researchers are more concerned with insight and understanding than the replicability of the study (Creswell and Plano Clarke, 2007; Bryman, 2004). In qualitative research *generalisations* cannot be made on a statistical basis due to non-random sampling techniques and a small sample size. In keeping with the epistemological assumptions of the study findings will be generalised to theory rather than the general population (Myles and Huberman, 1994) ‘to uncover a deeper level of reality’ (Neuman, 2011:112). To ensure the *validity* or *trustworthiness* of the research, the trail of the study was audited and all the necessary steps were taken throughout the design of the interview, the construction of the questions and the collection of the data to produce honest, valid and meaningful data (Neuman, 2011; 2006; Creswell and Plano Clarke, 2007; Bryman, 2004; Denscombe, 2003; Robson 2002). One of the main threats to the *validity* of flexible designs is the inaccuracy or incompleteness of the data set (Robson, 2002). To overcome this limitation, all interviews were audio taped, transcribed and content-analysed thematically in order to identify gaps or omissions in the breadth and depth of the issues which emerged (Bryman, 2004; Robson, 2002). To enhance *validity* the data was content-analysed thematically both manually and through the use of NVivo 9 software (Bryman, 2004; Richards, 1999).

4.7 LIMITATIONS OF THE STUDY

Due to financial and time constraints I was unable to afford nurses the opportunity to respond to the research findings before they were analysed and discussed. Involving the nurses at this stage of the research process could have greatly enhanced the data while allowing the Filipina community greater power and control over the research process (Schostak and Schostak, 2008; Mertens, 2007).

CONCLUSION

A broad holistic concept of human security (Ewan, 2007; UNDP, 1994) is used in this study to give an insight into the human dimension of migration and to capture the wider socio-political context that shapes the lives of Filipina nurses in Ireland (Truong et al 2014a; Guild, 2009). Modern feminist theory is used to strengthen the theory of human security and offer a broad and deep understanding of the particular (in) securities Filipina nurses experience due to the fact they are both female and migrant (Truong et al 2014a; Robinson, 2011). A mixed method approach using both quantitative and qualitative methods was chosen as the best design to produce rich detailed data and capture the complexity of the experiences of Filipina nurses in Ireland. Steps taken in both phases to reduce bias and produce *accurate, valid* and *reliable* data were reported throughout this chapter. The quantitative survey in the first phase of this study was used to provide a broad and general understanding of the lives of Filipina nurses in Ireland and identify factors important in ensuring their security and well-being, the results of which will be reported in chapter five. Quantitatively it is difficult to portray the significance of these findings, for this reason interviews were used to further explore and explain the quantitative findings; the results of which will be reported in chapter six. Chapter six will discuss and integrate the significant and interesting findings from the quantitative phase with findings from the qualitative phase. In keeping with the epistemological assumptions of the study findings from both phases will be generalised to theory at the discussion stage (Neuman, 2011:112).

CHAPTER 5: RESEARCH FINDINGS – QUANTITATIVE RESULTS

INTRODUCTION

When we talk about human security we are talking about threats to the security of the individual and the factors important in securing the well-being and dignity of human beings (UNDP, 1994). Therefore, when exploring the human security dimension of nurse migration we need to ask questions about security and well-being and what people require to feel secure in their lives (UNDP, 1994). A quantitative investigation was carried out for the first phase of this study in June 2009 when Filipina nurses (n=125) completed questionnaire surveys. The quantitative survey was used in this study to provide a broad and general understanding of the lives of Filipina nurses in Ireland and identify factors important in ensuring their human security and personal well-being. The survey contained fifty two questions relating to general characteristics, family, legal status, nursing qualifications and recruitment, current nursing post and migration experience and plans for the future. Most questions were factual but Likert Scale questions were used to assess respondents' opinions. Respondents were also asked to leave 'additional comments' throughout the questionnaire thus providing some qualitative information that will also be reported in this chapter. These comments are quoted in italics at appropriate points throughout the chapter.

I have divided this chapter into two sections; section A relates to the overall experience of living as a migrant nurse in Ireland while section B relates to the experience of working as a migrant nurse in Ireland's health service. Section A contains information relating to general characteristics, family circumstances and legal status. I then provide details of the many different factors that contribute to the overall experience of being a migrant nurse in Ireland especially in terms of their security and well-being. Section B provides details of nursing qualifications, the recruitment process and the post respondents currently work in. I then provide details of the many factors that combine to determine the experience of migrant nurses working in Ireland's health service especially in terms of their security and well-being. Significant findings highlighted in the conclusion of this chapter will be further explored in the second qualitative phase of the study.

SECTION A- EXPERIENCE OF BEING A MIGRANT NURSE IN IRELAND

5.1 GENERAL CHARACTERISTICS, FAMILY AND LEGAL STATUS

Filipina nurses taking part in the first phase of this study were recruited into Ireland's health service to address gaps in service provision from the years 2000 to 2009. The majority 56.9% (70) arrived in the years 2001/ 2002 and a significant number 19.6% (24) arrived in 2004/2005, figures which are broadly in line with immigration and nurse registration data (Humphries et al 2008a). In this section of the chapter I provide details of the key characteristics of the nurses taking part in the first phase of this study including their family circumstances and details of remittances sent home to the Philippines. I also provide information on the legal status accorded to Filipina nurses living and working in Ireland and their experience of Irish immigration law and policy including family reunification policy.

General Characteristics

Almost half of the nurses taking part 47.2% (59) are aged (36 to 45) years with a significant number 26.4% (33) aged (26 to 35) years and 24% (30) aged (46 to 55) years. Most nurses 87.1% (108) live in the greater Dublin area and the majority 60.5% (75) stated that they are renting their home. Key characteristics of respondents, including age, place of work and housing tenure, are presented in (Table 5.1).

Table: 5.1 Key Characteristics of Filipina Nurses

Age	Frequency
21-25	.8% (1)
26-35	26.4% (33)
36-45	47.2% (59)
46-55	24% (30)
56-65	1.6% (2)
Place of Work	Frequency
Dublin	87.1% (108)
Cork	.8% (1)
Limerick	1.6% (2)
Waterford	.8% (1)
Other	9.7% (12)
Housing Tenure	Frequency
Paying Mortgage	35.5% (44)
Private Rented	60.5% (75)
Other	4.0% (5)

Civil Status

The majority of respondents 77.4% (96) are married with just 17.7% (22) stating that they are single. The remaining 4.8% (6) are living with their partner, married but separated or widowed. Table 5.2 provides details of the location and employment status of spouse/partners. Findings showed that 23.4% (18) of spouse/partners resident in Ireland are unemployed, and just 30% (3) of spouse/partners resident in the Philippines are unemployed.

Table 5.2 Spouse/Partner Location and Work

Where Resides	Spouse/Partner	Spouse/Partner in Paid Employment				Total
		Yes Ireland	Yes Philippines	No	Other	
	Ireland	59 76.6%	0 .0%	18 23.4%	0 .0%	77 100%
	Philippines	0 .0%	7 70.0%	3 30.0%	0 .0%	10 100%
	Other	0 .0%	0 .0%	0 .0%	1 100%	1 100%

Children

The majority of respondents 79.5% (97) have children with the mean or average number of children per nurse being 1.65 (SD=1.2). Most of the respondents 75.6% (65) have their dependent children (children under eighteen years of age) living with them in Ireland. A further 9 respondents (10.5%) have their dependent children, living in both Ireland and the Philippines, while (14%) 12 said their dependent children reside in the Philippines.

Remittances Sent Home to Family in the Philippines

Nurses often migrate to support family back home and remittances are seen as a substantial resource for many developing countries (Redfoot and Houser, 2005; Yeates, 2005; Aiken et al 2004). Almost all respondents in the first phase of this study 92.8% (116) remit to family in the Philippines the details of which can be seen in (Table 5.3). The mean or average sum of money sent home each month is a substantial €606.25 (SD=408.39). A significant number of nurses (n=22) did not disclose the sum of money they remit each month.

Table 5.3 Breakdown of Remittances Sent Home to Family in the Philippines

Spouse/Partner	Children	Parents	Siblings	Other*
5.3% (6)	22.8% (26)	73.0% (84)	22.8% (26)	9.6% (11)

*Savings, Property Mortgage, Nephews/Nieces, College Support.

Legal Status and Family Reunification Policy

In 2000 a 'fast track' working visa/authoritarian scheme was introduced to allow skilled workers and their families migrate to Ireland, to work in areas experiencing severe skill shortages including the healthcare sector (Humphries et al 2008a). Most of the nurses taking part in the first phase of this study came to Ireland prior to 2007, therefore the majority 83.2% (94) have a work visa/authorisation and just 10.6% (12) a green card permit and 6.2% (7) a work permit. Work visa/authorisation schemes were introduced to offer better conditions than work permits previously issued to non-EEA nurses. The new scheme was issued for two years, offered improved family reunification procedures and allowed nurses to change employer (DETE, 2004). However, nurses continued to experience difficulties in relation to family reunification, rights of spouse/children and the right to citizenship and security of their position here in Ireland (Considine and Dukelow, 2009; Loyal; Humphries et al 2008c). In 2007 work visa/authorisation schemes were replaced with green card permits which were to offer migrant nurses immediate family reunification and a pathway to long term residency (DETE, 2007). This new scheme was criticised for initially offering a less secure legal status and the government were subsequently criticised for failing to deliver on its promise of long term residency after two years (Evans, 2009; Metro Eireann, 2008).

When non-EEA nationals arrive in Ireland they are required to register with the *Garda National Immigration Bureau* (GNIB), where they are issued with a *Stamp* indicating their immigration status (see Appendix seven). Nurses who came to Ireland on a work visa/authorisation permit were issued Stamp 4 permission and those entering into the country on a green card permit were issued Stamp 1 permission. The majority of nurses surveyed in the first phase of this study 89.8% (97) indicated that they had Stamp 4 permission, 6.5% (7) Stamp 1 permission and 3.7% (5) Stamp 5 permission. When asked if possible would they apply for a more secure legal status in Ireland the majority 93.5 (115) % said yes (see Figure 5.1). Only 4.8% (6) out of the 125 respondents indicated that they have received full citizenship status. While the majority of nurses 62.6% (77) found family reunification laws satisfactory or very satisfactory a significant number 23.6% (29) found the system to be unsatisfactory or very unsatisfactory (see Figure 5.2). While there was no automatic right to family reunification prior to the issuing of the green card permit in 2007, in general work/visa authorisation schemes allowed for the reunification of spouses and dependent children (less than eighteen years of age) (ICI, 2006a). Migrant nurses issued with a work authorisation could apply for immediate family reunification. However, those issued with a work visa for

example Filipino nurses had to wait three months before they could apply (DETE, 2007; ICI, 2006a).

Figure 5.1 Legal Status

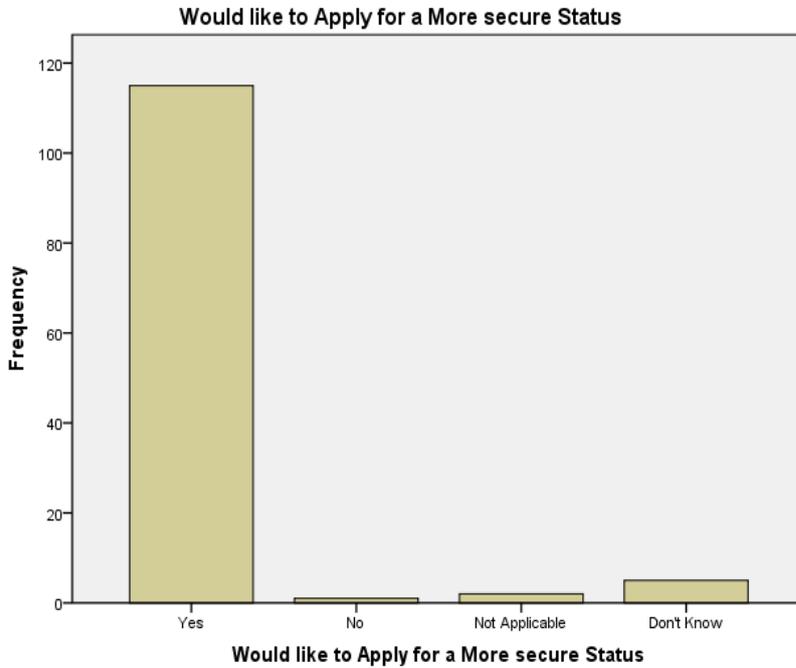
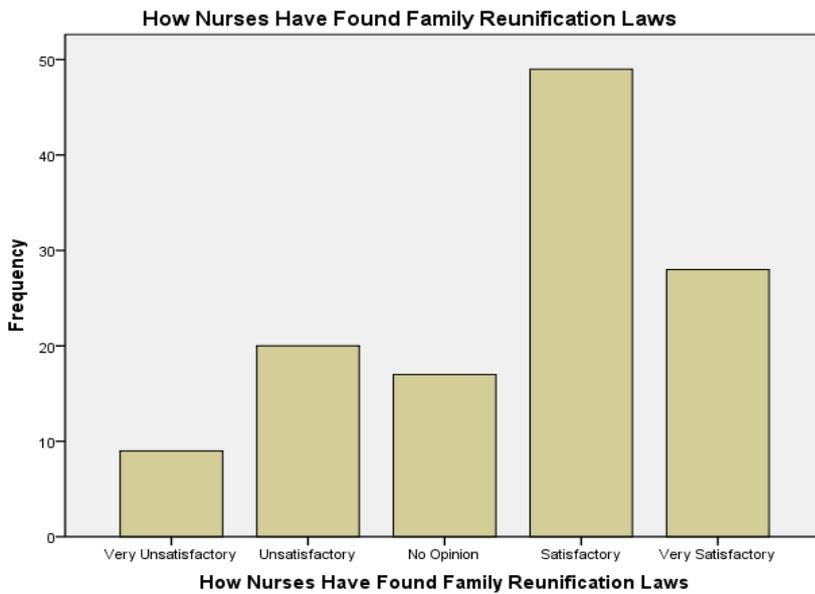


Figure 5.2 Family Reunification



Immigration policy does not allow for the family reunification of children over eighteen years or other family members for example parents/grandparents (ICI, 2006a) and this has been

viewed as a threat to the security of the family unit. In relation to her daughter over eighteen years one respondent wrote *'I have one child (daughter) already a nurse but I can't bring her here due to no living for foreign nurse'*. Respondents have even found it difficult to bring family over for a temporary visit *'my son who is over 18 would like to visit me and just see my place but he was denied'* another wrote *'I am unable to get my children here as tourist very strict'*. Respondents also expressed concerns in relation to access to third level education *'Dependent children are not assured of their placement in college. Colleges are very expensive because the fee is higher than those of EU citizens'*. Another concerned respondent wrote *'Our children if they reach legal age and higher (3rd level) education they are not automatically become EU nor even a credit as an EU student, they have to change their status visa to student from stamp 3 to stamp 2 which is student visa and we have to pay full international fee when they enrol which can be hard for a family with one parent working'*.

While Irish migration policy allows for the reunification of dependent children, 24.5% (21) of the respondents in this study indicated that their children under eighteen years of age are living in Ireland and the Philippines or the Philippines. One nurse unable to bring her dependent children to Ireland wrote *'Family includes my own parents and as a single mother I need my parents to help me with my 2 children to be with me in Ireland'*. In an attempt to retain migrant nurses the law changed in February 2004 to allow the spouse of non-EU nurses take up paid employment (Yeates, 2006). While this may contribute to an increase in satisfaction with reunification policy for some respondents, others expressed their concern. *'My husband can't find work here often employers don't honour spousal permit'* another respondent wrote *'it is still difficult for spouses to find a job. There is no assurance of having a job. Not all employers are aware of this law which can lead to rejection of application for a job'*. In this study 77 nurses have their spouse/partner living with them in Ireland of which 23.4% (18) are unemployed.

5.2 SECURITY OF POSITION IN IRELAND AND PERSONAL WELL-BEING

This section provides details of respondents migration experience, including the decision to migrate and the impact of migration on their lives, and for many the lives of their family. It will provide details of the many different factors that combine to determine the experience of migrant nurses living in Ireland, especially in terms of their security and well-being.

The Decision to Migrate

The majority of respondents 75.9% (63) cited economic and financial reasons as the most important factor influencing their decision to migrate to another country. There was a mixed response in terms of the reasons they chose Ireland as their destination with English language, Catholic country and good pay emerging as the three most important factors. Working conditions, suggestion of recruitment agency and family reunification also emerged as significant factors (see Table 5.4).

5.4 Factors that Most Influenced Migration Decisions

Factor Most Influenced Descision to Migrate to a Different Country	% Frequency
Economic and Financial reasons	75.9% (63)
Travel and Experience	12.0 (10)
Professional Development	8.4% (7)
Join Family Abroad	2.4% (2)
Security	1.2% (1)
Reason Choose Ireland as Destination	% Frequency
English Language	52.8% (66)
Catholic Country	44.0% (55)
Good Pay	41.6% (52)
Good Working Conditions	24.0% (30)
Suggestion of Recruitment Agency	20.0% (25)
Good Opportunities for Professional Development	20.8% (26)
Join Family	13.6% (17)
Irish Culture	7.2% (9)
Other**	5.6% (7)

*No Other Choice, Ireland Recruiting, Family Reunification Policy, Opportunities, Recommended by a Friend.

Note: Figures do not add up to 100% as respondents were given multiple choice answers.

Migration Experience and Quality of Life

The majority of respondents overall indicated that working as a nurse in Ireland had impacted positively on their lives and for many the lives of their family (see Table 5.5). *'Nursing in Ireland opportunity to work with people from different countries, helped personally and professionally, socially and financially. Chance to widen perspective and made me more independent and strong person'*. Filipina nurses can earn much higher wages here in Ireland than back home in the Philippines (Yeates, 2006) which may contribute to the positive impact of migration experienced by many nurses and their families (Yeates, 2006). With 92.8% (116) of respondents sending on average €606.25 (SD=408.39) a month to family in the Philippines, it is not surprising that 88.2% (105) said being a migrant nurse had improved the

lives of their family in the Philippines. However, a number of nurses 19.2% (19) stated that they have experienced a lot of personal distress because of family separation ‘*I am happy here in Ireland but it would be better if my family especially my children are here they can’t come because of their age 17 and 21*’. These findings will be explored further in the second phase of this research study.

Table 5.5 Impact of Being a Migrant Nurse in Ireland

	% Frequency
Improved My Social Status	94.0% (109)
Decreased My Social Status	7.0% (7)
Improved My Standard of Living	99.2% (118)
Lowered My Standard of Living	.8% (1)
Improved Life of Family in Ireland	71.8% (84)
Negative Impact on Life of Family in Ireland	6.0% (7)
Not Applicable	22.2% (26)
Improved Life of Family in Philippines	88.2% (105)
Negative Impact on Life of Family in Philippines	4.2% (5)
Not Applicable	7.2% (9)
Opportunity to be Independent From Family	66.7% (66)
Separated From Family (Caused Personal Distress)	19.2% (19)
Not Applicable	114.4% (4)

Note: Figures do not add up to 100% as respondents were given multiple choice answers

Social Networks, Respect, Discrimination and Racism

Social networks, discrimination and racism are important factors in determining the experience of migrant nurses once they reach their destination (Yeates, 2005). In relation to social supports the majority of respondents 91.7% (111) said they have a good support network here in Ireland. In response to a multiple choice question, a number of different social supports emerged, with Filipino friends 79.3% (88) the Filipino community 60.4% (67) and Filipino work colleagues 49.5% (55) emerging as the top three means of support. Family 43.2% (48), the Catholic Church 19.8% (22) Irish work colleagues 18% (20) and Irish friends 18% (20) also emerged as significant networks of support. While the majority of respondents feel they are respected members of Irish society 85.2% (104), many 84.1 (101) believe they have experienced some form of racism or discrimination outside the workplace because they are a migrant (see Table 5.6).

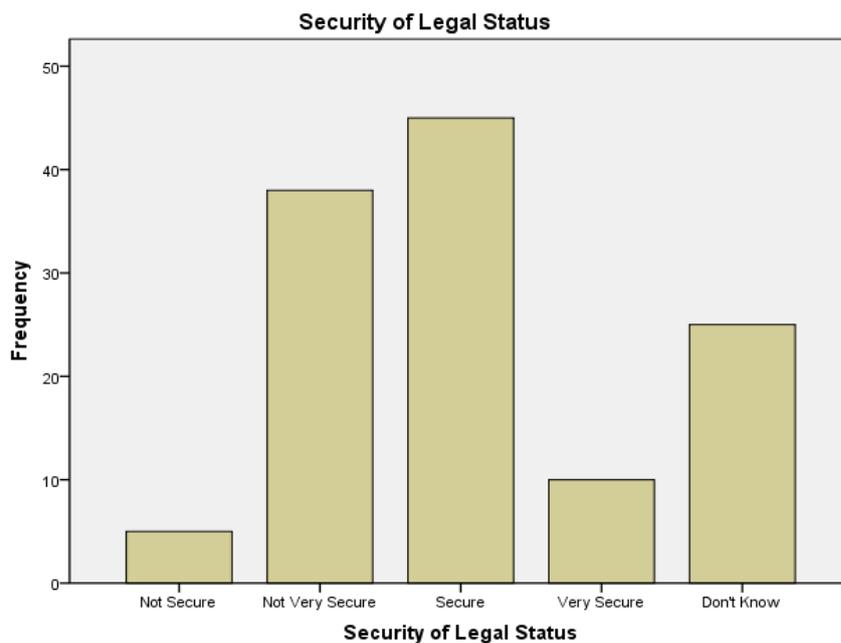
Table 5.6 Experienced Racism/Discrimination Outside of Work

Never	occasionally	Frequently	Daily Basis	Don't Know
15.8% (19)	75.8 (91)	4.2% (5)	3.3% (4)	.8% (1)

Security of Position in Ireland

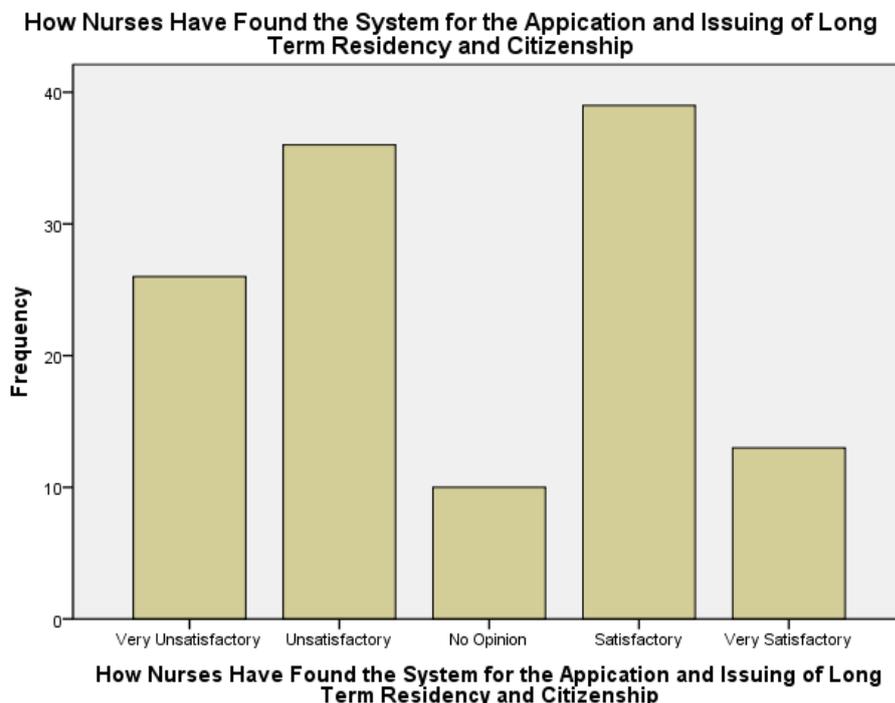
When asked how secure they believed their legal status to be, a significant number 35% (53) said not secure or not very secure and 20.3% (25) indicating that they *don't know* (see Figure 5.3). *I have a very good experience here as a nurse and as an ordinary person living with Irish people. I'm very happy here as are my family but I'm not sure now how secure we are here*. When asked how long they intend or hope to stay in Ireland 33.1% (39) said for five years or more and 35.6% (42) for ten years or more. 11.9% (14) said they do not wish to leave *especially if Ireland will give us security for our visa*. Another respondent wrote *I will stay here if my application for immigration approved. I'm still waiting for it*.

Figure 5.3 Security of Legal Status



Half of the respondents 50% (62) have found the system for the application and issuing of long term residency and citizenship unsatisfactory or very unsatisfactory (see Figure 5.4). This is a significant finding with many respondents expressing concerns over the length of time it can take for an application to be processed *because most of the Filipinos I know of are here for almost eight years and haven't got any Irish citizenship*.

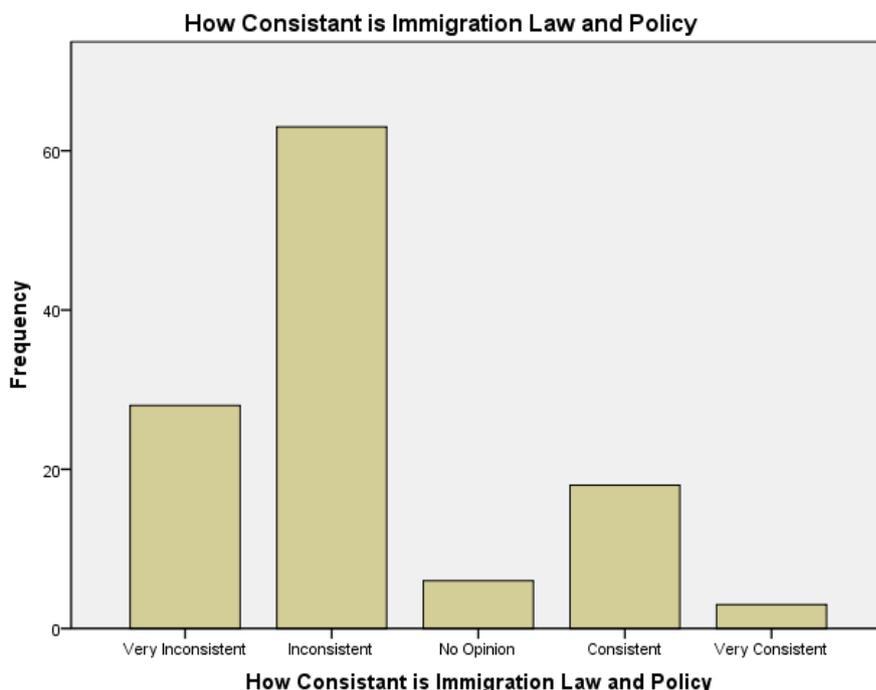
Figure 5.4 Application/Issuing of Long Term Residency and Citizenship



*Reasons Cited for Feeling Insecure - Current Recession, No Work, Changing Immigration Policy

Most of the respondents 77.1% (91) in the first phase of this study have found immigration law and policy to be inconsistent or very inconsistent (see Figure 5.5). *‘It does change nearly every year that we often lost track of what’s happening with our current status as a migrant worker our rights and privileges’*. The reported inconsistency and uncertainty in immigration law and policy including family reunification policy has had a negative impact on the security of the family unit. *‘I am very fortunate to work here in Ireland my children are happy and well settled, gained Irish friends and improved their English proficiency with that I am very glad. The only thing I am worried about is the immigration status of my family. If only the government could look into the stability of our stay here in Ireland, then only then we think of settling in’*. The reported uncertainty and inconsistency surrounding residency and citizenship procedures have left some nurses unsure of their position here in Ireland. *‘Even if you are permanent [in work] it is still the governments discretion weather to keep you or not’* another respondent outlined in relation to the process. *‘It makes it hard for us foreigners working here as if we are begging for stability’*.

Figure 5.5 Immigration Law and Policy



Satisfaction with Life in Ireland

When asked if their positive expectations of Ireland matched their experience there was a mixed response (see Table 5.7).

Table 5.7 Have Your Positive Expectations of Ireland Matched Your Experiences

Yes	Partially	No	Other*
39% (48)	52% (64)	8.1% (10)	.8%(1)

*Thought Irish hospital would be better equipped.

Although the majority of respondents 83.6% (102) said they are happy to be living in Ireland a significant number 67.5% (83) have/would consider a move to another country (see Table 5.8) with the USA, Canada and Australia cited as the countries of choice. Of those considering a move the majority 84.3% (70) said they would move for a more secure status *'if my immigration status is not stabilised'*. Other significant reasons for moving are improved family reunification, 49.4% (41) better working conditions 44.6% (37) and professional development 39.8% (33).

Table 5.8 Satisfaction with Life in Ireland

Happy to be Living in Ireland	Frequency	Valid%
Very Happy	0	.0%
Happy	102	83.6%
Unhappy	7	5.7%
Very Unhappy	10	8.2%
Have You/Are You Considering A Move to Another Country		
Yes	83	67.5%
No	34	27.6%
Other	6	4.9%

The respondent who indicated ‘security’ as a reason for choosing Ireland as a destination country wrote. *‘Working here in Ireland broaden my nursing skills and experiences and knowledge. I’m happy working here in Ireland but it would be more better if my family and especially my children are here (they can’t come here because of their age 17 to 21). As well as there’s no security in regards my job as we might be sent home any time especially in this recession’.* Another respondent who stated financial and economic reasons for migrating to another country wrote. *‘Ireland is no good anymore with a high income tax and all the levies that the government collected from us- because of the failure of their system. It’s ridiculous’* another wrote *I want to thank the irish government for bringing me over here but I’m really disappointed with the present additional levies we have right now. It really affected our lives here in Ireland’*

SECTION B - EXPERIENCE OF WORKING AS A NURSE IN IRELAND

5.3 NURSING QUALIFICATION, RECRUITMENT AND CURRENT POST

In this section of the chapter I provide details of the respondents nursing qualifications, their experience of the recruitment process and their ‘period of adaptation’ when they first arrived to work as a nurse in Ireland. I then go on to provide details of respondents’ current nursing post. Nurses working in more than one post were asked to give details of their main employment position.

Nursing Qualifications

Table 5.9 provides details of respondents’ nursing qualification including the type of qualification, years spent studying and where they received their education and training. The

majority of respondents 92.7% (114) have a general nursing qualification with 96.7% (119) studying in the Philippines and 3.3% (4) studying in both the Philippines and Ireland.

Table 5.9 Nursing Qualification

Type of Qualification	% Frequency
General	92.7% (114)
Other*	10.5% (13)
Years Studied	% Frequency
Four Years	83.5% (101)
Five Years	16.5% (5)
Place of Study	% Frequency
Philippines	96.7% (119)
Philippines and Ireland	3.3% (4)

*Paediatric, Geriatric, Intellectual Disability, ICU, Theatre, Renal-Haemodialysis, Coronary, A&E.

Recruitment Process

The majority of nurses 95.9% (118) said a recruitment agency was involved in their move to Ireland (see Table 5.10). In this study the majority of respondents 90.4% (94) found the information they received from the recruitment agency in relation to the terms of their employment to be accurate or very accurate with just 9.6% (10) finding it to be inaccurate or very inaccurate. In this study 5 respondents reported paying fees in excess of €1000.

Table 5.10 Recruitment Agency

Recruitment Agency Involved	% Frequency
Yes	95.9% (118)
No	4.1% (5)
Where Agency is Based	% Frequency
Philippines	52.0% (51)
Ireland	27.2% (34)
international	13.3% (13)
Pay Fees	% Frequency
Yes*	48.2% (53)
No	51.8% (57)

*Average Sum €802.00 (SD= €621.20).

Period of Adaptation and Training

The majority of respondents in this study 95.2% (119) said they had a period of adaptation and training which lasted from 2 to 12 weeks with the majority 78.1% (75) stating that it lasted for 6 weeks. Of those who did have a period of adaptation and training the majority

96.2% (103) said they found the period of adaptation and training helped them adjust to their new work culture/environment.

Main Nursing Post Respondents Currently Work In

The majority of respondents 96% (119) came to Ireland to work in a full time nursing position, with 77.7% (94) working in the HSE (public sector), 20.7% (25) in the private sector and just 1.7% (2) in the voluntary sector. The majority 79% (98) of respondents still work in the same job with just 21% (26) stating that they have moved job since they arrived to Ireland. On average those who moved jobs have done so twice. Details of respondents' current nursing position can be seen in Table 5.11.

Table 5.11 Current Work Position

Current Post*	Frequency
Full Time Nursing Post	95.1% (117)
Part Time Nursing Post	4.9% (6)
Sector of Nursing	Frequency
HSE (Public)	81.1% (99)
Private	15.6% (19)
Voluntary	3.3% (4)
Type of Service	Frequency
Hospital	79.0% (98)
Nursing Home	11.3% (14)
Residential Service	7.3% (9)
Other	2.4% (3)
Area of Nursing	Frequency
General	50.8% (63)
Geriatric	18.5% (23)
Paediatric	8.1% (10)
Intellectual Disability	8.1% (10)
Other**	15.3% (17)
Clinical Grade	Frequency
Staff Nurse	88.7% (110)
Nurse Manager/Director	9.6% (12)
Other	1.6% (2)

*Average time spent in current position 5.6 years (SD=2.49)

**Midwifery, Psychiatric, ICI, Haemodialysis, Physical Disability, Intensive Care Unit, Rehabilitation, A&E, Coronary Care Unit, Orthopaedic.

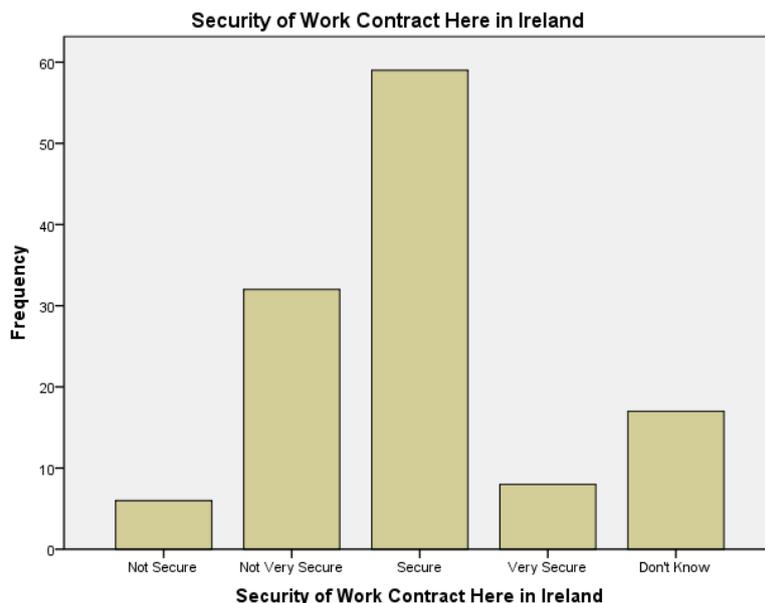
5.4 SECURITY AND WELL-BEING AT WORK

In this section I provide details of the many different factors that combine to determine the experience of the participants especially in terms of their security and well-being.

Security of Position in Work

While the majority of nurses 91.9% (114) reported having a permanent work contract, when asked how secure their current work contract is a significant number 31.1% (38) said not secure or not very secure and 13.9% (17) said that they *don't know* (see Figure 5.6). Of those working in the public sector 28.9% (28) said they are not secure or not very secure. A higher percentage of those working in the private sector 44.5% (8) said they are not secure or not very secure. Respondents indicated the '*global financial crisis*', '*cutbacks in hospitals*' and the current '*economic climate (recession)*' as reasons for feeling unsure about their position in work '*I don't know since global recession came the government can send us home anytime if they want*' .

Figure 5.6 Security of Work Contract



Conditions of Employment and Ability to Fulfil Potential at Work

The majority of respondents 91.9% (113) said that their current position in work is appropriate to their qualifications. The majority 89.5% (111) said they are paid the appropriate salary for their post/grade with 75% (90) indicating a gross basic annual salary of €41,000 to €50,000, with no variation across the public, private or voluntary sector. The majority 88.7% (110) work at staff nurse level with just 9.6% (12) working at a managerial grade. For the most part respondents taking part in the first phase of this study reported positively in relation to their conditions of employment. However, a number of findings that

may impact on the ability of Filipina nurses to fulfil their potential at work were reported. These findings will be explored further in the second qualitative phase of the study.

- skills are sometimes 21.3% (26) or rarely 4.1% (5) used in work
- 21.8% (27) have not had the opportunity to take part in further education and training
- 56.1% (69) have not had the opportunity to apply for a promotion at work.
- Of the 49 who did have the opportunity to apply for a promotion at work just 23 applied for the job (nurses who did apply were largely successful with 78.3% (18) securing the promotion).

Table 5.12 Conditions of Employment

Work Contract	Frequency	Valid %
Permanent Full Time	114	91.9%
Permanent Part Time	5	4.0%
Temporary Part Time	5	4.0%
Post Appropriate to Qualifications	Frequency	Valid %
Yes	113	91.1%
No	8	6.5%
Don't Know	2	1.6%
Professional Skills Utilised	Frequency	Valid %
Always	91	74.6%
Sometimes	26	21.3%
Rarely	5	4.1%
Opportunity to Further Education and Training	Frequency	Valid%
Yes	95	76.6%
No	27	21.8%
Other	2	1.6%
Opportunity to Apply for Promotion	Frequency	Valid%
Yes*	49	39.8%
No	69	56.1%
Other	5	4.1%

Respect, Discrimination and Racism at Work

In the first phase of this study the majority of respondents 93.5% (116) said they are aware of their rights as an employee at their current place of work and most respondents 88% (110) are a member of a trade union. When asked if they are respected by their Irish colleagues at their current place of work the majority 84.7% (105) said yes, 4.8% (6) said no and 10.5% (13)

ticked other. When asked about their experiences of racism/discrimination at their current place of work most respondents indicated that they have experienced some form of racism/discrimination because they are a migrant nurse (see Table 5.13). *‘We are hard workers and respectful nurses but there are patients that are racist and verbally abusive to us never respect us’.*

5.13 Experienced Racism/Discrimination at Work

Never	Occasionally	Frequently	Daily Basis	Don't Know
18.4% (23)	71.2% (89)	6.4% (8)	3.2% (4)	.8% (1)

A significant number 37.6% (46) of respondents said they occasionally experience gender based discrimination at their current place of work (see Table 5.14).

5.14 Experienced Gender Based Discrimination at Work

Never	Occasionally	Frequently	Daily Basis	Don't Know
59.8% (73)	34.4% (42)	1.6% (2)	1.6% (2)	2.5% (3)

CONCLUSION

The quantitative survey was used to provide a broad and general understanding of the lives of Filipina nurses in Ireland and identify factors important in ensuring their human security and well-being. Participants were asked questions about their lives, their migration experience and how migration has impacted on feelings of security and personal well-being (Truong et al 2014a; Guild, 2009). Findings from the quantitative phase show the experiences of Filipina nurses recruited to work in Ireland from the years 2000 to 2009 are shaped by a complex mix of economic, political and social factors that influence and are influenced by levels of human security and human well-being. These factors include ‘the decision to migrate’, ‘the recruitment process’, ‘working as a migrant nurse in Ireland’, ‘family and community life in Ireland’, ‘family and community life in the Philippines’ ‘legal status’, ‘respect, racism and discrimination’, ‘impact of recession’ and ‘plans for the future’.

Findings from the first phase suggest that migration is used as a strategy to protect or obtain human security, as nurses’ move in search of economic and financial security. However, findings also suggest that once they reach their new destination nurses can be exposed to new threats and vulnerabilities that impact their human security. Findings from the quantitative survey reveal separation from family, the uncertainty and inconsistency surrounding

immigration law and policy and experiences of racism and discrimination both in and outside of the workplace can impact well-being and intensify feelings of insecurity. Quantitatively it is difficult to portray the significance of these findings and at times respondents were contradictory in their answers, highlighting the limitations of the questionnaire to fully capture the meaning of their responses. For this reason interviews were used to further explore and explain the quantitative findings; the results of which will be reported in chapter six. Chapter six will integrate and discuss the significant and interesting findings from the first quantitative phase with findings from the second qualitative phase to build a more accurate and valid picture of the particular (in) securities Filipina nurses experience in their global or transnational lives.

CHAPTER 6 – RESEARCH FINDINGS AND DISCUSSION

NURSE MIGRATION FROM THE PHILIPPINES TO IRELAND: HUMAN SECURITY AND GENDERED DIMENSIONS

INTRODUCTION

In this chapter I integrate the results from the quantitative and the qualitative phase of the study. Economic, political and social factors identified in the quantitative phase, that are influenced by and influence the security and well-being of Filipina nurses were used to guide the qualitative phase of the study. These factors include ‘the decision to migrate’, ‘the recruitment process’, ‘working as a migrant nurse in Ireland’, ‘family and community life in Ireland’, ‘family and community life in the Philippines’ ‘legal status’, ‘respect, racism and discrimination’, ‘impact of recession’ and ‘plans for the future’. Findings from the first phase suggest that Filipina nurses use migration as a strategy to protect or obtain human security. However, separation from family, the uncertainty and inconsistency surrounding immigration law and policy and experiences of racism and discrimination both in and outside of the workplace can all impact well-being and intensify feelings of insecurity. In the qualitative phase of the study semi-structured interviews conducted in the autumn of 2011 were used to further explore and explain the survey findings. Participants’ comments from the qualitative interviews are quoted in italics at appropriate points throughout this chapter.

The recruitment of Filipina nurses to address gaps in Ireland’s health service during the prosperous Celtic Tiger Period 2000 to 2008 forms part of the broader phenomenon of global or transnational nurse migration (Williams, 2010b; Yeates, 2009a), a phenomenon that has global or transnational consequences for human security (Encinas-Franco, 2007). In this chapter I discuss the key findings from the study and locate the experiences of Filipina nurses recruited to work in Ireland’s health service from the years 2000 to 2009 within the border human security framework (see Figure 2.1. in chapter two of the thesis). Here, I relate the key findings from the study to the core elements of the human security framework as outlined in Figure 2.1 ‘human agency’, ‘feelings of safety and security’, ‘ability to participate fully in the life of the community’, ‘human well-being’ and the ‘building and stability of developments/capabilities gained’. I will draw on the other sections of the human security framework to support this discussion. Finally I will conclude as to the usefulness of the human security framework to the study of nurse migration.

6. 1 HUMAN AGENCY

The human security framework places particular emphasis on the ability of people to have control over their own lives and draws attention to issues of human well-being and positive action to expand long term human capabilities and human agency (Tripp, 2013; UNDP, 1994). The migration of female nurses from the Philippines to Ireland highlights the role of women and women's agency in achieving human security. The realities of poor development and economic calamity 'make agency a more ambiguous concept' (Tripp, 2013:18) as women's agency and the context in which migration decisions are made, are heavily influenced by structural processes and gender norms at the level of the state, the market and the family (Robinson, 2011). A related concern is how to understand individual and collective insecurity and agency. While traditional human security approaches have focused on the individual, feminist approaches to the study of security and migration have highlighted the need to include both individual and collective actors in the complex migration process (Robinson, 2011). Within this context it is important to recognise that agency not only relates to individual action but also collective action, as issues of human security and human migration not only affect the individual migrant but also their family and community (Tripp, 2013). In this regard, findings from this study highlight the individual and collective dimension of human agency and human security in the migration process.

Individual Agency and Human Security

When we consider the agency of Filipina migrant nurses we consider their role as active agents of change making extraordinary sacrifices to protect their family in times of economic crisis (Tripp, 2013). In this study Filipina nurses cited financial factors as the most important in influencing their decision to migrate to another country '*it's always our dream to work abroad, like money-wise*' (**Angel**). Pull factors encouraging nurses to migrate to '*greener pastures*' include a good salary and favourable exchange rates. A deeper investigation into the reasons Filipina nurses migrate, in the interview phase of the study, reveal nurses migrate in response to issues of human development and human insecurity, a finding also reported by Ashary (2008) in his study of irregular migration from Egypt. Participants in the interview phase said push factors influencing their decision to migrate include poverty '*yeah I'm talking about poverty, we have the economic crisis...it never changed*' (**Maria**), an unstable economy '*we are over populated that's why the Philippines are not stable and then politically some of the government officers are corrupt, you know*' (**Angel**) and poor job

opportunities and low wages ‘we have loads of registered nurses in the Philippines and our salary is just very bad you know’ **Joy**.

Collective Agency and Human Security

Since the 1980s the Philippines has become increasingly reliant on female labour migration to meet the needs of families, communities and the society (Lorenz et al 2007). Through gender norms and stereotypes the government has promoted a gender specific labour supply with training programmes and state or private recruitment agencies reinforcing these stereotypes (Ball, 2008; Encinas-Franco, 2007). In response to local and global labour market dynamics individuals and their families choose nursing as a career and as an investment in a globalised world (Ball, 2008). The majority of nurses taking part in the qualitative interview phase of this study said ‘nursing’ in the Philippines is viewed as a pathway to migration or as a ‘passport out of the country’ (**Chloe**) and for many this influenced their decision to become a nurse. Migration decisions are deeply embedded in family and kin obligations and many families in the Philippines pay for their daughters to attend nursing schools in the expectation that they will migrate and send remittances home (Redfoot and Houser, 2005). Participants in the interview phase said family played a key role in influencing their decision to become a nurse and many said they were grateful of the opportunity to work abroad and support their family.

*It's my parents and my grandmother who decided for me, the nursing course. So, after one year of taking up nursing, I just really said I don't want to do nursing but still, my mother insisted on me doing it...and I don't have any regrets anyway. (**Leah**)*

*I have a sister in America and I have a brother in Australia, my sister encouraged me to get nursing for me to go to America... my mom was in America at that time so she said it's better for you to have a nursing background and be a graduate of nursing for you to be able to have a better job or easier job in America...and they were thinking of me going to them rather than going to Ireland but since there was an opportunity for me to go here ... (**Daniela**)*

While each Filipina nurse in this study approaches migration differently, for most their decision to migrate is heavily influenced by a desire for security and stability. Security for these nurses relates to their ability to support their children, to send remittances to family back home in the Philippines and to secure their own future, the future of their children and their extended family. In the interview phase Joy spoke of her desire to educate and secure the future of her two small children.

I am a single parent; I separated with my husband when my youngest daughter was nearly one year old. So I have to raise the two of them and my eldest daughter started going to

school and I wanted to give them the best education I could give them because in the Philippines we value education so much, so that made me decide. (Joy)

In countries like the Philippines, little or no state support for the vulnerable in society leave many families dependent on remittances to ensure their basic health, education and social needs (Encinas-Franco, 2007). In many cases these transfers help to create an unofficial social security system and they are viewed as a substantial resource to the country (Yeates, 2005a). When Filipina nurses arrived in Ireland remittances continued to be a high priority as nurses remained conscious of the need to support their families and communities in the Philippines. With 92.8% (116) of respondents in the first phase of the study sending on average €606.25 (SD=408.39) a month to family in the Philippines, it is not surprising that 88.2% (105) said being a migrant nurse had improved the lives of their family back home.

Filipina nurses taking part in this study use migration to meet their own and their families' basic human security needs for example food, shelter and health care (Thomas, 2001). Remittances are sent to children, parents, siblings, nieces and nephews and are used to pay for day-to-day living expenses, a helper/nanny, medication and medical bills.

Yeah so I have my parents looking after my son so I would send money to send him to school, I can't have my mother and father to look after him all the time, they are seventy but they are healthy seventies you know...I still pay a live in babysitter to look after him and then obviously the food and the car pool, you know the minibus that bring him to school this kind of thing. (Alex)

According to the Commission on Human Security (2003) an ability to save or invest in human, physical and or financial assets enhances human security. In keeping with the human security framework, participants' aspirations from migration went even further than basic human security needs (Thomas, 2001), with many looking to secure their own future and the future of their children and their extended family. In this regard, Filipina nurses use remittances as a form of social security where investing in the education of children and other relatives provides a security net for the future. In relation to nurse migration, money is often sent home to educate the next generation of nurses.

Yeah he [Dad] was the one who paid for my education...I pay for my sons education....It's like an investment you know...because the mentality of the Filipino people is that when they will grow and when they will have their own family, at least...if they have a job they can support their family if they will be going to marry you know...so that's the main reason why we are educating our children to give a better future... (.Maria)

In addition to investing in education, remittances are used to invest in savings and mortgage accounts. Myra spoke of her desire to invest in and secure her own future and the future of her siblings in the Philippines.

At home I'm paying for the house, roughly 900 every month for 5 years, my three siblings live in the house and then I'm paying for a car which cost roughly €600 a month and then I'm helping my two siblings going to college. (Myra)

Kim geographically separated from her husband and young child in the Philippines spoke of her aspiration to buy a house and secure her future in the Philippines.

I might finish 10 years here because I think I could have a pension then...but I'm sending €2,000 a month, that's why I need to save because it's useless staying here if I couldn't save as much as I do, I need it to pay for a house and at least she'll [daughter] have a house, a house and savings and then maybe an educational plan for my daughter...she said a nurse when I ask her what she wants to be when she grows up. (Kim)

Agency, Opportunity and Human Security

By exploring 'agency' we are able to identify the important contributions Filipina nurses make to both economic and social life and their role in achieving enhanced levels of human development and human security in their home country. The ability to exercise power and use migration as an opportunity to secure livelihoods and escape poverty is viewed as a positive achievement by nurses in this study. While relative poverty plays a role in encouraging women to migrate, it is important to note that migrant women do not always come from the poorest classes; it is usually the better-off and better educated women that migrate (Ehrenreich and Hochschild, 2002:9). This reality was highlighted by some of the participants in this study when they acknowledged that nursing education is expensive in the Philippines and those who could afford to send their children to nursing college were 'lucky'. Like other female migrants the movement of Filipina nurses is shaped by interactions between structures, people and resources and findings from this study reveal agency is embedded in layers of social support that flows to and from family and kin. While some nurses said their parents were financially in a position to afford college fees, others spoke of their families struggle to secure the fees necessary. Findings revealed that many nurses in this study relied on support from family and relatives abroad to fund their nursing education '*family and relatives abroad will help because education is the most important in my country*' (Tala).

Filipino nurses have been hailed as 'heroes' contributing to the good of the country (Bach, 2003) and this was echoed by some of the participants in the interview phase.

Well we're third world but you know they were saying that all those Filipinos that work overseas they call us OFW Overseas Filipino Workers. So they call them the new heroes because they are sending euros and dollars that help boost the economy. (Joy)

However, actions by the Philippine government in relation to labour migration can undermine the human development and human security chances of the poorest sections of society. The Philippines now heavily reliant on labour migration and remittances to service national debt has failed to address the underlying structural causes of poverty and inequality (Encinas-Franco, 2007). This has serious consequences for the poorest in society who without resources are left behind, excluded from migration opportunities with little chance of improving their human security.

It's really hard for us but still we are lucky compared to an ordinary Filipino in the Philippines, you know, who is not a nurse. It's the poverty you know... if you just had the chance to go to the Philippines you would see this shanti where they stay, they have no houses...there are very rich and very poor people in the Philippines, I'm still in the middle as far as I know...I was lucky my parents could afford to send me to nursing college... (Maria)

6.2 FEELINGS OF SAFETY AND SECURITY

According to the Commission on Human Security (2003:41) 'for many people migration is vital to protect and attain human security, although their human security may also be at risk while they are migrating'. Migrant women are vulnerable and at risk due to weak international co-operation, discriminative policies and poor human rights and labour laws (Piper, 2008; Kofman et al 2000). The human security framework is of particular importance to people on the move as it is concerned with the safety and security of migrant people at all stages of the migration process (Commission on Human Security, 2003). In this regard, a human security perspective allows for the analysis of both objective threats for example security of income, security of employment and having a secure environment and also subjective threats for example fear of losing a job, the unpredictability of institutional settings, perceived discrimination and the perceived ability to cope and have control over one's life (Tripp, 2013; UNDP, 1994). 'From a human security perspective, it is crucial to put into place legal protections for people on the move and to establish institutions and structures that can effectively enforce those protections' (Vietti and Scribner, 2013: 26). At the global level rules and principles to foster and manage migration and protect the rights of migrant workers have been in operation since the 1970s. However, concerns have been raised as to the effectiveness of international labour standards as the realisation of migrants rights are

essentially grounded in the policies and laws of the individual nation state (Faist, 2001). In relation to the EU all migrant receiving states have yet to ratify the *UN Convention on the Rights of all Migrants and their Families* (UN, 1990). To date a call for a single institutional arrangement for the protection and management of people on the move by the Commission on Human Security (2003) has failed to materialise.

Risk, Recruitment and Security

While Mawadza (2008) in a study of illegal immigrants and refugees found undocumented migrants by virtue of their status are more vulnerable to sources of insecurity. This study highlighted a number of human security concerns experienced by skilled labour migrants during the recruitment process. Although the more regulated nature of nurse migration can prevent nurses being subject to some of the worst abuses of power, Filipina nurses in this study reported a number of concerns in relation to risk, safety, fear and exploitation.

In their quest for personal and economic security Filipina nurses in this study took significant recruitment related risks as they entered a lengthy and often costly recruitment process with no guarantee of a job at the end. While participants in this study said that they were not charged placement fees and they did not have to pay for their flight to Ireland, a number of costs ranging from €250 to €1,000 were incurred by participants in their move. Money was paid for passports, visa, papers, medical exam and English language tests. While many of the nurses said they were lucky not to have to pay recruitment fees *'I was lucky, because most of my Filipino nurses that work abroad in different parts of the world paid fees to go abroad'* (**Sammy**), many still struggled to pay the costs and some reported paying additional costs for example flights to interviews and flights to hospitals for medical examinations *'It cost loads of money, I had to travel in and out [of Manila] I didn't stop working because I'm afraid in case I didn't pass the interviews and I have no job... I hope I'm going to pass this now because I can't manage to pay them back...'* (**Sophia**).

Participants spoke of the sheer scale of the recruitment process and the serious competition they faced during the screening process. While nurses were proud to have passed exams and interviews *'I got the phone call and I passed the final interview and I said my god how did I do that like, out of 1,500 nurses'* the serious implications of failing the process were also expressed *'and you know there were loads of people that did not pass as well and they were crying'* (**Myra**). Almost all of the nurses taking part in this study said a recruitment agency

was involved in their move to Ireland and interviews revealed their migration to Ireland was mostly facilitated by a private agency in the Philippines connected to an Irish/International agency and or the HSE. Nurses travelled alone and relied on the integrity of the recruitment agency to get them safely to Ireland. While nurses in this study did not experience any physical harm during the recruitment process, some reported exploitative practices and others talked about the fear surrounding the presence of false or illegal recruitment agencies.

[The recruitment agency suggested] ID because in ID these are only children, so I just said okay, then. Children with learning disability, this is what we were told. So that's what was in my mind when I came here but, when I started they are [adults] stronger, taller than me yes, that's why the first day I really cried.... (Leah)

So when they were interviewing me they mentioned that they will be putting up a specialist unit and that we will be the pioneers. When here I found that everything they said when they hired us was not real. It wasn't true at all. There were no plans for a specialist unit and what they told us about the Masters and the PhD wasn't true either. (Divina)

A friend of mine gave a placement fee for 100,000 Pesos, that's huge money in the Philippines. We're talking about 2,000 Euro and that money is not easy to get and then at the end of the day the agency was closed and they lost their money...there is a risk yeah so you have to really find out if the agency is really registered I suppose. (Tala)

When migrant nurses arrive in Ireland they must complete and pass a period of adaptation and training (six to twelve weeks) before they can register as a nurse and receive their official work visa (ICI, 2006a). In the quantitative phase the majority of nurses 96.2% (103) said this period of adaptation helped them adjust to their new work culture/environment. Yet the fact that Filipina nurses must pass this period of adaptation before receiving their official work visa renders them particularly vulnerable to exploitation and abuse at this time. Findings from the interview phase suggest that due to a fear of failure and of being sent home, this is when migrant nurses are most likely to be bullied or discriminated against. This period of adaptation represents a further risk in the recruitment process for Filipina nurses. These findings also suggest a strong correlation between feelings of safety and security surrounding their work post and experiences of racism and discrimination.

We were just working with the senior nurses most of the time, we were students, and we weren't registered at that time. We were waiting for An Bord Altranais, you know our registration...It is worrying in a way because there are some nurses that fail...It's a risk because you will lose not just money but you know the hope, that's the big thing, hoping that you will have a better future and then all of a sudden it's taken from you and then you can imagine just what you're family and friends will say...I heard there was another batch of Filipino nurses that came over and one was sent home....It's a tough six weeks. (Sammy)

I didn't make it through [the period of adaptation]; I didn't stay there long because of the experience I had, I only stayed for six weeks, I was not happy and left because I was bullied. It's the CNM 2 and two of the staff nurses and one of the clinical support nurses. I believe that ward it's... really known that they don't like Filipinos and there are so many Filipinos who didn't stay there long like, you know. So prior to me there are two or three people who failed their adaptation. I just decided I had to go, I couldn't bear it anymore...what's the point, one of them was telling me I am going to fail. (Daniela)

Citizenship and Feelings of Safety and Security

Samek (2010) using France and Spain as a case study found so far the EU has done little to advance the issue of human security and immigration and, state policies especially those in relation to immigration and integration significantly impact the human security of the immigrant population. According to Loyal (2003) the fact that immigration policy in Ireland has been designed to meet the demands of the economy and protect the identity of the nation state has implications for Filipina nurses, as even those with specialist skills face barriers to achieving their full economic, political and social rights (Loyal, 2003). Results from this study suggest that although Filipina nurses receive preferential treatment when compared to other categories of migrant, not only do they face risks during transit but when they arrive in Ireland their security may be threatened by the laws and policy of the country.

According to the Commission on Human Security, (2003: 51) 'to protect the human security of migrants, a minimum requirement is a secure legal status that will enable them to access basic services and to benefit from legal protection of their fundamental rights' (Commission on Human Security, 2003:51). In this regard, findings from this study highlight the importance of citizenship in bringing security and stability to the lives of Filipina nurses in Ireland.

I think its stability [citizenship] really you know, as least this time ... I know I have loads of benefits like... and I was a permanent worker since 2003, work wise now I know they can't just send me off. When I got permanent status in work, I know that I'm stable in my work place anyway, I'm secure yeah... (Sophia)

However, for many Filipina nurses in this study their position in Ireland does not feel safe or secure and concerns have been raised in relation to the rights of Filipina nurses and their family, including the right to citizenship and the security and stability of the family unit here in Ireland. When the research survey was conducted in 2009 very few migrant nurses had been naturalised in Ireland, despite many satisfying the minimum five years 'reckonable residency' condition (ICI, 2006a). Results from the interview survey in 2011 show that

despite quicker processing times *'it now takes six months rather than two/three years'* (**Sabina**) many nurses were still waiting *'a long time'* (**Leah**) for their citizenship application to be processed. Participants also expressed concerns in relation to the substantial fee charged on the granting of an application. *'I'm not too excited I don't have the money to pay for it. They said its €950 and it's going to change to €1000 or more'* (**Jocelyn**).

Findings from this study highlight the importance of 'citizenship' to feelings of safety and security and the right to a stable and secure family life in Ireland. Leah said being a migrant and not having citizenship has made her feel insecure about her position in Ireland. *'The recession is kicking in and we really don't know what tomorrow holds because we are still a foreigner here. Maybe if we get the Irish citizenship maybe that will be the time that I feel secure'* (**Leah**). Although family reunification policy allows for the reunification of spouse and dependent children in Ireland *'you know we are very lucky because I have my family [spouse and children] with me here in Ireland'* (**Maria**), many Filipina nurses continue to experience difficulties. The fact that each member of the family must apply for long term residency/citizenship individually rather than a family group has been seen as a threat to the security and stability of the family unit in Ireland *'I'm an Irish citizen now but the four of us are on different stamp'* (**Sammy**). For many Filipina nurses the desire to be naturalised is directly related to a desire to keep the family unit together. Nurses apply to be naturalised in the hope of securing their children's future in Ireland, however many are concerned due to the uncertainty surrounding Irish immigration law and policy.

Citizenship is my security... my family security, it's not for me anyway but it's for my children. I have my children here and they are already adults and I hope they will be naturalised if I get mine but then because of the policy you know maybe it might happen that in a wink of an eye the policy will change... (**Sabina**)

Grave concerns in relation to dependent children (residing in Ireland) reaching the age of eighteen were raised by a number of participants in this study. Once children reach the age of eighteen they are no longer considered dependents and have no automatic right to stay in Ireland (MCRI, 2011). Participants were concerned that once children turned eighteen they would not have an automatic right to remain in Ireland and they would be charged non-EU college fees. Until recently time spent as a 'dependent child' in Ireland did not count towards the 5 years 'reckonable residency' necessary for citizenship (MCRI, 2013), leaving some

families wondering if their now adult children, would ever achieve residency or citizenship in Ireland.

The thing is my son is turning 17 so that's our concern. I want him to get his citizenship before he turns 18. It's going to be difficult because his years don't count, even though he has studied his entire secondary school and part primary here, he will still need to pay as a foreign student, which is double the fees. (Divina)

The picture to emerge from the profile of Filipina nurses taking part in this study is one made up of a largely married population with dependent children. In contrast to Ireland's short term and transitory view of migration, Filipina nurses in this study emphasised security and stability and the right to a secure and stable family life in Ireland. In this regard, Ireland has so far failed to offer Filipina nurses the security and stability they hoped migration would bring to their lives.

6.3 ABILITY TO PARTICIPATE FULLY IN THE LIFE OF THE COMMUNITY

In 1994 the UNDP switched the focus of security from 'a concern with weapons' to 'a concern with human life and dignity' (UNDP, 1994:22). According to Thomas (2001:162) 'the qualitative aspect of human security is about the achievement of human dignity which incorporates personal autonomy, control over one's life and unhindered participation in the life of the community'. A human security perspective is concerned with equality of participation in economic, political and social life and it seeks to protect migrants 'against racism and intolerance and other human rights violations' (Commission on Human Security, 2003:47). The use of exclusionary policies and citizenship to determine the rights and entitlements of migrant people impacts on their ability to participate fully in the life of the community (Truong et al 2014b). A related concern is the increased risk and vulnerability Filipina nurses experience in their new host community. While the majority of the nurses taking part in this study feel they are respected members of Irish society, many reported experiences of racism and discrimination at both the institutional and personal level since arriving to Ireland.

Racism/Discrimination and Participation at Work

For the most part respondents taking part in this study reported positively in relation to their conditions of employment. Many nurses feel they are active participants in Ireland's health service using their skills and experience, with some working in more specialist areas for example ICU or haematology. However, in relation to equality of participation in work, findings suggest, Filipina nurses may lose out on the chance to maximise their skills due to

their migration status. Filipina nurses in this study were recruited to work in general nursing posts and most have found it difficult to progress their careers. The majority of nurses who took part in both the quantitative phase 88.7% (110) and the qualitative phase (n=19) of this study work at staff nurse level. In the interview process just two participants reported reaching a managerial grade and one participant said she is a senior staff nurse.

Findings from this study suggest participants, due to language and communication issues, may lack the confidence (see also Cummins, 2009) necessary to apply for promotions at work. Angel said she would not apply for a promotion due to a lack of confidence in her English language skills.

Maybe if you are in a higher position you have to command and it's hard and communication-wise I really admit myself that I am not good in my English, and then if you are the manager everything will be out of place... I'm like six years, seven years in the hospital, in the morning-time I have seven nurses with me listening to me in my nurses report, you know, I'm still, yes, I'm still quite anxious about myself and if they understand my English, my accent and everything. (Angel)

Findings from this study also suggest the low number of Filipina nurses reaching managerial grade may in part be attributed to racism/discrimination at the institutional level.

I like the way you treat your people here it's all equal and you know, professionally they're treating all the employees equal. But...I haven't seen any foreign nurses, like Filipino nurses being promoted to a managerial position ever in Ireland, I haven't heard anybody, but in the UK there are lots of Filipino nurses who are managers already. (Leah)

Findings from this study also suggest the racism, discrimination and bullying experienced by Filipina nurses in the Irish health service, may, in addition to other factors, act as a deterrent in applying for promotion and consequently the nurses' ability to participate fully and reach their full potential at work. Although the majority of nurses in the quantitative survey 84.7% (105) said they are respected by their work colleagues, most 80.8% (101) indicated that they have experienced some form of racism/discrimination at work because they are a migrant nurse. During the interview process twelve participants said they had experienced some form of racism or discrimination from management/staff at work and most of these nurses felt they were bullied/discriminated against because they are a migrant nurse. Nurses said they were bullied because they were paid more than their Irish nurse colleagues, they felt vulnerable (especially during their period of adaptation) and or there was a culture of bullying against Filipina nurses on the ward.

They would always ask me 'What's your qualification? How many years?...because if they know that I have five years' experience I would be paid more than they are because this nurse is just like three to four years' experience so...then I'd be paid more than they are and I felt that my own preceptor probably felt it's unfair...(Daniela)

Racism/Discrimination and Participation in Community Life

Bureaucratic classification schemes and the notion of 'citizenship' used to offer fewer social, economic and political rights to migrant workers in Ireland can impact on the ability of Filipina nurses and their family members to participate fully in community life. In this regard, the most serious concern raised by Filipina nurses was the right for their children to participate in third level education.

I went to the college for information; I went to ask my entitlements because all my children are going to college and I am really very desperate... but then she asked me are you an Irish? No unfortunately I am not an Irish. Are you an EU? No unfortunately I am not an EU....And what is your nationality? And then what is your work? And then she said unfortunately I'm so sorry, you don't have any entitlements and then I said in a jokingly manner, oh poor me it's very unfortunate for me because I have paid my taxes faithfully you know. Yeah and I would say, that is discrimination in a way... (Sabina)

Filipina nurses also reported incidents of racism/discrimination on a personal level. Eight of the participants taking part in the interview phase said that they or one of their family members had experienced some form of racism or discrimination outside of work since they came to Ireland. Incidents of racism/discrimination reported include bullying, verbal abuse, egg throwing and a questioning of their position here.

You know, people – not really this people who are old age, you know, maybe the younger people. Like we walk from the hospital to here because it's only five minutes' walk and while walking they will throw you with eggs from the car. They're driving and maybe five or four lads throw eggs at you, and they shout "Go home to where you belong. (Angel).

Debates on migration in Ireland have been heavily influenced by unfounded and negative assumptions about migrant people and a 'paranoid belief that Ireland is being overrun by immigrants' (Loyal, 2003:75). How the state engages such debate has a direct impact on the experience of migrant people and their ability to participate fully in the life of the community. So far the Irish state has failed to take any real action against racism and exclusionary policies have only served to reinforce the broader discourse of national identity, citizenship and the exclusion of migrant people within Irish society (Loyal, 2003). A common misconception about migrant people especially since recession 2008 is that migrant workers are taking our jobs: - 'Thousands of Workers 'Imported' Despite Job Crisis' (Oliver, 2010). Some of the

participants in this study said they felt a more negative attitude towards migrant nurses since the recession.

Just like you know...somebody asks me, would you consider going home to your country. So there is an implication there, that they want me to move because there are so many Irish people looking for a job and they should have my job instead of me... (Sabina)

I feel like it's different now, since the start of recession...We were very much welcomed, when we were just a few but now because we're not the only migrants, there's some other Europeans...and there's Indians... I just feel like maybe we are a threat...maybe a threat for jobs...I can see the newspaper as well and the nurses like, we're taking the jobs of supposedly the newly grads. (Chloe)

From a human security perspective full integration and participation is necessary for social cohesion and to maximise the contributions of Filipina nurses to Irish society. The public perception of migrant people in Ireland should be improved through effective state policy and leadership (Commission on Human Security, 2003). Findings from this study show that Filipina nurses have earned their position in Ireland. They have contributed to Irish society by providing a high standard of health care, sharing their knowledge and experience and contributing to Ireland's tax revenue base. Nurses in this study reported having between ten to thirty years' experience, many with specialised skills in ICU, dialysis and chemotherapy. These nurses form an essential part of Ireland's health work force and due to their level of experience could not simply be replaced with a new nurse graduate.

I feel like as a nurse I'm fulfilling my job to my patients, I'm giving them the best care that I could give them and most of my patients would give me positive feedback ...It's sad that new graduates have to leave... but at the same time when we got slotted into our job, they weren't nurses yet so I think we're entitled to our posts. We've earned that post, that was nine years ago when we arrived here and they weren't nurses yet...I have 20 years' experience now next year, we were experienced already when we came over here. (Joy).

6.4 HUMAN WELL-BEING

The concept of human security is important to people on the move as it shifts the focus from the needs of the state to the well-being and dignity of ordinary people and communities (Commission on Human Security, 2003; UNDP, 1994). When we talk about well-being we shift our concerns from economics and wealth to people and the society in which they live. Although wealth is important to human life and existence, to focus on it exclusively ignores other important cultural and social practices used by people to achieve and maintain levels of human security (UNDP, 1994).

Human choices extend far beyond economic well-being. Human beings may want to be wealthy. But they may also want to enjoy long and healthy lives, drink deep at the fountain of knowledge, participate freely in the life of their community, breathe fresh air and enjoy the simple pleasures of life in a clean physical environment and value the peace of mind that comes from security in their homes, in their jobs and in their society.

(UNDP, 1994:15).

When exploring the experiences of Filipina migrant nurses a rights-based approach is limited as it fails to take into account the role of gender and the care-taking economy (Encinas-Franco, 2007). While traditional approaches to human security have focused on the individual, feminist approaches to the study of human security have focused on the relational nature of human security (Robinson, 2011). In this regard, well-being is achieved and sustained through relations of care and when networks of care are lost or damaged, it can threaten people's capacity for survival and increase levels of human insecurity (Robinson, 2011).

Separation from Family and Human Well-Being

Evidently the migration of Filipina nurses to Ireland is a complex process that not only involves the well-being of the migrant women themselves but also the well-being of their families and communities. In today's global world traditional practices and social support flowing to and from families and communities are being eroded or altered, with families now less likely to be in a position to offer social support (UNDP, 1994). On this subject, findings from this study show that migration through family separation and the loss of social supports can alter or damage the well-being and human capacity of Filipina nurses in Ireland. Findings from this study also highlight the strategies Filipina nurses employ to overcome disadvantage and to ensure their own human well-being and security through acts of social solidarity with other Filipino women.

While working in Ireland can bring financial benefits to Filipina nurses and their family, separation from family can have a negative impact on the emotional well-being of Filipina nurses in Ireland. In the second phase of this study, the majority of participants cited separation from family as the number one sacrifice they have made to be a migrant nurse.

It's really the main thing is being away from your family, before we can be away for like a month but you know that they're just like an hour away from you. In here it's like 24 hours away and like 2,000 Euro. (Rose)

Nineteen of the twenty one participants taking part in the interview phase said they would never have migrated to Ireland if they had the same opportunities in the Philippines.

There's no place like home and your friends and family is there, it's so easy when you have your friends and your family just there...and here, you can't just fly over if something happened back home... it's a 17 hour flight...you have to book flights, you have to ask for permission to go home.... (Jocelyn)

Although immigration policy allows for the reunification of dependent children, eleven participants in the second qualitative phase have experienced some form of separation from their children since they came to Ireland. The emotional distress felt by Filipina nurses when living apart from young children was clearly evident during the interview phase when a number of nurses cried as they recounted their experience of being separated from their children.

Yeah, it's hard at first because it's my first time to be away with my family especially with my husband and daughter, yeah I did cry a lot, I lose weight, I came over 62kgs and then after seven months in here I'm 55kgs so I lose 7kgs from the stress yeah. (Kim)

Findings suggest the length of separation from children and/or the ability to reunite with children in Ireland is related to a number of complex and interrelated factors that involve family reunification policy, access to childcare, family/community support, access to education and the ability of children to integrate into their new surroundings. The fact that family members such as parents/grandparents can only come to Ireland on a three month visa has resulted in lengthy separations from young children. Without the support of her family in Ireland Joy, as a single parent, felt she had no choice but to leave her young children in the Philippines for five years.

I didn't know how I'd be able to manage them; they were just five and three. I wanted to settle down here first and make sure everything's sorted, you know stable already. Some countries now like Canada and Australia, they give a family visa. The whole family is included with your visa. (Joy)

The loss of support from extended family coupled with the high cost of childcare in Ireland has resulted in a permanent separation for nurses like Kim.

It's too expensive to get a child-minder. If it's me and my daughter only in here I'll be paying too much for the child-minder. Yeah, it should be easier, if only there was a visa given for six months, I could get Mother, she is retired now, she could come in here and just take care of my daughter but the problem is, it's only for three months... that would be too expensive for just three months...not like in UK it is 6 month visa. (Kim)

The absence of a social circle, access to education and the cost of education were also cited as barriers to reunification.

We don't have enough places for them to go, for them to be entertained, back home they had many - a social circle and, education here is very expensive and it's very hard to get a place in school here. It was 2006 when we finally decided to bring them over... It's easy [to bring them over] but they don't like it, they miss their friends; they miss their schools... (Sammy)

Sophia spoke of the devastating decision to send her daughters back to the Philippines when they struggled to adjust to their life here in Ireland.

The first six months I have the kids here... when they started school they had a hard time because, they are put in with younger children, and some of the kids are still baby talking... between them settling in a different area and the slang conversation most of the time they were left out...I had a hard talk with them and we are all the three of us were crying and so we decided to send them back home. (Sophia)

Social Networks of Support and Human Well-Being

While migration can result in enhanced power and autonomy, as the main providers of care and where gender inequality still exist, it can also result in increased workloads and greater responsibilities for migrant women (Encinas-Franco, 2007). Findings from this study highlight the difficulties Filipina nurses have in reconciling their work life balance as they attempt to juggle family/care responsibilities (which now more often than not span two countries) with a new job, a new culture, the need to fulfil complex administrative procedures linked to their migration status and the loss of the wider family/community. When nurses arrived in Ireland they felt insecure and vulnerable in their new and unfamiliar surroundings. Separation from family/community, the Irish weather, language and different cultural practices were cited by nurses in this study, as the main challenges to integration when they first arrived.

So when I came over here there was really a big change, I actually cried when I first arrived here, yeah I was lost, it was such a big change with regards to lifestyle. I was extremely lonely, I would nearly go home because of my baby and you know this anxiety, big separation anxiety and plus you are facing a different culture and a different routine of the job and plus the communication. (Arlene)

The loss of support from extended family, in particular their parents, was felt by many of the participants in this study.

I miss my parents a lot...Yes, especially when you have a child because back home, you really wouldn't have any problem with who is going to mind your child because a lot of people will volunteer...you would get a lot of support back home. (Grace)

According to the Commission on Human Security (2003:89) 'for many communities, resilience against daily insecurities and risks depends on social networks and informal care arrangements, which provide support during times of crisis and stress' (Commission on Human Security, 2003: 89). In this regard, findings from this study highlight the strategies Filipina nurses use to overcome disadvantage and to ensure their own human well-being and security through acts of social solidarity with other Filipino women in Ireland. In a study of human security and immigrant factory workers in China, Ngan-ling Chow (2003:15) found similar results, highlighting the importance of social networks in dealing with a wide range of human security issues. In the absence of family support Filipina nurses in this study mobilise and use social networks of support in the form of close knit friendships with other Filipino women to meet family and care responsibilities and to adjust to their new life in Ireland. In doing so, Filipina nurses through acts of social solidarity and support are able to enhance their overall well-being and capacity for survival in their new destination.

Most of us [Filipinos] here are living in the estate or close by so we kind of meet up during day off work especially on the weekend...oh it's a very good support it's very important, yeah especially if I'm on call and my husband is working late at night they would be looking after the kids so that's a great help for us as well especially if we don't have our own family here to look after them. (Isabella)

We [Filipino Community] normally meet up... maybe if there's a party or birthdays for celebrations, but I have also close Filipina friends...we just call each other, ring each other and just gather together and bring some food. Yeah we would be doing karaoke you know just kind of a relaxing time really; just to feel that, though we are in another country ...it feels like home. (Sophia)

Family and Community in the Philippines – Well-Being and Security

Findings from this study highlight the important role of women and care in the day to day survival and security of families and communities in the Philippines. They also reveal that migration, through the loss of Filipino women to families and communities in the Philippines can alter or damage relations of care and this can have implications for the human well-being and human security of those left behind. In a study of human security in communities in Costa Rica, Mahoney and Pinedo (2007) found, human security depends not only on

economic security but also the support of family and friends and in this regard supports and close positive relationships can significantly influence people's ability to respond to human crisis and human insecurity.

As the main providers of care, the migration of Filipina nurses to address care deficits in Ireland is leading to a 'care drain' from the Philippines (Encinas-Franco, 2007). In relation to the health care system it fosters long term underdevelopment as it undermines the capacity of the sector to meet the health care and reproductive needs of the country (Encinas-Franco, 2007). *'There is a shortage of skilled nurses in the Philippines. They lose the skilled ones so that's a bad impact'* (**Joy**). Findings from this study suggest that, although migration can bring benefits through increased opportunities and income, the loss of women to families and communities in the Philippines can be great. Global care chains have provided a useful tool to understand the relational aspect of human security and how the human security of migrant women, children, families, communities and societies are caught up in a complex web of social relations that more often than not transcends national boundaries (Robinson, 2011). During times of separation, Filipina nurses address care gaps in the Irish health care service, while at the same time they leave their own children behind to be cared for by female relatives. At the lowest end of the care chain is the female house maid often migrating from a rural area leaving her own children behind (Encinas-Franco, 2007). Throughout the interview phase nurses spoke openly about the impact of family separation to the emotional well-being of children. *'It was hard for them and they envy those children, their classmates and their friends with their parents around them'* (**Sammy**). For participants separated from their children, practices of 'mothering from afar' (Yeates, 2009a) through frequent contact by phone or through the internet helped diminish the worst impacts of separation.

It's good that she's nearly four already so she could remember me and she could recognise me, so like she could talk already with me then, thank god for the internet and I usually go home twice a year, say every 5 months.(**Kim**)

However, for others separation has resulted in long term consequences for the parent/child relationship. Maria spoke of the lasting effect of being separated from her son for most of the seventeen years she lived and worked in Saudi Arabia.

He's still blaming us...It's really hard for you as a mother to have your small child away from you, but because of their culture you know...we had to send him home, but up to now he won't understand, so he has a grudge, maybe in time when he's old and when he has his own family he will realise. (**Maria**)

Transnational living arrangements can also have serious consequences for spousal relationships. Participants cited female migration as a significant cause of marital breakdown in the Filipino community. *'I can see it from my friends who have now broken marriage because they are separate the longest time so the man found somebody and the girl found somebody then, something like that'* (**Myra**). The impact of separation is not only felt by the spouse and children of migrant nurses but also close family members especially parents and grandparents left behind. While many nurses said they send money home to assist with the medical care of elderly relatives, concerns about leaving ageing parents behind in the Philippines were also expressed.

I'm sending money to my parents and sometimes to my grandfather, I'd say about €500 per month I still send the same amount because both of my parents are retired and my mother has diabetes and my father has hypertension so they are on a maintenance drug like and it's not like in here you know they have to pay for their medication so they depend on me...they have a little bit of pension but it wouldn't be enough like to cover. **Grace**

She wants to stay [in Ireland] but the government doesn't allow her to stay. She can only stay for three months and she has to go home. It's quite sad like you know. She's living on her own my father has died already...and she raised the two kids when I was starting here in Ireland so she misses them a lot. **Joy**

In the Philippines children are said to owe their parents an *utang na loob* or a 'debt of gratitude' (Abejo, 2004:3) and are therefore expected to provide and care for them. While this duty of care was expressed by many of the nurses in the qualitative phase of the study, one nurse suggested that migration to a new country with different cultural values has possibly altered some of the traditional cultural and social practices of the Filipino community. *'In the Philippines it's your obligation to look after elderly relatives maybe this perception is changing...my mother expects me to care for her but I don't expect my kids to look after me, maybe like Irish people'* (**Joy**).

Overall the findings from this study suggest that despite the difficulties they face the interpersonal and intergenerational relationships of care between Filipina nurses and their family and communities remain strong. Findings from this study highlight the important role of Filipina nurses in the day to day survival and security of families and communities in the Philippines. The picture to emerge from the stories of Filipina nurses in the qualitative interviews is that migration provides a form of 'material care' where Filipina nurses use migration as a means to educate and provide for their children and extended families. In

addition, Filipina nurses from across the globe, continue to provide financial, practical and emotional support through the flow of remittances and open communication. They also mobilise and use the support of other Filipino women to meet their family and care responsibilities in the Philippines. However, the social costs and impacts of their migration cannot be ignored, the loss of their personal and physical presence is keenly felt by those left behind and concerns were raised by participants in this study in relation to the negative effects of their migration. Broken families, the impact of separation to the emotional well-being and development of children and the loss of physical support and care for aging parents all impact on the well-being and day to day survival and security of families and communities in the Philippines.

6.5 BUILDING AND STABILITY OF DEVELOPMENTS/CAPABILITIES GAINED

In their report 'Human Security Now' the Commission recommends the use of a dual policy framework of 'empowerment and protection' when dealing with all matters of human security (Commission on Human Security, 2003:iv). In their report they recognise the need for state protection and state strategies to shield people from threats to their human security. At the same time, the report emphasises the need to empower people through participation and the building and stability of human capabilities necessary to achieve adequate and sustainable levels of human security (Commission on Human Security, 2003). The use of 'empowerment' within the human security framework links closely to the human development agenda however, where human development focuses on 'growth with equity', the concept of human security moves on to focus on 'downturn with security' (Human Security Unit, 2003). The human security perspective with a concern for conflict, economic downturns, financial crisis etcetera, 'therefore, in addition to its emphasis on human well-being...is driven by values relating to security, stability and sustainability of development gains' (Human Security Unit, 2009:9). It is concerned with the maintenance and safeguarding of human capacity and the ability of people to develop their own resilience to daily insecurities and during times of crisis (Commission on Human Security, 2003). Summerfield (2007) in a study of human security and low paid manufacturing and service migrant workers in Central Illinois found, migration has the potential to meet some basic human security needs but this security is fragile. While a small core set of capabilities contribute to the security of transnational migrants, the absence of policies to deal effectively with the vulnerability and disruption migration can bring to people's lives is disappointing.

Financial Security and the Recession

The survey questionnaire was carried out in June 2009 when Ireland had just entered into recession and a small number of respondents indicated that their lives had been affected by additional ‘*income tax*’ and ‘*levies*’. Interviews in 2011 were used to further explore the impact of the recession to the lives of Filipina nurses in Ireland. Findings from this study suggest that migration has the capacity to enhance the human security of Filipina nurses and their families and communities through increased income and the flow of remittances. However, many of the nurses in the interview phase said their satisfaction with life in Ireland has decreased since the onset of recession. Although migration has brought financial benefits to Filipina nurses and their families, just two participants in the interview phase said they now feel financially secure. For many nurses their move to Ireland did not result in the financial security they had hoped ‘*I don’t feel myself financially secure no, because, the money is very tight*’. (*Sammy*). Nurses reported feeling more vulnerable to the negative impacts of the recession due to the extra costs they incur as a migrant and the pressure to remit substantial sums of money to family in the Philippines. Sabina said the cost of renewing immigration papers every year for herself and her family, flights home to the Philippines to see her son and paying non-EU college fees for her two children here in Ireland, have left her family in serious financial difficulty.

The wage is higher than the Philippines but then you know, you are spending the euro here, and then my children are in college and they don’t have work and they have to depend on us....our standard of living is worse frankly, we say in a jokingly manner, oh we are here in Ireland but we brought our lifestyle from the Philippines to Ireland, it is still hand to mouth existence... (Sabina)

Security, Stability and Plans for the Future

Although Filipina nurses have received preferential treatment when compared to other categories of migrant, they continued to experience difficulties since they came to Ireland. Concerns raised in this study relate to the rights of Filipina nurses and their family, including the right to citizenship and security of their position here in Ireland. Since the onset of recession 2008 many nurses said they feel increasingly unsure about their position here in Ireland. Like many people in Irish society Filipina nurses feel less secure about their position in work since the recession however, being a migrant can intensify these feelings of insecurity. Leah said being a migrant and not having citizenship has made her feel insecure about her position in Ireland.

No, because really the recession, you could really feel the recession is kicking in and we really don't know what tomorrow holds because we are still a foreigner here. Maybe if we get the Irish citizenship maybe that will be the time that I feel secure.... (Leah)

The majority of nurses taking part in the qualitative interviews hope to stay in Ireland on a long term basis. While the Philippines will always be home many said they have settled here and Ireland has become their second home.

It's so funny sometimes, if I go home...just out of the blue it came out of my mouth, I said it in front of my parents I want to go home and mum said yeah but you are home, oh no I mean I want to go back to Ireland. (Alex)

Many said they would not consider a move to another country due to the untold stress it would cause for the family especially the children.

The thing is my children have their roots already here. They have all their friends here. Since the recession we had offers of transferring to Australia, the US and Canada but because the children said they didn't want to be uprooted anymore we stayed put. (Divina)

While most of the participants taking part in the qualitative interview phase of this study intend to stay in Ireland on a long-term basis, the majority of respondents 67.5% (83) in the quantitative phase said they have/would consider a move to another country. The key reasons cited for considering a move abroad include a more secure legal status, to ensure the stability and integrity of the family unit and for better opportunities abroad. Only a couple of nurses in the interview phase said they are or would consider a move abroad. Chloe said she has no choice but to consider a move abroad due to her current situation in Ireland.

I have no plans to stay here long, maybe because I'm not sure if I'm still safe here when the time comes and the reason is also for my husband...there's no work for him it's really hard. He finished law in the Philippines. He used to work in a government law office, so that's difficult, he minds the children now and he's just doing a voluntary thing once a week. We will probably have to move to another country - my husband, you know, he has no chance here. They [colleagues in work] are concerned about us because of our status here...maybe because I'm not a citizen yet and my husband is not getting anything from the social welfare. (Chloe)

Irish Nursing Board statistics reveal that from the years 2008 to 2010 4,202 'verifications' which signify intent to migrate were sought by non-EU migrant nurses (Humphries et al 2012). If these nurses were to emigrate, the loss of their specialist skills and experience would leave the Irish health system struggling to cope (Humphries et al 2009f:17). Filipina

nurses taking part in the second phase of this study indicated that migrant nurses in Ireland leaving for better opportunities abroad is already having a negative impact on the Irish health service.

At the moment we're all Chemo qualified but most of the staff now are gone to Australia, we have not much newly qualified in chemo so, it's all falling back to us, you know. They go because of the work conditions and because of all the cut backs, we get less pay now really and they are encouraged, you know, by how good it is, and good staffing levels there...Plenty have gone already, yeah Filipino, Filipino and Indian. (Tala)

A human security perspective is concerned with 'the widest possible range of people having enough confidence in their future— enough confidence that they can actually think about the next day, the next week, and the next year' (Commission on Human Security, 2003:5). Filipina nurses due to their migration status feel more vulnerable to the impact of economic downturn and recession than the host population due to the extra costs they incur as a migrant and their commitments to remit. However, findings from this study suggest that feelings of insecurity and uncertainty about their future are mostly impacted by their immigration status. Adequate and sustainable levels of human security can-not be achieved in conditions that fail to ensure the full participation of Filipina nurses in Irish society and their right to a secure and stable family life in Ireland. Feelings of insecurity prevent nurses planning with any certainty and making a full commitment to their future and the future of their family in Ireland.

CONCLUSION

In this chapter I used the human security framework as outlined in Figure 2.1 to interpret and give meaning to 'human security' from the perspective of Filipina nurses recruited to work in Ireland from the years 2000 to 2009. The research findings and analysis of this study suggest overall migration has the capacity to enhance the security of Filipina nurses through increased income and remittance flows. However, just as migration can enhance human security it can also create new risks, vulnerabilities and threats that impact the well-being and security of Filipina nurses, their families and communities. Findings from this study highlight the need for a broad holistic view of human security, one that incorporates a wide range of objective and subjective threats, a finding also reported by Mahoney and Pinedo (2007) in their study of human security and communities in Costa Rica. A broad concept of human security with a view of widespread threats offers a more integrated approach towards the

rights of Filipina nurses. It moves beyond data/trends that fail to show the reality of human insecurity experienced by much of the world's population (Truong et al 2014b). It incorporates and adds to the development agenda by considering feelings of security, stability and sustainability and advances the human rights framework by moving beyond narrow legal definitions to incorporate the specific experiences of Filipina nurses and the structure and context that shapes their immigrant lives (see also Tripp, 2013; Robinson, 2011). Such an approach to the study of security allows for the analysis of gender and the important role of women and care in achieving adequate and sustainable levels of human security for all people across the globe (see also Robinson, 2011).

The research findings and analysis of this study demonstrate the usefulness of the human security framework to the study of nurse migration. The experiences of Filipina nurses are directly related to the core elements and concerns of the human security framework (see Figure 2.1). In keeping with the human security framework findings from this study reveal 'human security' for Filipina nurses relates not only to financial and economic security but also to human agency, feelings of safety and security, the ability to participate fully in the life of the community, human well-being and the building and stability of developments/capabilities gained.

The migration of Filipina nurses from the Philippines to Ireland highlights the role of women's agency in achieving human security. Nurse migration is used as an individual and collective family response to address issues of human development and human insecurity. In this study a human security perspective is used to highlight the role of Filipina nurses as active agents of change making extraordinary sacrifices to ensure the daily survival and security of families and communities across the globe. In contrast to state-centric approaches that view migration as short-term and transitory, a human security approach brings to light the need for security and stability in the lives of migrant workers. While each Filipina nurse in this study approaches migration differently, for most their decision to migrate is heavily influenced by a desire for security and stability. Security for these nurses relates to their ability to support their children, to send remittances to family back home in the Philippines and to secure their own future, the future of their children and their extended family. When living in their new destination Filipina nurses emphasise the desire for security and stability and the right to a secure and stable family life in Ireland. Findings from the study highlight the need for policies that ensure the full integration and participation of migrant workers into

the host community. From a human security perspective full integration and participation is necessary for social cohesion and to maximise the contributions of Filipina nurses to Irish society. While Filipina nurses feel vulnerable to Ireland's economic downturn due to the extra costs they incur as a migrant, my findings suggest that feelings of insecurity surrounding their immigration status cause the most distress for Filipina nurses in Ireland. Adequate and sustainable levels of human security can-not be achieved in conditions that fail to ensure the full participation of Filipina nurses in Irish society and their right to a secure and stable family life in Ireland. Feelings of insecurity and uncertainty surrounding their immigration status and the stability of the family unit in Ireland prevent nurses from planning with any certainty and making a full commitment to their future here in Ireland.

A feminist approach to the study of human security is used to highlight the relational nature of 'human security' (Robinson, 2011). In this study it brought to light the important role of Filipina nurses in achieving human security. It also revealed that migration through family separation and the loss of social supports can alter or damage relations of care and this can have implications for the well-being and human capacity of Filipina nurses, their families and communities. However, by placing security and gender at the centre of their migration experience, findings also reveal the strategies employed by Filipina nurses to overcome disadvantage. Filipina nurses through acts of social solidarity with other Filipino women continue to ensure the daily survival and security of their families and communities in Ireland and the Philippines.

The theory of human security has been used in this study to raise old migration concerns in the new light of 'security' and highlight the impact of gender and other related identities of race and class in determining the well-being and security of migrant nurses, their families and communities. Human security theory was used to give a broad and deep understanding of 'migration' and 'security' from the perspective of the migrant nurses themselves. It was chosen as the best framework to understand the meaning of human security from the perspective of Filipina nurses as it shifts attention from the impact of migration to the security of the state, to the day to day survival and security of migrant people (Commission on Human Security, 2003). Only by exploring the meaning of migration and security from the perspective of Filipina nurses themselves can we begin to understand how Filipina nurses live their lives through available opportunities and the risks, vulnerabilities and pressures they face due to the fact they are both female and migrant. The human security framework

provides a new platform to investigate security and migration in the transnational field by moving beyond state-centred meanings to social meanings that transcend national borders (Gasper and Truong, 2014). Not only do findings from this study show Filipina nurses live transnational lives through the constant and ever changing flow of remittances and practical and emotional support; they also highlight the interlinked nature of people's security across the globe.

CHAPTER 7: CONCLUSION

INTRODUCTION

I begin this chapter by providing a brief overview of the main aim and purpose of the research study. I then give a brief outline of chapters one to seven in the thesis. In the next part of the chapter I provide a summary of the key findings. I then set out the limitations of the study and recommendations for future policy initiatives. Finally I conclude on the findings of the research study.

7.1 RESEARCH AIMS AND PURPOSE

The aim of this study is to explore the human security dimension of female nurse migration from the Philippines to Ireland from the perspective of the nurses themselves. The main research question to be answered is *'How do Filipina nurses recruited to work in Ireland from the years 2000 to 2009 perceive the particular (in) securities they experience in their immigrant lives?'* To answer the main research question the following was explored.

1. The reasons Filipina nurses migrate to work in Ireland
2. Ireland's role in the recruitment of nurses from the Philippines
3. Participants' experience of working as a migrant nurse in Ireland's health system
4. The impact of being a migrant nurse in Ireland to their security and well-being

7.2 CHAPTER OUTLINE

Chapter one introduced the thesis and provided the background and justification for the research study. It also set out the theoretical and methodological framework underpinning the research study. *Chapter two* introduced the conceptual framework 'human security' that was used to guide the study. *Chapter three* explored the contribution of feminist theory to the study of migration, the global or transnational migration of nurses and, the large scale recruitment of Filipino nurses to address gaps in Ireland's health service during the more prosperous Celtic Tiger period 1997 to 2008. *Chapter four* discussed the theoretical and methodological framework underpinning the research project. It provided a description and rationale for employing critical theory as the best paradigm for this study and for the use of a mixed methods sequential explanatory design (Creswell, et al 2003). Steps taken in both phases of the research to reduce bias and produce accurate, valid and reliable data were also reported in this chapter. *Chapter five* set out the results from the quantitative phase of the study. In June 2009 a quantitative survey (n=125) was used to identify the key factors that combine to determine the experience of Filipina nurses in Ireland especially in terms of their

security and well-being. *Chapter six* set out the significant findings from the quantitative phase and the results from the qualitative phase of the study. In the autumn of 2011, semi-structured interviews (n=21) were conducted with Filipina nurses in the East and South East of the country, to further explore and explain finding from the first phase of the study. In this chapter the key findings from the research study were discussed and located within the broader ‘human security’ framework as identified in Figure 2.1 in the second chapter of the thesis.

7.3 SUMMARY OF KEY FINDINGS FROM THIS STUDY

1. The migration of female nurses from the Philippines to Ireland highlights the role of women and women’s agency in achieving human security. Nurse migration is used as an individual and collective family response to address issues of human development and human insecurity. Filipina nurses use migration to meet their own and their families’ basic human security needs for example food, shelter and health care. Remittances are sent to children, parents, siblings, nieces and nephews and are used to pay for day-to-day living expenses, a helper/nanny, medication and medical bill. Aspirations from migration go further than basic needs with many nurses looking to secure their own future and the future of their children and their extended family. In this regard, Filipina nurses use remittances as a form of social security where investing in the education of children and other relatives provides a security net for the future. In relation to nurse migration, money is often sent home to educate the next generation of nurses.
2. Although the more regulated nature of nurse migration can prevent nurses being subject to some of the worst abuses of power, Filipina nurses continue to experience difficulties in relation to the recruitment process and when they are living in Ireland their security may be threatened by the laws and policies of the country. While nurses in this study did not experience any physical harm during the recruitment process, some reported exploitative practices and others talked about the fear surrounding the presence of false or illegal recruitment agencies. When migrant nurses arrive in Ireland they must complete and pass a period (six to twelve weeks) of adaptation and training. The fact that Filipina nurses must pass this period of adaptation before receiving their official work visa renders them particularly vulnerable to exploitation

and abuse. Due to a fear of failure and of being sent home this is the time migrant nurses are most likely to be bullied or discriminated against. Once living in Ireland nurses continue to experience difficulties in relation to feelings of safety and security and the right to a stable and secure family life in Ireland. Difficulties obtaining citizenship, the fact that family members must apply separately for long term residency/citizenship, dependent children not having an automatic right to remain in Ireland when they turn eighteen and parents/grandparents only receiving three month temporary visas have all been viewed as a threat to the security and stability of the family unit in Ireland.

3. The use of exclusionary policies and citizenship to determine the rights and entitlements of migrant people impacts on their ability to participate fully in the life of the community. In relation to this the most serious concern raised by Filipina nurses was the right for their children to participate in third level education. A related concern is the increased risk and vulnerability Filipina nurses experience in their new host community. While the majority of the nurses taking part in this study feel they are respected members of Irish society, many reported experiences of racism and discrimination at both the institutional and personal level since arriving to Ireland. In relation to equality of participation in work Filipina nurses may lose out on the chance to maximise their skills because they are a migrant nurse. Filipina nurses are recruited to Ireland to fill general nursing posts and most have found it difficult to progress to a managerial grade. The low number of Filipina nurses reaching managerial grade may in part be attributed to racism/discrimination at both the institutional and personal level. Full integration and participation is necessary for social cohesion and to maximise the contributions of Filipina nurses to Irish society.
4. Although immigration policy allows for the reunification of dependent children many nurses have experienced some form of separation from their children since they came to Ireland. The emotional distress felt by Filipina nurses when living apart from young children was clearly evident during the interview phase when a number of nurses cried as they recounted their experience of being separated from their children. The fact that family members such as parents/grandparents can only come to Ireland on a three month visa has resulted in lengthy separations from young children. When nurses first arrived in Ireland they felt insecure and vulnerable in their new and

unfamiliar surroundings. Separation from family/community, the Irish weather, language and different cultural practices were cited by nurses in this study, as the main challenges to integration when they first arrived. In the absence of family support Filipina nurses use social networks of support in the form of close knit friendships with other Filipino women to meet family and care responsibilities and to adjust to their new life in Ireland. In doing so, Filipina nurses through acts of social solidarity and support are able to enhance their overall well-being and capacity for survival in their new destination. Despite the difficulties they face Filipina nurses through remittance flows and phone and internet communication continue to ensure the day-to-day survival and security of families and communities in the Philippines. However, concerns were also raised in relation to the social costs of migration. They include broken families, the impact of separation to the emotional well-being and development of children and the loss of physical support and care for aging.

5. Although migration has brought financial benefits to Filipina nurses and their families, for many nurses their move to Ireland did not result in the financial security they had hoped. Filipina nurses due to their migration status feel more vulnerable to the impact of economic downturn and recession than the host population due to the extra costs they incur as a migrant and their commitments to send money home. However, feelings of insecurity and uncertainty about their future are mostly impacted by their immigration status. Feelings of insecurity prevent nurses planning with any certainty and making a full commitment to their future and the future of their family in Ireland.

7.4 LIMITATIONS OF THE STUDY

Due to financial and time constraints the researcher was unable to afford nurses the opportunity to respond to the research findings before they were analysed and discussed. Involving the nurses at this stage of the research process could have greatly enhanced the data while allowing the Filipina community greater power and control over the research process.

7.5 RECOMMENDATIONS

Human security is concerned with issues of democracy and seeks equal opportunity for all to participate in decisions that affect their lives (UNDP, 1994). When designing policy it is essential that we listen to the voices of migrant people and what they require to feel secure in their daily lives. While recognising that the approach taken in this study is qualitative and

can-not be generalised, the thesis provided some valuable insights into the meaning of human security from the perspective of Filipina nurses and in this regard may be of use in areas of social care and policy considering the needs of migrant communities.

1. We need to acknowledge the important role of women in achieving ‘human security’ and the many contributions and sacrifices women make to ensure the survival of their families, communities and societies. In this regard the Irish state needs to recognise the important contributions Filipina nurses have made to the Irish health service and the need to improve retention rates. Migration policy must recognise the specific experiences of migrant women and the need for procedures to assist with integration and family and care responsibilities. Policy change is required in the area of family reunification law and policy, childcare, family/community support, access to education and integration.
2. In contrast to Ireland’s short term and transitory view of migration when discussing their migration experience, Filipina nurses emphasise the need for security and stability and the right to a secure and stable family life in Ireland. What is required is a shift from market-led immigration policy to immigration policy that is concerned with the day-to-day survival and security of migrant people. In relation to Filipina nurses a review of family reunification procedures is necessary to allow the adult children and parents of migrant nurses long term or permanent entry into Ireland and once dependent children living in Ireland reach the age of eighteen they should be issued with an appropriate and secure legal status. Such a move will ensure the right to a secure and stable family life and allow nurses to plan with certainty and make a full commitment to their future and the future of their family in Ireland.
3. There is an urgent need for measures to be put in place to protect migrant nurses from discrimination, racism and bullying at work especially during their period of adaptation. These measures should include the issuing of their work visa as soon as they arrive in Ireland and fostering an environment in the health service that respects and embraces a culturally diverse workforce.
4. Debates on migration in Ireland have been heavily influenced by unfounded and negative assumptions about migrant people. How the state engages such debate has a

direct impact on the experience of all migrant people in Ireland. So far the Irish state has failed to take any real action against racism and the administrative classifications used in immigration policy only serve to reinforce the broader discourse of national identity, citizenship and exclusion. The use of exclusionary policies and citizenship impacts on the ability of migrant people to participate fully in the life of the community. Filipina nurses taking part in this study have experienced racism and discrimination at the institutional and personal level both within and outside the work place. Difficulty reaching managerial grades in work and the right of children to access third level education emerged as significant concerns in this regard. The Irish state needs to put an immediate end to the categorisation and exclusion of migrant people and take meaningful steps to address the problem of racism within Irish society at both the institutional and personal level.

CONCLUSION

Overall the picture to emerge from the stories of participants is that migration has the capacity to enhance the security of Filipina nurses through increased income and remittance flows. However, just as migration can enhance human security it can also create new risks, vulnerabilities and threats that impact the well-being and security of Filipina nurses, their families and communities. The research findings and analysis of this study demonstrate the usefulness of the human security framework to the study of nurse migration. The experiences of Filipina nurses are directly related to the core elements and concerns of the human security framework (see Figure 2.1). In keeping with the human security framework, ‘human security’ from the perspective of Filipina nurses relates not only to financial and economic security but also to human agency, feelings of safety and security, the ability to participate fully in the life of the community, human well-being and the building and stability of developments/capabilities gained.

The migration of Filipina nurses from the Philippines to Ireland highlights the role of women’s agency in achieving human security. Nurse migration is used as a collective family response to ensure the daily survival and security of families and communities in the Philippines. The ability to exercise power and use migration as an opportunity to secure livelihoods and escape poverty is viewed as a positive achievement by nurses in this study. Although Filipina nurses receive preferential treatment when compared to other categories of

migrant, they continue to face risks during the recruitment process and when living in their new destination their security may be threatened by the laws and policy of the country. In contrast to Ireland's short-term view of migration, nurses emphasise the need for security and stability in their lives and the right to a secure and stable family life in Ireland. So far Ireland has failed to offer Filipina nurses the security and stability they hoped migration would bring to their lives. Exclusionary policies and citizenship used in Ireland to offer fewer rights and entitlements to migrant people impacts on the ability of Filipina nurses to participate fully in the life of the community and increases their vulnerability within Irish society. While the majority of the nurses taking part in this study feel they are respected members of Irish society, many reported experiences of racism and discrimination at both the institutional and personal level since arriving to Ireland. From a human security perspective full integration and participation is necessary for social cohesion and to maximise the contributions of Filipina nurses to Irish society.

Findings from this study highlight the relational nature of human security and the important role of women and care in achieving human security. In this study it brought to light the important role of Filipina nurses in the daily survival and security of families and communities in the Philippines. It also revealed that migration through family separation and the loss of social supports can alter or damage relations of care and this can have implications for the well-being and human capacity of Filipina nurses, their families and communities. When Filipina nurses arrived in Ireland they felt insecure and vulnerable in their new surroundings. Separation from family especially young children and the loss of family and community supports were cited as the main barriers to integration. In the absence of family support Filipina nurses mobilise and use networks of support in the form of close knit friendships to enhance their overall well-being and to meet family and care obligations. Despite the difficulties they face Filipina nurses continue to provide emotional, practical and financial support to families and communities in the Philippines through remittance flows and phone and internet communication. However, the loss of Filipina nurses to families and communities in the Philippines can be great. Broken families, the impact of separation to the emotional well-being and development of children and the loss of physical support and care for aging parents were raised as significant concerns in this study.

Filipina nurses due to their migration status feel vulnerable to economic downturn and recession due to the extra costs they incur as a migrant and their commitments to send money

home. However, feelings of insecurity and uncertainty about their future are mostly impacted by their immigration status. Adequate and sustainable levels of human security can-not be achieved in conditions that fail to ensure the full participation of Filipina nurses in Irish society and their right to a secure and stable family life in Ireland. Feelings of insecurity prevent nurses planning with any certainty and making a full commitment to their future and the future of their family in Ireland. In relation to Filipina nurses in Ireland the Irish state has the power to protect and enhance the participation of Filipina nurses in economic, political and social life and to ensure the stability of nurses and their families in Ireland through effective and inclusive immigration and integration policy. The fact that immigration policy is market-led and that migrant nurses have been used to address care gaps rather than solve underlying problems in the health service has made this a dubious possibility.

Policy makers and scholars have argued that the human security concept is too vague to have any real use in policy making. However, findings from this study highlight the need for a broad holistic view of human security, one that incorporates a range of both objective and subjective threats. A broad concept of human security with a view of widespread threats offers a more integrated approach towards the rights of Filipina nurses. It moves beyond data/trends that fail to show the reality of human insecurity experienced by much of the world's population (Truong et al 2014b). It incorporates and adds to the development agenda by considering feelings of security, stability and sustainability and advances the human rights framework by moving beyond narrow legal definitions to incorporate the specific experiences of Filipina nurses and the structure and context that shape their immigrant lives (see also Tripp, 2013; Robinson, 2011; Human Security Unit, 2009). The reflexive, contested and contextual character of the human security framework allows for the analysis of gender and the important role of women and care in achieving adequate and sustainable levels of human security for all people across the globe (Robinson, 2011). Findings from this study appear to corroborate the suggestion that the 'sustainability' aspect of human security cannot be achieved unless we take into account important relations of care and care responsibility in achieving human security.

The human security framework promotes a much needed global response to address new risks and security concerns that have occurred in response to globalisation. On this note, it is hoped that the framing of migrants rights as a human security issue will help bring migrant's rights to the international community, where in the context of 'security' they can attract

greater attention and resources to the reality of insecurity experienced by migrant people at all stages of the migration process.

APPENDICES

APPENDIX ONE
CONSENT FORM FOR QUESTIONNAIRE

Dear Participant,

My name is Hazel Finlay. I am currently carrying out research at the Waterford Institute of Technology (WIT) into the experiences of Filipina nurses in Ireland. I am now at a crucial stage in my research where I need to obtain information from Filipina nurses through the completion of questionnaires.

Before accepting completed questionnaires it is necessary that I gain informed consent from participants. For this reason, I have provided below the aim of my research, and information on matters relating to confidentiality. I would also like you to know that I am gaining no financial reward for this research.

The research is for academic purposes only and it is also my hope that this research will provide a greater understanding of the lives of Filipina nurses here in Ireland.

As a researcher at WIT I am bound by strict rules and ethical codes which ensure confidentiality for all who participate. Therefore, I ask you to complete this consent form which says that you agree to take part in the research by completing a questionnaire. The completed questionnaires and the consent forms will be stored separately and locked in my office for the duration of the research project and then they will be destroyed.

As part of my research I will need to interview a number of Filipina nurses. If you wish to be contacted for an interview please write your name and contact details at the end of the questionnaire. Again I wish to guarantee that the information supplied will be used confidentially. These details will only be used to contact participants to invite them to take part in an interview. Contact details will not be used for any other purpose or given to anyone else and will also be destroyed once the research is completed to protect the identity of participants.

All participants must be eighteen years or over and may withdraw from the research at any time.

Please sign below if you have read and fully understand the information contained on this page and wish to become a participant in this research.

Name: _____

Date: _____

Thank you for your time.

Hazel Finlay
(hfinlay@wit.ie)

APPENDIX TWO
CONSENT FORM FOR INTERVIEW

Dear Participant,

My name is Hazel Finlay. I am currently carrying out research at Waterford Institute of Technology (WIT) into the experiences of Filipina nurses in Ireland. I am now at a crucial stage in my research where I need to obtain information from Filipina nurses through the completion of interviews.

Before carrying out these interviews it is necessary that I gain informed consent from participants. For this reason, I have provided below the aim of my research, and information on matters relating to confidentiality. I would also like you to know that I am an independent researcher and I am not funded by any organisation or in any way connected to the HSE or any private health service.

It is my aim to research the lived experiences of Filipina nurses in Ireland in order to provide an in-depth understand of the lives of migrant nurses and how being a migrant nurse in this country impacts on your life.

It will be a relaxed discussion where people will be asked questions about their lives and where they are free to express their feelings regarding the topic, safe in the knowledge that all information will be held in the strictest confidence. All interviews will be recorded as it would be difficult to write down everything that is discussed. This tape will be stored securely until it is transcribed and it will be destroyed two years after the research is completed. No record of the interview will be kept with your name on it and consent forms will be stored separately from any interview records.

The information you give will be used only for the purpose of this research unless you agree otherwise.

Participation is voluntary and you may withdraw from the research at any time. You may refuse to answer questions and still remain in the study.

All participants must be eighteen years or over.

Please sign below if you have read and fully understand the information contained on this page and wish to become a participant in this research.

Name: _____

Date: _____

Thank you for your time.
Hazel Finlay (hfinlay@wit.ie)

APPENDIX 3
QUESTIONNAIRE FOR COMPLETION BY FILIPINA NURSES
WORKING IN IRELAND

PLEASE ANSWER ALL QUESTIONS UNLESS INSTRUCTED OTHERWISE

FOR TICK BOX QUESTIONS PLEASE TICK RELEVANT BOX AND ONLY TICK ONE BOX FOR EACH QUESTION UNLESS INSTRUCTED OTHERWISE

If you have any queries please do not hesitate to contact Hazel Finlay
hfinlay@wit.ie

SECTION 1 – GENERAL

1) What age group do you belong to?

18-20 21-25 26-35 36-45 46-55 56-65

2) What year did you come to Ireland to work as a nurse?

3) Where do you currently work in Ireland?

Dublin Cork Limerick Waterford Other

If other please specify

4) How many people including yourself live in your household in Ireland?

5) What type of housing do you live in?

Paying Mortgage Home Owner Voluntary Housing Rented

Local Authority Rented Private Rented Other

If other please specify

SECTION 2 – FAMILY

6) What is your civil status?

Single Married Living with partner Married but separated

Legally separated Divorced Divorced and remarried Widowed

IF YOU DO NOT HAVE A SPOUSE/PARTNER PLEASE MOVE ONTO QUESTION 7

6(a) Where does your spouse/partner live?

Ireland Philippines Other

If other please specify

6(b) Does your spouse/partner work in paid employment?

Yes in Ireland Yes in the Philippines No Other

If other please specify

7) How many children do you have?

IF YOU DO NOT HAVE ANY CHILDREN PLEASE MOVE ONTO QUESTION 8

7(a) How many children under the age of 18 do you have?

7(b) Where do your children under 18 years live?

Ireland Philippines Ireland and the Philippines Other

If other, please specify location

8) Do you send money home to family in the Philippines?

Yes No

IF YOU ANSWERED NO PLEASE MOVE ONTO QUESTION 9

8(a) On average how much money do you send home per month?

€ _____

**8(b) Who do you send money to in the Philippines?
(please tick all relevant boxes)**

Spouse/partner Children Parent(s) Siblings Other

If other please specify

SECTION 3 – LEGAL STATUS IN IRELAND

9) What is your current legal status in Ireland?

(Please tick one box from each section, Section 9(a) and Section 9(b), where relevant)

Section 9(a)

Work permit Work visa/authorisation Green card

Spousal/dependant permit Intra-Company transfer permit Don't know

Section 9(b)

Stamp 6 Stamp 5 Stamp 4 Stamp 1

Don't Know Other

If none of the above apply to you please specify your legal status in Ireland

10) If possible would you apply for a more secure status in Ireland?

Yes No Not applicable Don't know

11) What impact do you think the introduction of the green card system for immigrants in Ireland will have?

(Please tick one box from each section, Section 11(a), Section 11(b))

Section 11(a)

It improves my legal status

It worsens my legal status

It will not change anything

Don't know

Section 11(b)

- It will lead to more exploitation
- It will lead to less exploitation
- It will not change anything
- Don't know

12) How satisfactory have you found the system for the application and issuing of long term residency and citizenship status in Ireland?

- Very satisfactory Satisfactory Unsatisfactory Very Unsatisfactory
- No opinion

If unsatisfactory/very unsatisfactory please give your reason for this

13) How satisfactory have you found family reunification laws in Ireland?

- Very satisfactory Satisfactory Unsatisfactory Very Unsatisfactory
- No opinion

If unsatisfactory/very unsatisfactory please give your reason for this

14) How consistent is immigration law and policy in Ireland?

- Very consistent Consistent Inconsistent Very Inconsistent
- No opinion

If inconsistent/very inconsistent please give your reason for this

SECTION 4 – NURSING QUALIFICATIONS AND RECRUITMENT

**15) What is your nursing qualification?
(Please tick all relevant boxes)**

- General Midwifery Paediatric Psychiatric
- Geriatric Intellectual Disabilities Other

If other please specify

16) How many years did you study as a nurse to gain your current qualification?

17) Where did you gain your nursing qualifications?

Ireland Philippines Ireland and the Philippines Other

If other please specify

18) When you first arrived to work as a nurse in Ireland what sector did you work in?

(HSE) Public Sector Private Sector

Voluntary Public Sector Don't know

19) When you first arrived in Ireland what post did you hold?

Part time nursing post Full time nursing post

Part time care staff post Full time care staff post

Agency nursing staff Agency care staff Other

If other please specify

20) Was a recruitment agency involved in your move to Ireland?

Yes No

IF YOU ANSWERED NO PLEASE MOVE ONTO QUESTION 21

20(a) Where was the recruitment agency based?

The Philippines Ireland Internationally based

20(b) Did the recruitment agency charge you fees?

Yes No

IF YOU ANSWERED NO PLEASE MOVE ONTO QUESTION 21

20(c) How much did the recruitment agency charge you?

€ _____

**20(d) What did you pay fees for?
(please tick all relevant boxes)**

Transport fees Adaptation fees Direct fees to agency

Don't know Other

If other please specify

20(e) How accurate was the information given to you by the recruitment agency in relation to the terms of your employment?

Very accurate Accurate Inaccurate Very inaccurate Other

If inaccurate/very inaccurate please give your reason for this

21) Did you have a period of adaptation and training when you first arrived to work as a nurse in Ireland?

Yes No Other

If other please specify

IF YOU ANSWERED NO PLEASE MOVE ONTO QUESTION 22

21(a) How many weeks did this period of adaptation and training take?

21(b) Do you feel this period of adaptation and training helped you to adjust to your new work culture/environment?

Very helpful Helpful Unhelpful Very Unhelpful Other

If unhelpful/very unhelpful please give your reason for this

22) Have you changed employer since you first arrived in Ireland?

Yes No

If yes how many times have you changed employer

SECTION 5 – THE FOLLOWING QUESTIONS APPLY TO THE MAIN NURSING POST THAT YOU ARE CURRENTLY WORKING IN

23) How long have you been working in your current place of employment?

24) What post do you currently hold?

Part time nursing post Full time nursing post

Part time care staff post Full time care staff post

Agency nursing staff Agency care staff Other

If other please specify

25) Which sector of nursing do you currently work in?

(HSE) Public Sector Private Sector

Voluntary Public Sector Don't know

26) What type of service do you currently work in?

Hospital Nursing Home Residential Service

Community Service Other

If other please specify

**27) What area of nursing do you currently work in?
(please tick all relevant boxes)**

General Midwifery Paediatric Psychiatric

Geriatric Intellectual Disability Other

If other please specify

28) What clinical grade of nursing are you currently working in?

Staff Nurse Clinical Nurse Manager 1 Clinical Nurse Manager 2

Clinical Nurse Manager 3 Assistant Director of Nursing

Director of Nursing Don't know Other

If other please specify

29) What type of employment contract do you currently have?

Temporary part time contract Permanent part time contract

Temporary full time contract Permanent full time contract

No contract Other

If other please specify

30) Are you a member of a trade union?

Yes No

If yes please state which union

31) Are you aware of your rights as an employee at your current work place?

Yes No Other

If other please specify

32) At present what is your gross basic pay per year (before tax and excluding premiums)?

Less than €30,000 €31,000-35,000 €35,000-40,000 €40,000-45,000

€45,000-50,000 €50,000-55,000 €55,000-60,000

If more than €60,000 please specify

33) Are you paid the appropriate salary for your current post/grade in work?

Yes No Don't know

34) Do you feel that your current position at work is appropriate for your qualifications?

Yes No Don't know

35) Are your professional skills being utilised in your current position at work?

Always Sometimes Rarely Never Other

If other please specify

36) Have you had any opportunities to apply for promotion, to a higher clinical grade of nursing in your current work place?

Yes No Other

If other please specify

IF YOU ANSWERED NO PLEASE MOVE ONTO QUESTION 37

36(a) If you did apply for a promotion, for a higher clinical grade of nursing, in your current work place, were you successful in gaining that promotion?

Yes No Other

If other please specify

37) Have you had opportunities to further your education and training in your current work place?

Yes No Other

If other please specify

38) Are you respected by your Irish colleagues in your current work place?

Yes No Other

If other please specify

39) Have you ever had negative experiences such as racism or discrimination in your current work place on the grounds of being a migrant nurse?

Never Occasionally Frequently On a Daily Basis Don't know

40) Have you ever experienced discrimination at your current work place on the grounds of being female?

Never Occasionally Frequently On a Daily Basis Don't know

SECTION 5 – MIGRATION EXPERIENCE AND PLANS FOR THE FUTURE

41) What was the factor that most influenced your decision to migrate to a different country? (Please tick one box only)

Economic and financial reasons
To travel and experience a different way of life
To join family living abroad
For professional development
Other

If other please specify

42) Why did you choose Ireland as your destination? (Please tick all relevant boxes)

English language Catholic country Irish culture Good working conditions
To join family Suggestion of recruitment agency Good pay
Good opportunities for professional development Other

If other please specify _____

43) Have your positive expectations of Ireland matched up to your experiences?

Yes Partially No Other

If other please specify

44) Have you /are you considering a move to another country to work as a nurse?

Yes No Other

If other please specify

IF YOU ANSWERED NO PLEASE MOVE ON TO QUESTION 45

44(a) Which country would you like to go to?

**44(b) Why would you consider moving to that country?
(please tick all relevant boxes)**

More secure status Increased pay Better working conditions

Improved family reunification laws Suggestion of recruitment agency

More opportunities for professional development English language

Catholic country To join family Other

If other please specify

45) Do you have good social support networks here in Ireland?

Yes No Other

If other please specify

**45(a) If yes what support networks do you have?
(please tick all relevant boxes)**

Family in Ireland Filipino community in Ireland Filipino friends

Irish community Irish friends Filipino work colleagues Catholic church

Irish work colleagues Women's groups Trade union Other

If other please specify

45(b) If no what support networks do you think are needed?

46) How secure is your current work contract here in Ireland?

Very secure Secure Not very secure Not secure Don't know Other

If not very secure/not secure please give your reason for this

47) How secure is your legal status (allowing you to remain in Ireland)?

Very secure Secure Not very secure Not secure Don't know Other

If not very secure/not secure please give your reason for this

48) How happy are you to be living here in Ireland?

Very happy Happy Unhappy Very unhappy Other

If other please specify _____

49) How long do you intend or hope to stay in Ireland?

Less than a year 1-2 years 3-4 years 5 years or more

10 years or more I do not wish to leave as I see Ireland as my home

50) Do you feel that you are a respected member of Irish society?

Yes No Other

If other please specify

51) Have you ever had negative experiences such as racism or discrimination (outside the workplace) on the grounds of being a migrant since you arrived in Ireland?

Never Occasionally Frequently On a Daily Basis Don't know

If you would like to participate further in this research please leave your contact details below. If you choose to leave your contact details they will only be used to contact you if you are selected to take part in interviews that will be conducted to gain a deeper understanding of the lives of Filipina nurses here in Ireland. Names and contact details will not be used for any other purpose and will be destroyed once the research is completed to protect the identity of participants.

Name _____

Phone No _____ **Email Address**_____

Thank you so much for your time and assistance with this questionnaire!

**Hazel Finlay
hfinlay@wit.ie**

APPENDIX FOUR

WOULD YOU LIKE TO HELP RESEARCH
AIMED AT PROVIDING A GREATER
UNDERSTANDING OF THE LIVES OF
FILIPINA NURSES IN IRELAND?

Title of Research
Filipina Nurses in Ireland and the Globalisation
of Care



If you are a **Filipina Nurse** working here in
Ireland
you can help by completing a questionnaire
today.

We are located at the **INO stand**

Alternatively you can email hfinlay@wit.ie
up until the 29th of June 2009 to request a
questionnaire

In appreciation to the nurses assisting with this
research, a donation will be made to 'Gawad
Kalinga', an organisation that provides support
and care to people in the Philippines.

APPENDIX FIVE

Interview Schedule

- Introduce myself and briefly my research topic.
- Thank participants agreeing to take part the interview.
- Assure anonymity and that no record of the interview will be kept with interviewees name on it.
- Explain this is to be a relaxed discussion; there is no right or wrong answer. It is about your experience and how you feel.
- You do not have to answer anything that makes you feel uncomfortable.
- We can stop at any time or take a break.
- You may withdraw from the research at any time.
- Ask for permission to record interview and explain why.
- Consent form to be read, understood and signed.
- Demographic form to be completed.

Interview Questions

- 1) How would you describe your day to day life in Irish society?
 - Filipino/Irish Friends
 - Filipino/Irish Community
 - Culture/Included in society
- 2) Can you tell me about your decision to come to Ireland to work as a nurse?
 - What or who influenced your decision to migrate as a nurse
 - Who paid for your nursing education
 - Why choose Ireland as destination
 - Was a recruitment agency involved (government or private)
 - How did you find the application/recruitment process (costs, honor contract)
- 3) How would you describe your experience of working in the Irish health service
 - Public or Private (do you think there is a difference)
 - Management, Colleagues, Patients
 - Work Contract
 - Culture/Integration
 - Hours, Pay, Flexibility, Training
 - Skills and Experiences
 - Conditions in Work
 - Why do you think Ireland needs to recruit nurses from abroad?
- 4) As a migrant nurse in Ireland how do you feel you have been treated by the Irish government?

- Legal Status/Citizenship
 - Family Reunification
 - Family (partner, children, parents)(education and right to work)
 - Do you feel your position here in Ireland is secure?
- 5) Has being a migrant nurse in Ireland impacted on your life?
- Social status (position in society, as good as other people)
 - Independence/Standard of Living
 - Family (partner, children, parents)
 - Financial/Remittances
 - Separation
 - Security
- 6) Has the current economic downturn in Ireland (recession) impacted on your life?
- (financial/attitudes)
 - Do you think migrants are blamed for the recession in Ireland?
 - What contribution do you feel you have made to Ireland?
- 7) Would you have migrated to Ireland as a nurse if you had the same opportunities in the Philippines?
- 8) What sacrifices have you made to be a migrant nurse?
- 9) Have you ever experienced racism or discrimination in Ireland?
- 10) How long do you intend to stay in Ireland? Why?
- 11) Looking at the bigger picture how do you think nurse migration impacts on communities and families in the Philippines?

APPENDIX SIX

Demographics Form

Interview Number:

Age:	18-20	21-25	26-30	31-35	36-40
	41-45	46-50	51-55	56-60	61-65

Place of residence?

What is your civil status?

Do you have children?

What year did you come to Ireland to work as a nurse?

Where do you currently work in Ireland?

Do you work in the private or public sector?

What is your current position/grade in work?

APPENDIX SEVEN

The eight stamps: what do they mean?

Last update - Thursday, February 12, 2009, 16:21 By Metro Éireann

When a non-EEA national arrives in Ireland, they must register with the Garda National Immigration Bureau (GNIB). The bureau's officer, upon examining their case, issues them one of the eight stamps which show the person's immigration status. Here is what the different stamps mean:

Stamp 1

This stamp indicates that the person can work in Ireland if they have a valid work permit. It is also granted to people who hold a business permission to start or to engage in a business in Ireland.

Stamp 2

This stamp is given to non-EEA nationals who are attending a full-time course in Ireland of at least one year's duration and leading to qualifications recognised by the Minister for Education and Science. Stamp 2 holders are allowed to work a maximum of 20 hours per week and up to 40 hours per week during academic holidays. The stamp is only valid until the holder finishes his/her course of study. In addition, non-EEA students who have graduated on or after 1 January 2007 with a primary, Master's or doctorate degree from an Irish third-level institution and have a current GNIB Certificate of Registration may be permitted to apply for the Third Level Graduate Scheme. People who qualify under this scheme will be granted one non-renewable extension to their current student permission for a six-month period starting on the date upon which the person receives their examination results. The purpose of the permission to remain under this scheme is to seek employment and gain a 'green card' or work permit.

Stamp 2A

If the person's academic course does not fit with the requirements for Stamp 2, they are given Stamp 2A, which does not allow them to take up any employment and which is only valid until the person finishes their course.

Stamp 3

This stamp indicates that the person cannot work or study full-time in Ireland. It is given to visitors, tourists, spouses and dependants of work permit holders, or those who come to Ireland for medical treatment. The stamp makes some holders totally dependent on the immigration status of their family in Ireland.

Stamp 4

This stamp indicates that the person is entitled to work in Ireland without a work permit. For many, obtaining this stamp is the first step towards getting a full Irish passport. The stamp is given to people on work visas/authorisations. It is also issued to the foreign-born spouses of Irish citizens, people who are granted asylum in Ireland, people with Irish-Born Child residency and people who have obtained long-term residency status. Temporarily registered doctors are also given Stamp 4.

Stamp 4 (EU FAM)

This stamp is issued to non-EEA nationals who are family members of EU citizens. Under the European Communities Regulations 2006, they can move to Ireland and live here with their families.

Stamp 5

This stamp is issued to non-EEA nationals who have lived in Ireland for at least eight years and who have been permitted by the Minister for Justice, Equality and Law Reform to stay in the State without condition as to time. People holding this stamp can work without a permit and they can freely engage in business.

Stamp 6

This stamp indicates that the holder is permitted to remain in Ireland without any condition. It is usually placed on foreign passports of Irish citizens who hold a dual citizenship so that both their passports show their entitlement to stay in Ireland in equal measure.



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