A COMPARATIVE CASE STUDY OF CONDITIONS THAT INFLUENCE THE
RETURN-MIGRATION OF FILIPINO NURSES IN NORTH AMERICA AND IN
THE MIDDLE EAST

A Dissertation in
Workforce Education and Development
and
Comparative International Education
by
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ABSTRACT

Historically, international migration has been considered to be both unidirectional and permanent; however, return-migration is an emergent phenomenon that has been drawing more attention, particularly in healthcare. According to Efendi et al. the global migration of healthcare workers continues to increase, yet “there is increasing evidence showing that migrants are returning to their country of origin” (2018, p. 199), an observation that calls for further study.

Return-migration has brought about tension for overseas Filipino nurses as they consider various conditions that motivate their return to the Philippines. This comparative case-study examined demographic variables and environmental conditions which influence the magnitude and direction of return migration for Filipino nurses employed in the North-America Sub-Group (U.S./Canada) and the Middle-East Sub-Group (KSA/UAE).

Data from the annual Survey of Overseas Filipino Workers (SOF) was used to create a three-block logistic regression model to identify demographic variables that influence return migration. The models implied (1) that an older person was more likely to return; (2) the head of the household is more likely to return than the other members of the household; (3) a migrant-worker deployed to the Middle-East Sub-Group is 2.4 times more likely to return than a migrant-worker going to the North-America Sub-Group; (4) a migrant-worker who receives in-kind good is more like to return than the person who did not receive any goods; and (5) a migrant who received financial remittance is less likely to return. Although the logistic regression models are statistically significant, the models do not very accurately explain a nurse returning to the Philippines. Rather the models are much better at explaining why nurses do not return to the Philippines.

This case study approached migration, not as an episodic event, but as a complex systematic process that has lasting implications for both the home and host country.
Interconnected elements, such as the licensure and bi-lateral agreement, greatly influence the global mobility of highly-skilled healthcare professionals. Although several countries have come to rely on overseas Filipino nurses (OFNs), there is increasing documentation that the rate of overseas workers returning to the Philippines is increasing, with their family as the key influencer.
TABLE OF CONTENTS

LIST OF FIGURES ........................................................................................................ viii
LIST OF TABLES ........................................................................................................... x
LIST OF ABBREVIATIONS ........................................................................................ xi
ACKNOWLEDGEMENTS ............................................................................................ xiv
DEDICATION ................................................................................................................ xvii

Chapter 1  Introduction................................................................................................. 1
  My Study: A Product of Migration ............................................................................ 5
  Statement of the Problem and Context .................................................................... 8
    History of Migrant Filipino Nurses ........................................................................ 10
    Global Supplier of Nurses ..................................................................................... 17
  Purpose Statement of the Study ................................................................................ 28
  Significance of the Study ........................................................................................ 29
  Justification for Comparison ................................................................................... 31
  Bounded Case Study ............................................................................................... 31
    Why Compare? ......................................................................................................... 33
    Equivalence ............................................................................................................. 33
    Comparability .......................................................................................................... 34
  Summary ................................................................................................................... 36
  Operationalized Definitions ...................................................................................... 40

Chapter 2  Theoretical Framework ............................................................................. 42
  Theories of Migration ............................................................................................... 42
    Ravenstein’s Laws of Migration ............................................................................. 42
    Lee’s Push/Pull Framework ..................................................................................... 44
  Theories of Return-migration ................................................................................... 46
    Typologies of Return-Migration ........................................................................... 48
    Mabogunje’s Migration Systems Theory ............................................................... 52
  Boundaries for Research ......................................................................................... 54
    Population: Migrant Filipino Nurses ................................................................. 55
  Conceptual Framework ........................................................................................... 57
  Summary ................................................................................................................... 60

Chapter 3  Review of Literature ................................................................................. 61
  Global Shortage of Nurses ....................................................................................... 61
    Conditions Contributing to Nurse Shortages ..................................................... 62
    Migration as a Solution to Nursing Shortage ..................................................... 66
  Internationally Educated Nurses ............................................................................. 68
  Conditions that Influence Migration ...................................................................... 72
    North-America Sub-Group: Conditions that Influence Migration ..................... 73
    Middle-East Sub-Group: Conditions that Influence Migration .......................... 75
    Philippines: Impact of Nurse Migration ............................................................. 80
  Return Migration .................................................................................................... 80
    Return-Migration of Nurses ................................................................................. 83
  Development and Return-migration ...................................................................... 91
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Correspondence with PSA</td>
<td>211</td>
</tr>
<tr>
<td>E</td>
<td>List of Data Request from eFOI</td>
<td>212</td>
</tr>
<tr>
<td>F</td>
<td>Survey of Overseas Filipinos 1996</td>
<td>213</td>
</tr>
<tr>
<td>G</td>
<td>Survey of Overseas Filipinos 20015</td>
<td>214</td>
</tr>
<tr>
<td>H</td>
<td>File Labels SOF 1993</td>
<td>215</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

Figure 1.1. Personal Remittances Received in the Philippines .................................. 13
Figure 1.2. Newly Hired - Migrant Filipino Nurses (1992 – 2016) .............................. 18
Figure 1.3. Number of Registered Emigrant Filipinos in the U.S. (1981–2016) ............ 19
Figure 1.4. Canada - Internationally Educated Nurses (IEN) and Overseas Filipino Nurse... 21
Figure 1.5. Number of Registered Emigrant Filipinos in Canada (1981–2016) ............... 22
Figure 1.6. Saudi Arabia’s Nurse Workforce (2005 – 2011) ........................................ 25
Figure 1.7. Total Number of Migrants in the UAE (1990 - 2017) ................................ 26
Figure 1.8. Saudi Arabia’s Nurse Workforce (2005 – 2011) ........................................ 27
Figure 1.9. Bounded Comparative Case Study of Return Migration ............................. 32
Figure 2.1. Lee’s Migration Framework (simplified) ....................................................... 45
Figure 2.2. The Inverse of Lee’s Migration Framework, Return-migration ..................... 45
Figure 2.3. King’s Stages of the Migration Cycle (Modified) .......................................... 50
Figure 2.4. Mabogunje’s Migration System Theory (Modified) ..................................... 54
Figure 2.5. Selected Subset of International Migration for Investigation ........................ 57
Figure 2.6. Conceptual Framework to Study Return-migration .................................... 59
Figure 4.1. SOF 2014 Questionnaire –(Questions pertaining to return-migration) ........ 103
Figure 4.2. Semali’s Z-Model ....................................................................................... 112
Figure 5.1. Trend Analysis–Deployed Filipino Workers in North America ..................... 126
Figure 5.2. Trend Analysis–Deployed Filipino Nurses (the U.S. and Canada) ................. 127
Figure 5.3. Trend Analysis–Deployed Filipino Workers in Middle Eastern Region ........ 128
Figure 5.4. Trend Analysis–Deployed Filipino Nurses (UAE and SA) ............................ 129
Figure 5.5. Trend Analysis–Deployed of Filipino Nurses in Totality ............................... 130
Figure 5.6. Trend Analysis–Migrant and Emigrant Filipino Nurses (the U.S. and Canada) ... 133
Figure 5.7. Deployed Filipino Nurses and Emigrating Nurses ..................................... 134
Figure 5.8. Distribution of Overseas Filipino Nurses (Migrating and Emigrating) ..............136
Figure 5.9. Number of Enrollments for BS Nursing .......................................................137
Figure 6.1. RQ1: Migration Flow of Filipino Nurses–Direction and Magnitude .................164
Figure 6.2. RQ2: Migration Flow of Filipino Nurses–Direction and Magnitude .................168
Figure 6.3. Factors that Influence the Migration Flow of OFNs .......................................173
LIST OF TABLES

Table 1.1. Average Salary for Registered Nurses as of June 2019 .............................................12
Table 1.2. Comparison Table for U.S. and Canada (North-America Sub-Group) .......................38
Table 1.3. Comparison Table for Saudi Arabia and the UAE (Middle-East Sub-Group) ...........39
Table 3.1. Relevant Literature –Factors that Influence the Migration of Filipino Nurses ......87
Table 4.1. List of Variables and Corresponding Questions in SOF .............................................105
Table 4.2. Subsets of SOF 1993-2003 and 2015 .........................................................................107
Table 4.3. Variable Adjustments ..................................................................................................108
Table 4.4. Additional Data Source ................................................................................................111
Table 4.5. Data Collection Matrix ................................................................................................121
Table 5.1. Deployment of Overseas Filipino Workers (1985-2016) ...........................................123
Table 5.2. Descriptive Statistics of Deployed OFW (1985-2016) ..................124
Table 5.3. Total Deployment of Filipino Nurses(1992-2010) ......................................................131
Table 5.4. Total Overseas Filipino Nurses (Migrating and Emigrating) ....................................135
Table 5.5. Descriptive Statistics for Overseas Filipino Nurses (Migrating and Emigrating) ....136
Table 5.6. Filipino Nurses Licensure Exam and Pass Rate .........................................................139
Table 5.7. Descriptive Statistics of Filipino Nurse Licensure Exam and Pass Rate ..............140
Table 5.8. Descriptive Information for Variables Considered in Regression Analysis ..........142
Table 5.9. Migration Return Status Regressed on Selected Independent Variables ..........145
Table 5.10. Comparative Table ....................................................................................................147
LIST OF ABBREVIATIONS

AED  Arab Emirate Dirham
AND  Associate Degree in Nursing
BLA  Bilateral Agreements
BSN  Bachelor of Science in Nursing
CAN  Certified nurse assistant
CCAD Cleveland Clinic Abu Dhabi
CFO  Commission on Filipinos Overseas
CIA  Central Intelligence Agency
EU   European Union
EVP  The Exchange Visitor Program
FRED The Federal Reserve Bank of St. Louis
GCC  The Gulf Cooperation Council
GDP  Gross domestic product
GST  General Systems Theory
HHR  Healthcare Human Resources
HR   Human Resource
HRD  Human Resource Development
ICN  The International Council of Nurses
IEN  Internationally educated nurses
ILO  International Labor Organization
IMF  International Monetary Fund
IOM  International Organization for Migration
KSA  Kingdom of Saudi Arabia
<table>
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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>JCI</td>
<td>Joint Commission International</td>
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<tr>
<td>KSA +O</td>
<td>Knowledge, skills, abilities/attitude +other</td>
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<tr>
<td>LFS</td>
<td>Labor Force Survey</td>
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<td>LPN</td>
<td>Licensed Practical Nurse</td>
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<tr>
<td>MENA</td>
<td>Middle East and North Africa region</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>NAFTA</td>
<td>The North American Free Trade Agreement</td>
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<td>NCLEX</td>
<td>National Council Licensure Examination (in the United States)</td>
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<td>NCLEX-RN</td>
<td>National Council Licensing Examination for Registered Nurses</td>
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<td>NRCO</td>
<td>National Reintegration Center for OFWs</td>
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<td>OCW</td>
<td>Overseas Contract Worker</td>
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<td>PSU</td>
<td>Primary sampling unit</td>
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<td>OD</td>
<td>Organization Development</td>
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<td>OECD</td>
<td>Organization for Economic Co-Operation and Development</td>
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<td>OFW</td>
<td>Overseas Filipino Workers</td>
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<td>OWWA</td>
<td>Overseas Workers Welfare Association</td>
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<tr>
<td>PhP</td>
<td>Philippine peso</td>
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<tr>
<td>POEA</td>
<td>The Philippine Overseas Employment Agency</td>
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<td>PSA</td>
<td>Philippine Statistics Authority</td>
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<td>PSY</td>
<td>Philippine Statistical Yearbook</td>
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<td>PUF</td>
<td>Public Use Files</td>
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<td>RN</td>
<td>Registered Nurse</td>
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<td>RPN</td>
<td>Registered Psychiatric Nurse</td>
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<td>SA</td>
<td>Saudi Arabia</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<td>SCFHS</td>
<td>Saudi Commission of Health Specialists</td>
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<td>SOF</td>
<td>Survey on Overseas Filipinos</td>
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<td>SPSS</td>
<td>Statistical Package for the Social Sciences</td>
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<td>SR</td>
<td>Saudi riyal</td>
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<td>SSU</td>
<td>Secondary sampling unit</td>
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<td>SUF</td>
<td>Scientific Use Files</td>
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<td>TESDA</td>
<td>Technical Education and Skills Development Authority</td>
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<tr>
<td>UAE</td>
<td>United Arab Emirates</td>
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<td>UNDESA</td>
<td>United Nations Population Division of the Department of Economic and Social Affairs</td>
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<tr>
<td>UNSD</td>
<td>United Nations Statistics Division</td>
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<tr>
<td>US</td>
<td>United States of America</td>
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<td>US DOL</td>
<td>United States Department of Labor</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WLP</td>
<td>Workplace Learning and Performance</td>
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And finally, to my mom and dad. The character I have: the desire to always be better, the willingness to put myself last when needed and first when necessary; and the forethought to stop, reflect and recognize that I do not have all the answers, but I do have the resources to figure it out. These things I know from being your daughter. Thank you for teaching me self-reliance, perseverance, accountability, and basic grit. I learned those things, not from words or conversations, I learned it from watching the two of you. I have no regrets postponing my studies to finally be able to put you as the priority, as you have always done with me. Thank you! And Dad, I am sorry that you did not get to see me graduate, but I know you are HOME! And by the way, I finally learned about (big) Home.
DEDICATION

For my Pa,

He never tries to stand out, but he is always seen.

He never starts a fight but is the first to defend you.

He never brags, nor boasts ... unless it is about me.

I finally did it!
Chapter 1

Introduction

Return-migration has historically created tension for migrants, particularly for Filipino nurses employed in the United States (US), Canada, the Kingdom of Saudi Arabia (KSA), and the United Arab Emirates (UAE) (Castro-Palaganas et al., 2017; Cortés & Pan, 2012; Cortez, Del Rosario, & Diño, 2016; Efendi et al., 2018; Lorenzo, Galvez-Tan, Icamina, & Javier, 2007). This tension arises from personal preferences and structural circumstances that drive migrant nurses to compare their destination country (where they currently reside) with their home country to substantiate their decision to stay or to return. The “pull” to return home is counterbalanced with economic, political and socio-cultural conditions. Lee (1966) documented the underlying tensions of migration “pull” and “push” to illustrate the conditions that influence the direction, size, and composition of migration flow. As explained by Rogers (1983), the relevance of personal preferences in the decision to migrate does not negate the function of economic or structural conditions in both the countries of origin and destination, thus influencing the decision to return home. Rogers insisted that such a voluntary decision can be made, provided that reintegration programs support the returning migrants and the economic situation improves.

In the present study, return-migration is defined as “the movement of a person returning to his or her country of origin or habitual residence, usually after spending at least one year in another country. This return may or may not be voluntary. Return-migration includes voluntary repatriation” (International Organization for Migration (IOM), 2011, p. 86). This study of return-migration highlights an emergent phenomenon that differentiates international migration today from that of the previous century, where migration was assumed to be permanent and
unidirectional (Agunias, 2006; Dustmann & Weiss, 2007; Efendi et al., 2018; Iredale, 2001; Lee, 1966).

This dissertation also examines the environmental conditions that determine the direction, size, and composition of the migration flow. That is, given any population distribution across countries and any international wage differentials, political situation and immigration policies create incentives that exist for some individuals to migrate to other countries. Considering the complexity of migration, a comprehensive theory of migration is difficult to find, and yet theory must provide insights into the direction of migration flows, how large the flows are, which kinds of individuals become migrants, which individuals are immobile (i.e., do not migrate), and why some migrants return.

Most migrants leave their home countries with the idea that one day they will return (Adzei & Sakyi, 2014; Arowolo, 2000; Brush & Sochalski, 2007; Ghosh, 2000; Niedomysl & Amcoff, 2011; King, 2000). Examining the underlying reasons why migrants are returning home is important to understanding the potential impact of return-migration on both the host and home countries (Organization for Economic Co-Operation and Development (OECD)/Scalabrini Migration Center, 2017). Such consideration is critical to global workforce planning, particularly in healthcare. According to Scheffler et al., the estimated demand for health workers is “projected to increase to almost 53 million by 2030,” with the largest need projected at “14.7 million by 2030” in Southeast Asia (2017, pp. 3–4). These estimates are based on a model of migrant healthcare workers as a static function of supply. However, these models do not take into account when and how many migrants will return home.

Researchers have examined the reasons people return to their country of origin; the factors that support reintegration; what does reintegration look like and how does it take place; retraining and reskilling for the changing labor markets; the impact of return-migration on the home country; and breakdowns of the reintegration system that drive migrants to go abroad and
re-emigrate (Arowolo, 2000; Battistella & Scalabrini Migration Center, 2018; Brush & Sochalski, 2007; Hunter, 2011; Niedomysl & Amcoff, 2011; Rodriguez & Horton, 1995; Rogers, 1983; Siar, 2014). The conditions that facilitate migrant workers to return to their country of origin are dictated by market trends, national policies, and the structures of the migration system. For example, Saudi Arabia and the United Arab Emirates have a high demand for healthcare workers, specifically nurses. However, their immigration policy does not provide a pathway to citizenship; therefore, workers migrate for a specified, limited period of time and are assumed to return to their country of origin, creating a constant flow of returning migrants. The reintegration of these workers in their home countries is perceived as both an opportunity and a challenge. Conversely, countries such as the United States and Canada also have a high demand for healthcare workers. Yet, as a strategy to attract and retain high-skilled workers, these countries have created visas with streamlined pathways to permanent residency, making it less likely for healthcare workers to return to their country of origin. Still, according to Efendi et al., (2018) “there is increasing evidence showing that migrants are returning to their country of origin” (p. 199), an observation that calls for further study of this phenomenon. Few studies have explored the conceptual difficulties inherent in return-migration and the policy framework that is needed to support returning migrants.

This dissertation examines overseas Filipino nurses as a case study in return-migration. The analysis in this study uses a rich series of data sets from the Philippine government. The phenomenon of the Filipino exportation of nurses to overseas destinations has precipitated a stream of international healthcare migration to North America and the Middle East for several decades. Several North American and Middle Eastern countries have become reliant on migrant workers to “fill health workforce positions across the skill spectrum, from home health aides and assistants to nurses, physicians, and medical specialists” (Siyam & Poz, 2014, p. 1). Considering the vast differences in the countries within these regions, it is puzzling to observe the flow of
Philippine nurses to Britain, the US, Canada, the UAE, Saudi Arabia, and Australia, yet it is important to examine the flow more closely to determine the conditions that influence the direction, size, and composition of these migration patterns.

For the Philippine government, foreign demand for nurses has created an opportunity to encourage its citizens to take advantage of a promising labor market. For many Filipino nurses, the opportunity to work abroad has offered prospects for a better life. The career path to becoming a nurse in the Philippines has been a parallel track to becoming an international migrant worker who crosses international boundaries “in a remunerated activity in a State of which he or she is not a national” (IOM, 2011, p. 62). This prospect has led recruiting agencies in the Philippines, and headhunters in North America and the Middle East, to engage in aggressive recruitment. The pitch from the U.S. or Canada, though not to the same degree, was the promise of higher income and better working conditions. This promise resulted in a pull factor that attracted thousands of nurses a year to leave the Philippines. An exploration of this directional flow and its corresponding push-pull conditions could lead to substantive insights into these issues.

In the current climate of a surge in asylum-seekers in the US, the relationship between development and migration for sending countries has highlighted the need to study return-migration approaches (Hernández-Carretero, 2015). The growing diversity of migration categories, ranging from refugees and asylum-seekers to economic migrants, necessitates a disaggregation of the various types of migrants and types of returnees. Ogbu and Simons created a classification of migrants: autonomous, voluntary or immigrant, and involuntary or nonimmigrant minorities. “Voluntary … are those who have more or less willingly moved … because they expect better opportunities (better jobs, more political or religious freedom)” (1998, p. 64), whereas “involuntary … are people who have been conquered, colonized or enslaved … and were forced against their will” (p. 65). Involuntary return is usually associated with
deportation, which is out of the scope of this study. While such areas of inquiry are valid, there has been limited research into the aspects of voluntary return-migration, in which returnees attempt to establish themselves socially, economically, and politically in their areas of return (Hammond, 1999).

**My Study: A Product of Migration**

Not all persons who migrate reach that decision on their own (Lee, 1966). Some migrate as spouses supporting their partner. Some leave to escape religious, racial, or national persecution and seek safety. Many are displaced due to environmental conditions. I left the Philippines with my mother and father, who sought better conditions in the US.

As a product of international migration, this study is both important and personal. Like many other Filipino-American immigrants, I was brought to the United States at a very young age, shortly after President Ferdinand Marcos declared martial law. My parents were not political activists, but my father took his civic duty very seriously, perhaps because his own father was the town mayor for many years. Although his values were very conservative, my father’s political positions were strongly influenced by the corruption that characterized the Philippine state leaders. He was particularly upset with the government's control over the media. One of Marcos' first actions after decreeing his dictatorial rule was to shut down the newspapers, radio stations, and television programs; as a result, many journalists were arrested, and my cousin was one of them. My father would praise my cousin, who was one of the student leaders at the University of the Philippines, for his courage to openly criticize Marcos.

I recall one afternoon when my father was talking loudly into the telephone, being careful to articulate every sentence because the phone connection was so weak. His tone was distressed because my cousin had been arrested, once again, and placed in a military prison. Though my
cousin was later released, every time my father spoke with someone from the Philippines, whether about good news or bad news, his words were always mixed with joy and consternation. I was too young at the time to understand the political unrest, but I remember my father telling my mother, “Gusto ko ng umuw (translated from Tagalog—I want to return home).”

Recently, in 2016, I took my mother and my father back to the Philippines. I knew it would be my father’s last trip. In transit, we stopped in the UAE to visit my brother, who was working at the Cleveland Clinic Abu Dhabi (CCAD). Fortunately, my father did not have any pressing medical conditions that required hospitalization, but we still toured the Cleveland Clinic. Although I had seen it before, it was still amazing. CCAD was unlike any hospital I had ever been to. “A towering stack of metal and glass blocks requiring more steel than the tallest building in the world” (Moura, 2017, para. 1), it was an architectural marvel that felt more like a museum than a hospital. A multidisciplinary, physician-led hospital with five clinic floors, three diagnostic treatment levels, and thirteen floors of critical and acute patient units, it was a state-of-the-art masterpiece. In 2018, CCAD employed 14,710 nurses; 97% were migrants.

We stayed in the Philippines for almost two months, half of the time in the province where my parents grew up and the other half in Manila. I met my nephews for the first time. One was a 22-year-old and the other a 19-year old. Both were graduates with a BS in nursing. My younger nephew had just passed the nursing board when we arrived. He was working in two hospitals, one government and the other private. His combined salary, working over 40 hours a week, was about PhP 8,000, the equivalent of $160 per month.

I had to take my father to the hospital while we were in the province. The facility was starkly different from the Cleveland Clinic. At first glance, it did not seem like a hospital at all. It seemed more like an abandoned government building. The halls and lobby were empty of both patients and healthcare workers. We had to pay before we could get any service. The physicians ran some tests and gave my father medication for his heart.
The following week, we were in Manila. My father had a mild myocardial infarction. My cousin took U.S. to the nearest hospital, which was accredited by the Joint Commission International (JCI) and measured against standards to ensure patients received the best level of care. Frustrated with the wait time in the emergency room and the lack of urgency, especially since my father had had a mild heart attack, we asked to be transferred to another hospital. During my father’s admission at the second hospital, we were told that the service would not resume until we paid in advance. Though we were wary of paying before my father had been evaluated, we were relieved to find that my father received excellent care once he was admitted. Almost all of his nurses expressed a desire to go to the U.S. and work.

On our way back to the US, my father passed out and had to be taken to the hospital in Guam. We were in Guam for three weeks. Since we spent the entire time in the hospital, we became acquainted with most of the staff. Approximately 90% of the nurses were Filipinos. One RN told U.S. that Guam was the best of both worlds. “The Philippines is less than three hours away by flight, and I am still working, technically, in the US,” he said.

By the spring of 2017, we were back in the US, in our home state of Georgia. For the next year and a half, my father spent most of his time in and out of hospitals, at least once a month. Some admissions were for two days; others were for two weeks. My family has spent a lot of time in hospitals, and we have gotten to know many nurses. It is interesting to reflect back. Our interactions with the physicians were mostly about diagnosis and treatments, including what to expect and what to look for, but it was the nurses who provided day-to-day care. They were our liaison with the doctors, advocates for hospital services, and even arbitrators when needed. My father’s experience, as well as my perspective, were greatly influenced by our interactions with the attending nurses. It became a joke with my mother and my father that I was always probing the nurses with questions about their education and their experience with the organization. At the time, nurses were not the subject of my research; I was merely exploring the organizational
conditions in healthcare. I think I actually avoided nursing as my research topic. After much thought, I believe I reached that decision because of the proverbial assumption about being from the Philippines: “If you are Filipino, you must be a nurse”.

When I ruminate on what it means for me to be a Filipino, I feel spatially disconnected. Ironically, my idea of “home” has always been tethered to the Philippines, even though I left when I was only three years old. Home is tied to my Filipino identity and my father’s stories, which would often start with, “Back home,” as if home was a reference point. Yet, it would take 30 years before my parents went back to the Philippines. I asked my father if he ever thought about moving back. He said, “It is good to visit, but no. The situation there is not always safe. The police are corrupt, the roads are bad, and the hospitals are not very good. It is not like when I was growing up. You did not have garbage in the streets, but it is nice to visit”. 

When I first started to organize my research for this dissertation, I was still removed from the Filipino component of the study, most likely because I did not think of my family as migrants. However, in my earliest recollection, I was the kid with the green card. And the card was a reminder that I was not from the US. But when I became a U.S. citizen, my father told me to never forget where I came from. He would say, “You have little-home that is where you live, and then you have the (big) HOME that you came from, your roots. And that never changes, no matter how long you are gone. Even if we don’t go back, it is still our home. Don’t forget that.” I suppose that this research is, inadvertently, a homage to my father and a way to understand HOME.

**Statement of the Problem and Context**

While the government cannot and should not prevent skilled workers from leaving, policymakers and business interests would do well to create more
opportunities for overseas Filipinos to return and use their skills at home.

(Mendoza, 2015, p. 7)

Although there has been a significant amount of research on various aspects of the international migration of nurses, there is a paucity of data on returning migrants. This deficit can be attributed to the disregard of return as a fundamental component of the migration process, as such, it is challenging to accurately assess the impact of migration on both the host and home country.

Extensive research has focused on the global shortage of healthcare workers, emphasizing the need to forecast impacts and potential results systematically. Various methods are used for health workforce forecasting. An extensive gap exists between the global projected supply and the global projected demand for registered nurses (Nirel, Grinstien-Cohen, Eyal, Samuel, & Ben-Shoham, 2015). Many projection models are based on a fixed ratio of nurses to population or are based on hospital utilization. Supply models used in healthcare determine workforce demands by calculating “intakes, exits, migrations and population growth in order to maintain the present ratio of practitioners” (Lopes, Almeida, & Almada-Lobo, 2015, p. 4). On the other hand, training models predict the number of entrants into a given profession, such as nursing, and “combine migratory flows, mortality, exit and dropout rates … to estimate the number of physicians and nurses available for each year” (p.5). Both models are strongly dependent on available data and do not consider the complexity of migration, specifically for migrant nurses returning home.

Healthcare human resources (HHR) planning has not established a widely accepted method for workforce planning, particularly in a global context. Given the predicted shortages in the global supply of healthcare professionals and the dependence of some countries on migrant healthcare workers, the need for this study is substantiated. It is also clear that workforce
management and planning must consider the complex conditions that personify a global and mobile pool of talent, including the out-migration and the return-migration of skilled workers.

The journey of migration is often assumed to be one-way; however, as King (2000) stated, “Return-migration is the great unwritten chapter in the history of migration” (p. 7). It is vital to grasp the historical conditions that have inculcated the desire for Filipinos to migrate. The following section provides the background of nursing in the Philippines.

History of Migrant Filipino Nurses

During Spain’s colonial rule of the Philippines (1500's – 1898), formal education was not available to the majority of women. However, the teachings of human care were passed on by women known as Babaylans, who were pre-colonial shaman spiritual leaders. The Babaylans were the keepers of indigenous Filipino knowledge related to culture, religion, and medicine. They were the community healers responsible for taking care of the sick and maintaining the overall well-being of the clan (Hega, Alporha, & Evangelista, 2017). By the early 1900s, the Philippine Islands were under American colonial rule. The Education Act of 1901 was instituted to establish a centralized American system of education. American professional teachers and English textbooks were shipped to the Philippines to teach and train Filipinos. English was adopted as the language of instruction in all public schools, and it became the common language among the Filipinos (Casambre, 1982; Choy, 2003; Rodriguez, 2010).

The United States introduced the concept of a public health care system and the training of nurses in the Philippines. The system was initially structured as an apprenticeship program under the leadership of missionary doctors and American nurses. As more hospitals were built, more nurses were trained. Several Filipino women were recruited to study in the United States and return to the Philippines to assume positions of leadership in local hospitals. The Exchange
Visitor Program (EVP), authorized by the U.S. Secretary of State, provided Filipinos with the opportunity to work and study in the US. As a territorial government under the US, migrants had the option to stay or return to the Philippines. By the 1930s, Filipino nursing schools were established, nursing as a profession was regulated, licensure requirements were developed, and the Filipino Nurses Association was founded (Bautista, Ducanes, & David, 2018; Casambre, 1982; Choy, 2003; Ortiga, 2018).

During World War II, the Japanese invaded the Philippines. The nurse training programs were disrupted, and hospitals became war zones. Together, American military nurses and Filipino nurses cared for thousands of embattled soldiers. War-time stories documented the Angels of Bataan, citing the bravery and camaraderie witnessed among Filipino nurses, the U.S. Army Nurse Corps, and the U.S. Navy Nurse Corps. During the Battle of the Philippines, a group of 77 nurses was seized and imprisoned by the Japanese. The captured nurses were used as propaganda to recruit additional nurses during the war. Almost three years after being captured, they were all liberated (Norman & Elfried, 1993).

Following the war, the Philippines officially claimed its independence from U.S. sovereignty. But the Filipinos had lost over a million lives; roads and highways were destroyed; shipping ports were demolished; and many cities, including the capital (Manila), were in ruins. As an independent nation, the Philippines was confronted with substantial economic challenges. With no trade, no central banking system, and limited infrastructure, the Republic of the Philippines looked to the United States for guidance. Some critics viewed the Philippine-US relationship as “disguised imperialism” (Shaffer, 2012, p. 235). With limited options, President Roxas, the first president of the newly independent Philippine state, met his country’s economic challenges by focusing on foreign trade and education. The initial motivation for developing Filipino nurses was to staff local hospitals, but in the wake of the post-war nursing shortage, the strategy shifted to producing and exporting labor. Nursing recruitment agencies emerged and
facilitated the migration of newly graduated nurses. The post-war recovery created a global demand for nurses, opening up economic pathways for Filipinos. Having been trained in American standards of care, Filipino nurses were the ideal candidates for recruitment. European countries recognized the cost-effectiveness of hiring Filipino nurses, rather than training their own. “Americanized nurse training established by the U.S. colonial government laid the groundwork for Filipina migration” (Choy, 2003, p. 42).

**Economic and political conditions.**

Many migrant Filipinos and their families have viewed the nursing profession as a pathway to a better life. Nurses are enticed to leave their home countries by promises of better working conditions, higher wages, learning opportunities, professional growth, free travel, and housing. Filipino nurses working overseas earn, on average, about 20 times more than what they would make in the Philippines. One of the primary pull factors for migration is the opportunity for higher wages (Tiongco-Cruda, 2008). Table 1.1 lists the average salary for registered nurses in the United States, Canada, Saudi Arabia, the United Arab Emirates, and the Philippines, based on total salary profiles as of June 2019. Each salary is converted to the respective country’s currency (based on June 2019 exchange rate) for comparability.

Table 1.1.

*Average Salary for Registered Nurses as of June 2019*

<table>
<thead>
<tr>
<th>United States</th>
<th>Canada</th>
<th>Philippines</th>
<th>Saudi Arabia</th>
<th>United Arab Emirates</th>
</tr>
</thead>
<tbody>
<tr>
<td>C $82,035/year</td>
<td>C $61,649/year</td>
<td>C $3,717/year</td>
<td>C $19,224/year</td>
<td>C $25,274/year</td>
</tr>
<tr>
<td>PhP 3,198,400/year</td>
<td>PhP 2,404,045/year</td>
<td>PhP 145,816/year</td>
<td>PhP 749,584/year</td>
<td>PhP 989,179/year</td>
</tr>
<tr>
<td>SR 234,750/year</td>
<td>SR 176,432/year</td>
<td>SR 10,635/year</td>
<td>SR 55,013/year</td>
<td>SR 72,690/year</td>
</tr>
<tr>
<td>AED 229,897/year</td>
<td>AED 172,777/year</td>
<td>AED 10,416/year</td>
<td>AED 53,750/year</td>
<td>AED 71,171/year</td>
</tr>
</tbody>
</table>

The majority of the Filipino nurses are female, often leaving behind their husbands, and even their children, for earnings to send home as remittances to support their families and other dependents. The Philippine economy is in a stable economic position today due to the steady growth and amount of remittances of OFWs (Overseas Filipino Workers) over the past 26 years. Figure 1.1 shows the total personal remittances received during 1990 – 2016. According to the World Bank, the Philippines’ total remittances (in U.S. dollars) in 2000 amounted to $6.9 billion (8% of GDP); in 2005, $13.7 billion (12% of GDP); in 2010, $21.6 billion (11% of GDP); and in 2017, $32.8 billion (10% of GDP). It is important to note that the Philippine’s peso is substantially depreciated. The current exchange rate is US$1 (PhP51), which means total remittances are significantly higher in value. Overseas remittances drive domestic consumption, which can then be translated into GDP growth. As a whole, remittances sent by OFWs have a significant impact on the Philippine's earnings of foreign exchange (Sicat, 2012).
Although the Philippine strategy to organize international labor migration was intended to be temporary, until it recovered from the war, the country did not develop an efficient manufacturing infrastructure or self-sustaining agriculture. The government, instead, focused on its human capital. President Marcos recognized the opportunity to expand his country’s labor migration, and, in 1974, the Labor Code of the Philippines was the foundation for the framework for the overseas employment program, thus institutionalizing the international migration of Filipino workers (Asis, 2017). Marcos also mandated a required 50 to 80% remittance for all migrant workers, and he threatened passport renewals until proof of remittance was submitted. The remittance mandate has since been eliminated, but the demand for migrant Filipino workers has grown. In 1995, the Migrant Workers and Overseas Filipinos Act was passed to protect and provide support for migrant workers. During President Benigno Aquino III’s term, he announced his social contract with the Filipino citizens and said his goal was to move (Asis, 2017) …

from a government that treats its people as an export commodity and as a means to foreign exchange, disregarding the social cost to Filipino families, to a government that creates jobs at home, so that working abroad will be a choice rather than a necessity; and when its citizens do choose to become OFWs, their welfare and protection will still be the government’s priority. (sec. 4)

Subsequently, the Philippine government created agencies and implemented policies to protect OFWs and their families, including The Philippine Overseas Employment Agency (POEA), the Overseas Workers Welfare Association (OWWA), the Technical Education and Skills Development Authority (TESDA), the Commission on Filipinos Overseas (CFO), and the National Reintegration Center for OFWs (NRCO), which is focused on monitoring and
evaluating reintegration programs for returning migrants (Lorenzo, Galvez-Tan, Icamina, & Javier, 2007). As a result, the Philippines has a well-established labor export policy that secures “access to foreign labor markets. The government makes temporary labor migration a foreign policy priority in both bilateral and regional trade negotiations;” however, according to O’Neil, “the focus of an employment-driven strategy—securing the rights of its citizens to settle permanently abroad has never been a priority for the Philippine government” (2004, para. 9).

Currently, the Philippines has become one of the fastest-growing economies in Asia. Andrew D. Mason, World Bank Group acting chief economist for the East Asia and Pacific region, states, “The Philippines over the last decade has had outstanding growth performance—it’s above average for developing East Asia” (Philippine Daily Inquirer, 2019, para. 8). In attempts to acquire the potential “brain gain” in the domestic labor market, Filipino leaders are linking migration policies to comprehensive development goals. The economic progress and policy improvements will inevitably shift what was once a “push” factor to leave the country to a possible “pull” factor for returning migrants.

Social-cultural conditions.

While economists consider migration from a cost-benefit perspective, sociologists believe that social and cultural constructs predominantly determine the decision to migrate or return (Cortez, Del Rosario, & Diño, 2016). Migrant Filipino nurses have many elements to contend with in the decision to work overseas. The primary consideration for most Filipinos is the family unit, which includes the “nuclear family” (mother, father, and unmarried children) as well as, grandparents, married children, and their families. These relationships stay linked throughout life and include financial obligations. The children are not only expected to care for their parents in their old age but must also financially support them. The individual’s goals and aspirations become secondary to the family’s needs and interests. Decisions are made as a family unit, so the
decision to work overseas as a migrant nurse is not an independent choice. Families are strongly motivated by the economic expectation of remittances, even at the cost of being separated from one another (Andres, 1985; IOM, 2017).

The second most influential construct for a Filipino is religion. The Philippines is a predominantly Catholic country, historically shaped by Spanish colonization. As part of the Filipino culture, “Catholic practices and ethnic identity are intricately interwoven into cultural meanings of identity, family, and community” (Lagman, Yoo, Levine, Donnell, & Lim, 2014, p. 2). For example, when life seems out of control, a typical Filipino will say, “Bahala na”—translated, the phrase means, “What will be will be.” Though it may sound like a resigned response to life’s difficulties, the saying, to a Filipino Catholic, reflects an unwavering belief that God will do what needs to be done. In other words, life “is in God’s hands,” and we should “leave it to God”.

Another common Filipino phrase is, “untang na loob”, meaning “debt of internal gratitude for what has been done for you”. It is a form of reciprocity that has both negative and positive implications. On the one hand, it gives corrupt leaders the authority to manipulate the system, request favors, and propagate quid pro quo strategies. It is also embedded in the “foreign manipulation of domestic politics” that has impacted national policies and crippled the Filipino citizens from demanding more accountability (Brown, Gardner, Stine, & Valdes, 2009, p. 4). On the other hand, it is centered on gratitude. It demands acknowledgement that one’s success is directly attributable to the support of others. The philosophy compels many Filipino children to care for their elderly parents because it is the “right thing to do” (Andres, 1985; Jurado, 2014; Lagman et al., 2014; Macapagal & Nario-Galace, 2003). And it also obliges the overseas workers to send a significant percentage of their salaries back to the Philippines. Both “bahala na” and “untang na loob”, imbue Filipino behavior with traits of obedience, obligation, and loyalty.
Global Supplier of Nurses

Working internationally is one of the key motivators for Overseas Filipino Workers (OFW), who are driven to flee economic inequalities and seek out promising employment opportunities (Austria, 2017; Castro-Palaganas et al., 2017; Choy, 2003; Cortez, Del Rosario, & Diño, 2016; Cruz, Estacio, Bagtang, & Colet, 2016; Montayre, Montayre, & Holroyd, 2018). It is estimated that 2.2 million Filipinos worked abroad during April and September of 2016, mostly in the Middle East (PSA, 2017a). Due to a 12.7% unemployment rate in 2003 (BLES, 2003; Lorenzo, Galvez-Tan, Icamina, & Javier, 2007), the Philippines continued to encourage out-migration, along with remittances. In response to the global shortage of nurses, a plethora of nursing colleges offering a Bachelor of Science in Nursing (BSN) program emerged throughout the Philippines. Yumol, states that “from 2003 to 2009, there were more than half a million (530,988) nursing board examinees” in the Philippines (2018, p. 58). However, as illustrated in Figure 1.2, the total number of migrant nurses that were newly hired from 2004 – 2010 was only 72,442. Yet, Agunias states, “in 2007, the Philippines failed to meet the demand for nurses in Saudi Arabia, a long-time client, due to ‘low supply of qualified applicants’” (2008, p. 36).

According to the 2010 Overseas Employment Statistics Report, in 2007, there were 9,753, newly hired nurses deployed overseas, of which, 6,633 (68%) went to Saudi Arabia (POEA, 2010). That same year (2007) there were 131,489 nurse board examinees, of which 60,199 (46%) passed the Philippines Nurse Board Exams. Also, there were 20,755 Filipinos who took the NCLEX-RN for U.S. Licensure, of which only 10,217 passed (49%). However, the question remains, why was the Philippines unable to meet the nurse demands in Saudi Arabia? The answer to this question may depend on the nursing demand in other countries and the Filipino’s country-preference for deployment.
Figure 1.2. Newly Hired - Migrant Filipino Nurses (1992 – 2016)


The quest for the “American Dream”.

The idea of the American Dream was planted into the Philippine ethos during U.S. colonization under President McKinley's “benevolent assimilation” policy. American Exceptionalism, the “idea that the United States has a unique history of liberty and democracy and that; as a result, America must succeed as the premier benevolent world power” (Dearborn, 2013, p. 3), created an image of wealth, freedom, and opportunities assumed to be unattainable in the Philippines. The false equivalence of success and America has pulled thousands of Filipinos to leave their home country. Inundated with messages of materialism from America, Filipinos continually felt pushed to emigrate. Figure 1.3 shows the number of registered Filipinos who emigrated to the U.S. from 1981 to 2016 at a yearly average of 38,980. According to the Commission on Filipinos Overseas, over 1.4 million Filipinos emigrated to the U.S. during the course of 35 years.
The culture of migration linked to Filipino nurses is part of the historical template that was designed and marketed as a way to achieve the “so-called American dream” (Hau, 2004, p. 34). Families were willing to be separated thousands of miles for economic benefits, and high-skilled workers were willing to work in a foreign environment for better working conditions. The Filipino dream of high earnings and professional success was tethered to the promises of America (Asis & Battistella, 2013; Castro-Palaganas et al., 2017; Choy, 2003; Ortiga, 2018). Casambre reflected on the 1960’s imagery that was heavily marketed to Filipino citizens:

Filipino cultural values and standards also came under the impact of American education during the colonial period. Through the agency of the schools, reinforced by American example and movies, the American scale of values gradually and imperceptibly entered the mental makeup of the Filipino. As a result, some of them developed a liking for things American to the extent that they would consider anything manufactured in the United States as superior, and anything manufactured locally or elsewhere in Asia as inferior … prominent
Filipino nationalist would consider the establishment of American education in the Philippines as the start of the education, as well as the miseducation, of the Filipino. (1982, p. 11)

Western materialism and the fulfilment of Filipino aspirations were only realizable outside of the Philippines. U.S. colonialism encouraged these ideas and created a system to generate labor supply that was at U.S. disposal and was controlled by immigration policies. For example, in response to changes in Medicare and the decline in nursing school enrollments during the 1980s, there was a shortage of nurses in the US. Foreign-educated nurses who entered the United States on work visas benefited from the passage of the Nursing Relief Act of 1989. The act created a visa category specifically for nurses, adjusting their status to permanent resident. The act’s passage encouraged more Filipinos to enroll in nursing schools, and it also persuaded Filipino-trained doctors to retrain as nurses (Vapor & Xu, 2011; Yumol, 2018).

US policy-makers used immigration and employment-based visas to stimulate the supply of nurses by permitting foreign-trained nurses to enter the U.S. healthcare workforce (Leah E. Masselink & Jones, 2014; Yumol, 2018). For instance, in 2003-2004, U.S. nursing school enrollments surged. In conjunction with the economic recession in 2008, the demand for nurses dropped, and the U.S. nursing employment opportunities declined, leaving a large stock of unemployed nurses in the Philippines. The “Philippine government established a program sponsoring nurses to work in rural areas of the Philippines to provide opportunities for nurses unemployed because of the sudden lack of opportunities in the United States” (Leah E. Masselink & Jones, 2014, p. 7). With such systems in place, America has maintained a reservoir of labor. Hopefully, as the Philippines continues to focus on economic growth and development, the conditions that once “pushed” migrant nurses to leave may eventually become influencers that attract them to return home.
Migrant Filipino nurses in Canada.

Canada, like many other countries, continued to be challenged by a shortage in the nursing workforce. To compensate for the deficit, internationally educated nurses (IENs) were actively recruited. The Canadian government provided accessible pathways for migrant nurses. Policies guided by the “Immigration and Refugee Protection Act (IRPA)” was used to address the prevailing shortages, with an emphasis on “contributing to economic development” (Covell, Primeau, Kilpatrick, & St-Pierre, 2017, p. 2). Many IENs arrive in Canada through healthcare recruiters; and many more arrive independently. The Philippines is one of the primary suppliers of nurses. Figure 1.4 graphs by year the number of Canadian Nurses who are internationally educated (black bar); and graphs the number of Filipinos RNs who are licensed in Canada (grey bar). An average of 28.5% of Canadian IENs are from the Philippines.

According to the 2016 Canadian census, Filipinos are the third-largest Asian group in Canada (Government of Canada, 2017). The early Filipinos who settled in Canada were migrant nurses from the U.S. with expired visas. Even today, it is a migratory strategy used if a U.S. visa expires, is on a holding status, or was not approved. According to Smick, “Canada is among the world’s most generous nations for immigrants and has one of the highest per capita admission rates” (2006, para. 1). Figure 1.5 shows the number of registered Filipinos who emigrated to Canada from 1981 to 2016 at an average rate of 12,208 per year. According to the Commission on Filipinos Overseas, 439,479 Filipinos emigrated to the Canada during the course of 35 years.

Figure 1.5. Number of Registered Emigrant Filipinos in Canada (1981–2016)


The North American Free Trade Agreement (NAFTA) and policies of the European Union have increased global trade and opened migration streams. Immigration rates to Canada increased and selection procedures were used to identify high-skilled and highly-educated migrants (Blythe, Baumann, Rheame, & McIntosh, 2009). This, in turn, has provided a solution to the nursing shortage. Canada utilizes a merit-based recruiting strategy, where qualifying
migrant nurses have been allowed to enter the country as skilled workers through the federal immigration program or at a provincial level. Qualifications are based on a point system that measures various elements, including education, language proficiency, age, work experience, employment history, and past employment in Canada. Once the application is submitted and approved, the next stage is to submit an application for residency (Smick, 2006).

**Migrant Filipino nurses in The Kingdom of Saudi Arabia.**

In the 1970s, Gulf Cooperation Council countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates) had the fastest-growing populations and needed workers for large infrastructure projects. Significant investments in the construction of medical cities and hospitals in the GCC region aimed to increase access to care. Consequently, the demand for healthcare professionals immediately surged, especially the demand for nurses (Sheikh, Cheema, Chaabna, Lowenfels, & Mamtani, 2019).

Nursing in the Middle East, however, is laden with social customs, traditions, and indigenous Islamic religious practices (Seeger, 2015). Muslim women, as patients and as healthcare providers, have cited common issues to include (Seeger, 2015, p. 3) …

modesty and separation of gender. The Qur’an states that both men and women should “lower their gaze and guard their modesty” and that women should “not display their beauty and ornaments except (what must ordinarily) appear thereof; that they should draw their veils over their bosoms”. (Qur’an, 24:31)

Nursing is an old profession in Islam; however, males have always tended to males and females to females. Before Florence Nightingale, there was Rufaidah Al-Aslamiyah, the first recorded professional nurse and the first to establish a nursing school (Almalki, Fitzgerald, & Clark, 2011; El-Haddad, 2006). In some Middle Eastern states, nursing was not a well-respected profession, and educational resources in Arabic were limited, thus contributing to the shortage of qualified
nurses. Indian and Filipino nurses were recruited to provide a temporary solution. Although nursing in the Middle East is in a stage of transition, recruitment of local nationals, such as the Saudi people (citizens of Saudi Arabia) and Emirati people (citizens of the UAE) have not kept pace with growth and demand for healthcare professionals (El-Haddad, 2006).

The modern concept of nursing in Middle Eastern countries is still making grounds. The nursing board within the Saudi Commission of Health Specialists (SCFHS) established licensure for nurses in 2003 and developed accreditation standards for training and continuing education programs. SCFHS implemented policies to make a nursing degree the minimum requirement for nursing to resolve poor nursing standards (AlMadani, 2015; Saudi Commission for Health Specialties, 2014).

The nursing workforce in Saudi Arabia (KSA) relies heavily on migrants who are recruited from countries such as the Philippines, India, North America, the UK, South Africa, and other Middle Eastern countries (Almalki et al., 2011). Filipinos who migrated to the Middle East during the 1970s were mostly construction workers and laborers. Saudi Arabia, the United Kingdom/Ireland, and the United States were the top three leading markets for Filipino nurses. On average, Saudi Arabia employs 50% of overseas Filipino nurses (OFN) (POEA, 2015). The KSA now has more stringent requirements, including an additional three years of nursing experience of OFNs, but that has not curtailed the number of nurses migrating to Saudi Arabia. Figure 1.6 graphs by year the number of Non-Saudi nurses, mostly from the Philippines and India (dark grey bar); the number of Saudi nurses (light grey bar); and plots the total number of nurses in the KSA (black line with grey square markers). The percentage of Saudi Nurses range from 29.10% to 38.30%.
Saudi Arabia’s Nurse Workforce (2005–2011)


Migrant Filipino nurses in the United Arab Emirates.

As part of the Gulf Corporation Council, the United Arab Emirates (UAE), like the KSA, has experienced extensive growth. As outlined in the 2008 MENA Development, the Gulf region has seen incredible progress in access to education and access to healthcare (The World Bank, 2008). Over the past decade, private hospitals have increased, and the U.S. model of nursing has been used as a guidepost. The majority of the hospitals in the GCC have adopted English as a medium of instruction and communication for healthcare delivery.

The Pew Research Center reported that “between 2005 and 2015, the number of migrants living in the Middle East more than doubled” (Connor, 2016, p. 4). Figure 1.7 illustrates the dramatic increase of migrants in the UAE population, with more than a 45% from India. According to a Migration Profile, in 2013 there were 477,139 migrant Filipinos in the UAE (UNICEF, 2013, p. 2) Migrant healthcare workers make up 85% of the UAE’s total healthcare workforce, and more than 90% of the nursing workforce is foreign-born (Khoja et al., 2017).
In the past 20 years, the Middle East has been the leading importer of migrant Filipino nurses. In 2015, Middle Eastern countries (Saudi Arabia, United Arab Emirates, Qatar, Kuwait, Oman, and Bahrain) were the top ten destinations for both newly hired overseas Filipino workers and rehires, followed by Asia (Singapore, Hong Kong, Taiwan, and Malaysia). For a country that is younger than 50 years in terms of political independence, the progress that the UAE has made, particularly in healthcare, has been tremendous. The UAE’s two primary objectives have been to (1) meet the evolving needs of their growing population and (2) become a regional medical tourism hub. According to the Gulf News the UAE “leads the world in Joint Commission International (JCI)-accreditations” (par 1) with 145 JCI-accredited health organizations (Gulf News, 2016; Younies, Elzenaty, Gantasala, & Nwagwu, 2016).

The UAE’s primary challenge is staffing its healthcare workforce. Based on the 2019 US-UAE Business Council Report, as of 2017, only 3% of the UAE nursing workforce are Emiratis. It is projected that by 2025, an additional 8,800 nurses will be needed for Dubai (2019, p. 6); and by 2022, an additional 13,000 new nurses will be needed for Abu Dhabi (2018, p. 7) perpetuating...
the dependency on foreign healthcare workers. Akin to KSA, the UAE relies heavily on migrant healthcare professionals, especially nurses. As of 2008, the Philippines government estimated that there were nearly 600,000 Filipino workers in the UAE, with an annual flow of 200,000 (POEA, 2010). Figure 1.8 graphs by year the number of Non-Emirati nurses (dark grey bar); the number of Emirati nurses (light grey bar); and plots the total number of nurses in Dubai (black line with grey square markers). The data in Figure 1.8 does not include nursing data for Abu Dhabi or the other Emirates.

![Figure 1.8. Saudi Arabia’s Nurse Workforce (2005 – 2011)](image)


The migration structure for both the UAE and Saudi Arabia is a contract-based labor system, or circular migration, where at the end of the contract, the worker has to return to his/her country of origin (Christ, 2012). Although circular migration is conditional to the political, economic, and social environment for both the home and source country, it is a potential win for both countries; however, for it to be a success, it must be well managed. According to the Migration Policy Institute …
for countries of origin, circular migration can relieve labor surpluses; for
destination countries, it can provide the flexibility to quickly overcome skills
shortages while adapting to long-term labor market shifts. For migrants, circular
migration offers the opportunity to earn higher wages and gain international
experience. (Hugo, 2013, p. 1)

**Purpose Statement of the Study**

The purpose of this comparative case study was to describe migration flow (magnitude
and direction) of migrant Filipino nurses employed in *North-America Sub-Group* (the U.S. and
Canada) and the *Middle-East Sub-Group* (the KSA and the UAE). The study also intended to
examine the ‘push’ and ‘pull’ conditions that influence the return of migrant nurses back to their
home country, for this case, the Philippines. Influencing aspects of migration include (1)
economic conditions, e.g., wage differentials or purchasing value; (2) political conditions, e.g.,
work visas or bilateral agreements; and (3) socio-cultural conditions, e.g., work environment or
social connections. The underlying tensions of the “pull” and “push” are used as a framework to
investigate the probability of Filipino nurses returning to the Philippines. Binary-block-logistic-
regression was employed to explain the relationship between several explanatory variables (age,
relationship to household, etc.) with the outcome(dependent variable of ‘returning to the
Philippines’.

In comparing two distinctly different groups of countries, this study attempted to uncover
the complexity of migration and how the motivation to return involves many elements beyond the
economic push/pull dynamic. Although much literature has explored the migration of Filipino
nurses, limited research has been conducted on return migration due to the lack of available data.
Most countries “lack a system to track returnees;” however, “countries convey a message that there is a need of established tools to measure the return migration” (Efendi et al., 2018, p. 202).

Significance of the Study

This study aims to prove valuable as it “convey[s] the importance of the problem for different groups that may profit from reading and using the study” (Creswell, 2014, p. 163). While several areas of return migration have been investigated, there remains a gap and a need to understand the conditions “both in the countries of origin and destination, in influencing the decision to return” (Battistella & Scalabrini Migration Center, 2018, para. 7). Furthermore, there is a need to approach migration, not as an episodic event, but as a complex systematic process that has lasting implications for both the home country and the host country. A comparative case study of conditions that influence return migration is important for a variety of reasons.

First, many migration theories generally disregard return migration. As a result, most countries do not account for the number of migrants returning home. However, examining migration from a systems perspective would connect all processes, interrelated sub-systems, and link out-migration with return-migration. This approach would provide researchers, scholars, and policymakers with a structure to investigate return migration, regardless of the dearth of data. Gmelch recommends to “treat migration as a system, examining both streams and counter-streams; and working at both ends: sending and receiving societies” (1980, p. 136).

Secondly, there has been such a strong emphasis on the migrant worker’s contribution to the family and to the country through remittances, that the human capital contribution has been overlooked. Due to the massive migration of highly-skilled healthcare professionals, the Philippines has been in a “nurse brain drain” where the “Philippine’s healthcare system has negative effects, demonstrated by numerous hospital closures and high nurse turnover” (Dimaya,
McEwen, Curry, & Bradley, 2012, p. 1). When Filipino Health managers and workforce planners are aware of the trend and growth expectations of migrant Filipino nurses, they are better prepared to address nurse shortages and can develop strategies to build their healthcare workforce.

Finally, the literature states that Filipino nurses are returning to the Philippines at a higher rate than workers in any other occupation. Understanding the conditions which influence their return is important for state leaders and policymakers. Currently, the Philippine government has instituted a policy for “returning Filipino migrant workers which shall provide a mechanism for their reintegration into the Philippine society, serve as a promotion house for their local employment, and tap their skills and potentials for national development” (Migrant Workers Act of 1995 (RA 8042), n.d., sec. 10). Although policies under the Migrant Workers and Overseas Filipinos Act of 1995 has not been proven to influence return migration, it is essential to examine the conditions which hinder or facilitate their return. Moreover, it would be beneficial to recognize the current and returning migrant nurses not just for their financial contribution through remittances, but also for the potential brain gain which they bring back to the country. Return migration is one of the mechanisms for micro and macro development of a country, mainly through the return of highly skilled migrants, such as nurses. Migrant nurses work and socialize in communities with greater diversity. They develop both interpersonal and intrapersonal skills that can be shared with their families, friends, and professional communities upon their return. Returning migrant nurses have opportunities to participate in diverse clinical practices, including cutting-edge innovations. Their advanced training and experience, when shared with their home country, can improve collective healthcare knowledge.

As such, by employing a systems approach to understanding the complexity of international migration and return migration, we may discover the conditions that would motivate
migrant workers to return to their home country, grasp the interconnected elements and sub-systems that influence migration, and identify policies that better support national goals.

Justification for Comparison

This comparative explanatory case study intends to examine the migration flow and identify the conditions that influence the magnitude and direction of return-migration for Filipino nurses employed in North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE). It also seeks to describe the interrelationships that influence the migration system. In comparing two distinctly different groups of countries, this study seeks to uncover the complexity of migration and to understand better what influences a migrant to return home. The conditions that motivate someone to return from one nation may not be enough to drive a person home from another. The overarching goal is to understand the complexity of migration, and this section will substantiate the choice to conduct a comparative case study. First, the explanations for a case study design will be addressed, followed by the justification for comparison. Lastly, the notion of equivalence and comparability will be discussed.

Bounded Case Study

This study of return-migration of Filipino nurses is enriched through the use of a comparative research design that entails a systematic analysis of a specific case. Due to the complex nature of migration, case-study, as a research strategy, was selected. “A case is defined as a bounded system … to indicate that we are going to try to figure out what complex things go on within that system” (Stake, 1995, p. 256 as cited by Johnson & Christensen, 2014, p. 580). Multiple-case design allows comparative analysis, and the investigation of a particular
phenomenon in diverse settings (Johnson & Christensen, 2014; Yin, 1994). Figure 1.8 illustrates the boundaries of this case study to the country group (North-America Sub-group or the Middle-East Sub-group) within the environment or conditions of economic, political, technological, and socio-cultural. Furthermore, the case is bounded by a time frame and location, “thereby context-dependent implies that one cannot replicate a case study as a whole. If we redo the case study at another point of time, the context will have changed at least in some extent” (Karlsson, 2016, p. 6). Chapter 2 will further discuss the interrelationships of key concepts in the bounded system of this case study.

Figure 1.9. Bounded Comparative Case Study of Return Migration

Source. This is a figure combines the concepts of the migration cycle and the environmental conditions. Concepts adapted from “Figure 1.1 The Stages of the Migration Cycle” by R. King, 1986, Return-migration and Regional Economic Problems, p. 4. Copyright 1986 Russell King. And “Fig 1: A System Schema for a Theory of Rural-Urban Migration” by A. Mabogunje (1970). Boundaries of this Case Study is further discussed in Chapter 2—Theoretical Framework. Both concepts are further discussed in Chapter 2 and Chapter 3.
Why Compare?

Without comparison, it is difficult to generalize (Martiniello, 2013). “The best social scientific work is comparative. This is because, whether we are trying to explain something about the world or to predict future trends and tendencies, our arguments are strongest when we are able to bring to the table evidence drawn from more than one case” (Stanfield & Dennis, 1993, p. 24).

Migration studies have been grounded in comparative research. Ravenstein’s Law of Migration was based on a comparative study of England, Scotland and Ireland (1885). Researchers continue to advance the field of migration by the juxtaposition of different countries to identify converging and diverging observations about individuals, group, families, and communities that generate similar and different migratory outcomes.

Equivalence

Comparing things is essential to the basic inquiry, but comparative research aims to reach conclusions that explain differences and similarities between objects of analysis. “An approach to research design, comparative migration research entails the systematic analysis of a relatively small number of cases. The goal is to examine how structures, cultures, processes, norms, or institutions affect outcomes” (Stanfield & Dennis, 1993, p. 24). One essential condition for comparison is to establish a “tertium comparationis so that all the units to be compared can be examined in the light of a common variable” (Raivola, 1985, p. 363). The point of reference remains constant throughout the study. For this study, the tertium comparationis is the migrant Filipino nurse. Equivalence makes comparison possible. Nowak (1977), as cited in Raivola, identified five types of relation (1985, pp. 265–267):

- cultural equivalence, where the phenomena are examined or judged the same way;
• contextual equivalence, where the objects of comparison are part of a higher level of systems that have earlier been defined as equivalents;

• functional equivalence, where the objects have the same role in the functioning of the system;

• correlative equivalence, where the phenomena correlate empirically in the same way with the criterion variable; and

• genetic equivalence, where the phenomena under comparison derive from the same source, namely the same conceptual class.

The concept of being a nurse may have different cultural meanings. For this case study, the primary equivalence for consideration will be Functional. The Filipino nurses employed in North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE) will “be responsible for the same function” (Raivola, 1985, p. 368) within the system. As such, this study focuses on registered nurses, working in a hospital. The educational and licensure requirements to become an RN ensures functional equivalence and will be further discussed in Chapter 3.

**Comparability**

There are various areas of comparison for migration studies, including the people, the location, and the time period. Or the comparison can be between different disciplines and theoretical perspectives (Saharso & Scholten, 2013). This case study will compare locality relative to a migrant group. Instead of focusing on the individual as the unit of analysis, this comparative migration research will examine a specific migrant group, Filipino nurses.

Comparability, according to Raivola, refers to “the conditions existing when two measures are expressed in the same units, thus making possible direct comparisons” (1985, p.
Furthermore, “a point of reference,” referred to as a tertium comparationis, must establish a common variable in order to compare the two units (1985). The key concerns of comparability are (1) whether the concepts under comparison correspond; (2) how the correspondence of measurements is to be assessed; and (3) whether the problem of how concepts are linguistically expressed can be resolved (p. 269).

For this dissertation, the goal is to compare and contrast the conditions that influence Filipino nurses to return home from employment in North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE). The elements of comparison would be economic conditions, political structures (specifically policies relating to migration), and socio-cultural norms. Raivola stated that “cross-cultural comparison may reveal institutions and their function that are nonexistent within some other culture” (1985, p. 364). Comparing the same group (migrant Filipino nurses) in several countries served as an analytical strategy to look beyond the economic motivation to migrate and to examine the sociological and political dimensions of migration. By comparing each migration system and “conceptualizing migration as taking place … here and there” (rather than as a geographical arrival), then all other elements within the system become comparable (Bloemraad, 2013).

Although the comparison is not directly country-to-country (i.e. U.S. compared to UAE), it is important to note that there are vast differences between them. Table 1.2 and 1.3 displays the economic, political, and socio-cultural conditions for the U.S. and Canada relative to the Philippines and for Saudi Arabia and the UAE relative to the Philippines. The culture for each country group, North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE) could not be further apart from one another. The U.S. and Canada are amalgamations of faith and religious ideologies, where bilingual education has been debated, and bilingual provinces are a norm. In contrast, the UAE and Saudi Arabia are predominantly Muslim, and the official language is Arabic. Furthermore, when someone says he or she is a
nurse, no matter where in the world that person works, it conjures up a standard image of someone in scrubs who is checking vitals and providing general medical care. Although nursing is a high-skill job and is gaining respect as a profession in most countries, Middle Eastern nurses have been viewed as nursemaids rather than qualified healthcare professionals. Wages for nursing vary significantly. A registered nurse in the U.S. or Canada can make three times more than a registered nurse in the Middle East. However, Middle Eastern countries provide more benefits, such as tax-free salaries, free or reduced housing, and 30 to 40 days of annual-vacation. The healthcare systems and other subsystems employed in *North-America Sub-Group* (the U.S. and Canada) and the *Middle-East Sub-Group* (the KSA and the UAE) are compared and discussed in Chapter 6.

**Summary**

Historically, international migration has been viewed to be both unidirectional and permanent; however, return-migration is an emergent phenomenon that has been drawing more attention. There is a need to understand the conditions “both in the countries of origin and destination, in influencing the decision to return (Battistella & Scalabrini Migration Center, 2018, para. 7). The phenomenon of the Filipino exportation of nurses to overseas destinations has precipitated a stream of migration to North America and to the Middle East for several decades. Several countries have come to rely on migrant healthcare workers. Yet, there has been a documented increase in the rate of migrant Filipino nurses who are returning to their home country. The critical question is why some migrants return, and others do not. This comparative explanatory case study examined the migration flow and the conditions that influence the magnitude and the direction of migration among migrant Filipino nurses employed in *North-America Sub-Group* (the U.S. and Canada) and the *Middle-East Sub-Group* (the KSA and the
UAE). The overarching goal was to understand the complexity of migration better, to recognize the interconnected elements which influence the mobility of highly-skilled workers, and to recognize the overall effects of migration on the home and host countries. The next chapter (Chapter 2) will summarize the fundamental theories and connect concepts to create a conceptual framework.
Table 1.2.

Comparison Table for U.S. and Canada (North-America Sub-Group)

<table>
<thead>
<tr>
<th></th>
<th>United States (US)</th>
<th>Philippines</th>
<th>Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnic Groups</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>72.4 %</td>
<td>Filipinos</td>
<td>Canadian 32.3 %</td>
</tr>
<tr>
<td>Minority</td>
<td>27.6 %</td>
<td>Foreign</td>
<td>English 18.3 %</td>
</tr>
<tr>
<td>Filipinos</td>
<td>1.23 %</td>
<td>0.1 %</td>
<td>Scottish, French, Irish 13 %</td>
</tr>
<tr>
<td><strong>Socio-Cultural</strong></td>
<td></td>
<td></td>
<td>German 9.6%, Chinese 5.1%</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Only</td>
<td>78.2 %</td>
<td>Official:</td>
<td>English 58.7%</td>
</tr>
<tr>
<td>Spanish</td>
<td>13.4 %</td>
<td>- Tagalog and English</td>
<td>French 22%</td>
</tr>
<tr>
<td>Chinese</td>
<td>1.1 %</td>
<td>Eight major</td>
<td>Punjabi 1.4 %</td>
</tr>
<tr>
<td>Other</td>
<td>7.3 %</td>
<td>dialects</td>
<td>Italian 1.3 %</td>
</tr>
<tr>
<td><strong>Religion 2014 Est</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestants</td>
<td>46.5 %</td>
<td>Roman Catholic</td>
<td>Catholic 39%, Protestant 20.3%</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>20.8 %</td>
<td>80.6 %</td>
<td>Anglican 5%, Baptist 1.9%, Luther 1.5 %</td>
</tr>
<tr>
<td><strong>Type of Government</strong></td>
<td>Constitutional Federal Republic</td>
<td>Presidential Republic</td>
<td>Federal Parliamentary Democracy</td>
</tr>
<tr>
<td>Citizenship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship by birth</td>
<td></td>
<td>No - Citizenship by birth</td>
<td>Yes - Citizenship by birth</td>
</tr>
<tr>
<td>Citizenship by descent</td>
<td></td>
<td>Citizenship by descent only – at least 1 parent Filipino citizen</td>
<td>Yes - Citizenship by descent only</td>
</tr>
<tr>
<td>Dual Citizenship</td>
<td></td>
<td>Dual Citizenship (Filipino by birth)</td>
<td>Yes - Dual Citizenship</td>
</tr>
<tr>
<td><strong>Political</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Citizenship</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Suffrage</strong></td>
<td>18 years of age</td>
<td>18 years of age</td>
<td>18 years of age</td>
</tr>
<tr>
<td><strong>Exchange Rate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US $1 = AED 3.67</td>
<td></td>
<td>Php 1 = U.S. $0.019</td>
<td>1 CAD = U.S. $0.74</td>
</tr>
<tr>
<td>US $1 = PhP 51.91</td>
<td></td>
<td>Php 1 = AED 0.071</td>
<td>1 CAD = PhP 26.85</td>
</tr>
<tr>
<td><strong>Unemployment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 % Total population</td>
<td></td>
<td>5.7 % Total population</td>
<td>6.3 % Total population (2017 est.)</td>
</tr>
<tr>
<td>9.2 % (Youth 15-24)</td>
<td></td>
<td>7.4 % (Youth 15-24)</td>
<td>10.3 % (Youth 15-24)</td>
</tr>
<tr>
<td><strong>Population below poverty level</strong></td>
<td>15.1%</td>
<td>21.6%</td>
<td>9.4% (2008 est.)</td>
</tr>
<tr>
<td><strong>Average Rn Salary</strong></td>
<td>US $63,627/ Year</td>
<td>US $3,427/ Year</td>
<td>US $73,000/ Year</td>
</tr>
</tbody>
</table>

Table 1.3.

Comparison Table for Saudi Arabia and the UAE (Middle-East Sub-Group)

<table>
<thead>
<tr>
<th></th>
<th>Saudi Arabia (SA)</th>
<th>Philippines</th>
<th>United Arab Emirates (UAE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethnic Groups</strong></td>
<td>Arab 90 %</td>
<td>Filipinos 99.9 %</td>
<td>Emirati 11.6 %</td>
</tr>
<tr>
<td></td>
<td>Afro-Asian 10 %</td>
<td>Foreign 0.1 %</td>
<td>Non-Emirati 88.4 %</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Filipinos 6.1 %</td>
</tr>
<tr>
<td><strong>Socio-Cultural</strong></td>
<td><strong>Language</strong></td>
<td><strong>Religion 2014 Est</strong></td>
<td><strong>Political</strong></td>
</tr>
<tr>
<td></td>
<td>Arabic (official)</td>
<td>Muslim (official) 85-90% Sunni and</td>
<td><strong>Type of Government</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10-15% Shia</td>
<td>No - Citizenship by birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Citizenship by descent only – Father</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>must be UAE citizen</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dual Citizenship (Filipino by birth)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No Dual Citizenship</td>
</tr>
<tr>
<td></td>
<td><strong>Language</strong></td>
<td><strong>Religion 2014 Est</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arabic (official)</td>
<td>Roman Catholic 80.6 %</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protestsants 8.2 %</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Political</strong></td>
<td><strong>Type of Government</strong></td>
<td><strong>Suffrage</strong></td>
<td><strong>Citizenship</strong></td>
</tr>
<tr>
<td></td>
<td>Absolute Monarchy</td>
<td>18 years of age (Males only)</td>
<td>No - Citizenship by birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Citizenship by descent only – Father</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Citizenship by descent only – Father</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>must be UAE citizen</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dual Citizenship (Filipino by birth)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No Dual Citizenship</td>
</tr>
<tr>
<td><strong>Citizenship</strong></td>
<td>No - Citizenship by birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Citizenship by descent only – Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No Dual Citizenship</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exchange Rate</strong></td>
<td>1 SAR= AED 0.98</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 SAR = PhP 13.93</td>
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<td></td>
</tr>
<tr>
<td><strong>Unemployment</strong></td>
<td>6 % Total population</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>25.7 % (Youth 15-24)</td>
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<td></td>
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<tr>
<td><strong>Population below poverty level</strong></td>
<td>12.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Economic</strong></td>
<td>Average Rn Salary</td>
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</tr>
<tr>
<td></td>
<td>US $15,784/ Year</td>
<td></td>
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<tr>
<td></td>
<td>US $3,427/ Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>US $24,384/ Year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Operationalized Definitions

For the purpose of this research, terms are defined as follows (Perruchoud & Redpath-Cross, 2011):

- **Bilateral labor migration agreement**: Formal mechanism concluded between States, that is essentially a legally binding commitment concerned with interstate cooperation on labor migration.

- **Brain drain**: Emigration of trained and talented individuals from the country of origin to another country, resulting in a depletion of skills resources in the former.

- **Brain gain**: Immigration of trained and talented individuals into the destination country.

- **Circular migration**: The fluid movement of people between countries, including temporary or long-term movement, which may be beneficial to all involved if occurring voluntarily, and is linked to the labor needs of countries of origin and destination.

- **Contractual labor**: Labor supplied for a specific purpose over a fixed period of time by a contractor.

- **Country of destination (host)**: The country that is a destination for migration flows.

- **Country of origin (home)**: The country that is a source of migration flows.

- **International migration**: Movement of persons from their country of origin, or the country of habitual residence, to establish themselves either permanently or temporarily in another country. An international frontier is therefore crossed.

- **Irregular migrant**: A person who, owing to unauthorized entry, breach of a condition of entry, or the expiry of his or her visa, lacks legal status in a transit or host country.

- **Labor migration**: Movement of persons from one State to another, or within their own country of residence, for the purpose of employment.
• **Long-term migrant:** A person who moves to a country other than that of his or her usual residence for a period of at least a year, so that the country of destination effectively becomes his or her new country of usual residence.

• **Migrant flow:** The number of migrants counted as moving, or being authorized to move, to or from a given location in a defined period of time.

• **Migrant stock:** The number of migrants residing in a country at a particular point in time.

• **Naturalization:** Granting by a State of its nationality to a non-national through a formal act on the application of the individual concerned.

• **Permanent residence:** The right, granted by the authorities of a host State to a non-national, to live and work therein on a permanent (unlimited or indefinite) basis.

• **Push-pull factors:** Migration is often analyzed in terms of the “push-pull model,” which looks at the push factors that drive people to leave their country (economic, social, or political problems) and the pull factors attracting them to return to the country of destination.

• **Re-emigration:** The movement of a person who, after having returned to his or her country of origin, again emigrates.

• **Reintegration:** Re-inclusion or re-incorporation of a person into a group or a process, e.g., of a migrant into the society of his or her country of origin or habitual residence.

• **Remittances:** Monies earned or acquired by non-nationals that are transferred back to their country of origin.
Chapter 2

Theoretical Framework

According to Creswell, it is essential to “identify a theory that explains the relationship between independent and dependent variables” (Creswell, 2014, p. 95). This chapter summarizes the fundamental theories and concepts in international migration that were used to support this dissertation’s inquiry into the phenomenon of return-migration. Chapter 2 also establishes the boundaries between the phenomenon and the case study. Finally, it creates a conceptual framework of logical and empirical support for the dissertation.

Theories of Migration

Several researchers have attempted to develop a general and comprehensive migration theory. Although there is a growing intellectual interest in this area, the theorization of migration remains challenging. A multi-disciplinary and a multi-dimensional approach to theorization has fragmented the conceptualization of migration (De Haas, 2008; Lee, 1966; Massey et al., 1993; Iranzo & Peri, 2009; Mayr & Peri, 2009; Willekens, Massey, Raymer, & Beauchemin, 2016). Regardless of the disciplinary approach, almost all roads lead back to Ernest G. Ravenstein.

Ravenstein’s Laws of Migration

In 1885, Ernest G. Ravenstein presented his theory on “the laws of migration” in an article published in the Journal of the Statistical Society. His explanations and predictions of migration patterns were based on the United Kingdom’s 1871 census, but he offered his observations and deductions for consideration with foreign countries. The following is a summary of the Ravenstein’s proposed theory described in “Laws of Migration” (1885, pp. 198–199):
1. Most migration is traveled over a short distance, creating a displacement of the population, that produces currents of migration towards the center of commerce.

2. As migrants move towards centers of commerce, they leave (specify type of) “gaps” that are filled by the surrounding towns. These reverberations continue outward but with a decreasing impact that is proportional to the distance traveled.

3. The process of dispersion is the inverse of the process of absorption.

4. Each main current of migration produces a compensating counter-current.

5. Migrants proceeding long distances generally go by preference to one of the great centers of commerce or industry.

6. The natives of towns are less migratory than people living in rural parts of the country.

7. Females are more migratory than males.

Although Ravenstein corroborated his findings with later British census data, he noted that “laws of population, and economic laws generally, have not the rigidity of physical laws” (Lee, 1966, p. 47). Ravenstein’s counter-current concept (Law #4) has been equated with the concept of return-migration; however, Ravenstein cautioned that the movement of people does not necessarily involve “migrants who return homeward” (1885, p. 187). Macisco and Pryor supported Law #4, stating that “it has been characteristic that the great bulk of migrants move in opposing currents and to some extent offset each other” (1963, p. 219). Based on a review of literature that assesses the validity of Ravenstein’s laws in a U.S. context, Macisco and Pryor (1963) went on to affirm the first five laws as generally acceptable; Law #6 as debatable; and Law #7 as having “a high degree of predictive validity” (p. 221). Most current theorists consider migration to be permanent and unidirectional (Agunias, 2006; Dustmann & Weiss, 2007; Iredale, 2001; Lee, 1966).
Lee’s Push/Pull Framework

Everett Lee (1966) critically reviewed Ravenstein’s laws of migration and proposed a framework that builds on Ravenstein’s theory but puts more emphasis on “the reasons for migration” (p. 48). According to Lee, each potential living place has a set of positive and negative elements. The positive elements are the conditions that are deemed as suitable, desirable, or advantageous. The negative elements are the conditions that are unpleasant, distasteful, or repulsive. He then categorized the factors that influence migration into subgroups, including (p. 50):

- factors associated with the area of origin: “pushing” factors (why one should leave);
- factors associated with the area of destination: “pulling” factors (why one should arrive);
- intervening obstacles: impediments or barriers that get in the way (distance, transportation, language, cost, family, etc.); and
- personal factors: individual perceptions, assumptions, and conclusions about the home of origin, the destination, and the obstacles as they relate to a person’s age, sex, race, education, and stage in the life cycle (infancy, childhood, adolescence, middle age, late adulthood).

Lee proposed that the decision to migrate or to return is dependent on the perceived factors of the host and home countries. Migrants tend to assess the destination country to determine the positive pulling factors (why they should go) and also to assess their origin country (home) to establish the negative pushing factors (why they should leave) (1966). As illustrated in Figure 2.1, the push factors of the origin country and the pull factors of the destination country pose tensions that motivate migration.
A subsequent return-migration would require a re-evaluation of the positive and negative factors in the country of origin. Circumstances and conditions often change, as do perceptions of those conditions. When negative factors in the origin country disappear, or negative experiences in the host country are more prevalent, the inverse of Figure 2.1 becomes true. Return-migration could then be explained by the pull factors of the country of origin and the push factors of the destination country, as illustrated in Figure 2.2 Although, the push/pull concept is not a theory, it is a sound model for investigating the key influencing conditions of migration patterns. These conditions can be economical, socio-cultural, or political, but they are most often merely personal (Agunias, 2006).

Although the push/pull model has been widely used in migration literature, De Haas (2018) has opposed its reference as a theory. He criticized the model for its subjectivity, stating that it can “confuse different scales of analysis (ranging from individual to global) and does not allow for assigning relative weights to the different factors affecting migration decisions” (p. 9). De Haas also highlighted the model’s weakness in push/pull mirroring (2018):
For example, the argument that migrants are lured to big cities or to foreign countries because of the high wage ‘pull’, is implicitly or explicitly made in relation to an apparent low wage ‘push’ at the sending end. It then becomes arbitrary and open to subjective judgment to establish whether the push or the pull is dominant. In fact, the differences in the relative scarcity of labor can be aptly expressed in one single variable, that is, wage differentials. (pp. 9–10)

**Theories of Return-migration**

In the 19th century, migration was mostly a unidirectional stream of migrants leaving Europe and Asia for North America. It presumed that those who left the ‘Old World’ never returned. Many social scientists who studied this movement as “a once-and-only phenomenon which arose from the nineteenth-century transatlantic experience” (Gmelch, 1980, p. 135) barely noticed the four million Europeans who returned to their homeland. Ravenstein states, “With each mainstream or current of migrants, there runs a counter-current” to compensate for the loss (1885, p. 187). Although the term ‘counter-current’ has been equated with returning migration, there continues to be some debate as to whether the counter flows were returning migrants or other migrants moving in the opposite direction (King, 1986). Ravenstein did caution that the movement of people does not necessarily mean “migrants who return homeward” (1885, p. 187).

Before the 1960s, there was minimal reference to the concept of *return migration* (King, 1986). As an emerging construct, differentiated from the phenomenon of international migration, the term *return migration* has yet to be universally defined. According to Organization for Economic Co-Operation and Development (OECD)’s *Glossary of Statistical Terms*, “returning migrants are persons returning to their country of citizenship after having been international migrants (whether short-term or long-term) in another country and who are intending to stay in
their own country for at least a year” (2004, p. 620). According to IOM’s *International Migration Law: Glossary on Migration*, return migration is “the movement of a person returning to his or her country of origin or habitual residence, usually after spending at least one year in another country. This return may or may not be voluntary. Return migration includes voluntary repatriation” (2011, p. 86). The United Nation’s Population Division has highlighted the different definitions of *return migration* and the challenges that exist (1986).

In regard to statistics on international migration, it is fair to say that one of the most deficient areas is that related to the measurement of return flows. In most cases, statistics on return-migration do not even exist. Why? Partly because many countries impose few, if any, restrictions on their returning nationals. Hence, the returning migrant is practically invisible to the authorities controlling the transit between countries. In addition, even if an effort were made to count returning migrants, the question that immediately arises is: who should be counted? There is as yet no universal answer to this question. (p. 78)

Gmlech (1980) stated, “disciplines have begun to treat migration as a system, examining both stream and counter-streams; and working at both ends—sending and receiving societies” (p. 136). Researchers from multiple disciplines are examining migration as a migratory system, with more considerable attention to return migration. Gmlech further extrapolates the reason for the concept of *return* to be grounded in the initial intent of migration. If the migrant intended *temporary-migration*, then the return would be determined by the completion of the objective. An example of this would be a graduate student completing their doctorate in workforce education in the US. The return is based on the length of the program and the restrictions of their visa. The conditions for return were predetermined. Conversely, if the migrant intended or hoped for a *permanent migration*, and the return was not optional, then multiple conditions may contribute to
their return including (1) economic reasons, e.g., no more funds; (2) social reasons, e.g., a family member back home is sick; (3) political reasons, e.g., visa was not renewed; and (4) socio-cultural reasons, e.g., failure to acclimate to the new surroundings—possibly due to culture, language, customs, or social connections. Gmelch proposed several typologies to understand return migration better (1980).

**Typologies of Return-Migration**

There are multiple ways to categorize the migration process. The scope of this dissertation will focus on migration which is both legal and international, driven by economic motivations, with international migration defined as “movement of persons who leave their country of origin, or the country of habitual residence, to establish themselves either permanently or temporarily in another country” (IOM, 2011, p. 52). Dustman and Weiss asserted that migration might take many different forms, but the primary classification of migrations can be discriminated “between economic motives for migration and motives related to natural disaster or persecution” (2007, p. 237). Although these are pressing issues to contend with, humanitarian migration is out of the scope of this dissertation. Further classification includes the following types: internal vs. international; legal vs. illegal; permanent vs. temporary; forced vs. voluntary; and return vs. no return. According to Bovenkerk, the first step toward studying return migration is to consider the international emigration factors and intention to stay or return (1974). Consider the following scenarios (Bovenkerk, 1974; Gmelch, 1980; King, 1986, 2000):

- Intended permanent without return
  - Intended permanent without return (legally-permanent residency)
  - Intended permanent without return (illegally-undocumented)
- Intended permanent with return
- Intended permanent with voluntary return
  - Intended permanent with voluntary return (legally)
  - Intended permanent with voluntary return (illegally)
- Intended permanent with forced return
  - Intended permanent with forced return (legally)
  - Intended permanent with forced return (illegally)
- Intended temporary with return
  - Intended temporary with voluntary return
    - Intended temporary with voluntary return (legally)
    - Intended temporary with voluntary return (illegally)
  - Intended temporary with forced return
    - Intended temporary with forced return (legally)
    - Intended temporary with forced return (illegally)
- Intended temporary without return
  - Intended temporary without return (legally-permanent residency)
  - Intended temporary without return (illegally-undocumented)

The scope of this dissertation will focus on migration, which is both legal and international, driven by economic motivations.

**King’s stages of the migration cycle.**

Return migration starts with *emigration*, defined as “the act of departing or exiting from one State with a view to settling in another” (IOM, 2011, p. 32). Beginning with emigration, King provides an abridged view of migration in the context of the path between the countries. Figure 2.3 illustrates *King’s Stages of the Migration Cycle* (1986, pp. 4–5):

1. **Emigration**: Migrant leaves home country for host country
2. **Return-migration**: Migrants leaves home country for host country and returns home
3. **Transient Migration**: Migrants leaves home country for host country and transfers to another host country

4. **Re-Emigration**: After migrant returns home, re-emigrates to the same host country

5. **Circular Migration**: When the migrant’s movement to the same host country becomes repetitious.

*Figure 2.3. King’s Stages of the Migration Cycle (Modified)*

*Source.* Adapted from “Figure 1.1 The Stages of the Migration Cycle” by R. King, 1986, Return-migration and Regional Economic Problems, p. 4. Copyright 1986 Russell King.
King’s time-based return-migration.

King presents another way to classify return migration based on time: (1) *occasional returns* (which may include vacations or holiday visits); (2) *seasonal return*, usually based on work productivity such as construction schedules or harvesting agriculture; (3) *temporary returns*, which most often occur at the transition of a new contract or job; and (4) *permanent returns*, when the migrant resettles back in their home country with no intention to re-migrate (2000, pp. 10–11).

Cerase’s classification of return-migration.

Cerase, as cited by King presented an alternative classification for return-migration “built around the historical evolution of the migration process and reflects the dialectical relationship between return, on the one hand, and the acculturation of Italian migrants to American society on the other” (2000, p. 12):

- **Return of failure**: when a migrant is unable to adapt to the conditions of the host country
- **Return of conservatism**: the migrant has been able to acclimate to the conditions of the host country, but their orientation remains with their home country
- **Return of innovation**: the migrant has been able to acculturate to the host country, and their orientation adapts new ideas and values based on the host country but does not fully assimilate
- **Return of retirement**: the migrant has reached the end of their working period.

Gmelch acknowledges that it can be challenging to know if the migrant intends to migrate permanently or temporarily at the time of emigration (1980). However, the conditions to migrate can reveal what influenced the migrant to leave and possibly what factors will influence the migrant to return.
Mabogunje’s Migration Systems Theory

In 1970, Akin Mabogunje published “Systems Approach to a Theory of Rural-Urban Migration,” a widely received, seminal paper describing migration in West Africa (King, Skeldon, & Vullnetari, 2008). He argued that existing theories disregard the complexity of the interactions and processes within a dynamic system. He proposed a systems approach to the study of migration. Drawing from general systems theory (GST), he posited that migration is a “complex phenomenon which involves not only the migrants but also a number of institutional agencies” (1970, p. 2), as well as the interactions within sub-systems at micro, meso, and macro levels. These sub-systems can involve policies on immigration, licensure of registered nurses, or family systems. In addition to economic conditions, the potential migrant must evaluate his/her historical, political, and socio-cultural situation with the push/pull model (Fujita & Krugman, 2003). From a systems perspective, return-migration and out-migration are interrelated and, therefore, must be examined simultaneously. In the Fifth Discipline Field-book, Peter Senge says systems thinking is:

a way of thinking about, and a language for describing and understanding, the forces and interrelationships that shape the behavior of systems. This discipline helps U.S. to see how to change systems more effectively, and to act more in tune with the natural processes of the natural and economic world (1994, pp. 6–7).

Arango critically reviewed several prominent migration theories and stated that a systems approach provides a comprehensive framework for the study migration. Migration systems, he said, “not only result from migration flows … but these linkages, and their multiple interactions, constitute the most appropriate context for the analysis of migration” (2000, p. 292). Figure 2.4 integrates the push/pull model with migration systems theory as a means of describing and
understanding the “forces and interrelationships that shape the behavior” (Senge, 1994, pp. 6) within the system.

Mabogunje’s model placed a strong emphasis on “the role of information flows and feedback mechanisms in shaping migration systems” (De Haas, 2018, p. 21). Utilizing GST as a framework, Mabogunje described a continuously changing and complex system of interacting elements:

- The environment comprises the existing conditions: economic, social, transportation and communications, and political (government policies). “Environment, which is constantly changing, and these changes affect the operation of the system” (1970, p. 5).
- The potential migrant and the “propensity to migrate” are based on perceptions of the environmental conditions.
- Sub-systems within the framework operate as (1) a control system, “which oversees the operation of the general system and determines when and how to increase or decrease the amount of flow in the system” (1970, p. 5), and (2) adjustment mechanisms that include “various institutions … and the social, economic, and other relationships which are an integral part of the process” (1970, p. 5).
- A feedback process can either encourage further migration or encourage return-migration.

Figure 2.4 connects three concepts: (1) from chapter 1, Figure 1.7. Bounded Comparative Case study of Return Migration; (2) Figure 2.1. Lee’s Migration Framework (simplified) and Figure 2.2. The Inverse of Lee’s Migration Framework, Return-migration; and (3) and Mabogunje’s Migration System Theory (Modified). The environmental conditions are the frame of this dissertation. The internal sub-systems are the professional structures that moderate the migration of nurses, such as nursing licensure and employment contracts.
Figure 2.4. Mabogunje’s Migration System Theory (Modified)


Boundaries for Research

Establishing the boundaries for research provides a pragmatic means to investigate the complicated and broad phenomenon of migration. Selecting a specific industry, identifying the occupation, and narrowing the countries of interest were the essential steps in contextualizing this study and establishing the search parameters for relevant literature.

The International Organization for Migration (IOM) is a United Nations agency “committed to the principle that humane and orderly migration benefits migrants and society” (IOM, 2014). This study employs the IOM definition of migration, listed as …
the movement of a person or a group of persons, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification. (Perruchoud & Redpath-Cross, 2011, pp. 62–63)

People who migrate for economic reasons are subdivided into low-skilled or high-skilled workers. High-skilled migrants include those “having a university degree or extensive/equivalent experience in a given field” (Iredale, 2001, p. 8); “those with at least one year of tertiary education” (Kerr, Kerr, Özden, & Parsons, 2016, p. 85); and those with “occupations requiring advanced training (scientists, engineers, researchers and other professionals)” (Nathan, 2014, pp. 1–2). This study will center on high-skilled migrants.

**Population: Migrant Filipino Nurses**

The specific population for this study will be registered nurses. The Philippine Nursing Act of 2002 requires that all applicants for a license to practice nursing pass a written examination, “be of good moral character”, and “hold a bachelor’s degree in nursing from a college or university that complies with the standards of nursing education” (Republic of the Philippines & Congress of the Philippines, 2002, sec. 13). Migrant Filipino nurses must also meet the requirements and standards established for each destination country.

- According to the U.S. Department of Labor, “Registered nurses usually take one of three education paths: A Bachelor of Science in Nursing (BSN), an Associate Degree in Nursing (ADN), or a diploma from an approved nursing program. Registered nurses must be licensed” (US DOL, n.d.).
• In Canada, each province has its own regulatory body, referred to as an Association for Nursing. These associations determine if the applicant qualifies to take the NCLEX for licensure. Requirements may differ among the provinces; and licensure generally do not cross over provincials lines. There is no national registration/licensure process for nurses in Canada (CIHI, 2017).

• The Dubai Health Authority lists qualifications for a registered nurse in the UAE as a “Bachelor degree in Nursing” or an “Associate degree in nursing from Canada or USA with (Minimum two (2) years course duration and successful completion of the National exam” … and a “minimum two (2) years’ experience post qualification” (Ministry of Health, Department of Health, & Dubai Health Authority, 2017, p. 68).

• The Saudi Commission for Health Specialties SCFHS is responsible for supervising and evaluating training programs, as well as setting controls and standards for the practice of health professions. “Health practitioners with a bachelor's degree in nursing from at least a 4-year program, plus an internship or one year's experience are classified into the rank of nursing specialist” and are required to pass the licensing examination in their respective specialties (2014, p. 32). For internationally educated nurses (IENs) from India and the Philippines, “three years’ experience in addition to the board of the registration certificate” (p. 32) is required.

The specific licensure requirements to become a registered nurse, as well as the data, including the pass rates for each country will be discussed in Chapter 5.

For this study, the unit of analysis will be high-skilled migrant Filipino registered nurses working in the North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE). Figure 2.5 illustrates the classification of international migration and identifies the specific subject group for this study. This research will focus on the international migration (streams and counter-streams) of high-skilled workers in the healthcare industry,
specifically registered Filipino nurses. This research will not focus on the humanitarian motives to migrate; rather, it will concentrate on the international migration (out-migration and return-migration) of high-skilled Filipino nurses. The next section will discuss how all of these concepts discussed are connected.

![Diagram showing Economic and Humanitarian Motives for Low-Skilled and High-Skilled Nurses]

*Figure 2.5. Selected Subset of International Migration for Investigation*

**Conceptual Framework**

The conceptual framework of this comparative explanatory case study will follow Mabogunje’s migration systems theory and Lee’s push/pull model. This study intends to examine the migration flow and the conditions that influence the magnitude and direction of return migration for Filipino nurses employed in *North-America Sub-Group* (the U.S. and Canada) and the *Middle-East Sub-Group* (the KSA and the UAE). It also seeks to describe the interrelationships that influence the migration system. Therefore, this study will investigate two migration systems:

- Philippines → *North-America sub-Group* (the U.S. and Canada), and
- Philippines → *Middle-East Sub-Group* (the KSA and the UAE).
The overarching goal is to understand the complexity of migration better, recognize the interconnected elements that influence the mobility of highly-skilled workers, and acknowledge development opportunities in both the home and host countries.

Figure 2.6 illustrates the connections among key concepts in this research. Each circle represents a country in the context of the healthcare system. Within each of the countries are the environmental conditions which directly interact with healthcare: economic (i.e., nurse’s salary, cost of living), socio-cultural (i.e., diversity of the community where the nurse works or lives, attitudes towards foreigners), political (i.e., visa, immigration policy), and technological (i.e., social media, cell phones, augmented virtual reality).

The two-way arrows between each pair of countries represent the push/pull concept relative to each country. Following the critique of De Hass, each influencer will be expressed as a single variable to eliminate the mirror effect. In other words, rather than assigning one country to be the ‘pull’ and the other country to be the ‘push’, the element that influence migration will be expressed as a single neutral variable (i.e., wage differentials). This approach establishes equivalence for comparability by defining the tertium compilation.

For the Philippines → North America, the arrow going away from the Philippines represents the out-migration and the arrow going to the Philippines represents the return-migration. The arrows used for this subgroup follow Figure 2.3. King’s Stages of the Migration Cycle’ stage two, return-migration (on p. 48 of this chapter). Conversely, for the Philippines → Middle East, the arrows going away from the Philippines also have the respective arrows going back to the Philippines corresponding to King’s stage five, circular-migration. The thickness of the arrow represents the magnitude (number of migrants). The solid line assumes a constant, established migration stream that is not subject to external conditions. The dashed lined assumes irregularity in the migration stream, influenced by external conditions, such as demand for nurses. Lastly, the countries are sub-grouped for comparison.
Figure 2.6. Conceptual Framework to Study Return-migration

Source: This is a figure combines the concepts of the migration cycle and the environmental conditions. Concepts adapted from “Figure 1.1 The Stages of the Migration Cycle” by R. King, 1986, Return-migration and Regional Economic Problems, p. 4. Copyright 1986 Russell King. And “Fig 1: A System Schema for a Theory of Rural-Urban Migration” by A. Mabogunje (1970).
Summary

In the 19th century, migration was primarily presumed to be a one-way movement, with the expectation that those who left their countries of origin would not return. Many researchers and theorists from multiple disciplines have explored the phenomenon of international migration, from both economic and humanitarian positions. A unifying theory has yet to be agreed upon, yet many have examined migration from the paradigm of motivation, specifically by exploring the factors that “push” people to leave home and the factors that “pull” people to go to unfamiliar grounds. These explorations have created an extensive amount of literature. However, most studies overlook return migration and, curtailed the prospects of formulating hypotheses about why and when a migrant will return to his/her country of origin.

Ravenstein (1885), one of the first scholars to develop a theory on migration, noticed the phenomenon of return and declared, “Each main current of migration produces a compensating counter-current” (p. 199). Although return migration has generally been disregarded in earlier studies, the focus on returning migrants has gained momentum. This chapter highlighted a few theories that informed this study and connected concepts to formulate the conceptual framework. The overarching goal was to understand the complexity of migration better and return migration. The next chapter (Chapter 3) will discuss the relevant literature about the global shortage of nurses and the conditions that influence return migration.
Chapter 3

Review of Literature

This comparative explanatory case study intends to examine the flow of return migration for Filipino nurses employed in North-America Sub-Group (the U.S. and Canada) and countries in the Middle-East Sub-Group (the KSA and the UAE) and to identify the conditions that influence the magnitude and direction of that flow. The overarching goal is to understand the complexity of migration better and to recognize the interconnected elements that influence the global mobility of highly-skilled workers. This chapter presents the relevant literature that informed this study and is divided into three main sections, starting with a focused review of the global shortage of nurses and the conditions that contribute to these shortages. Following that review, this chapter will summarize the literature regarding the conditions that influence out-migration and return migration, with an emphasis on specific literature about North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE). This chapter sets the foundation for migration in the context of nursing. The goal is to deliberate the findings of other researchers and build on their contributions.

Global Shortage of Nurses

The United Nations has recognized the importance of addressing the “worldwide shortage of health workers, especially of nurses” (WHO, 2017, p. 4), and the World Bank has calculated a global shortage of 7.6 million nurses and midwives by 2030. Resolving this shortage will require a “data-informed, country-specific model of the routes of supply and demand” (Drennan & Ross, 2019, p. 25).
Conditions Contributing to Nurse Shortages

The shortage of nurses in the global workforce varies by country, and is caused by multiple factors including an aging workforce (more than 1/3 of registered nurses are > 50 years old); nurse burnout (high turnover rates among nurses); stressful work environment; and a shrinking labor supply (Ackerson & Stiles, 2018; Birch, 2019; Haddad & Toney-Butler, 2019; Marč, Bartosiewicz, Burzyńska, Chmiel, & Januszewicz, 2019; Oulton, 2006; Scheffler et al., 2018; Scheffler & Arnold, 2019). This shortage is having adverse effects on health systems around the world (Oulton, 2006), and is leaving governments with a problem in urgent need of solving. Countries with economic means such as the United States, Canada, Saudi Arabia, and the United Arab Emirates address the problem of the shortage by recruiting nurses from low-income countries (Walker, 2010). Such a solution, however, brings about a new set of tensions, particularly as it relates to return migration.

A vast majority of foreign-educated nurses are employed in high-income countries such as Australia, the United Kingdom, and the United States, with the U.S. receiving the most significant number of migrant nurses. According to a 2016 report, Immigrants in Healthcare, 15% of registered nurses and 22% of home health aides in the U.S. are foreign-born with a growing demand for registered nurses (Hohn, Lowry, Witte, & Fernández-Pena, 2016). Some countries with the fastest-growing economies such as India, China, Brazil, and South Africa, are also competing to attract more highly skilled health professionals, inciting a war for talent (Cerna, 2016; Collett, 2008; Docquier & Machado, 2016; Fix, 2018; Kerr et al., 2016; Kraft, Kästel, Eriksson, & Hedman, 2017; Pottie-Sherman, 2013; Shachar, 2006). Furthermore, Gulf Cooperation Council Countries, which often have the fastest-growing populations (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates), are heavily dependent on a migrant healthcare workforce. Significant investments in the construction of medical cities and
hospitals in the GCC regions have substantially increased the demand for healthcare talent, particularly the demand for nurses (Sheikh et al., 2019). The UAE’s healthcare workforce is 85% foreign workers, and the overall nursing staff is 90% foreign-born (Khoja et al., 2017). Although several programs have been implemented to develop and train local professionals, high turnover rates and retention continue to be an issue. Many nations “have become more and more reliant on international immigrants to fill health workforce positions across the skill spectrum, from home health aides and assistants to nurses, physicians, and medical specialists” (Siyam & Poz, 2014).

Healthcare delivery is highly labor-intensive, and any mismatch between the supply of healthcare workers and the demands of the organization can be detrimental to the patient’s quality of care. Although many healthcare facilities have implemented strategic workforce-planning strategies to recruit, develop, and retain critical healthcare positions—specifically with pivotal jobs such as nursing—their efforts have not been able to keep up with demand. Ideally, a country will implement strategies to develop the talent needed to mitigate the shortages; but this approach requires time, resources and various stakeholders to collaborate, thus, it is not a viable solution for the immediate shortage. The next logical option is to buy the talent and hire workers who already have the skills needed. As a result, the demand for qualified foreign-trained nurses has increased, and the international migration of healthcare workers is at an all-time high. The World Health Organization (WHO) has reported a significant rise in international migration of health workers over the last decade, with 60 million working globally; however, “they are unevenly distributed across countries and regions. Typically, they are scarcest where they are most needed, especially in the poorest countries” (Siyam & Poz, 2014, p. 1).

According to Buerhas, Skinner, Auerbach, and Staiger (2017), the four major issues facing the nursing profession are the aging baby boom generation, uneven distribution of doctors, the pending retirement of registered nurses, and health care reform. The authors go on to say that “some organizations will experience bursts in RN retirements which may result in temporary
nursing shortages and disruptions in care delivery” (Buerhaus et al., 2017, p. 44). In addition, there are significant advancements in healthcare resulting in improved global health. “On the whole, people are healthier, wealthier, and live longer today than 30 years ago” (Durrani, 2016, p. 2). Life-expectancy over recent years in OECD countries (consists of 36 member countries), has increased by ten years since the 1970s. “Across these countries, the average life expectancy at birth is now 80.6 years. Women can expect to live five years longer than men” (Buchan, Campbell, Dhillon, & Charlesworth, 2019, p. 6). These improvements have resulted in an increase in the number of private and government hospitals in the last 30 years, intensifying the demand for skilled healthcare workers, particularly nurses and midwives who constitute more than 50% of the total health workforce (Siyam & Poz, 2014).

Scheffler et al. stated, the “supply of health workers is a function of the training capacity in a country and the net migration, deaths, and retirements of health workers” (2018, p. 2). A supply model based on a static market and a regression analysis was used to project health workforce needs in 2030. Several researchers have developed similar supply models for nurses to address the impending shortage. The calculations of most supply models are based on the demographics of the existing supply of workforce nurses and the estimates of the projected supply of newly trained nurses. Predicted probabilities from these models drive many workforce-planning decisions, including recruiting and developing. Majority of the healthcare supply models project an ongoing shortage of nurses.

According to the World Health Statistics Report, there are approximately 29 million nurses and midwives in the world with a projected shortage of 7.6 million by 2030 (WHO, 2016, 2017). The U.S. Department of Labor (Bureau of Labor Statistics, n.d.) projects the job outlook for U.S. registered nurses is expected to grow by 15% from 2016 to 2026, requiring an additional 1.1 million nurses to avoid any further shortage (Haddad & Toney-Butler, 2019). According to the Canadian Institute for Health Information, between 2016 and 2017 the Canadian population
grew by 1.2% which congruently aligns with the growth of the nursing workforce of 1.0% between 2017 and 2018 (CIHI, 2019). Yet, the projected shortage for nurses by 2022 is still estimated to range from 50,000–60,000 (Ariste, Béjaoui, & Dauphin, 2019). Maré et al. concluded that the nursing deficit is related to the shortage of competent nursing professors in Canadian nursing programs (2019). Moreover, despite strong economic conditions, the KSA and the UAE did not circumvent the global nurse shortage (WHO, 2016). The Health Authority Abu Dhabi (one of the seven emirates) has estimated an additional 13,000 nurses would be required for Abu Dhabi alone to meet the projected 2022 demand (Koornneef, Robben, & Blair, 2017). According to Al-Hanawi et al. Saudi Arabia will require at least 100,000 nursing positions by 2030, estimating an additional “6000 to 7000 new nurses to join the workforce annually” (2019, p. 5).

There are alternative perspectives regarding the relationship between migration and the shortage of nurses. The first proposition equates nursing shortage to the out-migration of nurses; the second proposition states that shortages are caused by poor domestic policies and the lack of adequate training, recruitment, and retention of nurses (Oda, Tsujita, & Irudaya-Rajan, 2018). To further investigate these propositions, a factor analysis of migrant Indian nurses was conducted to identify the reasons for migration. Using snowball sampling, the researchers identified 265 nurses with more than ten years of working experience. Each graduated from one of the two preselected nursing schools (167 nurses from a government-run school; and 98 nurses from a private school). Out of the 265 nurses, 39 were currently working outside of India, and 27 had returned. Similar to other source countries, “the root causes of international nurse migration from India are low salary and poorer working conditions, especially in the private sector” (2018, p. 621). The outflow of Indian nurses continues to exacerbate the nursing challenges that already exist.
Migration as a Solution to Nursing Shortage

Nair and Webster conducted a literature review that examined 56 suitable articles aimed at identifying patterns and factors that influence the migration of healthcare professionals (2019). The key findings revealed that the direction of the migration of healthcare professionals from one country to another followed specific patterns, moving from the south to the north, rural to urban, and from the public sector to the private sector. Sub-Saharan Africa and the Pacific islands had the highest rates of migration, furthering the shortage of healthcare professionals in these regions. The literature confirms the importance of an accurate and updated database for migrant healthcare workers in all countries. With healthcare reforms, educational curricula are shifting towards a generalist approach to minimize the gap between training and employment needs. Recommended strategies included “provision of incentives such as fee concession, support to set up a private practice in rural areas, mandatory government bonding, and training nurses for primary healthcare centers” (Nair & Webster, 2013, p. 160). The migration flow of healthcare professionals, particularly nurses, responds to a wide range of push and pull factors, such as income differentials, professional development opportunities, political conditions, and personal relations. Nair and Webster’s review of the literature identified conditions which influence the migration of health professionals and are listed in Table 3.1.

Montayre, Montayre and Holroyd (2018) completed an integrative-review of relevant literature to understand the nursing work experience of migrant Filipinos. The initial search criterion identified 108 articles. Exclusion and inclusion criteria were applied, followed by full-text evaluation. Seven research studies published between 2001 to 2004 were reviewed (five qualitative studies and two mixed-methods). There were no quantitative studies from the Middle Eastern countries that met the criteria for review. The two main themes that emerged were (1) the differences in practice such as the nurses role and their level of autonomy; and (2) the challenges
experienced by Filipino nurses including discrimination, exclusion, and miscommunication. Table 3.1 lists the key differences in practices between the Philippines (home) country and the host country.

Castro-Palaganas et al. conducted a comparative mixed-method study intended to examine the causes, consequences, and policy responses to the migration of healthcare professionals in the Philippines (2017). Primary data included 36 interviews and a survey with 420 respondents (n=420; 329 nurses, 66 midwives, 18 physical therapists, 7 doctors). The researchers identified factors that influence migration at the micro-level, meso-level, and macro-level and are listed in Table 3.1. The study revealed that sometimes the migration of health professionals are unrelated to their profession, but instead is due to a family member who already emigrated. Respondents also stated that the migration of worker is due to the limited opportunities in the Philippines. Migration and the disposition of Filipino graduates to work overseas are due to the “colonization, media hype, and the proliferation of a discourse of ‘migration as a sign of success’” (2017, p. 6). The researchers also identified factors that influence Filipinos healthcare worker’s decision to leave the Philippines; they include:

- limited employment overseas
- absence of family support
- the social cost of the separation of the family
- potential abuse of migrant workers in their destination country
- love and passion for, and commitment to, one’s profession

Li, Nie, and Li investigates the conditions that influence nurse migration from the lens of the source country listed in Table 3.1. The migration of nurses is having a global effect on the healthcare system, an effect that is rooted in economic, political, socio-cultural, and historical conditions (2014). Nurses migrate to other countries for multiple reasons, some are “pushed by their home countries and pulled by recipient countries” (2014, p. 315). Regardless of the reason,
the migration of foreign-trained nurses can benefit both the individual and the country; but there are also adverse effects. Adjusting to the new environment is often challenging for many nurses, who are predominantly young women. Cultural differences are often reported as sources of difficulty for acculturation. Migrant nurses are often challenged with developing a working relationship. Studies have indicated that nurses from Asian countries tend to experience higher rates of “psychological distress and depression” (2014, p. 315). Workplace bullying and discrimination rarely gets reported by foreign-trained workers for fear of retribution. Blatant racism and unequal treatment are often unresolved, impacting the overall experience of the migrant nurse. The researchers further concluded that hiring foreign-trained nurses is not a viable long-term solution to the ongoing nurse shortage, rather the solution lies in national healthcare policies. “Both the recipient and source countries must make contributions to guide nurse migration in a positive direction” (Li et al., 2014, p. 317), including strategies to encourage nurses to return to their home countries in order to “bring with them enhanced skills and new ideas” (p. 316).

**Internationally Educated Nurses**

Internationally educated nurses (IEN) has been the solution for many countries to resolve their workforce deficits. As of 2017, it is estimated that 5% of the total U.S. registered nurse (RN) workforce are foreign-trained, which is consistent with the IEN estimates of 5.4% in 2015 and 5.0% in 2013 (Smiley et al., 2018). Similarly, according to CIHI, “in 2018, there were 36,189 internationally educated nurses licensed to practice in Canada”, representing 8.5% of Canada’s RN workforce (2019, p. 13). Conversely, according to Saudi Arabia’s 2017 Annual Statistical Yearbook, 63.3% of the total nursing workforce are non-Saudis (approximately 117,543) (MOH,
2017, p. 37); and per UAE’s 2015 Annual Statistics book, 91.7% of the nursing workforce are non-Emiratis (approximately 11,272) (MOHAP, 2015, pp. 53 & 79).

The regulation of the nursing profession has evolved, as the international migration of healthcare professionals escalate. The business of exporting nurses has attracted many candidates, necessitating the need to systemize regulatory strategies to “assure that all nurses, whether educated domestically or abroad, are safe and qualified to practice” (NCSBN, 2015, p. 1).

In a cross-sectional study of IENs in Canada, data was collected in 2014 to identify factors that impact the integration of migrant nurses (n=2280). A little more than half of the respondents were from the Philippines and India (n = 1241, 54.4%), with Filipinos representing the largest minority group (1/5 of the Canadian nurses). International recruitment explains the high number of Filipino IENs, some sponsored by provincial health agencies in Canada. The data revealed that recent arrivals to Canada obtain LPN certification as a pathway to becoming an RN. “IENs were 1.6 times more likely to pass the licensure exam on their first attempt if they had 3–5 years of professional experience before immigrating to Canada” (Covell, Primeau, Kilpatrick, & St-Pierre, 2017, p. 12).

Professional licensure exam is one strategy to regulate the migration flow of migrant nurses. Squires, Ojemeni and Jones, conducted a panel data analysis to examine trends among international applicants who qualified to take the NCLEX-RN between the years 2003 and 2013 (2016). The researchers examined the annual number of IEN applicants and their pass rates. Data was collected from publicly available reports. A total of 200,453 IEN applicants was included in the analysis, the majority from the Philippines (58%) and India (11%); and 177 countries represented. The highest number of IEN applicants for U.S. employment was in 2007 (prior to the 2008 global economic crash). “Nursing schools, already at peak enrolments, saw applications increase significantly between 2008 and 2013” (2016, p. 12). Generally, United States-educated nurses had a higher average pass rate on the NCLEX-RN exam compared to IENs. The
researchers suggest that “countries or regions with high levels of migration seeking to manage IEN migration dynamics may want to consider credentialing exams as a migration mediation strategy” (Squires et al., 2016, p. 19). The following section presents the credentialing bodies that regulate nursing for North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE).

**National Council Licensure Examination (NCLEX).**

National Council Licensure Examination (NCLEX) is a nationwide examination for the licensing of nurses in the United States (since 1982); and Canada (since 2015). NCLEX examinations are developed and administered by the National Council of State Boards of Nursing, Inc. (NCSBN), a U.S. not-for-profit organization. There are two license credentials NCLEX-RN for registered nurses and the NCLEX-PN for vocational or practical nurses.

According to the U.S. Department of Labor “Registered nurses usually take one of three education paths: A Bachelor of Science degree in nursing (BSN), an associate degree in nursing (ADN), or a diploma from an approved nursing program. Registered nurses must be licensed” (US DOL, n.d.). In 2015, the Canadian Registered Nurse Examination was shifted to the U.S. National Council Licensure Examination (NCLEX) (McGillis Hall, Gates, Peterson, Jones, & Pink, 2014).

**Commission on Graduates of Foreign Nursing Schools (CGFNS).**

Commission on Graduates of Foreign Nursing Schools (CGFNS) is an internationally recognized authority on credentials evaluation and verification pertaining to the education, registration and licensure of nurses and health care professionals across the world (NCSBN, 2015). The CGFNS Certification Program is a three-part program that consists of (“CGFNS Certification Program®,” n.d.):

1. A credentials evaluation of secondary education, nursing education and licensure
2. The CGFNS Qualifying Exam®

3. Demonstration of passing one of the accepted English language proficiency examinations:
   a. Test of English as a Foreign Language, Internet-Based Test (TOEFL® iBT) or
   b. Test of English as a Foreign Language, Paper-Based Test (TOEFL® PBT) or
   c. Test of English for International Communication (TOEIC®) or
   d. International English Language Testing System (IELTS)

First-level, general nurses educated outside the United States who wish to practice nursing in the United States use this service. A first-level, general nurse (as defined historically by the International Council of Nurses) is also called a registered (RN) or a professional nurse in some countries. Second-level nurses are not eligible to be licensed as registered nurses in the United States and therefore cannot be approved to take the CGFNS Qualifying Exam®. A second-level nurse may be called an enrolled, vocational or practical nurse or a nurse assistant. At the state level, the Certification Program is a requirement for licensure by specific State Boards of Nursing in order to take the NCLEX-RN® exam. At the federal level, the CGFNS Qualifying Exam® component satisfies the examination requirement of the VisaScreen®: Visa Credentials Assessment for immigration (“CGFNS Certification Program®,” n.d.).

**UAE Nursing and Midwifery Council.**

The United Arab Emirates (UAE) Nursing and Midwifery Council is the authoritative voice that establishes the standards of licensure for nursing and midwifery in the UAE. The Council is responsible for setting standards that are aligned to international, national and regional standards. Qualifications for registered nurse in the UAE must have a “bachelor’s degree in nursing” or “associate degree in Nursing from Canada or USA with (Minimum two (2) years
course duration) … Successful completion of the National exam”; and have a “minimum two (2) years’ experience post qualification” (Ministry of Health et al., 2017, p. 68)

**Saudi Commission for Health Specialties (SCFHS).**

Saudi Commission for Health Specialties SCFHS is responsible for supervising and evaluating training programs, as well as setting controls and standards for the practice of health professions. The classification of a nursing specialist requires, at a minimum, a 4-year bachelor's degree in nursing, in addition to one year's experience or internship. All health professionals are required to pass the licensing examination in their respective specialties to get the rank of senior registrar/specialist (SCFHS, 2014). “Non-Saudi practitioners shall be given three attempts to pass the licensing examination within six months effective from the date of application to the commission. In the event he/she does not pass the examination, the commission shall issue a disqualification decision to the practitioner” (p. 12).

**Conditions that Influence Migration**

Internationally educated nurses have many elements to contend with in the decision to work in a foreign country. Considering the vast differences among IENs and the countries in which they migrate, it is essential to examine the conditions that influence the direction, size, and composition of migration. The following section focuses on studies that explore the economic, political, and socio-cultural conditions that influence the migration system of Filipino nurses in *North-America Sub-Group* (the U.S. and Canada) or the *Middle-East Sub-Group* (the KSA and the UAE).
North-America Sub-Group: Conditions that Influence Migration

For this study, the U.S. and Canada are grouped, mainly for their similarities. The U.S. and Canada not only share a primary border but also share cultural commonalities. However, there are some differences to consider, particularly in healthcare. First, the U.S. government provides insurance only to individuals who qualify through the Veterans Health Administration, Medicaid, or Medicare. Otherwise, individuals are responsible for their health coverage. Conversely, through the Canada Health Act of 1984, all Canadian citizens are provided government-funded health insurance.

A joint survey of health was conducted between 2002 and 2003 to “compare systematic differences in health status across the socioeconomic spectra” between the United States and Canada (Sanmartin et al., 2006, p. 1141). According to the survey, the overall health status of Americans and Canadians are relatively similar. However, Americans with lower economic status are at higher “risk for being uninsured … and have lower health status than their Canadian counterparts” (p. 1141).

North-America Sub-Group: Political conditions.

Masselink and Jones (2014) provide an abridgement of U.S. immigration policy and visa changes that directly linked to internationally educated nurses (IENs) since the 1980s. The researchers describe the economic and political conditions that impacted the U.S. nursing workforce. U.S. policies relating to the nursing shortages were reviewed and chronologically juxtaposed with political and economic events. Several U.S. immigration policies were structured to influence the supply and demand of nurses. “The number of IENs working in the United States has increased from around 50,000 in the mid-1970s (Ea, 2008) to an estimated 165,000 (5.4% of all nurses) in 2008, mostly from the Philippines, Canada, the United Kingdom, and India” (2014, p. 2). In 2003-2004, U.S. nursing school enrollments surged; and in 2008 there was a global
economic recession. The demand for nurses dropped dramatically, and the U.S. limited their nursing imports. As a result, there was a large number of unemployed nurses in the Philippines. The researchers explicated how U.S. immigration policies not only address the nursing shortages but reverberates to countries, such as the Philippines.

Canada is much more generous to immigrants than the US; and has one of the highest per capita admission rates (Ea, 2008). Health professionals are regulated provincially, while immigration policies are set at the federal level; hence, policies pertaining to migrant nurses are formed generically rather than a sector-specific basis. Many foreign-trained nurses migrate to Canada through the following programs (Salami, 2016, p. 37):

- Provincial Nominee Program,
- Federal Skilled Worker Program,
- Temporary Foreign Worker Program,
- International Mobility Program, and
- Caregiver Program (previous Live-in Caregiver Program)

However, the debate continues about how to resolve the nursing shortage in Canada.

While internationally educated nurses cannot be deterred from migrating to Canada (after all, individuals should have the liberty to choose where to reside), nursing policymakers must recognize that current immigration policy paradoxically often leads to the deskilling of internationally educated nurses, especially those who migrate through the Caregiver Program (Salami, 2016, p. 38).

**North-America Sub-Group: Socio-Cultural conditions.**

A study focused on the influence of culture on migrant Filipino nurses was conducted to understand coping patterns. Connor used a cross-sectional qualitative descriptive design and
interviewed twenty Filipino nurses ranging in age from 28 to 48 years who received their primary nursing education in the Philippines. The nurses were employed in healthcare facilities in a Midwestern city in the US. The themes that emerged “were categorized as (a) familial, (b) intracultural, (c) fate and faith-based, (d) forbearance (patience and self-control) and contentment, (e) affirming the nursing profession and proving themselves, and (f) escape and avoidance” (Connor, 2016, p. 197). The participants expressed a strong sense of duty to their families and relied on the family as a coping strategy. They often talked to their parents (enabled by technology), and they received emotional encouragement from family members living in the Philippines or another state through the use of cell phones and the Internet. The benefits of working in the U.S. outweigh the stress and adaption challenges. The cultural conditions that influence migration are listed in Table 3.1.

Qualitative oral-history research by Ronquillo interviewed nine migrant Filipino nurses in Canada. The focus of the study was to explore historical influences on migration and the transition into the Canadian workforce. The main themes that emerged from the study were: family first, nursing later; different expectations of Canadian nursing, the need to prove oneself to others and the perceptions of discrimination (Ronquillo, 2012). Specific conditions that influenced the participant’s experience are listed in Table 3.1.

**Middle-East Sub-Group: Conditions that Influence Migration**

For this study, Saudi Arabia and the United Arab Emirates (UAE) are grouped, mainly for their similarities. Saudi Arabia and the UAE not only share a primary border but also have cultural and economic similarities. Middle Eastern countries are the largest importer or labor, including high-skilled healthcare professionals such as nurses. Valenta and Jakobsen investigate international migrations in the period 1960–2013 (2016). The authors reference the economic,
political and demographic elements that drive so many migrants to this region, listed in Table 3.1. Based on panel data from the World Bank and the UNDESA’s Population Division, the researchers focused on longitudinal patterns to infer factors that contribute to the migration. (1) Data indicates a close relationship between economic growth and the inflow of migrants. (2) Income differentials account for significant parts of the migration pattern. Moreover, (3) migration policies play a critical role in the migration structure. Restrictive naturalization policies impact both out-migration and return-migration (Valenta & Jakobsen, 2016).

**Middle-East Sub-Group: Economic conditions.**

Saudi Arabia and UAE are known for their vast wealth. Both countries were once the poorest and most underdeveloped countries in the world until they discovered oil. With the world’s dependence on oil, these two countries became wealthier and wealthier. According to the CIA’s World Factbook, Saudi Arabia has an oil-based economy with stringent government controls over major economic activities. Approximately six million foreign workers are employed in Saudi Arabia, predominantly in the oil and service sectors; at the same time, however, Riyadh is struggling to reduce unemployment among its nationals and has been implementing Saudization since 1985 to decrease their dependence on foreign labor (CIA [The World Factbook], n.d.a). Comparably, UAE has transformed significantly in the past four decades from a poor country to one of the most powerful modern states. The CIA’s World Factbook, states that the UAE “government has increased spending on job creation and infrastructure expansion and is opening up utilities to greater private sector involvement. The country's free trade zones - offering 100% foreign ownership and zero taxes - are helping to attract foreign investors” (CIA [The World Factbook], n.d.b). The expansive growth in the GCC region aligns with their migration patterns. According to Valenta and Jakobsen, as the gross domestic product (GDP) in the region escalated the number of migrant workers also increased.
Middle-East Sub-Group: Political conditions.

Saudi Arabia and UAE historically have been close allies and align in most foreign and political policies. Structured as an absolute monarchy and a federal monarchy, respectively, the authoritarian political system does not recognize democratic elections. Current laws restrict the formation of governmental organizations or political parties; and constrict the freedom of assembly. Furthermore, the formation of unions is prohibited, limiting any representation of workers’ interests. Therefore, the protection of migrants’ rights must be advocated by their home country’s government (Christ, 2012).

An employment system of the Middle East is generally known as Kafala [sponsorship in Arabic] and has a relatively liberal entry, but restricted rights and limited duration of contracts and visas. Initially introduced in the 1950s, Kafala defines the relationship between the employer and the migrant worker. The primary purpose of this system is to supplement labor when the economy is booming, and abate labor when the economy is lagging (Migrant Forum in Asia, n.d.). The Kafal system is mainly for low-skilled workers (laborers, construction workers, and domestic workers). Each migrant worker is required to have a kafil [sponsor in Arabic], whose function is to be responsible legally and economically for that work during the contract period and until he/she leaves the country. The kafil is generally the employer and can be a national individual, or a company that is nationally owned (at least 51%) (Damir-Geilsdorf, 2016).

The Kafala system strongly favors the sponsor and does not provide adequate protection to the migrant worker. The criticisms of the Kafala system are:

- the unfairness of the power relations between the sponsor and the migrant worker;
- impedes the worker from changing employers or leaving the country without the employer’s consent;
- sponsors can alter the terms of the employment contract, often forcing the migrant work for lower wages and poor environmental conditions;
identifies the migrant worker as a ‘guest worker’ but are often treated as a disposable economic commodity at the mercy of their sponsor;

- sponsors can confine and confiscate the migrant worker’s passport and withhold wages; and

- a migrant worker is denied bargaining power.

“There are substantial numbers of migrant workers who are victims of verbal, physical, sexual and psychological abuse under the Kafala system. Migrant domestic workers confined to the home of their sponsor are particularly vulnerable” (Migrant Forum in Asia, n.d., p. 4).

Government leaders must act to protect their migrant-citizens. The Philippines successfully negotiated for the fair treatment of Filipino workers.

By sending more nurses and engineers, the Philippines has increased the desirability of its migrants and raised their wages. To protect migrants once they arrive, the Philippines passed joint liability laws that hold Filipino recruitment agencies accountable for contract violations by a foreign employer. A worker that has been mistreated in the Gulf can sue the agency that arranged their contract in the Philippines. (Plank, 2015, para. 21)

**Middle-East Sub-Group: Socio-Cultural conditions.**

The Middle Eastern countries continue to experience high turnover on healthcare professionals, specifically nurses. Consequently, the process to recruit, select and retrain another nurse is costly and will affect the overall healthcare organization. Aljohani and Alomari examined the turnover rate of Filipino nurses employed in the Ministry of Health (MOH) hospitals in Saudi Arabia (2018). A convenience sample of Filipino nurses (n=124) completed a questionnaire. The questionnaire included demographic data, the reason for turnover, and recommendations to improve retention. The analysis revealed that low salary and nurse-to-patient ratio were the
primary reasons for the high turnover among Filipino nurses. The reason for leaving (listed in Table 3.1) are incidents that other Filipino nurses will consider then when applying for employment overseas.

“A three-month anthropological study” of migrant Filipinos in the UAE, was completed in 2007. The focus of the study was to explore the skills Filipino migrants use “to cope with everyday life in Dubai” (Christ, 2012, p. 678). The researcher observed participants and conducted in-depth interviews, mostly female labor migrants in the hotel industry. The analysis confirmed the importance of social networks within the Filipino community. Widely accepted, the family structure is an integral aspect of the Filipino psyche. “The family is the central institution in Philippine social organization to which each individual gives his loyalty, commitment, and sacrifices. On the other hand, individuals rely on their families for social status and prestige in society” (p. 678). An active social-network is used to stay connected with their family in the Philippines, but more advantageously, it is a tool used to gather and disseminate information about their needs and their experiences. A prospective migrant often chooses their destination based on feedback they acquired from their friends and family.

Culture and ethnicity is a strong determinant of employment and work experience. Specifically, in the Middle Eastern countries such as the UAE and the KSA, ethnicity and citizenship will dictate certain privileges. For example, according to Christ,

within the low-wage sector, Filipinos get a higher salary than other nationalities like Sri Lankans since Filipinos are associated with certain characteristics, for example, modernity and fluency in English. On the other hand, Filipinos receive a lower salary than their Arab colleagues for the same work and even if this colleague has lesser formal education. (2012, p. 683)
Philippines: Impact of Nurse Migration

Filipino migrant Registered Nurses are proficient in English and educated with a bachelor’s in nursing, which make them attractive for international employment. However, nurse migration can result in the weakening of Philippine’s healthcare workforce. Perrin, Hogopian, Sales and Huang (2007) aimed to investigate the current RN-staffing situation in Philippine hospitals. The researchers sent out 200 self-administered questionnaires to chief nurses of Philippine hospitals and 87 surveys were sent back (n=87), with 53 from government and 34 from private hospitals. The data was analyzed using Statistical Package for the Social Sciences (SPSS) software program. The results indicated that the chiefs of nurses in government hospitals are tenured twice as long as private hospitals. RNs working in government hospitals earn higher wages than private hospital nurses. Less than half of the respondents (41%) reported that recent Philippine nurse graduates were not adequately trained because of inadequate curriculum, too many students, limited clinical exposure, poor facilities, and the shortage of qualified clinical instructors. Regarding migration, staff nurses who are 40 years of age or younger were most likely to migrate. Marital status having no bearing on the migration decision (Perrin et al., 2007).

Return Migration

Dustman and Weiss discuss different kinds of migration and claim that most migrations are temporary rather than perpetual, but the misleading conclusions stem from the assumptions that when migrants leave, it is permanent (2007). Using the database from the British Labor Force Survey (LFS) (1992-2004), the researchers propose three reasons for temporary migration. (1) The relative difference in prices between the home country and the destination country; (2) the consumption of goods; and (3) the acquisition of new knowledge and skills. The LFS is a survey
of private households living in Great Britain and has been conducted each quarter. The survey reports the arrival of foreign-born individuals. The findings indicate that after six years, almost half of the immigrants who arrived in the United Kingdom (UK) left the country. Also observed was the diversity of out-migration based on their country of origin and their ethnicity. “The data suggest that return-migration is particularly pronounced for the group of immigrants from the EU (European Union), the Americas and Australia/New Zealand; it is much less pronounced for immigrants from the Indian Sub-Continent and from Africa” (2007, p. 253). The researchers concluded that white migrants have a higher propensity to return to their home country than non-white immigrants. Also, the motivation to return is influenced by “higher preferences for consumption in the home country” or higher purchasing power in the migrant’s home country (p. 253). The researcher concluded that “those who remain in the host country are those who have more skills that are usable there” (Dustman & Weiss, 2007, p. 254).

Thet and Pholphirul conducted a case study to examine the economic, political, and social conditions in Myanmar to predict the probability of Burmese workers returning home (2016). Data was collected from a random sample of 433 migrant workers between January 2014 – March 2014. An econometric estimation was used to forecast the likelihood of Burmese worker’s returning home. The researchers used a binary regression model to predict the prospect of return-migration. The analysis indicated that the probability of returning home is higher for Burmese migrants who are older and more educated. The improvement and advancement of Myanmar’s educational system was one of the most influential factors to influence return-migration. Also, statistically significant is increasing the freedom of expression through an independent media. However, the researchers concluded that the “longer they resided in Thailand, the lower the probability of their return (Thet & Pholphirul, 2016, p. 1006).

Focusing on social, technical, and English language competences, Hagan and Wassink examined the relationship between the transfer of skills and business formation among return
migrants. Utilizing a mixed-methods approach, the researchers analyzed a 2010 survey of return migrants from León, Mexico. In 2010, the return-migration rate for León was less than 1%. The researchers used purposive sampling and selected neighborhoods with a high concentration of return migrants based on the 2010 Mexican Census. For each return-migrant interviewed, a non-migrant in the same area was randomly selected to participate. The findings of the study were based on surveying 200 return migrants and 200 non-migrants. The results indicated that women are more likely to stay longer or settle permanently in the United States. Migrants in the study acquired more labor experience and had more opportunities to develop informal skills than their non-migrant counterparts. There were more business owners among return migrants surveyed than non-migrants (Hagan & Wassink, 2016).

A return-migration flow of workers back to their country of origin can become a concern for the destination country and potentially an enormous benefit for the source country. Take for example, scientists and engineers from China and India, who in the past years had low return rates and generally stayed in the United States. Since 1995, “the number of returnees has increased at a yearly rate of about 13 percent …including a high percentage of PhDs and MBAs” of Chinese migrants (Agunias, 2006, p. 9). The increased rate of return-migration was a result of government programs aimed to attract “their best and brightest talent back home” (Centre for China and Globalization, 2017, p. 13). China’s brain gain from the return of their brightest talent is reflected in the article 2019, The U.S. News Best Universities for Engineering. China's Tsinghua University is currently ranked #1, and three more Chinese universities are in the top ten. United States’ Massachusetts Institute of Technology (MIT) was ranked #3, and University of California—Berkeley dropped from #5 (in 2018 ranking) to #7 (US News & World Report, 2019). Likewise, the Indian government is devising measures and instituting programs to attract talent back to India. The trend of Indians returning home continues to surge, as various sectors grow. According to Basu and Verma, companies are shifting their research and development
(R&D) to India, particularly in the pharmaceutical, manufacturing, automotive, and healthcare sectors. This shift is incentivizing many Indians who are employed abroad or completing their degrees to return to India (Basu & Verma, 2017).

Similarly, if nurses return to their home country, they bring with them enhanced skills, advance knowledge, and needed capacity. They become a resource for improvement both at a national level and at the healthcare sector level. Conversely, if the phenomenon of return-migration is not factored into the supply-demand models, the nurse shortage will intensify. Workforce planners in these healthcare systems must take into account the trend of return migration.

Return-Migration of Nurses

The nursing profession has contributed to the migration flow for the past two decades. However, according to Efendi et al., (2018) “there is increasing evidence showing that the migrants are returning to their country of origin” (p. 199) drawing attention to further study this phenomenon. Based on published documents, Efendi et al. highlighted five critical attributes to the return-migration of nurses.

- The motivation and decision to return is a response to personal and career factors. This decision is determined in the early stages of migration.
- Everyone has the right to return to his/her country. Based on international migration law and the Universal Declaration of Human Rights, 1948 Article 13 (1) “Everyone has the right to leave any country, including his own, and to return to his/her country” (IOM, 2011, p. 40). The International Council of Nurses “affirms the rights of individuals to migrate and to return to her/his country of origin” (ICN, n.d., p. 2).
• Migrant nurses contribute to their country’s development, bringing back financial, social and human capital. Migrant nurses potentially can bring “back new skill, knowledge and idea to contribute to the advancement of their origin’s country” (Efendi et al., 2018, p. 200).

• Reintegrating will be influenced by the conditions of both the host and home country. However, if reintegration is not structured correctly, returning nurses may experience joblessness, frustration, and social maladjustment.

Return-migration will take the form of either voluntary or involuntary. When a nurse’s contract is complete, and goals have been achieved, they may voluntarily return. Alternatively, national policies and immigration laws may implement involuntarily return. Efendi et al. (2018) acknowledge the challenge of investigating the return-migration of nurses due to the ambiguous definition of return-migration and the lack of a systematic process to account for returning migrants.

Motlhatlhedi and Nkomazana conducted a qualitative study to explore the perceptions of returning health-workers to Botswana using a semi-structured in-depth interview (2018). The Botswana healthcare system was the main “push” factor that motivated migration. The anticipation of working in a high-income country was the main “pull” factor. Interviewees indicated the main drivers to return to Botswana were missing home, missing family, achieved goals, experience of racism, and the ease of employment. Missing home was the most common reason to return. Although the primary reason to leave Botswana was due to the challenges of the existing health system, it was not a factor for return (Motlhatlhedi & Nkomazana, 2018).

Cortez, Del Rosario and Diño (2016) conducted a cross-sectional mixed-method designed to examine the phenomenon of Filipino nurses employed in another country and their return back to the Philippines. The study specifically focused on social connectedness. The quantitative phase (n=107) used a correlational design to identify the relationship between time-away and social
connectedness. The results indicated that there is a slight correlation with the length of time abroad and the degree of social connectedness to their home community. The qualitative phase (n=12) applied interpretative phenomenology and resulted in three main themes. (1) Interpersonal connectedness, a self-reflection of the skills they gained and the confidence they acquired. (2) Intra-personal relationships, re-establishing their roles prior to departure and reaffirming relationships with family and friends. (3) Disconnection, a loss of social connections with the community and the challenge of relating with family, particularly with their children. As a result, researchers emphasized the need to maintain constant communication between the migrant nurse and their family/friends (Cortez, Del Rosario & Diño 2016).

It is widely acknowledged that intense demands for healthcare professionals attracted foreign nurses and promoted migration. Kingma (2007) reviewed the literature about nursing and nurse migration. The data indicated that regardless of how appealing the pull factors are for the country of destination, minimal migration will take place unless significant “push” factors drive people to leave their home country. “Nurse migration is pushed, pulled, and shaped by a constellation of social forces and determined by a series of choices made by a multitude of stakeholders” (2007, p. 1294).

Based on the literature reviewed, table 3.1 tabulates the conditions that influence the migration flow. The table is segmented into three columns: (1) left column–the Philippines (designated as the home country); (2) right column–the host country (subdivided into North-America Sub-Group and the Middle-East Sub); and (3) influencers as a single variable. As recommended by De Haas, each influencer (as extracted from the literature review) is recognized as a single variable to eliminate the subjectivity of analysis (De Haas, 2008). For example, as opposed to referencing the nurse’s low salary in the Philippines as a “push” factor and the high salary in the U.S. as a “pull” factor, differences in pay is referenced as an income differential providing comparability. Raivola, refers to this as “the conditions existing when two measures are
expressed in the same units, thus making possible direct comparisons” (Raivola, 1985, p. 362).

The table is also sub-grouped into the following conditions: economic, political, socio-cultural, professional, and personal preferences. Table 3. will be referenced in chapter 6’s discussion about the conditions that influence the migration of Filipino nurses.
### Table 3.1.

**Relevant Literature – Conditions that Influence the Migration of Filipino Nurses**

#### Influencing Conditions

<table>
<thead>
<tr>
<th>Economic</th>
<th>North-America Sub-Group</th>
<th>Middle-East Sub</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Philippines (Home)</strong></td>
<td><strong>Variables</strong></td>
<td><strong>Philippines (Home)</strong></td>
</tr>
<tr>
<td>Low wages</td>
<td>Income differentials (compensation and benefits)</td>
<td>Attractive salaries</td>
</tr>
<tr>
<td>No retirement benefits</td>
<td></td>
<td>Retirement benefits</td>
</tr>
<tr>
<td>Universal healthcare</td>
<td></td>
<td>Medical coverage</td>
</tr>
<tr>
<td>Poor economy</td>
<td>Overall Economic condition</td>
<td>High developed economy</td>
</tr>
<tr>
<td>High poverty rate 21.6% (2017)</td>
<td></td>
<td>Poverty rate 9.4% - 15.1%</td>
</tr>
<tr>
<td>Unemployment 5.7% (2017)</td>
<td></td>
<td>Unemployment 4.4% - 6.3% (2017)</td>
</tr>
<tr>
<td>Public debt 39.9% of GDP (2017)</td>
<td></td>
<td>Public debt 78.8% - 89.7% of GDP (2017)</td>
</tr>
<tr>
<td>Weak currency</td>
<td></td>
<td>Strong currency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Political</th>
<th>North-America Sub-Group</th>
<th>Middle-East Sub</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Philippines (Home)</strong></td>
<td><strong>Variables</strong></td>
<td><strong>Philippines (Home)</strong></td>
</tr>
<tr>
<td>Migrant Workers and Overseas Filipinos Act of 1995 (protect OFWs)</td>
<td>Employment Policies</td>
<td>EEOC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fair labor Standards</td>
</tr>
<tr>
<td>Bilateral labor agreements</td>
<td>Immigration Policies</td>
<td>Preferential treatment for high-skilled workers</td>
</tr>
<tr>
<td>Reintegration programs</td>
<td></td>
<td>Recognizes the Universal Declaration of Human Rights</td>
</tr>
<tr>
<td>Dual Citizenship</td>
<td></td>
<td>Permanent Residency option for citizenship</td>
</tr>
<tr>
<td>Migration culture</td>
<td>Type of Migration</td>
<td>Immigrant-driven migration</td>
</tr>
</tbody>
</table>
### Influencing Conditions

#### Socio-Cultural

<table>
<thead>
<tr>
<th>Philippines (Home)</th>
<th>Variables</th>
<th>North-America Sub-Group</th>
<th>Middle-East Sub</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Parents commonly live with their adult children and their families, sharing in child care and household responsibilities</td>
<td>High likelihood of other family members who currently emigrated</td>
<td>Require visa authorization for family members</td>
<td></td>
</tr>
<tr>
<td>Strong family community</td>
<td>Family reunification programs</td>
<td>Large Filipino population</td>
<td></td>
</tr>
<tr>
<td>Decision to migrate is a family decision</td>
<td>Better opportunities for children</td>
<td>Other Filipinos become extended family</td>
<td></td>
</tr>
<tr>
<td>Social cost of family separation</td>
<td>Large Filipino population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-esteem among Filipinos is linked to the bond between families and kinship</td>
<td>Other Filipinos become extended family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High likelihood of other family members who migrated overseas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remittances from family members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use social networks to get information about overseas condition</td>
<td>Many professional associations to expand networks</td>
<td>Limited professional associations</td>
<td></td>
</tr>
<tr>
<td>Predominantly catholic</td>
<td>Multi-denominational</td>
<td>Official country Islam</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Freedom of religion/faith</td>
<td>Catholic worship restricted (no dioceses in KSA, but there are several dioceses in UAE)</td>
<td></td>
</tr>
<tr>
<td>Use technology to connect with family</td>
<td>Reliable cell and internet service</td>
<td>Reliable cell and internet service</td>
<td></td>
</tr>
<tr>
<td>Communicaiton Technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Militarization and safety concerns (doctors have a gun while on duty and are trained to use weapon)</td>
<td>Legal recourse</td>
<td>High incidents of foreign workers abused</td>
<td></td>
</tr>
<tr>
<td>Need for personal safety due to political upheaval</td>
<td>Occupational Safety and Health policies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-esteem among Filipinos is linked to the bond between families and kinship</td>
<td>High cases on employee discrimination and workplace bullying</td>
<td>Preferential treatment of nationals (Saudis or Emiratis</td>
<td></td>
</tr>
<tr>
<td>Sense of belonging is important</td>
<td>Blatant racism and unequal treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belonging/Engagement</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Influencing Conditions

#### Socio-Cultural (cont’d)

<table>
<thead>
<tr>
<th>Philippines (Home)</th>
<th>Variables</th>
<th>North-America Sub-Group</th>
<th>Middle-East Sub</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mixed Spanish-American colonial culture</td>
<td>• Distribution of power with an emphasis on equal rights</td>
<td>• Arabian culture</td>
<td></td>
</tr>
<tr>
<td>• Hierarchical society</td>
<td>• Highly independent</td>
<td>• Hierarchical society</td>
<td></td>
</tr>
<tr>
<td>• Strong family ties with extended relationships</td>
<td>• Communication style tends to be more informal</td>
<td>• Benevolence for autocracy</td>
<td></td>
</tr>
<tr>
<td>• Caring for others is a dominant value</td>
<td>• High polarization of values</td>
<td>• Strong family ties with extended relationships</td>
<td></td>
</tr>
<tr>
<td>• Generally, relaxed and flexible attitudes</td>
<td>• Seek innovation (not tied to tradition)</td>
<td>• Value rules, code and regulations</td>
<td></td>
</tr>
<tr>
<td>• Place high value on traditions</td>
<td>• Many live to work with the mantra of “work hard and play hard”</td>
<td>• Place high value on traditions</td>
<td></td>
</tr>
<tr>
<td>• Leisure time is important</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Social connections is critical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Attitude about jobs “work to live”</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Personal Preferences

(Aljohani & Alomari, 2018; Castro-Palaganas et al., 2017; Li et al., 2014)

<table>
<thead>
<tr>
<th>Philippines (Home)</th>
<th>Variables</th>
<th>North-America Sub-Group</th>
<th>Middle-East Sub</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Destination country glamorized</td>
<td>Preferred destination</td>
<td>• Long history of migration with Philippines</td>
<td></td>
</tr>
<tr>
<td>• Social Networks used to inform potential migrants about current conditions</td>
<td>(US, Canada, Australia and the UK)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• English speaking</td>
<td>English-speaking</td>
<td>• Challenges with Filipino accent</td>
<td></td>
</tr>
<tr>
<td>• Tagalog Speaking</td>
<td></td>
<td>• Colloquial terms/slang</td>
<td></td>
</tr>
<tr>
<td>• Multiple dialects</td>
<td></td>
<td>• Require migrants to take TOFEL</td>
<td></td>
</tr>
<tr>
<td>• Lack clear career direction</td>
<td>Career Opportunities</td>
<td>• Speaking native language are discouraged</td>
<td></td>
</tr>
<tr>
<td>• Lack of professional development</td>
<td></td>
<td>• Official language is Arabic</td>
<td></td>
</tr>
<tr>
<td>• Limited educational opportunities</td>
<td></td>
<td>• Language of healthcare is English</td>
<td></td>
</tr>
</tbody>
</table>

#### Professional

(Aljohani & Alomari, 2018; Castro-Palaganas et al., 2017; Li et al., 2014; Montavre et al., 2018; Nair & Webster, 2013; Oda et al., 2018; Yumol, 2018)

<table>
<thead>
<tr>
<th>Philippines (Home)</th>
<th>Variables</th>
<th>North-America Sub-Group</th>
<th>Middle-East Sub-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack clear career direction</td>
<td>Professional development programs</td>
<td>Employment is defined by contract (no long-term agreements)</td>
<td></td>
</tr>
<tr>
<td>• Lack of professional development</td>
<td>Training and development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited educational opportunities</td>
<td>Accredited learning events.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outdated nursing practices</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Influencing Conditions

### Professional (cont’d)

<table>
<thead>
<tr>
<th>Philippines (Home)</th>
<th>Variables</th>
<th>North-America Sub-Group</th>
<th>Middle-East Sub-Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Roles of nursing generalist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Medication nurse administers medication to all patients</td>
<td></td>
<td>• Specialized roles of nursing</td>
<td></td>
</tr>
<tr>
<td>• Family members provide assistance personal care (e.g. hygiene) to patients</td>
<td>Professional Role (duties and tasks)</td>
<td>• Administer medication only to their respective patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Nurses are expected to provide personal care to patients</td>
<td></td>
</tr>
<tr>
<td>• Complete all assigned tasks even if shift is over</td>
<td>Employment Practices</td>
<td>• Handover unfinished task to next shifts</td>
<td>• High incidents of favoritism and nepotism</td>
</tr>
<tr>
<td>• High incidents of favoritism and nepotism</td>
<td></td>
<td>• Transparency in policies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work Conditions</td>
<td>• Adhere to the terms of contract</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Poor working conditions</td>
<td></td>
<td>• Understaffed</td>
</tr>
<tr>
<td></td>
<td>• Lack of resources to work effectively</td>
<td></td>
<td>• Workload too high</td>
</tr>
<tr>
<td></td>
<td>• Unstable and/or dangerous working conditions</td>
<td></td>
<td>• Respect given to health professionals</td>
</tr>
<tr>
<td></td>
<td>• High nurse-to-patient ratio</td>
<td></td>
<td>• Fair assessment and evaluation</td>
</tr>
<tr>
<td></td>
<td>• Unmanageable workload</td>
<td></td>
<td>• Holiday and days off</td>
</tr>
<tr>
<td></td>
<td>• Hierarchical structure—subservient to doctors and senior nurses</td>
<td></td>
<td>• Manageable workload</td>
</tr>
<tr>
<td></td>
<td>• No supervision, no support</td>
<td></td>
<td>• Less hierarchical with more autonomy and decision-making responsibilities</td>
</tr>
<tr>
<td></td>
<td>• Less diversity</td>
<td></td>
<td>• Overly monitored</td>
</tr>
<tr>
<td></td>
<td>Diversity and Inclusion Belonging/Engagement</td>
<td></td>
<td>• Stereotyping and work-related discrimination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Migrants report the experience of being an outsider (not belonging)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Blatant discrimination</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Programs of recognition and rewards</td>
</tr>
</tbody>
</table>

*Note. Each conditional category lists the references used.*
Development and Return-migration

Migration literature in the context of human capital theory emphasizes the pull of economic and professional opportunities as the primary motivator for migration. In labor economics, human capital as a set of KSA+O (knowledge, skills, abilities/attitude +other) increases a worker’s productivity level. Therefore, migration in the context of human capital theory focuses on the “decision to move and that this decision is conditional upon the return he/she expects to receive from moving in contrast to what is expected from staying” (Korpi & Clark, 2017, p. 2). Migration and return-migration are part of the system for development. This approach no longer focuses on the desire to migrate as a need to fill a deficit, but a strategy to improve oneself. Hence, perpetuating a highly-mobile workforce and shifting the notion of migration as a stagnant unidirectional move to a dynamic flow creating a transnational workforce (Schiller, Basch, & Blanc, 1995). Moreover, returning migrants are potential drivers of development for their countries of origin, if successfully reintegrated in the labor market.

In the backdrop of the discussion about international migration and return-migration is the increasing global competition for talent and skilled workers. High-skilled migrant workers have more countries to select from in a globalized environment. “The race for talent has further intensified with the introduction of repatriation (return-migration) incentives designed to entice emigrant professionals abroad, especially leading scientists, to return to their countries of origin” (Shachar & Hirschl, 2013, pp. 76–77). Just as organizations have touted the “best place to work” as an incentive to attract top talent, countries are also positioning themselves as desirable destinations for high-skilled workers. According to the International Migration Outlook 2018, the distribution of migration has predominantly been in—the United States, the United Kingdom, and Canada (OECD, 2018; Kerr, Kerr, Özden, & Parsons, 2016). The GCC–Gulf Cooperation Council Countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates)
have experienced sizable economic development with a substantial increase in labor migration (Sheikh et al., 2019).

Seto as cited by World Migration Report 2015, argues that skilled workforce development and technological innovations will be critical in the future. Also, “continued economic growth in these regions will require substantial investments in education and capacity building” (IOM, 2017, p. 228). Therefore, it is essential that HR and talent professionals become knowledgeable of this population and their needs. They must be prepared to address the unique circumstances of migrant workers such as legal restrictions and career limitations due to visa and work permits; underemployed and deskilled workers due to mismatch of skills and qualifications; and unreported employment discrimination. All of these things will significantly impact overall engagement and work productivity. Global talent mobility will be a constant challenge for developing a future-readiness workforce plan. Nonetheless, the skilled migrants, can provide competitive advantages and help “host countries to remain the highest bidders in the global war for talent” (Guo & Al Ariss, 2015, p. 1287). As the world of work changes at exponential rate and organizations scrambled to acquire the best and brightest talent, it is vital to understand the economic, socio-cultural, and political conditions that impact the flow of migrant workers. Therefore, it is essential that HR and talent professionals become knowledgeable of this population and their needs. They must be prepared to address the unique circumstances of migrant workers such as legal restrictions and career limitations due to visa and work permits; underemployed and deskilled workers due to mismatch of skills and qualifications; and unreported employment discrimination. All of these things will significantly impact overall engagement, work productivity, and workforce plans.

Global talent mobility will be a constant challenge for developing a future-readiness workforce plan. Nonetheless, the skilled migrants can provide competitive advantages and help “host countries to remain the highest bidders in the global war for talent” (Guo & Al Ariss, 2015,
As the world of work changes at an exponential rate and organizations scrambled to acquire the best and brightest talent, it is vital to understand the economic, socio-cultural, and political conditions that impact the flow of migrant workers.

**Summary**

This chapter presented the relevant literature that informed this study. The problem of global supply and demand for migrant nurses was revisited, followed by studies that examined migration and the influencers that motivate highly-skilled workers to travel abroad. The remaining chapter focused on articles that investigated the push/pull aspects of migration and return migration, with selected articles that focused on Filipino nurses. The last section reviewed articles that linked development to return migration and the benefits which have been recorded when migrants return home. Finally, the last section is a table that compiled the variables which influence migrant nurses based on the review of literature in Chapter 3. This table will be used to link the secondary data analysis with relevant literature, adopting a focus on the research questions. The purpose of this chapter was to establish a background and to deliberate the conditions that motivate a Filipino migrant nurse to return to the Philippines. The next chapter, Chapter 4, will discuss the research method and research design used to answer the research questions.
Chapter 4

Research Design and Research Method

Given the complicated nature of international migration and the obfuscated approach to return migration, a systematic research design and method is critical. Furthermore, according to Riosmena, to better understand what conditions influence migration and return migration across different countries, “more comparative research based on strategically chosen cases and strong research designs is necessary” (2016, p. 29). This dissertation is a comparative explanatory case study intended to examine the migration flow, including conditions that influence the magnitude and direction of return migration, for Filipino nurses employed in North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE). It also explores the interrelationships of elements that influence the migration system. Although more extensive data is available, the appropriate process in selecting, analyzing, and deciphering becomes more complicated. The research questions are addressed quantitatively using secondary data from the Philippine Statistics Authority (PSA). The elements associated with out-migration and return migration are the primary focus. The analytical strategies used in this research are descriptive analyses, regression analyses, and comparative analysis. This chapter presents the research questions, research design, and strategies used to analyze the data.

Research Questions

This study aims to identify what motivates migrant workers to return to their home country. Specifically, it examines the conditions that contribute to the out-migration and the return migration of Filipino nurses employed in North-America Sub-Group (the U.S. and Canada)
and the Middle-East Sub-Group (the KSA and the UAE). The following research questions are addressed quantitatively using secondary data.

**RQ1.** What is the direction and the magnitude of the migration flow for migrant Filipino nurses?

**RQ2.** What are the demographic variables that influence the magnitude and direction (out-migration and return-migration) of migrant Filipino Nurses?

**RQ3.** How are the conditions different for the Filipino nurses who are employed in North-America Sub-Group (the U.S. and Canada) versus those who are employed in the Middle-East Sub-Group (the KSA and the UAE)?

For the purpose of this dissertation, *flows* are defined as the number of people moving across countries each year, while *migration stock numbers* are the accumulation of flows. These stock numbers are aggregated based on estimates from population data. Actual migration flow numbers fluctuate day-to-day and year-to-year and immediately respond to conditions such as a newly implemented immigration policy. This study mainly uses real migration numbers from a single source, the Philippine Statistical Authority. Migration stock numbers are used to corroborate the findings.

**Research Approach**

Given the complexity of return migration and the importance of planning a study, Creswell recommends the examination of the researcher’s philosophical worldview, the experience and knowledge of the different research designs, and the research method for collecting, analyzing, and interpreting data (Creswell, 2014).
Philosophical Worldview

Creswell suggests that researchers should “make explicit the larger philosophical ideas they espouse. This information will help explain why they chose qualitative, quantitative, or mixed methods” (2014, p. 5). He further states that the researcher’s perspective will be influenced by her past experiences, the discipline of study, and the “beliefs of advisers and faculty in a student’s area” (2014, pp. 6-8). The four different worldviews are:

- **Postpositivism**: “need to identify and assess the causes that influence outcomes … reductionistic in that the intent is to reduce the ideas into a small, discrete set of ideas to test, such as the variables that comprise hypotheses and research questions”.
- **Constructivism**: “assumptions that individuals seek understanding of the world in which they live and work. Individuals develop subjective meaning, leading … to the complexity of views rather than narrowing meanings into a few categories or ideas … more open-ended the questioning …listens carefully to what people say or do in their life settings”.
- **Advocacy/Participatory**: “research inquiry needs to be intertwined with politics and a political agenda … for reform that may change the lives of the participants … proceed collaboratively … participants may help design questions, collect data, analyze information, or reap the rewards of the research”.
- **Pragmatism**: “arises out of actions, situations, and consequences rather than antecedent conditions …concern with applications—what works—and solutions to problems … Instead of focusing on methods, researchers emphasize the research problem and use all approaches available to understand the problem …not committed to any one system of philosophy and reality”.
This research is filtered through the paradigm of a pragmatist researcher, strongly influenced by the philosophy and work of John Dewey. In contrast to a prescriptive approach to knowing, research methods are “evaluated in terms of their practical utility” (Kowarsch, 2016, p. 141). As Shannon-Baker coherently states, “Pragmatism is based on the belief that theories can be both contextual and generalizable by analyzing them for ‘transferability’ to another situation” (2016, p. 322). In a practical and problem-oriented approach, the best research methods are those that effectively answer the research question based on available resources.

**Research Design**

This comparative case study examines the conditions that impact the migration system (out-migration and return migration) of migrant Filipino nurses employed in North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE). Due to the complex nature of migration, a case study research strategy is employed. “A case is defined as bounded system … to indicate that we are going to try to figure out what complex things go on within that system” (Stake, 1997, p. 256 as cited by Almutairi, McCarthy, & Gardner, 2015). According to Yin, a case study design is preferred in research like the current study, which meets the following conditions (Yin, 1994, pp. 5–8):

- This research asks ‘what’ and ‘how’ questions, with an overarching ‘why’ question.
  - Why do some migrant Filipino nurses return home to the Philippines and others do not?
- This research is based on contemporary events, where behaviors cannot be manipulated; thus, it is observational by nature.
  - The data collected to study return-migration is retrospective.
This study uses a macro-level approach, employing national economic and social indicators to study and compare the characteristics of the home country, the Philippines, and the host countries: the US, Canada, Saudi Arabia, and the UAE. Furthermore, the social, economic, and political contexts of these countries are examined.

Quantitative Research Method

Quantitative methods such as censuses or surveys are used for macro analysis to investigate phenomena such as international migration. This study employs quantitative methods to analyze secondary data that was collected for a different objective, but which can be repurposed. There are more databases that are now publicly disseminated with the intent to inform and encourage the advancement of collective knowledge. Non-profit organizations, government institutions, private corporations, and academia are sharing their raw data, thus allowing others to use the data to answer different research questions.

Recent technological changes have given new meaning to access to research data, and scientists are questioning whether the principle of scientific openness actually requires providing access to their own research data. What has emerged is the notion of research data as a public good, irrespective of the source of funding for the research. (Fienberg, 1994, p. 1)

Demographers, sociologists, and health researchers often use census data to investigate country-to-country migration flows and to identify various correlates. Some of the variables available in the census data include socioeconomic and demographic measures of the geographic area such as household income, education, and employment status. These data can be integrated with other data sources to examine associations and correlations. Census data are publicly
accessible from government-based web pages and are easily accessible. The challenge is filtering through various databanks to identify datasets that will best answer the research question.

**Secondary Data**

Special surveys of migrants can provide specific data about the “motivations for migration, the characteristics of migrants, and the overall migration experience,” and they generally are more current than national census data (Jensen, 2013, p. 5). This study relies on the Annual Survey of Overseas Filipino Workers provided by the Philippine Statistics Authority (PSA).

**Data Source**

Secondary data for this dissertation comes from the Philippine Statistics Authority, a government agency created by President Benigno Aquino in 2013 to centralize statistical data. The PSA online forum *OpenSTAT* is a user-friendly data platform that allows the PSA to share aggregated data under an open data license. The data can be used, re-used, and redistributed by anyone, without any restrictions other than proper source attribution. The data in *OpenSTAT* are Public Use File (PUF) data that are made available for transparency and public use. The main restrictions for PUF files are that they cannot be sold or manipulated to misrepresent information. PUFs are usually created from census data files using a subset of the records rather than the entire file. On the other hand, Scientific Use File (SUF) datasets, or microdata, have limited distribution. Access to these datasets requires an application process that includes a signed data use agreement. The Philippine Statistics Authority (PSA) is responsible for the dissemination of statistical information as it relates to the Republic of the Philippines. The PSA …
plan, develop, prescribe, disseminate and enforce policies, rules and regulations and coordinate government-wide programs governing the production of official statistics, general-purpose statistics, and civil registration services. It shall primarily be responsible for all national censuses and surveys, sectoral statistics, consolidation of selected administrative recording systems and compilation of national accounts. (“About PSA | Philippine Statistics Authority,” n.d.)

The raw dataset for the Annual Survey of Overseas Filipino Workers was requested and submitted on April 1, 2019. A letter of request on Penn State letterhead with signatures from my thesis advisor, Dr. Rothwell was submitted to the head of the PSA, Dr. Lisa Grace Bersales, National Statistician and Civil Registrar General (see Appendix A).

In this study, a request for the raw dataset from the Annual Survey of Overseas Filipino Workers was submitted by thesis advisor Dr. Rothwell to the head of the PSA, Dr. Lisa Grace Bersales, National Statistician and Civil Registrar General, on April 1, 2019 (Appendix A). However, due to a change in leadership at the PSA, the data request was not approved and replied to until May 14, 2019, by Assistant Secretary Josie Perez, the Officer in Charge at the PSA, who provided the following anonymized datasets:

- **The 2010 Census of Population and Housing Data**: “designed to take an inventory of the total population and housing units in the Philippines and to collect information about their characteristics. It aims to provide government planners, policy makers, and administrators with data on which to base their social and economic development plans and programs” (PSA, 2012a).

- **2010 – 2017 Labor Force Survey (LFS)**: “a nationwide quarterly survey of households conducted by the Philippine Statistics Authority (PSA) to gather data on the demographic and socio-economic characteristics of the population. It aims to
provide a quantitative framework for the preparation of plans and formulation of policies affecting the labor market. It is designed to provide statistics on levels and trends of employment, unemployment and underemployment for the country, as a whole, and for each of the administrative regions” (PSA, 2012b).

- **1993-2003, 2015 Survey on Overseas Filipinos (SOF):** a nationwide survey that seeks to gather information on Filipino citizens including overseas workers who left abroad during the last five years. It aims to provide data on overseas Filipinos particularly the overseas contract workers and their contribution to the economy” (PSA, 2005).
  - The SOF is a nationwide survey involving a probability sample of about 41,000 households. The households to be interviewed are considered representative samples of private households in all provinces of the country (PSA, 2005).
  - Filipino overseas contract workers (OCW) who are presently and temporarily out of the country to fulfill an overseas work contract for a specific length of time or who are presently at home on vacation but still has an existing contract to work abroad (PSA, 2005).

Although overseas work was a component of these surveys, the SOF’s primary purpose was to obtain socio-economic characteristics of migrant workers. In addition, SOF was the only survey that referenced return migration.

**Relevance, Accuracy and Timeliness of the Data**

The main advantage of using secondary data is the minimization of cost. However, secondary data is initially collected for a unique purpose. Before the analysis of any secondary data, questions of relevance, accuracy, and timeliness must be considered. When assessing the
reliability of secondary data, two areas need to be addressed (Grinnell & Unrau, 2005). First, one must consider the presence of changes in conceptual and operational definitions over time. Second, one needs to address the changes in statistical reporting over time. To that end, the following questions were considered in this study:

- Who collected the data? And when?
- Why was the data collected?
- How was the data collected?
- What type of data was collected?

Survey on Overseas Filipinos (SOF)

The Survey on Overseas Filipinos is administered every year in October. The initial inquiry began in 1982 as part of the Integrated Survey of Households (ISH) and continued until 1986. In 1987, an estimate of the number of overseas contract workers was added to the survey. With the increasing demand for information on overseas workers, the Survey on Overseas Workers (SOW) was resumed in 1991 by revising the previous questionnaire to generate more comprehensive data. In 1992, a section on international migration was included. Also, in 1993, the SOW was renamed the Survey on Overseas Filipinos (SOF).

The goal of the SOF is to gather information on Filipino citizens abroad, including overseas workers who left the home country for new employment. The data gathered in the survey include the demographic and economic characteristics of overseas Filipino workers and the remittances they send to their families. The data provides estimates on the amount of cash and in-kind transfers received by Filipino families, and it also tracks the mode of remittance. Additional information includes the place of destination, length of stay abroad, type of work abroad, and date of departure. Appendix E contains the entire questionnaire from 2014. Figure 4.1
summarizes the survey questions that pertain specifically to return migration. These questions related to migration return (Yes/No), date of return, and reason for return. Although the SOF dataset’s primary focus was not on return migration, Questions 16 through 20 in the survey provided meaningful insights.

![Figure 4.1. SOF 2014 Questionnaire – (Questions pertaining to return-migration)](image)


**Sampling.**

The *Survey on Overseas Filipinos* is authorized to gather data, including the demographic and economic characteristics of OFWs and the remittances they send to their families in the Philippines. Related information such as the place of destination, length of stay abroad, type of work abroad, date of departure and return were also included. The sampling design adopted the Quarterly Labor Force Survey (LFS) listings of the national census. The primary sampling units (PSUs) are barangays: a city or municipality is composed of several barangays, the smallest political subdivision in the country (similar to a precinct in the United States). Each barangay is classified either as urban or rural. The households within each sample barangay comprise the secondary sampling units (SSUs). PSUs in each domain are ordered by population size in descending order and then grouped into strata of approximately equal sizes. Population counts from the previous Census of Population and Housing. The SOF only surveyed
family members who traveled outside of the Philippines within the last five years of the date
when data was collected. For example, the 1993 SOF, surveyed those who traveled from October
1988 – September 1993. Those households were considered a representative sample of private
households in all provinces of the Philippines. The following is the core sample for each survey.

- SOF 1996: core sample = 27,500 households
- SOF 1997-2002: core sample = 41,000 households
- SOF 1997-2003: core sample = 51,000 households
- SOF 2015: core sample = 50,000 households

Definitions.

The primary focus on the Survey on Overseas Filipinos (SOF) are contract workers. The
terms are defined as follows ("Survey on Overseas Filipinos (SOF)," 2017):

- *Filipino overseas contract workers (OCW):* “who are presently and temporarily out of the
country to fulfill an overseas work contract for a specific length of time or who are
presently at home on vacation but still has an existing contract to work abroad. They may
be land-based or sea-based” (p. xvii).

- *Land-based workers:* “these are overseas contract workers who are hired either by direct
hiring of an employer abroad: or through the assistance of Philippine Overseas
Employment Administration (POEA): or through a private and licensed recruitment
agency. They may have returned to the Philippines for a vacation (annual or emergency
leave) or have transferred to other employers or were rehired by their former employer”
(p. xvii).
• **Sea-based workers:** “these are overseas contract workers who worked or are working in any kind of international fishing/ passenger/cargo vessels. Included also are OCWs who worked or are working for a shipping company abroad” (p. xvii).

**Variables.**

The selection of the dataset aimed at identifying variables of interest, specifically any inquiry to the return of the overseas worker. Table 4. lists the variables and the associated question in the survey. A copy of the surveys is in Appendix A and Appendix B. For this study, the dependent variable ($Ret$) is measured by question Q17: “Has ______ returned home since his/her last departure?” Coded in the quant analysis as $1 = \text{Returned}$; and $0 = \text{did not return}$.

Table 4.1.

*List of Variables and Corresponding Questions in SOF*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Survey Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SOF_YEAR</td>
<td>Year of the Survey</td>
</tr>
<tr>
<td>REGN</td>
<td>City of the household</td>
</tr>
<tr>
<td>URB</td>
<td>Household in Urban or Rural area</td>
</tr>
<tr>
<td>REL</td>
<td>Q2. What is _____’s relationship to the head of this household?</td>
</tr>
<tr>
<td>SEX</td>
<td>Q3. Is _____ male or female?</td>
</tr>
<tr>
<td>AGE</td>
<td>Q4. How old is _____ on his/her last birthday?</td>
</tr>
<tr>
<td>MSTAT</td>
<td>Q7. What is _____’s marital status as of his/her (last) departure?</td>
</tr>
<tr>
<td>HGRADE</td>
<td>Q8. What is the highest grade completed by _____ at the time of his/her (last) departure?</td>
</tr>
<tr>
<td>USOCC</td>
<td>Q9. What was _____’s usual occupation in the Philippines before he/she (last) left?</td>
</tr>
<tr>
<td>REASON</td>
<td>Q10. What was _____’s primary reason for leaving the country (last time)?</td>
</tr>
<tr>
<td>CTRY</td>
<td>Q12. In what country did _____ stay when he/she left?</td>
</tr>
<tr>
<td>*CTRY_GRP</td>
<td></td>
</tr>
<tr>
<td>Dependent</td>
<td></td>
</tr>
<tr>
<td>RET</td>
<td>Q17. Has _____ returned home since his/her (last) departure?</td>
</tr>
<tr>
<td>OCUP1</td>
<td>Q15. What kind of work did _____ do abroad?</td>
</tr>
<tr>
<td>*MATCH</td>
<td></td>
</tr>
<tr>
<td>CASHREM</td>
<td>Q21. Did the family receive any cash remittance from _____ during the period April to September 2008?</td>
</tr>
</tbody>
</table>

“Data files are often much larger than we need them to be; they usually contain more variables than we need for our analysis” (Blackwell & Sen, 2012, p. 2). The Philippine Statistics Authority (PSA) provided the raw anonymized data for the Survey of Overseas Filipino Workers (SOF) from 1993-2003 and 2015, (12 surveys, N=36,372). A subset of healthcare workers was created from each survey (Healthcare ⊂ SOF), based on the variable USOCC. PSA defined USOCC to be the “Usual Occupation” based on responses to Q9: What was ______’s usual occupation in the Philippines before he/she (last) left? A subset of nurses was created from each Healthcare Subset, (Nurses ⊂ Healthcare Subset). Next A subset of Country (US, Canada, UAE and SA) was created from each Nurse Subset (Country ⊂ Nurse Subset), based on the variable CTRY based on responses to Q10: In what country did _____ stay / intend to stay when he/she (last) left? The original research focused on the U.S. and the UAE; however, due to the low response rate of nurses going to the United Arab Emirates (UAE), Saudi Arabia (SA) was included. The boundary of the research expanded to compare two sets of like countries with two sets of contrasting countries. The countries for comparison are now (US & Canada) (UAE & SA). Table 4.2 summarizes the sub-setting process and the sample number for each subgroup.
**Concatenated SOF dataset (1993-2003, 2015).**

There are two approaches to combining different cycles of the same survey: *separate approach* and *pooled approach*. The *separate approach* computes an estimate for each cycle and combines them afterwards with a weighted average. The *pooled approach* concatenates each cycle into a single dataset data as if it were one larger sample. “Under certain circumstances, either approach will lead to an unbiased population estimate but, in general, the separate and pooled approaches will lead to different estimates with potentially different interpretations” (Wendt, 2007, p. 3).

Table 4.2.

*Subsets of SOF 1993-2003 and 2015*

<table>
<thead>
<tr>
<th>SOF Year</th>
<th>Healthcare Subset</th>
<th>Nurse Subset</th>
<th>Country/Nurse Subset</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOF 1993, N=2597</td>
<td>HCAR 1993, n=156</td>
<td>OSUCC 1993, n=121</td>
<td>CNTN 1993, n=57</td>
</tr>
<tr>
<td>SOF 2015, N=5442</td>
<td>HCAR 2015, n=293</td>
<td>OSUCC 2015, n=190</td>
<td>CNTN 2015, n=151</td>
</tr>
<tr>
<td><strong>Total N= 36,372</strong></td>
<td><strong>Total N= 1,930</strong></td>
<td><strong>Total N= 1,275</strong></td>
<td><strong>Total N= 767</strong></td>
</tr>
</tbody>
</table>

*Note.* Data was provided by Philippine Statistics Authority (PSA).

After reviewing the survey questions, the process for collecting the data, and examining the data itself, it was determined that the *pooled approach* would be appropriate. The difference between the questionnaire from year to year was minimal. The next step examined the values for each variable. According to Wendt, a Canadian statistician, when combining independent datasets
the file formats should be consistent “in which variable names and formats are the same, and variable definitions are comparable” (2007, p. 2). However, he also advised that different cycles represent different instances of a population; this concern will be further discussed at the end of chapter 5 in the section *Limitations of the Study*. Table 4.3 summarizes the variable values and the modified-values for the Concatenated SOF Dataset.

Table 4.3.

**Variable Adjustments**

<table>
<thead>
<tr>
<th>SOF Year</th>
<th>Variable Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOF 1993 - 2000</strong></td>
<td><em>REGN</em> = Region of the Philippines</td>
<td>Region: 1 - Ilocos, 2 - Cagayan Valley, 3 - Central Luzon, 4 - Southern Tagalog, 5 - Bicol, 6 - Western Visayas, 7 - Central Visayas, 8 - Eastern Visayas, 9 - Western Mindanao, 10 - Northern Mindanao, 11 - Southern Mindanao, 12 - Central Mindanao, 13 - National Capital Region, 14 - Cordillera Administrative Region, 15 - Autonomous Region of Muslim Mindanao, 16 - Caraga</td>
</tr>
<tr>
<td><strong>SOF 2015</strong></td>
<td><em>REGN</em> = Region of the Philippines</td>
<td>Region: 1 - Ilocos, 2 - Cagayan Valley, 3 - Central Luzon, 4 - Southern Tagalog, 5 - Bicol, 6 - Western Visayas, 7 - Central Visayas, 8 - Eastern Visayas, 9 - Western Mindanao, 10 - Northern Mindanao, 11 - Southern Mindanao, 12 - Central Mindanao, 13 - National Capital Region, 14 - Cordillera Administrative Region, 15 - Autonomous Region of Muslim Mindanao, 16 - Caraga</td>
</tr>
<tr>
<td><strong>SOF 1993 - 1999</strong></td>
<td><em>REL</em> = Relationship to Head of Household</td>
<td>1 - Head, 2 - Wife/Spouse, 3 - Son/Daughter, 4 - Son-in-law/Daughter-in-law</td>
</tr>
</tbody>
</table>

*Note: Values are extracted from the table.*
<table>
<thead>
<tr>
<th>SOF Year</th>
<th>Variable</th>
<th>Values</th>
<th>Concatenated SOF Dataset Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOF 2000-2003</td>
<td>REL = Relationship to Head of Household</td>
<td>5 - Grandson/Granddaughter, 6 - Other Relative</td>
<td>5 - Son-in-law/Daughter-in-law, 6 - Grandson/Granddaughter, 7 - Father/Mother, 8 – Other Relative, 11- Non-Relative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 - Head, 2 - Wife/Spouse, 3 - Son/Daughter, 4 - Son-in-law/Daughter-in-law, 5 - Grandson/Granddaughter, 6 - Other Relative, 7 – Non-Relative</td>
<td>1 - Head, 2 - Wife/Spouse, 3 - Son/Daughter, 4 – Brother/Sister, 5 - Son-in-law/Daughter-in-law, 6 - Grandson/Granddaughter, 7 - Father/Mother, 8 – Other Relative, 11- Non-Relative</td>
</tr>
<tr>
<td>SOF 1993 – 2003</td>
<td>MSTAT = Marital Status</td>
<td>1 - Single, 2 - Married, 3 - Widowed, 4 - Separated/Divorced, 5 - Common-law/Live-in, 6 - Unknown</td>
<td>1 - Single, 2 - Married, 3 - Widowed, 4 - Separated/Divorced, 5 – Unknown</td>
</tr>
<tr>
<td>SOF 1993 – 1996</td>
<td>HGRADE = Highest grade completed</td>
<td>0 - No grade completed, 1 - Elementary undergraduate, 2 - Elementary graduate, 3 - High school undergraduate, 4 - High school graduate, 5 - College undergraduate, 6 - College graduate or higher, 7 - Not reported</td>
<td>0 - No grade completed, 1 - Elementary undergraduate, 2 - Elementary graduate, 3 - High school undergraduate, 4 - High school graduate, 5 – Post Secondary Non-Tertiary/Technical-Vocational Undergraduate, 6 - College undergraduate, 7 - College graduate or higher, 9 – Graduate of Short Course, 99 - Unreported</td>
</tr>
<tr>
<td>SOF 1997–2003</td>
<td>HGRADE = Highest grade completed</td>
<td>0 - No grade completed, 1 - Elementary undergraduate, 2 - Elementary graduate, 3 - High school undergraduate, 4 - High school graduate, 5 - Post Secondary, 6 - College undergraduate, 7 - College graduate or higher, 8 - Not reported, 9 – Graduate of Short Course, 99 - Unreported</td>
<td>0 - No grade completed, 1 - Elementary undergraduate, 2 - Elementary graduate, 3 - High school undergraduate, 4 - High school graduate, 5 – Post Secondary Non-Tertiary/Technical-Vocational Undergraduate, 6 - College undergraduate, 7 - College graduate or higher, 9 – Graduate of Short Course, 99 - Unreported</td>
</tr>
<tr>
<td>SOF 2015</td>
<td>HGRADE = Highest grade completed</td>
<td>0 - No grade completed, 1 - Elementary undergraduate, 2 - Elementary graduate, 3 - High school undergraduate, 4 - High school graduate, 5 - Post Secondary, 6 - College undergraduate, 60:68 70:76 78 = College Graduate, 90 - Post Baccalaureate, 95:98 - Post Secondary, 99 - Not reported</td>
<td>0 - No grade completed, 1 - Elementary undergraduate, 2 - Elementary graduate, 3 - High school undergraduate, 4 - High school graduate, 5 – Post Secondary Non-Tertiary/Technical-Vocational Undergraduate, 6 - College undergraduate, 7 - College graduate or higher, 9 – Graduate of Short Course, 99 - Unreported</td>
</tr>
</tbody>
</table>

**Note.** Data was provided by Philippine Statistics Authority (PSA).
**Limitations of SOF.**

The SOF survey attempts to learn more about overseas Filipino workers (OFWs), who are most likely still deployed abroad; therefore, data is not directly collected from them. Instead, the survey questions relatives or members of the household of overseas Filipino workers. Only those overseas workers who are employed within the five years previously discussed are included in the survey. However, there many OFWs who have worked longer than 5 years, and their information and input would promote understanding of the contribution of all OFWs.

**Anticipated Ethical Issues**

Though secondary data analysis does not involve human subjects, data confidentiality and privacy are protected. To maintain the confidentiality of the existing data set for secondary analysis, the Philippine Statists Authority anonymized the data.

**Additional Secondary Data Sources**

Additional data in this dissertation was collected from international and national agencies, including the Organization for Economic Cooperation and Development (OECD); the World Bank’s Microdata Library; United Nations Population Division of the Department of Economic and Social Affairs (UNDESA); the International Organization for Migration (IOM)’s Global Migration Data Analysis Centre; the International Labor Organization (ILOSTAT); the Center for Health Workforce Studies; the Pew Research Center; the National Council Licensure Examination (NCLEX); and The Federal Reserve Bank of St. Louis (FRED). However, the majority of the datasets about nurse migration to North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE) were incomplete. Furthermore, the available datasets are stock data, which are numbers based on basic characteristics of the
migrant population, sourced by census data. The datasets refer to the total number, or cumulative “stocks,” of migrants living around the world, rather than to the annual rate of migration or current flows (Connor, 2013, para. 2).

It is important to note that the ‘flow’ data that is available only focuses on out-migration. However, aligned with population census data, return estimates can be inferred but not isolated. The value of using these large datasets is to investigate the change in volume over a period of time. These changes can also be juxtaposed with a specific event, such as the 2008 recession to investigate if the migration flow was impacted. However, the Philippines Statistics Authority provided substantial data including the microdata sets for the last Census of Population and Housing conducted in 2010 and the quarterly Labor Force Survey (LFS) from 2010-2017. Table 4.4 list the additional documents used for this study.

Table 4.4.

<table>
<thead>
<tr>
<th>Additional Data</th>
<th>Source</th>
<th>Access</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 2010 Census of Population and Housing</td>
<td>Philippine Statistics Authority</td>
<td>Raw data provided with SOF Files. Requires Census Pro Software</td>
<td>Population demographics</td>
</tr>
<tr>
<td>Labor Force Study 2010 - 2017</td>
<td>Philippine Statistics Authority</td>
<td>Raw data provided with SOF Files. Requires Census Pro Software</td>
<td>Philippine Healthcare data (salary and size of workforce)</td>
</tr>
<tr>
<td>NCLEX Examination Statistics 1993-2016</td>
<td>NCSBN website</td>
<td>Publicly Available</td>
<td>Supply of Nurses and potential shortages</td>
</tr>
</tbody>
</table>

Note. Data was provided by Philippine Statistics Authority (PSA).

Based on Maxwells’ Z-shaped (2013) path to organize a qualitative research design, it is used as a framework in Figure 4.2 and modified to create Semali’s Z-Model. This model is used to summarize and align the research method and analysis for this study. The next section will discuss the strategies for analysis.
The purpose of this comparative case study was to describe the migration flow (magnitude and direction) of migrant Filipino nurses employed in North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE). The study also intended to examine the conditions that influence the return of migrant nurses back to their home country, in this case, the Philippines.

**RESEARCH QUESTIONS**

Q1. What is the direction and the magnitude of the migration flow for migrant Filipino Nurses?
Q2. What are the demographic variables that influence the magnitude and direction (out-migration and return-migration) of migrant Filipino Nurses?
Q3. How are the conditions different for the Filipino nurses who are employed in North-America Sub-Group (the U.S. and Canada) versus those who are employed in the Middle-East Sub-Group (the KSA and the UAE)?

**METHODOLOGY**

**Research Design:** Comparative Case Study

**Research Method:** Secondary Data

**Data Analysis:**
- **Q1.** Descriptive and Trend Analysis
- **Q2.** Logistic Regression and Factor Analysis
- **Q3.** Comparative Analysis

**CONCEPTUAL CONCEPTS**

- Ravenstein/Lee’s Push Pull Model
- Mabogunje’s Migration Systems Theory
- Brain Drain/Brain Gain Hypothesis
- King’s Stages of Migration

**VALIDITY**

- Content Analysis – Validated by SME of OFW Nurses
- SME and Reviewers
  - Reviewer #1 (45years RN OFW) migrated to U.S. 1973 and retired
  - Reviewer #2 (HR with CCAD) worked in UAE and KSA
  - Reviewer #3a and #3b (3yr RN) both migrated to Ireland in 2017 (brothers)
  - Reviewer #4 (20yr RN) migrated to U.S. in 1993

*Figure 4.2. Semali’s Z-Model*
Data Analysis

The first task … in any analysis of migration is to establish the geographic focus of the study. A second task is to define what counts as a migration, as opposed to broader mobility. The issue is further confused by the existence of several different types of migration … circular migration flows, daily or weekly commuter flows, seasonal flows and refugee flows, all with specific characteristics. Given these definitional issues, and the fact that migrations can effectively be reversed in terms of population stocks (unlike births and deaths), it is no surprise that measurement is also complicated. (Dorrington & Hill, 2013, p. 371)

The increased availability of data has been a trend in many national governments to ensure the public of transparency and accountability. The challenge is deciphering the data to identify which datasets are relevant to one’s research and selecting the appropriate analyses to answer the research questions. Data analysis is the process of bringing together all the data collected and then examining, categorizing, tabulating, and testing the evidence to address the research question (Creswell, 2014; Johnson & Christensen, 2014; Yin, 1994). The strategies used to analyze the data and to answer the research question are RQ1–descriptive and trend analysis; RQ2–logistic regression; and RQ3–comparative analysis.

RQ1–Descriptive and Trend Analysis

RQ1: What is the direction and the magnitude of the migration flow for migrant Filipino nurses?
The analysis of the migration flow for migrant Filipino nurses is based on Philippine’s demographic yearbook data. Unlike stock data, the Philippine Statistical Yearbook data is dynamic and provides measures of movement between the home country and host country within a given period and “allow for a better understanding of past patterns and the prediction of future trends” (Abel, 2016, p. 2).

In this study, descriptive statistics (mean, mode, standard deviation, and range) were tabulated to determine the general characteristics of migrant Filipino nurses in each country. The first goal was to observe the changes in migration movements in each of the sub-group countries, paying particular attention to how the volume changed year-to-year relative to each country. What was causing these changes? What conditions (i.e., policy or world events) prompted these changes?

Using trend analysis to anticipate migration flows are difficult to forecast accurately, but some types of migration are more predictable and easier to regulate, such as the migration of high-skilled workers. The most challenging part of forecasting migration flow is accounting for irregular and forced migration incidents, although they are important considerations, they are out of the scope of this dissertation.

The prediction of migration flows is dependent on the quality of the data and the complexity of the driving factors during a particular timeframe (OECD, 2018). The aggregated migration data for each country was graphed over time, with time as the independent variable (x) and the volume of migration as the dependent variable (y). The least squared technique was used to identify the best fit for the given data. The minimum sum of the squares of the vertical deviations from each data point, with the average difference in migration over the time, produced several projection models: linear trend model, exponential growth model, and a polynomial model.
RQ2–Logistic Regression

*RQ2: What are the demographic variables that influence the magnitude and direction
(out-migration and return-migration) of migrant Filipino Nurses?*

Regression analysis.

Regression analysis is a method used to identify which variables are linked with migration by analyzing the relations among independent variables. “The regression coefficients indicate the extent to which a unit change in each exogenous (explanatory) variable is associated with increases or decreases in migration or migration rates” (Willis, 1975, p. 42). Regression is the most commonly used quantitative comparative method for testing the relationship between variables. The primary challenge is the limited number of cases. Data for many countries are limited or require extensive steps to acquire access, particularly since data can be associated with other characteristics of countries, such as efficiency, wealth, and general perceptions of the public (Ebbinghaus, 2005). The small number of cases can pose a challenge when conducting a regression analysis. When there are only a few variables to consider, a pooled regression can be an alternative. The data point for analysis is not a country but a country-year, meaning that for the same country there can be more than one data point (for example, number of migrations in 1993, 1995 and 2003 would be used as three separate cases). However, this causes other problems, such as collinearity and outcome-delay associated problems. A skewed distribution may change the variance of the dataset. Such analysis combines the “space and time dimension” (Kittel, 1999, p. 245) in a single dataset, which violates the assumptions of the regression analysis.

SPSS software was used to analyze the survey data. Crosstabulations identified possible associations between the dependent variable RETURN with the several independent variables. In order to assess the influencing variables that encourage migrant Filipino nurses to return to the Philippines, logistic regression was used to model that probability was, 1 = return, and 0 = did not
return. Multiple logistic regression analysis explored the relationships between an outcome/dependent variable, in this case, return-migration, and two or more independent variables (Howell, 2007). Multiple regression and logistic regression analysis can be used in exploratory, descriptive, predictive and inferential, as well as causal research (Cohen, Cohen, West, & Aiken, 2003). The latter being most appropriate when the independent variables are measured at time points that precede measurement of the dependent variable to support the principal of temporality, a key component for establishing causation. A key advantage of logistic regression is that it allows the evaluation of multiple explanatory variables by extension of the basic principles. The general equation is:

\[ P = 1 + e^{-(\beta_0 + \beta_1 X_1 + \beta_2 X_2 + \ldots + \beta_n X_n)} = 1 + e^{-(\beta_0 + \sum \beta_i X_i)}. \]

SPSS calculated the logarithmic transformation of the odds ratio. “The exponentiated regression coefficient represents the strength of the association of the independent variable with the outcome. More specifically, it represents the increase (or decrease) in risk of the outcome that is associated with the independent variable. The exponentiated regression coefficient represents the difference in risk of the outcome” (Leon, 1998, p. 248) (e.g., returning home) for two subjects who differ by one point on the independent variable. In this case, that is the difference between those who remit money back to the Philippines and those who do not (i.e., CASHREM coded: 0 = no and 1 = yes).

The logistic regression model can be used to create a predictive model of independent variables, such as the relationship to the household (REL) and the country of employment (CTRY). Each odds ratio from such a model represents the change in probability of the outcome (i.e., a return or not return) that is related to the independent variable.
RQ3–Comparative Analysis

RQ3: How are the conditions different for the Filipino nurses who are employed in North-America Sub-Group (the U.S. and Canada) versus those who are employed in the Middle-East Sub-Group (the KSA and the UAE)?

The comparability of statistics on out-migration and return migration of “health workers are needed to inform policy debates at both the national and international levels” (Siyam & Poz, 2014, p. 78). The lack of comparability of data is due to the differences in definition, source, coverage, period, and point of reference. However, the data collected for this dissertation was based on a single source, the Philippines Statistics Authority. Also, licensing data from NCLEX and publicly available statistics pertaining to nursing for each country were used for comparison. The goal of this dissertation is not to explain or explore causation; it is to recognize the conditions that influence the migration flow within each country-group relative to the Philippines. This information can provide policymakers, healthcare workforce planners, and individual nurses a perspective to consider for the future. The following steps were followed for the comparative analysis.

Step 1. The geographic focus of the study was identified as North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE) with Filipino nurses as the point of comparison.

Step 2. Background information about the general economic, political, and socio-cultural conditions for each country was tabulated in chapter 1’s Table 1.2 and Table 1.3. The information was gathered from the same source, the Central Intelligence Agency (CIA) – The World Factbook.
Step 3. Migration was defined to include international migration of high-skilled healthcare professionals who meet the requirements to be employed as a licensed nurse.

Step 4. Background information about each country’s requirement to be a licensed nurse was discussed in chapter 3.

Step 5. The contents of relevant research cited in chapter 3 were reviewed and juxtaposed in table 3.1. The conditions that influence the migration flow was listed in one of the four columns: (1) Left column—the Philippines (designated as the home country); (2) Right two columns—the host countries (North-America Sub-Group and Middle-East Sub-Group); and (3) variables of influence—recognized as a single variable to eliminate the subjectivity of analysis (De Haas, 2008). The table was also sub-grouped into the following conditions: economic, political, socio-cultural, professional, and personal preferences.

Step 6. The contents of chapter 5, the results of RQ1 and RQ2 was reviewed and juxtaposed in table 5.10. A summary of the findings was tabulated into one of the three columns: (1) left column—the North-America Sub-Group; (2) center column—the Philippines; and (3) right column—Middle-East Sub-Group.

Step 7. Figure 6.1 was created as an explanatory illustration to answer RQ1 and to compare the results from each sub-group. The figure is segmented into three sections: (1) left column—the North-America Sub-Group; (2) center column—the Philippines; and (3) right column—Middle-East Sub-Group.

Step 8. Figure 6.2 was created as an explanatory illustration to answer RQ2. The results listed in Table 5.10 was added to figure 6.1.

Step 9. Figure 6.3 was created as an illustrative overview for comparison to answer RQ3. The variables of influence from table 3.1 were added to figure 6.2.
Validit and Reliability

Face validity, often referenced as ‘surface validity’ can be “defined as whether, on the face of it, a test looks as if it measures what it purports to measure” (Karelitz & Secolsky, 2015, p. 2). Face validity is considered to be a superficial measurement, but its value lies in the evaluation of the plausibility, completeness, and clarity of the method of measurement, in this case, the research design and method of inquiry. Scrutiny of the research design from dissertation committee members was invaluable and provided constructive direction to ensure the alignment of research questions, data source, analytical strategies, and reporting. Table 4.5. Data Collection Matrix and Figure 4.2. Semali’s Z-Model was used as a guidepost for this dissertation.

The validity and reliability of quantitative analysis are dependent on the validity and reliability of the data, and the instrument used to collect the data. Reliability pertaining to the survey instruments is when researchers report that the instrument has been tested for internal consistency multiple times to ensure reliable results every single iteration. Some researcher chooses to use a pre-established survey instrument. However, if the instrument questions do not match the research question exactly, there may be a concern of content validity (measuring what you want). Other researchers modify a pre-established instrument, but that can deconstruct the reliability and validity of the instrument. Moreover, some astute researchers choose to create their instrument, but this takes time, money, and the competency of a psychometrician.

Creswell (2014), stated that there are multiple types of validity for a survey instrument:

- Content validity (measuring what we want)
- Predictive or concurrent validity (measurements aligned with other results)
- Construct validity (measuring constructs or concepts).

This study opted to use secondary data of SOF, as discussed in the previous section. How the survey instrument was developed and administered was presented. When assessing the
reliability of secondary data, two areas need to be addressed (1) the presence of changes in conceptual and operational definitions over time, and (2) the presence of changes in reporting of statistics and what gets reported, over time (Grinnell & Unrau, 2004). The changes in the instrument used to collect the SOF data will be further discussed in the limitations of this study.

**Summary**

This chapter explained the research design for this comparative-case study intended to examine the migration flow and identify the influencing variables. Based on the research questions presented, several analytical strategies were discussed, including descriptive analyses, regression analyses, and comparative analysis. Table 4.5 aligns each research question with the analysis strategy. The next chapter, (chapter 5) presents the results of the data analysis.
Table 4.5.

Data Collection Matrix

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Variable</th>
<th>Data Source</th>
<th>Analysis</th>
</tr>
</thead>
</table>
| 1. What is the direction and the magnitude of the migration flow for migrant Filipino Nurses? | Dependent Variable: Migration  
Independent Variable: Time and RN Licensure | • Philippine Statistical Yearbook  
1994 – 2018  
• NCLEX Annual Report  
• Labor Force Yearbook Report | Trend Analysis  
And  
Descriptive Statistics |
| 2. What are the demographic variables that influence the magnitude and direction (out-migration and return-migration) of migrant Filipino Nurses? | Dependent Variable: Return-migration  
Independent Variable: Age, Sex, gender, marital status, length of stay | Survey on Overseas Filipinos (SOF) | Logistic Regression Analysis |
| 3. How are the conditions different for the Filipino nurses who are employed in North-America Sub-Group (the U.S. and Canada) versus those who are employed in the Middle-East Sub-Group (the KSA and the UAE)? | | Comparability Tables | Comparative Analysis |
Chapter 5

Results

International and national agencies, including Organization for Economic Cooperation and Development (OECD)–International Organization of Migration (IOM) database United Nations Population Division of the Department of Economic and Social Affairs (UNDESA); provides datasets of international migrants; however, the dataset for Filipino migrants were incomplete. The Philippines Statistics Authority (PSA) provided access to substantial data, including the microdata sets for the last Census study in 2010, the quarterly Labor Force Survey (LFS) from 2010-2017, Survey of Overseas Filipino Workers (SOF) 1992-2003, 2015, and Philippine statistical reports. Additional data was collected from the NCLEX annual reports. For consistency, the primary source for the migration data for overseas Filipino workers (OFWs) was collected from each year the Philippines Statistical Yearbook (1993 – 2017) and the Overseas Employment Statistics Reports (2007 – 2016). The secondary data selected focused on the influencing variables associated with out-migration and return-migration. The analytical strategies used were descriptive analyses, regression analyses, and comparative analysis. This chapter presents the results of the analysis and is sub-divided into the three research questions: RQ1–direction and magnitude of the migration flow; RQ2–demographic variables that influence return; and RQ3–Comparison of the North-America Sub-Group and the Middle-East Sub-Group.

RQ1: Direction and Magnitude of the Migration Flow

*RQ1: What is the direction and the magnitude of the migration flow for migrant Filipino nurses?*
The Philippines is one of the leading exporters of migrant workers. Table 5.1 catalogues the reported numbers of OFWs by year and by region. These data do not include Sea-based migration, which can be as high as 500k workers a year; nor does it include those who do not register with the government as an OFW or who emigrate overseas and find employment. From 1985–2016, over 24 million Filipinos were deployed overseas with the Middle East is the largest importer (57%) and the Americas receiving 2% of the total number of OFWs deployed. Table 5.2 provides a descriptive summary showing the maximum range of OFWs for 2016 to approach 1.06 million migrant workers. This growth trend to the Middle East continues to grow with Saudi Arabia as the primary recipient.

Table 5.1.

<table>
<thead>
<tr>
<th>Year</th>
<th>Africa</th>
<th>Asia</th>
<th>Europe</th>
<th>Middle East</th>
<th>Oceania</th>
<th>Americas</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>1,977</td>
<td>52,838</td>
<td>4,067</td>
<td>253,867</td>
<td>953</td>
<td>3,744</td>
<td>320,494</td>
</tr>
<tr>
<td>1986</td>
<td>1,847</td>
<td>72,536</td>
<td>3,693</td>
<td>236,434</td>
<td>1,080</td>
<td>4,035</td>
<td>323,517</td>
</tr>
<tr>
<td>1987</td>
<td>1,856</td>
<td>90,434</td>
<td>5,643</td>
<td>272,038</td>
<td>1,271</td>
<td>5,614</td>
<td>382,229</td>
</tr>
<tr>
<td>1988</td>
<td>1,958</td>
<td>92,648</td>
<td>7,614</td>
<td>267,035</td>
<td>1,397</td>
<td>7,902</td>
<td>385,117</td>
</tr>
<tr>
<td>1989</td>
<td>1,741</td>
<td>86,196</td>
<td>7,830</td>
<td>241,081</td>
<td>1,247</td>
<td>9,962</td>
<td>355,346</td>
</tr>
<tr>
<td>1990</td>
<td>1,273</td>
<td>90,768</td>
<td>6,853</td>
<td>218,110</td>
<td>942</td>
<td>9,557</td>
<td>334,883</td>
</tr>
<tr>
<td>1991</td>
<td>1,964</td>
<td>132,592</td>
<td>13,156</td>
<td>302,825</td>
<td>1,374</td>
<td>13,373</td>
<td>489,260</td>
</tr>
<tr>
<td>1992</td>
<td>2,510</td>
<td>134,776</td>
<td>14,590</td>
<td>340,604</td>
<td>1,699</td>
<td>12,319</td>
<td>564,801</td>
</tr>
<tr>
<td>1993</td>
<td>2,425</td>
<td>168,205</td>
<td>13,426</td>
<td>302,975</td>
<td>1,507</td>
<td>12,228</td>
<td>550,872</td>
</tr>
<tr>
<td>1994</td>
<td>3,255</td>
<td>194,120</td>
<td>11,513</td>
<td>286,387</td>
<td>1,295</td>
<td>12,603</td>
<td>565,226</td>
</tr>
<tr>
<td>1995</td>
<td>3,615</td>
<td>166,774</td>
<td>10,279</td>
<td>234,310</td>
<td>1,398</td>
<td>13,469</td>
<td>488,621</td>
</tr>
<tr>
<td>1996</td>
<td>2,494</td>
<td>174,308</td>
<td>11,409</td>
<td>221,224</td>
<td>1,577</td>
<td>8,378</td>
<td>484,653</td>
</tr>
<tr>
<td>1997</td>
<td>3,517</td>
<td>235,129</td>
<td>12,626</td>
<td>221,047</td>
<td>1,970</td>
<td>7,058</td>
<td>559,227</td>
</tr>
<tr>
<td>1998</td>
<td>5,538</td>
<td>307,261</td>
<td>26,422</td>
<td>279,767</td>
<td>2,524</td>
<td>9,152</td>
<td>638,343</td>
</tr>
<tr>
<td>1999</td>
<td>4,936</td>
<td>299,521</td>
<td>30,707</td>
<td>287,076</td>
<td>2,424</td>
<td>9,045</td>
<td>640,331</td>
</tr>
<tr>
<td>2000</td>
<td>4,298</td>
<td>292,067</td>
<td>39,296</td>
<td>283,291</td>
<td>2,386</td>
<td>7,624</td>
<td>643,304</td>
</tr>
<tr>
<td>2001</td>
<td>4,943</td>
<td>285,051</td>
<td>43,019</td>
<td>297,533</td>
<td>2,061</td>
<td>10,679</td>
<td>662,648</td>
</tr>
<tr>
<td>2002</td>
<td>6,919</td>
<td>288,481</td>
<td>45,363</td>
<td>306,939</td>
<td>1,917</td>
<td>11,532</td>
<td>682,315</td>
</tr>
<tr>
<td>2003</td>
<td>8,750</td>
<td>255,287</td>
<td>37,981</td>
<td>285,564</td>
<td>1,698</td>
<td>11,049</td>
<td>651,938</td>
</tr>
<tr>
<td>2004</td>
<td>8,485</td>
<td>266,609</td>
<td>55,116</td>
<td>352,314</td>
<td>3,023</td>
<td>11,692</td>
<td>704,586</td>
</tr>
<tr>
<td>2005</td>
<td>9,103</td>
<td>259,209</td>
<td>52,146</td>
<td>394,419</td>
<td>2,866</td>
<td>14,886</td>
<td>740,632</td>
</tr>
</tbody>
</table>
Migration Flow and Magnitude: North-America Sub-Group

Filipinos are the second-largest Asian American population next to the Chinese in the United States, with over 3.4 million Filipino-Americans (“Immigrants in America,” 2018).

Canada is the second most popular destination for Filipinos. According to Statistics Canada, the fastest-growing language group is Tagalog (Filipino native tongue) with an increase of 64% between 2006 and 2011 (CIHI, 2018).
A time-series trend analysis was used to forecast Filipino migrants in 2020. Time-series analysis is often used by the United Nations Population Division of the Department of Economic and Social Affairs (UNDESA) to create global population estimates and projections. Strictly based on quantitative data from the past, various factors that influence and impact migration is unaccounted for and may result in inaccuracies. For this current study, the purpose of conducting a trend analysis was to obtain a starting point for understanding the direction and strength of the migration flow of Filipino workers. Further limitations are discussed at the end of Chapter 6.

The plotted data for deployed Filipino workers to North America does not provide a clear trend. It is important to note that this dataset included all of North and South America based on the data retrieved from Table 5.1 and did not differentiate North and South American countries. A simple linear regression was applied with time as the independent variable (X) and migration as the dependent variable (Y). The calculations of the least square regression identified the best fit for the given data while minimizing the sum of the squares of the vertical deviations from each data point. The average difference with migration from the years 1985 to 2016 can generally be projected to estimate migration in the future. Figure 5.1 summarizes the trend analysis that produced two outcomes:

- (Linear trend model–dashed orange line): \( Y' = 730.28(X) - 1E+06; R^2 = 0.6142 \)
- (Exponential growth model–dotted green line): \( Y' = 4E-41e^{0.0515x}; R^2 = 0.667 \)

The linear trend and the exponential growth equation produced a moderate higher \( R^2 \) value; however, the downward trend since 2008 contradicts the notion of growth.
Overseas Filipino nurses in the U.S. and Canada.

According to Choy, the Philippines has become the major source of foreign-trained nurses in the U.S., with at least 25,000 Filipino nurses arriving between 1966 and 1985. By 1989, Filipino nurses comprised of an overwhelming majority (73%) of foreign nurse graduates in the U.S. However, the data seems to contradict that notion with a total of only 14,261 and 1,017 Filipino nurses in the U.S. and Canada, respectively from 1992–2010. It appears that nurses are being deployed everywhere else in the world, other than North America.

The data were plotted to create Figure 5.2, which shows a decline of migrant Filipino nurses to the U.S. (blue line) and a slight upward trend for nurses deployed to Canada (red line). The best fit equation ($Y' = -103.39x + 1784.5$); $R^2=0.3042$, (dotted blue line) has a negative slope indicating that Filipino nurse deployment to the U.S. is declining. The best-fit equation for Canada ($Y' = 12.814x - 74.614$); $R^2=0.2689$, (dotted red line) indicates that Filipino nurse deployment to Canada is still trending upwards. However, the $R^2$ for both equations is significantly low. Moreover, figure 5.2 only accounts for migrant Filipino nurses that were deployed and registered with the POEA. This data does not include nurses who moved to the U.S. or Canada; nor does it include nurses who are undocumented or working in a different field.
Migration Flow and Magnitude: Middle-East Sub-Group

Since 1985, the Philippines has deployed more migrant Filipinos to the Middle East than any other region. The majority were deployed to Saudi Arabia. Based on data in Table 5.1, the number of migrant workers deployed to the Middle East was plotted over time (1986 – 2016). The migration trend in the Middle East continues to grow, as seen in Figure 5.3. Utilizing the same strategy used with the North-America Sub-group, and assuming the historical relationships between the Philippines and the Middle East is steady; the data of migrant Filipinos to the Middle-East Sub-group can be plotted over 30 years using a simple linear regression with time as the independent variable (X) and migration the dependent variable (Y). Figure 5.3 summarizes the trend analysis that produced three outcomes:

- (Linear trend model–dashed orange line): \( Y' = 23175X + 59210; R^2 = 0.7447 \)
- (Exponential growth model–dashed green line): \( Y' = 175558e^{0.0478x}; R^2 = 0.7851 \)
- (Polynomial model–dotted blue line): \( Y' = 1521.9X^2 - 27046X + 343798; R^2 = 0.963 \)
The linear trend model and the exponential growth model appear to underestimate the future migration of Filipinos to the Middle East. Although the polynomial trend equation appears to be the best-fit, extrapolation is limited to the given data; therefore, additional analysis is needed. Based on the exponential growth model, the projected number of OFWs in the Middle East is expected to be 1,027,366 by 2021, which is slightly lower than the actual numbers of OFWs deployed in 2016. Several factors may influence this projection; as such, it is essential to know what the influencing variables are, which is the focus of research question #2.

*Figure 5.3. Trend Analysis–Deployed Filipino Workers in Middle Eastern Region*

*Source.* Data were retrieved from the Philippine Statistical Yearbook 1995 – 2017.

**Overseas Filipino nurses in the KSA and the UAE.**

The number of temporary migrant Filipino nurses deployed to the Middle East continues to rise, with the KSA as the largest recipient of Filipino migrant nurses. There are almost two million Filipinos in Saudi Arabia, making up the fourth-largest group of foreigners in the country.

Figure 5.4 shows an upward trajectory of migrant nurses both in the UAE (red line) and in the KSA (green line), with a total of 6,780 and 101,563 Filipino nurses respectively in each
country from 1992–2010. A simple linear trend equation (dotted red line) for UAE was the best-fit (\(Y'=27.072X-53814\)); while an exponential growth equation (dotted green line) was the best fit for Saudi Arabia (\(Y'=1E^{-47e^{0.0583x}}\)).

The coefficient of determination for the UAE (\(R^2=0.563\)) was not very strong when contrasted with Saudi Arabia (\(R^2=0.846\)). Based on the trend analysis, by 2020, UAE is projected to employ 871 Filipino nurses annually; and Saudi Arabia is projected to employ 15,214 Filipino nurses annually. As stated previously, there are several factors that may influence this projection.

![Figure 5.4. Trend Analysis–Deployed Filipino Nurses (UAE and SA)](image)

*Source.* Data were retrieved from the Philippine Statistical Yearbook 1995 – 2017.

The total number of Filipino nurses deployed (1992–2016) was plotted to create Figure 5.5, which shows the growth of migrant Filipino nurses being deployed. According to the growth estimate trend equation (\(Y'=2E-42e^{0.0526x}\), \(R^2 = 0.7652\), by 2030, the Philippines will be deploying 39,837 Filipino nurses every year. Figure 5.5 only accounts for migrant Filipino nurses
that were deployed and registered with the Philippine Overseas Employment Agency. The data does not include nurses who emigrated to other countries and are working as a nurse, nor does it include undocumented nurses.

**Figure 5.5. Trend Analysis—Deployed of Filipino Nurses in Totality**

*Source.* Data were retrieved from the Philippine Statistical Yearbook 1995 – 2017.

“The Philippines is the largest exporter of nurses worldwide. For many decades, the country has consistently supplied nurses to the United States and Saudi Arabia” (Grinnell & Unrau, 2004). Other countries have actively recruited Filipino nurses, including the United Kingdom, the Netherlands, and Ireland. Those countries are reflected in the column ‘other’ with 25% of the total deployed nurses in table 5.3. Saudi Arabia has the largest percentage of 61%, and UAE has 4% of the total deployed nurses. Hospitals in the U.S., through recruitment agencies, have hired many Filipino nurses, and “by the mid-1980s, 75% of all foreign nurses in the U.S. nurse workforce were Filipino” (Van, 2010 as cited by Yumol, 2018, p. 57). However, Table 5.3 does not reflect this observation. Data in Table 5.3 reveals that the deployment of nurses to the
U.S. averages only 10% between 1992–2010. The data also reveals that Canada received 0.43% of the total deployed Filipino nurses. An interesting observation between 2002–2010, there were 18,116 caregivers deployed to Canada. Caregivers, depending on the patients, are often certified nurse assistants (CNA), licensed practical nurses (LPN), or registered nurses (RN).

Table 5.3.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>USA</th>
<th>Canada</th>
<th>Saudi Arabia</th>
<th>UAE</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>6,078</td>
<td>29%</td>
<td>0%</td>
<td>54%</td>
<td>4%</td>
<td>13%</td>
</tr>
<tr>
<td>1993</td>
<td>7,308</td>
<td>27%</td>
<td>0%</td>
<td>57%</td>
<td>1%</td>
<td>15%</td>
</tr>
<tr>
<td>1994</td>
<td>7,171</td>
<td>40%</td>
<td>0%</td>
<td>46%</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>1995</td>
<td>7,954</td>
<td>46%</td>
<td>0%</td>
<td>41%</td>
<td>1%</td>
<td>12%</td>
</tr>
<tr>
<td>1996</td>
<td>5,477</td>
<td>5%</td>
<td>0%</td>
<td>56%</td>
<td>3%</td>
<td>36%</td>
</tr>
<tr>
<td>1997</td>
<td>5,245</td>
<td>0%</td>
<td>0%</td>
<td>72%</td>
<td>4%</td>
<td>23%</td>
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<td>1998</td>
<td>5,399</td>
<td>0%</td>
<td>0%</td>
<td>76%</td>
<td>5%</td>
<td>19%</td>
</tr>
<tr>
<td>1999</td>
<td>5,972</td>
<td>1%</td>
<td>0%</td>
<td>67%</td>
<td>6%</td>
<td>25%</td>
</tr>
<tr>
<td>2000</td>
<td>8,341</td>
<td>1%</td>
<td>0%</td>
<td>53%</td>
<td>4%</td>
<td>43%</td>
</tr>
<tr>
<td>2001</td>
<td>13,822</td>
<td>2%</td>
<td>0%</td>
<td>38%</td>
<td>2%</td>
<td>58%</td>
</tr>
<tr>
<td>2002</td>
<td>12,335</td>
<td>3%</td>
<td>0%</td>
<td>49%</td>
<td>3%</td>
<td>45%</td>
</tr>
<tr>
<td>2003</td>
<td>9,270</td>
<td>2%</td>
<td>0%</td>
<td>65%</td>
<td>3%</td>
<td>30%</td>
</tr>
<tr>
<td>2004</td>
<td>8,879</td>
<td>4%</td>
<td>0%</td>
<td>67%</td>
<td>3%</td>
<td>26%</td>
</tr>
<tr>
<td>2005</td>
<td>7,768</td>
<td>3%</td>
<td>0%</td>
<td>63%</td>
<td>9%</td>
<td>25%</td>
</tr>
<tr>
<td>2006</td>
<td>8,528</td>
<td>2%</td>
<td>0%</td>
<td>67%</td>
<td>9%</td>
<td>21%</td>
</tr>
<tr>
<td>2007</td>
<td>9,753</td>
<td>10%</td>
<td>0%</td>
<td>68%</td>
<td>6%</td>
<td>16%</td>
</tr>
<tr>
<td>2008</td>
<td>12,618</td>
<td>5%</td>
<td>4%</td>
<td>70%</td>
<td>3%</td>
<td>21%</td>
</tr>
<tr>
<td>2009</td>
<td>13,465</td>
<td>2%</td>
<td>3%</td>
<td>74%</td>
<td>4%</td>
<td>20%</td>
</tr>
<tr>
<td>2010</td>
<td>12,431</td>
<td>1%</td>
<td>0%</td>
<td>71%</td>
<td>4%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Average Percentage 10% 0.4% 61% 4% 25%

Note. Data were retrieved from the Overseas Employment Statistics 2007 – 2016.

After further review of additional data published by POEA and PSA, there is a distinction between different migrants (temporary, permanent, or irregular). There is also a distinction between a migrant nurse and an emigrant. For clarification, PSA was mandated to adopt statistical
standards, including concepts and definitions. According to PSA Board Resolution No. 08, the following definitions are used in classifying migrant workers (PSA, 2017c).

- **Emigrant**: Filipinos who left the Philippines to take up permanent residence in another country, state or territory during a specified period of observation. *Note:* Number of emigrants processed by Commission on Filipinos Overseas (CFO) (p. 4).

- **Irregulars**: A situation in which an overseas Filipino is temporarily in another state or territory usually for employment and who is without a valid residence or work permit as required by the receiving state, or whose residence or work permit has expired. *Note:* This may include “stateless children” with Filipino parent/s (p. 9).

- **Migrant Worker**: A migrant who is engaged in or has been engaged in a remunerated activity in a state of which he or she is not a legal resident or onboard a vessel navigating the foreign seas other than a government ship used for military or non-commercial purposes or on an installation located offshore or on the high seas (p. 3).

- **Permanent Overseas Filipinos**: Overseas Filipinos, including their descendants, with permanent residence or naturalized status in other countries. *Note:* Naturalized includes those with dual citizenship (p. 4).

- **Temporary Overseas Filipinos**: Overseas Filipinos who temporarily stay overseas for employment or non-employment reasons. *Note:* Temporary may be classified in terms of intentions of stay, include students, OFW and missionaries (p. 4).

These definitions explain the misrepresentation in Table 5.3 and Figure 5.2 regarding the number of migrant Filipino nurses in the U.S. and Canada. Based on the clarification about migration and emigration, the data for the U.S. and Canada was re-examined.

There are two different sets of data from two different agencies. The POAE (Philippine Overseas Employment Administration) monitors the overseas employment of Filipino workers (POEA, n.d.); and the CFO (Commission on Filipinos Overseas) promotes and upholds the
interest of Filipinos who are residents in other countries. The CFO provides a separate set of data for Filipinos nurses who emigrated.

Figure 5.6 reflects the data of both deployed Filipinos nurses and emigrating Filipinos nurses for the U.S (blue line) and Canada (red line). The U.S. still reflects a downward trend with the best-fit equation \( Y'=-319.22x + 4180.4 \); \( R^2 = 0.4699 \), (dotted blue line). The coefficient of determination, \( R^2 = 0.4699 \), was slightly higher than the best-fit in figure 5.2. Canada on the other hand, now reflects a growth trend equation \( Y'=110.81e^{0.1931x} \); \( R^2 = 0.6058 \), (dotted green line). Based on the trend analysis, by 2020, the Philippines will stop deploying Filipino nurses to the U.S; but Canada is projected to employ an additional 2,953 Filipino nurses annually.

**Figure 5.6.** Trend Analysis–Migrant and Emigrant Filipino Nurses (the U.S. and Canada)

*Source.* Data were retrieved from the Philippine Statistical Yearbook 1995 – 2017.

**Total number of Filipino nurses deployed.**

Based on POEA annual statistical reports from 1990-2010, a total of 202,812 Filipino nurses have worked abroad. Research question 1 was “What is the direction and the magnitude of the migration flow for migrant Filipino Nurses”. To fully answer that question, it is essential to identify and track the Filipino nurses deployed to other countries. Figure 5.7 shows before 1996,
the majority of the total deployed nurses were either going to the U.S./Canada or to the KSA/UAE. In 2001 a total of 8,341 OFNs were deployed, and in 2002 a total of 13,822 OFNs were deployed, with approximately 50% going to other countries. According to POEA, the other countries include the United Kingdom, Ireland and Australia.

*Figure 5.7. Deployed Filipino Nurses and Emigrating Nurses*


Table 5.4 summarizes the number of registered Filipino nurses who have migrated and emigrated during 1990 through 2010. Emigrants are nurses who have acquired permanent residency in another country and are registered with the Commission of Overseas Filipino Workers (CFO). Table 5.5 provides a descriptive analysis showing that the average number of Filipino nurses employed in Saudi Arabia was 4,836 per year ($s = 2,512$) with three nurses emigrating. Canada had 3,197 emigrating Filipino nurses out of 4,214 (75% emigrants) with an average of 201 per year ($s = 245$). There were no reported Filipino nurses who emigrated to the UAE. The average number of Filipino nurses deployed to the UAE is 323/per year ($s = 220$). Out of 45,409 overseas Filipino nurses in the U.S., 68% emigrated (31,148). The average number of Filipino nurses per year newly employed in the U.S. was 2,162 per year ($s = 1,720$). Again, this
only accounts for those nurses who are registered. Figure 5.8 illustrates the distribution of Filipino nurses; with Saudi Arabia receiving 50% and 22% went to other countries such as Ireland, the United Kingdom, Australia, and Japan.

Table 5.4.

<table>
<thead>
<tr>
<th>Year</th>
<th>USA</th>
<th>Canada</th>
<th>Saudi Arabia</th>
<th>UAE</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>4,574</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>4,574</td>
</tr>
<tr>
<td>1991</td>
<td>0</td>
<td>262</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>262</td>
</tr>
<tr>
<td>1992</td>
<td>1,767</td>
<td>NA</td>
<td>3,279</td>
<td>271</td>
<td>761</td>
<td>6,078</td>
</tr>
<tr>
<td>1993</td>
<td>4,277</td>
<td>606</td>
<td>4,202</td>
<td>47</td>
<td>1,072</td>
<td>10,204</td>
</tr>
<tr>
<td>1994</td>
<td>2,853</td>
<td>NA</td>
<td>3,332</td>
<td>270</td>
<td>716</td>
<td>7,171</td>
</tr>
<tr>
<td>1995</td>
<td>3,690</td>
<td>NA</td>
<td>3,249</td>
<td>94</td>
<td>921</td>
<td>7,954</td>
</tr>
<tr>
<td>1996</td>
<td>270</td>
<td>341</td>
<td>3,071</td>
<td>137</td>
<td>1,999</td>
<td>5,818</td>
</tr>
<tr>
<td>1997</td>
<td>11</td>
<td>NA</td>
<td>3,794</td>
<td>209</td>
<td>1,231</td>
<td>5,245</td>
</tr>
<tr>
<td>1998</td>
<td>5</td>
<td>NA</td>
<td>4,098</td>
<td>279</td>
<td>1,017</td>
<td>5,399</td>
</tr>
<tr>
<td>1999</td>
<td>1,434</td>
<td>NA</td>
<td>4,031</td>
<td>378</td>
<td>1,510</td>
<td>7,353</td>
</tr>
<tr>
<td>2000</td>
<td>1,167</td>
<td>98</td>
<td>4,387</td>
<td>305</td>
<td>3,616</td>
<td>9,572</td>
</tr>
<tr>
<td>2001</td>
<td>1,685</td>
<td>141</td>
<td>5,275</td>
<td>249</td>
<td>8,047</td>
<td>15,397</td>
</tr>
<tr>
<td>2002</td>
<td>2,379</td>
<td>127</td>
<td>6,068</td>
<td>424</td>
<td>5,585</td>
<td>14,583</td>
</tr>
<tr>
<td>2003</td>
<td>2,281</td>
<td>143</td>
<td>5,996</td>
<td>267</td>
<td>2,828</td>
<td>11,515</td>
</tr>
<tr>
<td>2004</td>
<td>4,210</td>
<td>114</td>
<td>5,926</td>
<td>250</td>
<td>2,367</td>
<td>12,867</td>
</tr>
<tr>
<td>2005</td>
<td>3,885</td>
<td>142</td>
<td>4,886</td>
<td>703</td>
<td>1,979</td>
<td>11,595</td>
</tr>
<tr>
<td>2006</td>
<td>5,992</td>
<td>109</td>
<td>5,754</td>
<td>796</td>
<td>1,831</td>
<td>14,481</td>
</tr>
<tr>
<td>2007</td>
<td>2,040</td>
<td>118</td>
<td>6,633</td>
<td>616</td>
<td>1,613</td>
<td>11,020</td>
</tr>
<tr>
<td>2008</td>
<td>1,420</td>
<td>705</td>
<td>8,848</td>
<td>435</td>
<td>2,219</td>
<td>13,627</td>
</tr>
<tr>
<td>2009</td>
<td>908</td>
<td>558</td>
<td>9,966</td>
<td>572</td>
<td>2,405</td>
<td>14,408</td>
</tr>
<tr>
<td>2010</td>
<td>561</td>
<td>750</td>
<td>8,771</td>
<td>478</td>
<td>3,129</td>
<td>13,689</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>45,409</th>
<th>4,214</th>
<th>101,566</th>
<th>6,780</th>
<th>44,846</th>
<th>202,812</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>22.39%</td>
<td>2.08%</td>
<td>50.08%</td>
<td>3.34%</td>
<td>22.11%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Table 5.5.**

*Descriptive Statistics for Overseas Filipino Nurses (Migrating and Emigrating)*

<table>
<thead>
<tr>
<th>Country</th>
<th>$M$</th>
<th>Median</th>
<th>$SD$</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>2,162</td>
<td>1,767</td>
<td>1,720</td>
<td>0</td>
<td>5,992</td>
<td>45,409</td>
</tr>
<tr>
<td>Canada</td>
<td>201</td>
<td>118</td>
<td>245</td>
<td>0</td>
<td>750</td>
<td>4,214</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>4,836</td>
<td>4,387</td>
<td>2,512</td>
<td>0</td>
<td>9,966</td>
<td>101,566</td>
</tr>
<tr>
<td>UAE</td>
<td>323</td>
<td>271</td>
<td>220</td>
<td>0</td>
<td>796</td>
<td>6,780</td>
</tr>
<tr>
<td>Other</td>
<td>2,136</td>
<td>1,831</td>
<td>1,859</td>
<td>0</td>
<td>8,047</td>
<td>44,846</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9,658</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>202,812</strong></td>
</tr>
</tbody>
</table>

*Figure 5.8. Distribution of Overseas Filipino Nurses (Migrating and Emigrating)*
Source of the flow.

To analyze the supply side of Filipino nurses, the nurse enrollments, nursing students graduating, and the number of candidates that passed the licensure exam were examined.

Nursing school in the Philippines is one of the most expensive programs in the country. Driven by the global demand for nurses, the demand for nursing schools also escalated. Figure 5.9 shows a surge in nursing schools, almost doubling from 290 schools to 584 schools within three years. The exact numbers for 2006 have not been identified, possibly due to the national scandal that plagued the Philippines regarding leaked test questions to hundreds of applicants.

Since the exam scandal in 2006, nurse enrollment has trended downwards. From 2006 to 2016 the number of students enrolled in nursing schools has dramatically dropped by 90% from 461,981 in 2006 to 43,686 in 2016. It is unclear what kind and how much of an impact this will have on nurse migration.

Figure 5.9. Number of Enrollments for BS Nursing

Table 5.6 tabulates the number of students who qualified to take the nursing exam. There are two board exams the Philippines Nurse Board Exam (Phil NLE) and the NCLEX. Phil NLE has 500 multiple-choice questions and is administered every six months.

The requirements to take the exam are:

- Be a Filipino citizen;
- Be of good moral character; and
- Hold a B.S. in Nursing

From 1993–2016 there were a total of 1,324,095 students who qualified to take the Philippines Nurse Board Exam with an average of 73,596/year ($s=14,634$) with an average passing rate or 50%, producing an average of 32,986 licensed nurses/year ($s=5,721$). The total number of licensed Filipino nurses who passed the exam from 1993–2016 is 560,756.

The NCLEX is a computer-based exam, which generates a different set of questions from a text bank; therefore, no two exams are alike. The candidate has a maximum of six hours to complete the exam. NCLEX is the required license exam to work in the U.S. or Canada. There are multiple test centers around the world, including the Philippines. Students must apply with the board of nursing (BON) in the state or province they intend to work. Each BON has its own eligibility requirements to take the NCLEX.

From 1993–2016 there were a total of 165,940 Filipinos who qualified to take the NCLEX Exam with an average of 7,215/year ($s=1,157$) and an average passing rate or 42%, producing an average of 3,351 RNs/year ($s=605$). The pass rate for the NCLEX was as low as 23% in 1998 and as high as 64% in 1995. Filipinos have a higher probability of passing the Philippine Nurse Board Exam then the NCLEX. Many Filipinos will take the Phil-NLE first in order to work in a Philippine hospital then apply to take the NCLEX when they have met the minimum experience requirement to work overseas.
## Filipino Nurses Licensure Exam and Pass Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Philippines Nurse Board Exam</th>
<th></th>
<th>NCLEX-RN®US Licensure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurse Examinees</td>
<td>Nurse Pass Exam</td>
<td>Percentage Passing</td>
<td>Nurse Examinees</td>
</tr>
<tr>
<td>1993</td>
<td>30,921</td>
<td>24,880</td>
<td>80%</td>
<td>No Data</td>
</tr>
<tr>
<td>1994</td>
<td>29,445</td>
<td>25,477</td>
<td>87%</td>
<td>6,156</td>
</tr>
<tr>
<td>1995</td>
<td>27,272</td>
<td>No Data</td>
<td>No Data</td>
<td>6,526</td>
</tr>
<tr>
<td>1996</td>
<td>15,967</td>
<td>No Data</td>
<td>No Data</td>
<td>2,689</td>
</tr>
<tr>
<td>1997</td>
<td>11,967</td>
<td>No Data</td>
<td>No Data</td>
<td>1,617</td>
</tr>
<tr>
<td>1998</td>
<td>9,441</td>
<td>No Data</td>
<td>No Data</td>
<td>1,230</td>
</tr>
<tr>
<td>1999</td>
<td>8,313</td>
<td>No Data</td>
<td>No Data</td>
<td>1,853</td>
</tr>
<tr>
<td>2000</td>
<td>9,271</td>
<td>4,602</td>
<td>50%</td>
<td>3,335</td>
</tr>
<tr>
<td>2001</td>
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<td>No Data</td>
<td>No Data</td>
<td>4,456</td>
</tr>
<tr>
<td>2002</td>
<td>9,447</td>
<td>4,227</td>
<td>45%</td>
<td>7,079</td>
</tr>
<tr>
<td>2003</td>
<td>15,611</td>
<td>7,528</td>
<td>48%</td>
<td>9,414</td>
</tr>
<tr>
<td>2004</td>
<td>25,221</td>
<td>12,581</td>
<td>50%</td>
<td>9,384</td>
</tr>
<tr>
<td>2005</td>
<td>49,676</td>
<td>25,951</td>
<td>52%</td>
<td>8,337</td>
</tr>
<tr>
<td>2006</td>
<td>No Data</td>
<td>No Data</td>
<td>No Data</td>
<td>14,312</td>
</tr>
<tr>
<td>2007</td>
<td>131,489</td>
<td>60,199</td>
<td>46%</td>
<td>20,755</td>
</tr>
<tr>
<td>2008</td>
<td>153,107</td>
<td>67,220</td>
<td>44%</td>
<td>20,072</td>
</tr>
<tr>
<td>2009</td>
<td>172,344</td>
<td>70,144</td>
<td>41%</td>
<td>14,873</td>
</tr>
<tr>
<td>2010</td>
<td>175,288</td>
<td>67,390</td>
<td>38%</td>
<td>9,283</td>
</tr>
<tr>
<td>2011</td>
<td>145,224</td>
<td>60,273</td>
<td>42%</td>
<td>5,206</td>
</tr>
<tr>
<td>2012</td>
<td>109,961</td>
<td>44,731</td>
<td>41%</td>
<td>3,313</td>
</tr>
<tr>
<td>2013</td>
<td>73,362</td>
<td>27,196</td>
<td>37%</td>
<td>3,402</td>
</tr>
<tr>
<td>2014</td>
<td>55,873</td>
<td>26,517</td>
<td>47%</td>
<td>3,249</td>
</tr>
<tr>
<td>2015</td>
<td>36,391</td>
<td>18,821</td>
<td>52%</td>
<td>3,859</td>
</tr>
<tr>
<td>2016</td>
<td>28,504</td>
<td>13,019</td>
<td>46%</td>
<td>5,540</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,324,095</strong></td>
<td><strong>560,756</strong></td>
<td><strong>50%</strong></td>
<td><strong>165,940</strong></td>
</tr>
</tbody>
</table>

*Note: POEA 2007-2011 and NCLEX Annual Report.*
Table 5.7.

Descriptive Statistics of Filipino Nurse Licensure Exam and Pass Rate

<table>
<thead>
<tr>
<th>Licensure Board</th>
<th>M</th>
<th>SD</th>
<th>Median</th>
<th>Kurtosis</th>
<th>Skewness</th>
<th>Min.</th>
<th>Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines Nurse Board Examinee</td>
<td>73,596</td>
<td>14,633.83</td>
<td>49,676</td>
<td>-1.28</td>
<td>0.63</td>
<td>9,271</td>
<td>175,288</td>
</tr>
<tr>
<td>Philippines Nurse Board Pass Exam</td>
<td>32,986</td>
<td>5,721.12</td>
<td>25,951</td>
<td>-1.32</td>
<td>0.49</td>
<td>4,227</td>
<td>70,144</td>
</tr>
<tr>
<td>NCLEX-RN®US Examinee</td>
<td>7215</td>
<td>1156.69</td>
<td>5540</td>
<td>1.06</td>
<td>1.31</td>
<td>1230</td>
<td>20755</td>
</tr>
<tr>
<td>NCLEX-RN®US Pass Exam</td>
<td>3351</td>
<td>604.52</td>
<td>2160</td>
<td>0.30</td>
<td>1.07</td>
<td>286</td>
<td>10217</td>
</tr>
</tbody>
</table>

*Note: POEA 2007-2011 and NCLEX Annual Report.*

RQ2: Demographic Variables that Influence Return

*RQ2: What are the demographic variables that influence the magnitude and direction (out-migration and return-migration) of migrant Filipino Nurses?*

The second research question used descriptive statistics and binary logistic regression analyses to examine the variables that influence the magnitude and direction of return-migration. Regression techniques are frequently used as a quantitative comparative method, testing the relationships between variables that are aggregated on the national level (Kittel, 1999). The purpose of regression analysis is to estimate the structure of a dependent variable (Y) dependence on a pre-selected set of independent variables (Xs) (Farrar & Glauber, 1967).

Profile of the Dataset

The Survey on Overseas Filipinos (1993-2003, 2015) is an annual nationwide survey. It seeks to gather information on Filipino citizens, including overseas workers who went abroad.
during the previous five years. It aims to provide data on overseas Filipinos, particularly the overseas contract workers and their contribution to the economy (PSA, 2005).

Overseas Filipino Workers (OFW) included those who were presently and temporarily out of the country during the reference period to fulfill an overseas contract for a specific length of time or who were present at home on vacation during the reference period but still had an existing contract to work abroad. Also included were other Filipino workers abroad with valid working visas or work permits. Those who had no working visa or work permit (tourists, visitors, students, those seeking medical treatment, and other types of non-immigrants) but were presently employed and working full time in other countries were also classified as OFWs.

The analysis for RQ2 is based on the raw anonymized data for the Survey of Overseas Filipino Workers (SOF) from 1993-2003 and 2015, (12 surveys, N=36,372). A subset of healthcare workers was created from each survey (Healthcare ⊂ SOF), based on the variable “usual occupation”; a subset of nurses was created from each Healthcare Subset, (Nurses ⊂ Healthcare Subset); and lastly a subset of Country (US, Canada, UAE and SA) was created from each Nurse Subset (Country ⊂ Nurse Subset). The current subset consists of 767 cases.

Frequency Distribution of the Variables

Table 5.8 reflects the distribution of the nurses across the years included in the analysis. Out of the 767 cases, 633 (82.5%) are women, and 134 (17.5%) are men with the majority being single. Table 4.8 shows the frequency of the country group of interest, North-America Sub-Group (the U.S. and Canada) = 249; and the Middle-East Sub-Group (the KSA and the UAE) = 518, (N=767).
Table 5.8.

Descriptive Information for Variables Considered in Binary Logistic Regression Analysis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migration Return</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did Not Return</td>
<td>629</td>
<td>82.0</td>
</tr>
<tr>
<td>Did Return</td>
<td>138</td>
<td>18.0</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>633</td>
<td>82.5</td>
</tr>
<tr>
<td>Male</td>
<td>134</td>
<td>17.5</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>415</td>
<td>54.1</td>
</tr>
<tr>
<td>Married</td>
<td>312</td>
<td>40.7</td>
</tr>
<tr>
<td>Widowed, Divorced or Separated</td>
<td>39</td>
<td>5.1</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>.1</td>
</tr>
<tr>
<td>Highest Education Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS Graduate of Less</td>
<td>20</td>
<td>2.6</td>
</tr>
<tr>
<td>Post-Secondary, Non-Tertiary/Technical-Vocational</td>
<td>52</td>
<td>6.8</td>
</tr>
<tr>
<td>Undergraduate or Short Course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College undergraduate</td>
<td>282</td>
<td>36.8</td>
</tr>
<tr>
<td>College Graduate</td>
<td>410</td>
<td>53.5</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
<td>.4</td>
</tr>
<tr>
<td>Relationship to Household Head</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head of Household</td>
<td>40</td>
<td>5.2</td>
</tr>
<tr>
<td>Wife/Spouse</td>
<td>149</td>
<td>19.4</td>
</tr>
<tr>
<td>Son/Daughter</td>
<td>470</td>
<td>61.3</td>
</tr>
<tr>
<td>Immediate Extended Family (Sibling, In-Law, Grandchild, Parent)</td>
<td>60</td>
<td>7.8</td>
</tr>
<tr>
<td>Other Relative of Non-Relative</td>
<td>48</td>
<td>6.3</td>
</tr>
<tr>
<td>Urbanity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>114</td>
<td>14.9</td>
</tr>
<tr>
<td>Urban</td>
<td>649</td>
<td>84.6</td>
</tr>
<tr>
<td>Missing</td>
<td>4</td>
<td>.5</td>
</tr>
<tr>
<td>County Migrated To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States or Canada</td>
<td>249</td>
<td>32.5</td>
</tr>
<tr>
<td>United Arab Emirates (UAE) or Saudi Arabia (UKSA)</td>
<td>518</td>
<td>67.5</td>
</tr>
<tr>
<td>Reason for Migrating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Worker</td>
<td>638</td>
<td>83.2</td>
</tr>
<tr>
<td>Embassy Work or Other than Contract Work</td>
<td>28</td>
<td>3.7</td>
</tr>
<tr>
<td>Tourist, Student or Other</td>
<td>36</td>
<td>4.7</td>
</tr>
<tr>
<td>Immigrant</td>
<td>65</td>
<td>8.5</td>
</tr>
<tr>
<td>Occupation Match Between Home and Abroad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, Not a Match</td>
<td>208</td>
<td>27.1</td>
</tr>
<tr>
<td>Yes, a Match</td>
<td>533</td>
<td>69.5</td>
</tr>
<tr>
<td>Missing</td>
<td>26</td>
<td>3.4</td>
</tr>
<tr>
<td>Cash Remittance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>212</td>
<td>27.6</td>
</tr>
<tr>
<td>Yes</td>
<td>555</td>
<td>72.4</td>
</tr>
<tr>
<td>Goods or Products Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>578</td>
<td>75.4</td>
</tr>
<tr>
<td>Yes</td>
<td>189</td>
<td>24.6</td>
</tr>
</tbody>
</table>

Logistic Regression Results

Binary block logistic regression was used to understand the phenomenon of return-migration better. Specifically, how does the probability of Filipino nurses returning to the Philippines (1=yes, returns, 0 =does not return) change based on the following demographic variables:

1. Block-One variables (Gender, Marital Status, Highest Educational Level, Relationship to Head of Household, Urbanity, Country Migrated to)?
2. Block-two variables (Country Migrated to and Reason for Migrating)?
3. Block-three variables (Cash Remittance and In-kind Goods or Products Received)?

**Model One.**

Table 5.9 summarizes the results for the three-block regression models. Model One includes those variables which typically are viewed as including demographic and biographic variables. In Model One age (p=.024) and relationship to the household head (p = <.05) was a statistically significant variable that influences the return-migration. The older a person was, the more likely (Exp B = 1.023) an individual was to return. Exp(B) values greater than 1.0 with p values <.05 indicate an increase in the log odds of being a 1 on the dependent variable. For the relationship to the head of the household, all Exp(B) values were less than 1.0 and were statistically significant. Because the Exp(B) values were less than 1.0 and were statistically significant, this indicates that compared to the head of the household, all other groups were more likely not to return. Model One composed of demographic and biographic variables only explained about 7.2% of the variation in the dependent variable.

**Model Two.**

Model Two adds a block of variables focused on the reason for migration and the country to which the person migrated. The country to which a person migrated was a statistically
significant (p < .001) variable that influences the return-migration. Nurses migrating to the UAE or Saudi Arabia were 2.4 times more likely to return as compared to individuals migrating to the U.S. or Canada. When this variable was added to the variables in Block-One, 10.2% of the variability in the dependent variable was explained.

Model Three.

Model three adds a block of two variables regarding financial variables cash remittance or in-kind goods or products received. Both variables were significant explanatory variables on the return-migration dependent variable; however, they influenced the dependent variable in opposite ways. If a person received in-kind goods and services that person was 3.43 times (p < .001) more likely (the log odds of returning increased) to return as compared to a person that did not receive in-kind goods or products. Conversely, a person who received a financial remittance was less likely to return (Exp B = .261; p < .001) as compared to a person who received a remittance. In other words, the odds of returning are decreased by approximately 74% (1.00 - .26 = .74). When the financial elements were added to the first two blocks of variables, about 20% of the variability in the dependent variable was explained.

The variables in the three logistic regression models exhibit an acceptable fit (Hosmer and Lemeshow Test p. > .05), which reveals the results from the models and the actual data are statistically similar. The significant variables in Block-One (age and relationship to head of household) are consistent across all models. The country to which a person migrated was consistent across the last two models. From a practical perspective, there is a limitation with the models. The models are very effective (% correctly classified) incorrectly classifying individuals in the base category of the dependent variable (0 = did not return). The percentages for that category across the respective models were 99%, 99% and 98.2%. For the “did return” category of the dependent variable (coded as 1) the correctly classified percentages were 5.8%, 7.3% and 15.3%.
Table 5.9.

*Migration Return Status Regressed on Selected Independent Variables (n =767)*

<table>
<thead>
<tr>
<th>Independent Variable (Bolded)</th>
<th>Model One</th>
<th>Model Two</th>
<th>Model three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp(B)</td>
<td>p</td>
<td>Exp(B)</td>
<td>p</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female (Base Category)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>.692</td>
<td>.207</td>
<td>.692</td>
</tr>
<tr>
<td><strong>Age in Years</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.023</td>
<td>.024</td>
<td>1.032</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single (Base Category)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>1.236</td>
<td>.485</td>
<td>1.292</td>
</tr>
<tr>
<td>Widowed, Divorced or Separated</td>
<td>.905</td>
<td>.840</td>
<td>.788</td>
</tr>
<tr>
<td><strong>Highest Education Level</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS Graduate or Less (Base Category)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Secondary….Short Course</td>
<td>.660</td>
<td>.522</td>
<td>.635</td>
</tr>
<tr>
<td>College Undergraduate</td>
<td>.772</td>
<td>.642</td>
<td>.752</td>
</tr>
<tr>
<td>College Graduate</td>
<td>.640</td>
<td>.410</td>
<td>.606</td>
</tr>
<tr>
<td><strong>Relationship to Household</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head of Household (Base Category)</td>
<td>.314</td>
<td>.014</td>
<td>.256</td>
</tr>
<tr>
<td>Wife/Spouse</td>
<td>.279</td>
<td>.006</td>
<td>.273</td>
</tr>
<tr>
<td>Immediate Extended Family</td>
<td>.320</td>
<td>.028</td>
<td>.331</td>
</tr>
<tr>
<td>Other Relative of Non-Relative</td>
<td>1.389</td>
<td>.267</td>
<td>1.418</td>
</tr>
<tr>
<td><strong>Urbanity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural (Base Category)</td>
<td></td>
<td>2.415</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Urban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Country Migrated To</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA or Canada (Base Category)</td>
<td></td>
<td>.261</td>
<td></td>
</tr>
<tr>
<td>UAE or Saudi Arabia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash Remittance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (Base Category))</td>
<td></td>
<td>3.430</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Goods or Products Received In-kind</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (Base Category)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Model Summary | | | | |
| Chi Square | 34.29 | 48.67 | 99.27 |
| df | 12 | 13 | 15 |
| p | .001 | <.001 | <.001 |
| Nagelkerke R Square | .072 | .102 | .201 |
| Hosmer and Lemeshow Test | .501 | .658 | .799 |

Note. Migration Return Status was the dependent variable coded as 1 = Did Return and 0= did not return.
Therefore, it is concluded that although the logistic regression models are statistically significant, the models do not very accurately explain a nurse returning to the Philippines. Rather the models are much better at explaining why nurses do not return to the Philippines.

**RQ3: Comparison of the North-America Sub-Group and the Middle-East Sub-Group**

*RQ3: How are the conditions different for the Filipino nurses who are employed in North-America Sub-Group (the U.S. and Canada) versus those who are employed in the Middle-East Sub-Group (the KSA and the UAE)?*

The results of RQ1 and RQ2 was reviewed and juxtaposed in table 5.10. A summary of the findings was tabulated into one of the three columns: (1) left column—the North-America Sub-Group; (2) center column—the Philippines; and (3) right column—Middle-East Sub-Group. This table provides the basis for additional discussion in Chapter 6.
## Table 5.10.

**Comparative Table**

<table>
<thead>
<tr>
<th>Philippines (Home)</th>
<th>Influencing Variables</th>
<th>North-America Sub-Group</th>
<th>Middle-East Sub</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Magnitude and Direction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Total = 202,812 OFNs</td>
<td>– U.S. = of 45,409 OFNs (22.4%)</td>
<td>– KSA = 101,563 OFNs (50.1%)</td>
<td></td>
</tr>
<tr>
<td>– Other Cntrys = 44,846 (22.1%)</td>
<td>– Canada = 4,214 OFNs (2.08%)</td>
<td>– UAE = 6,780 OFNs (3.3%)</td>
<td></td>
</tr>
<tr>
<td>– Deployed yearly Avg = 9,658</td>
<td>• Avg Yearly OFNs deployed</td>
<td>• Avg Yearly OFNs deployed (1990–2010)</td>
<td></td>
</tr>
<tr>
<td>• OFNs Projections</td>
<td>– U.S. = 2,162 OFNs</td>
<td>– KSA = 4,836 OFNs</td>
<td></td>
</tr>
<tr>
<td>– By 2020 = 24,451 OFNs/year</td>
<td>– Canada = 201 OFNs</td>
<td>– UAE = 323 OFNs</td>
<td></td>
</tr>
<tr>
<td>– By 2030 = 39,837 OFNs/year</td>
<td>• OFNs Projected Deployment by 2020</td>
<td>• OFNs Projected Deployment by 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– U.S. = 0 deployed OFNs/year</td>
<td>– KSA = 15,214 OFNs/year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Canada = 2,953 OFNs/year</td>
<td>– UAE = 871 OFNs/year</td>
<td></td>
</tr>
<tr>
<td>• The classification of migration: temporary versus permanent migrants explain the misrepresentation of the data pertaining to Canada and US.</td>
<td>Residence Status</td>
<td>Both U.S. and Canada have a large and growing population of Filipinos who are permanent residents.</td>
<td>The number of temporary migrant Filipino nurses deployed to the Middle East continues to rise, with Saudi Arabia as the largest importer of Filipino migrant nurses.</td>
</tr>
<tr>
<td>• According to POEA, OFNs are also deployed to other countries including the United Kingdom, Ireland and Australia.</td>
<td></td>
<td>Data contradicts the literature regarding the number of Filipino Nurses in U.S. and Canada</td>
<td>Upward trajectory of migrant nurses both in the UAE and in Saudi Arabia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Canada had 3,197 emigrating Filipino nurses out of 4,214 (75% emigrants) with ($\bar{x}$ =201) per year with a ($s$ = 245).</td>
<td>• There were 101,566 Filipino nurses employed in Saudi Arabia with ($\bar{x}$ =4,836) per year with a ($s$ = 2,512), 3 nurses emigrating.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Out of 45,409 overseas Filipino nurses in the US, 68% emigrated (31,148) was($\bar{x}$ =2,162) per year and a ($s$ = 1,720)</td>
<td>• There were no Filipino nurses who were reported to emigrate to the UAE. With a mean of ($\bar{x}$ =323) per year and a ($s$ = 220)</td>
</tr>
</tbody>
</table>
Source of Flow

- Since 2016,
  - Nursing Schools=506
  - Num Enrollments = 233,678/yr
- Phil NLE (1993–2016)
  - Total Take NLE=1,324,095
  - Avg Examinees = 73,596/year
  - Total Pass = 560,756
  - Avg Pass = 32,986/year
  - Avg Pass Rate = 50%
- NCLEX (1993–2016)
  - Total Examinees=165,940
  - Avg Examinees = 7,215/year
  - Avg Pass = 3,351/year
  - Avg Pass Rate = 42%
- In 2004, there were 290 nursing schools, by 2007 the number of nursing schools doubled to 584 with student enrollments as high as 461,981 in a given year.
- From 2006 to 2016 the number of students enrolled in nursing school has dramatically dropped from 461,981 in 2006 to 43,686, that is a 90% decrease in 10 years.

<table>
<thead>
<tr>
<th>Philippines (Home)</th>
<th>Influencing Variables</th>
<th>North-America Sub-Group</th>
<th>Middle-East Sub</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source of Flow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Since 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nursing Schools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Num Enrollments</td>
<td>233,678/yr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Phil NLE (1993–2016)</td>
<td></td>
<td>Enrolled Nursing</td>
<td></td>
</tr>
<tr>
<td>- Total Take NLE</td>
<td>1,324,095</td>
<td>Students</td>
<td></td>
</tr>
<tr>
<td>- Avg Examinees</td>
<td>73,596/year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Total Pass</td>
<td>560,756</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Avg Pass</td>
<td>32,986/year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Avg Pass Rate</td>
<td>50%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• NCLEX (1993–2016)</td>
<td></td>
<td>Licensure Pass</td>
<td></td>
</tr>
<tr>
<td>- Total Examinees</td>
<td>165,940</td>
<td>Rate</td>
<td></td>
</tr>
<tr>
<td>- Avg Examinees</td>
<td>7,215/year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Avg Pass</td>
<td>3,351/year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Avg Pass Rate</td>
<td>42%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• In 2004, there were 290 nursing schools, by 2007 the number of nursing schools doubled to 584 with student enrollments as high as 461,981 in a given year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• From 2006 to 2016 the number of students enrolled in nursing school has dramatically dropped from 461,981 in 2006 to 43,686, that is a 90% decrease in 10 years.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### RQ2: What are the demographic variables that influence the magnitude and direction (out-migration and return-migration) of migrant Filipino nurses?

- **SOF n= 767 cases,**
  - 633 (82.5%) are women
  - 134 (17.5%) are men

- **Model One age (p=.024) and relationship to the household head (p = <.05) was a statistically significant variable that influences the return-migration. The older a person was the more likely (Exp B = 1.023) an individual was to return.**

- **Because the Exp(B) values were less than 1.0 and were statistically significant this indicates that compared to the head of the household all other groups were more likely to not return.**

- **If a person received in-kind goods and services that person was 3.43 times (p <.001) more likely (the log odds of returning increased) to return as compared to a person that did not receive in-kind goods or products.**

- **The odds of returning are decreased by approximately 74% (1.00 .26 = .74). When the financial elements were added to the first two blocks of variables about 20% of the variability in the dependent variable was explained.**

<table>
<thead>
<tr>
<th>Philippines (Home)</th>
<th>Influencing Variables</th>
<th>North-America Sub-Group</th>
<th>Middle-East Sub</th>
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<tbody>
<tr>
<td><strong>Model One</strong></td>
<td></td>
<td><strong>Age</strong></td>
<td><strong>Country of Destination</strong></td>
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<td><strong>Relationship to Household</strong></td>
<td><strong>In-kind goods</strong></td>
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<td><strong>North-America Sub-Group (the U.S. and Canada) = 249</strong></td>
<td><strong>Middle-East Sub-Group (the KSA and the UAE) = 518</strong></td>
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<td><strong>Nurses migrating to the UAE or Saudi Arabia were 2.4 times more likely to return as compared to individuals migrating to the U.S. or Canada.</strong> When this variable was added to the variables in Block One 10.2% of the variability in the dependent variable was explained.</td>
<td><strong>Nurses migrating to the U.S. or Canada is 2.4 times less likely, U.S. and Canada continue to be the destination of choice When this variable was added to the variables in Block One 10.2% of the variability in the dependent variable was explained.</strong></td>
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Summary

Based on secondary data provided by the Philippine Statistical Authority, the migration flow to the Middle East and North America were projected. Based on the trend analysis, by 2020, UAE is projected to employ 871 Filipino nurses monthly, and Saudi Arabia is projected to employ 15,214 Filipino nurses annually. Conversely, newly hired nurses deployed to North America is trending downwards. Using the SOF data, three-block logistic regression models were created to identify demographic variables that influence the return migration of Filipino nurses based on an annual survey of overseas Filipino workers. The models implied (1) that an older person was more likely to return; (2) the head of the household is more likely to return than the other members of the household; (3) a migrant deployed to the Middle-East Sub-Group is 2.4 times more likely to return than a migrant going to the North-America Sub-Group; (4) a migrant receiving in-kind good is more like to return than the person who did not receive any goods; (5) a migrant who received financial remittance were less likely to return. When the financial elements were added to the first two blocks of variables, only 20% of the variability in the dependent variable was explained. Therefore, it is concluded that although the logistic regression models are statistically significant, the models do not very accurately explain a nurse returning to the Philippines. Rather the models are much better at explaining why nurses do not return to the Philippines.
Chapter 6
Summary Discussion and Recommendations

International migration is a phenomenon that is growing larger and more complicated by the day. In a world where Donald Trump routinely vilifies migrants crossing U.S. borders, and the European Union contends with refugees on an ongoing basis, the discourse of migration has become a highly-charged political and social issue. In this climate, the need for additional research becomes evident. Informed decisions require current and relevant data about how migrants are governed, how the migration process is examined, and who is impacted. Furthermore, as the social-cost (family separation) escalates; and the human-capital gains (knowledge transfer) vacillates, the safety of the migrants must be facilitated.

On December 2018, the Global Compact for Safe, Orderly and Regular Migration (GCM) was adopted by an approval vote from 152 countries to 5 votes against (Czech Republic, Hungary, Israel, Poland, and the United States) and 12 abstentions. The United States was withdrawn from the GCM negotiations by the Trump Administration. This compact is the first international framework that acknowledges “that the challenges of migration cannot be tackled by one country alone” (Congressional Research Service, 2019, p. 1003). The GCM selected 23 objectives including “Objective 18: Invest in skills development and facilitate mutual recognition of skills, qualifications and competencies” which seeks solutions to “optimize the employability of migrants … in countries of origin upon return” (United Nations General Assembly, 2018, p. 25); and “Objective 21: Cooperate in facilitating safe and dignified return and readmission, as well as sustainable reintegration” (p. 29). The Philippines recognized the needs of overseas Filipino workers (OFW) and was an active participant in the negotiations for the GCM.

As the international migration flow continues to increase, including asylum-seekers, refugees, stateless persons, trafficked persons, and economic migrants, the need to better
understand the root causes of the decision to leave, as well as, recognizing what motivates them to return is imperative, validating the need for this study. In this final chapter, a summary of the key findings for each research question was reviewed and interpreted, an attempt to find meaning. In other words, analysis involves summarizing what is in the data and interpretation involves making sense of the data (Bollen, Entwisle, & Alderson, 1993; Creswell, 2014; Jensen, 2013; Karlsson, 2016; Martiniello, 2013; Stake, 1995; Yin, 1994). The implications of the findings are presented, followed by concluding statements. Lastly, the limitations of this research are reviewed, and recommendations for future research are proposed.

**Overview of the Study**

The purpose of this comparative case study was to describe migration flow (magnitude and direction) of migrant Filipino nurses employed in North-America Sub-Group (the U.S. and Canada) and the Middle-East Sub-Group (the KSA and the UAE). The study also intended to examine the ‘push’ and ‘pull’ conditions that influence the return of migrant. Influencing conditions of migration include (1) economic factors, e.g., wage differentials or purchasing value; (2) political factors, e.g., work visas or bilateral agreements; and (3) socio-cultural factors, e.g., work environment or social connections. Binary-block-logistic-regression was employed to explain the relationship between several explanatory variables (age, relationship to household, country of destination, and cash remittance) to the outcome/dependent variable of ‘returning to the Philippines’.

To examine the direction and magnitude of the migration flow for migrant Filipino nurses, the Philippines Statistics Authority (PSA) provided access to substantial data, including the microdata sets for the last Census study in 2010, the quarterly Labor Force Survey (LFS) from 2010-2017, Survey of Overseas Filipino Workers (SOF) 1992-2003, 2015, and Philippine
statistical reports. Additional data was collected from the NCLEX annual reports. For consistency, the primary source for the migration data for overseas Filipino workers (OFWs) was collected from each year the Philippines Statistical Yearbook (1993 – 2017), and the Overseas Employment Statistics Reports (2007 – 2016).

Summary of the Main Findings

• The number of temporary migrant Filipino nurses deployed to the Middle East continues to rise, with Saudi Arabia as the largest importer of Filipino migrant nurses, with projected employment of Filipino nurses to reach 871 in the UAE, and 15,214 in Saudi Arabia – (reference Chapter 5 Figure 5.1).

• Although the U.S. and Canada have a large and growing population of Filipinos who are permanent residents, the data contradicts the literature regarding the number of Filipino nurses in U.S. and Canada, with a total of only 14,261 and 1,017 Filipino nurses, respectively, from 1992 to 2010 – (reference Chapter 5 Table 5.3).

• In 2004, there were 290 nursing schools, by 2007, the number of nursing schools doubled to 584 with student enrollments as high as 461,981 in a given year – (reference Chapter 5 Figure 5.8).

• From 2006 to 2016, the number of students enrolled in nursing school had dropped dramatically from 461,981 to 43,686. That is a 90% decrease in 10 years. From 1993 to 2016, over 1.3 million students took the Philippine board exam with an average passing rate of 50%. For the same period, 165,000 Filipinos took the NCLEX-RN exam, and 42% passed – (reference Chapter 5 Table 5.6 and Figure 5.8).

• Out of a sample population of 767 cases for this study, 633 (82.5%) are women, and 134 (17.5%) are men, with the majority being single. Of the country group of interest, North-
America Sub-Group (the U.S. and Canada) sub-sample size is 249; and the Middle-East Sub-Group (the KSA and the UAE) sub-sample size is 518 – (reference Chapter 5 Table 5.8).

- The older a person’s age, the more likely (Exp B = 1.023) that individual was to return. Exp(B) values greater than 1.0 with p values <.05 indicate an increase in the log odds of being a 1 on the dependent variable – (reference Chapter 5 Table 5.9).

- The Exp(B) values were less than 1.0 and were statistically significant. This indicates that compared to the head of the household, all other groups were more likely not to return.

- Nurses migrating to the UAE or Saudi Arabia were 2.4 times more likely to return as compared to individuals migrating to the U.S. or Canada (reference Chapter 5 Table 5.9).

- If a person received in-kind goods and services that person was 3.43 times (p <.001) more likely (the log odds of returning increased) to return as compared to a person that did not receive in-kind goods or products (reference Chapter 5 Table 5.9).

Discussion of Findings

Data from international and national agencies (including Organization for Economic Cooperation and Development (OECD); International Organization of Migration (IOM) database; and United Nations Population Division (UNPD) stock dataset pertaining to Filipino migrants) were incomplete. The Philippines Statistics Authority (PSA) provided access to substantial data, including the microdata sets for the last Census study in 2010, as well as, the quarterly Labor Force Survey (LFS) from 2010–2017. After reviewing each of the datasets, I decided to focus the analysis on the Survey of Overseas Filipino Workers (SOF). The LFS data did not have any questions about returning migrants, nor did it isolate the occupation category for nurses. All healthcare employees were classified under the same group. Although analyzing LFS would be
beneficial to obtain a perspective of the current labor conditions, it does not seem to have enough value for this particular research. Both the LFS and Census study required more extensive knowledge of the *Census and Survey Processing System* (CSPro), “a public domain software package used by hundreds of organizations and tens of thousands of individuals for entering, editing, tabulating, and disseminating census and survey data” (U.S. Census Bureau, n.d.).

In addition to PSA, the *Electronic Freedom of Information (eFOI)* website provides direct access to all government agencies (see Appendix G for a screenshot of the portal to illustrate the ease of requesting data). Under the Executive Order No. 02, unless it is a matter of national security, all executive departments, agencies, bureaus, and offices must disclose public records, contracts, transactions, and any information requested by a member of the public (GOVPH, 2016). Although several of the requests have been transferred to other agencies and are still pending, the eFO website was a valuable source of information. Another vital resource was the Philippines Statistical Yearbook (PSY). The yearbook is published annually and assembles all of the data collected that year, including the quarterly Labor Force Study and Survey of Filipino Workers. The PSY “aims to be a reliable source of information for strategic planning, policy, program and project formulation, business and investment decision-making, research and feasibility studies, and media news articles and investigative stories” (PSA, 2017b, p. iii).

According to the Philippine Overseas Employment Administration, in 2017 there were 1,992,746 overseas Filipino workers (OFW) with 1,614,674 land-based migrants and 378,072 sea-based migrants. Approximately 20% of the OFWs for 2017 were sea-based workers (POEA, 2018). This research does not include sea-based migration. Nor does it include those who do not register with the government. OFWs fall into one of four groups (1) those who are hired through an employment agency, have an employment contract, and are registered with the Philippine government; (2) those who emigrate to another country, find employment on their own, and are registered with the Commission on Filipinos Overseas (CFO); (3) those who emigrate to another
country, find employment on their own, and are not registered with CFO; (4) or those who are in a country without proper documentation. Migrants without documentation may have been a migrant worker whose contract was completed, but they overstayed their term. Alternatively, they may have gone overseas on a different kind of visa, such as tourist or student visa and overstay their term. In other words, their contract ended, or their visa expired, and they did not return to the Philippines. They are referenced as irregular migrants, or the colloquial term is as *tago-nang-tago* (translated: “hide and hide”). In the U.S., they would be categorized as *undocumented migrants*. According to POAE, in 2013, there were 1.1 million irregular migrants, that is a little over 10% of the total stock estimates for overseas Filipino workers. This study is mainly focused on the first two groups of OFWs. Those who migrated and are not registered with the CFO and irregular migrants are a key limitation of this study.

**Discussion: RQ1–Direction and Magnitude of the Migration Flow**

*RQ1: What is the direction and the magnitude of the migration flow for migrant Filipino Nurses?*

Trend analysis was selected as a starting point for understanding the direction and strength of the migration flow of Filipino workers. By creating a visual of the data in a graph, the magnitude (how many) is visually connected to the direction (where are they going). The graphic representation presented a macro view of the data illustrating outliers and patterns that may be attributed to specific events or conditions. Although it is speculative, it provides a baseline.

**Nurse Migration Trends (North-America Sub-Group).**

Figure 5.2, *Trend Analysis-Deployed Filipino Nurses (the U.S. and Canada)* (1992-2008) and Table 5.3, *Total Deployment of Filipino Nurses*, led to the inquiry of terms and definitions. Based on the literature review, the expectation for the U.S. was much higher. The distinction between a migrant worker and an emigrant worker directly relates to return migration. It is also
important to note that according to a representative with CFO, many individuals who go abroad, whether to work or not, are unreported. According to Lorenzo et al., “many nurses leave the country using other types of visas, such as student or tourist visas …the U.S. Embassy in Manila reported that about 7,994 nurses were deployed under the temporary H1B and permanent EB3 visas in 2004 (Philippine Embassy 2005). For the same year, however, POEA reported only 373 newly hired nurses deployed to the United States (POEA)” (Lorenzo et al., 2007, pp. 1410–1411).

The data provided by PSA, POEA, and CFO are individual pieces to a much larger puzzle. Data tables from CFO were received, but the term “emigrant” was overlooked. When the data was compared to other reports, it was difficult to reconcile. However, the clarifications of migrate versus emigrate were critical to understanding the nature of the return. Filipinos who are deployed are obligated to return to the Philippines; emigrants are not. According to King’s Stages of the Migration Cycle, (chapter 2, figure 2.3) emigration is when any migrant leaves their home country to reside in another country, but the terms and conditions of this move were not defined. One of the major challenges in migration studies is the lack of unified definitions.

As stated in chapter 5, there are two different sets of data from two different agencies. The POAE provided data deployed OFNs, and the CFO provided data for Filipino nurses who emigrated. Figure 5.6 represents the data of both deployed OFNs and emigrating Filipinos nurses. The data reflects a decline of migrant Filipino nurses to the U.S. and a slight growth for Filipino nurses to Canada. The emigration data for the CFO most likely does not reflect the full spectrum of Filipinos moving to the U.S. and Canada.

The PSA Board Resolution No. 08, also defined return migrant as “a migrant/person who permanently moved back to an area of former residence” (PSA, 2017c, p. 2). Migrant workers who are employed in Saudi Arabia or UAE, are not considered permanent migrants, they are categorized as temporary migrants, therefore, regardless of how long they have been gone, if they
return, they will not be classified as a *returning migrant*. This was important to consider in the interpretation of the analysis for SOF (1992-2003, 2015) dataset.

Examining the structural flow of migration provided notable insight into the construct of returning migrants. For the Filipino nurses who go to the U.S. or Canada, the majority of them seek permanent residency and possibly a change of citizenship. The factors that influence their return is different from those who are employed in the UAE or Saudi Arabia.

Of the total number of Filipino nurses employed in Canada, 75% emigrated (3,197). Although those numbers do not seem compelling, the data does not fully capture the number of Filipinos who go to Canada. Each Canadian province has its requirements and regulations, but due to the nursing shortage, there are several ways a Filipino nurse can obtain permanent residency, and there are specific visa programs for nurses. As an economic immigrant, skilled workers are ranked based on a point system. Based on the nation needs, a certain number of applicants are accepted. Nursing and Caregivers is a category that continues to accept applications. The Philippines Statistical Yearbook reported that between 2002–2010, there were 18,116 caregivers deployed to Canada. Caregivers, depending on the patients, are often certified nurse assistants (CNA), licensed practical nurses (LPN), or registered nurses (RN).

It is not uncommon for caregivers to be trained as a nurse; most employers prefer a nursing background. It is also important to note that many Filipinos have modified their careers so they can go to their destination of choice, which for most, is the US. An article by Vapor and Xu (2011) researched cases where physician-trained Filipinos opted to be retrained as a nurse, referred to as “nurse medics” for the primary purpose of emigrating to the U.S. (2011, p. 211). It seems that the choice of career is used as a means to an end. Many individuals who enter the nursing field may not have the passion for the practice. When my family and I were in the Philippine hospitals, one of the questions I always asked was “why did you decide to become a nurse?” almost all said in one form or another, “so I can travel overseas”.
Nurse migration trends (Middle-East Sub-Group).

As previously stated, the Philippines has a long history of migration. From 1985 to 2016, more than 24 million Filipinos were deployed overseas with the Middle East as the largest importer (57%) and the Americas receiving only 2% of the total number of OFWs deployed. This growth trend to the Middle East continues to grow, with Saudi Arabia as the primary recipient. The exponential growth model projected that 1,027,366 OFWs would be deployed to the Middle East by 2021 (reference Chapter 5 Figure 5.1). As stated in Chapter 5, several factors may influence this projection, such as the national strategies known as Saudization and Emiratization.

Several countries in the Middle East are implementing policies to decrease their dependence on foreign workers and reduce unemployment among their citizens. Both strategies establish quotas for certain industries to abide by and categorize specific jobs to be restricted for their citizens only. One of the main concerns when using quotas for talent management is the disregard for career progression and the time needed to develop competencies which are acquired through experience and time on the job. Furthermore, quota systems can significantly affect work engagement and employee morale, particularly for non-citizens whose jobs are at risk.

Saudi Arabia and the UAE are highly dependent on foreign-trained nurses, especially Indian and Filipino nurses. The main reasons are the lack of trained healthcare professionals and the perceptions of nursing. In addition, Middle Eastern countries are having difficulty recruiting nurses locally: chapter 5, Figure 5.4. Trend Analysis – Deployed Filipino Nurses (UAE and SA), shows an upward trajectory of migrant nurses both in the UAE and in Saudi Arabia. Based on the trend analysis, by 2020, the UAE is projected to employ 871 Filipino nurses annually, and Saudi Arabia is projected to employ 15,214 Filipino nurses annually.

As part of the Saudization and Emiratization strategies, each respective government is committed to improve the health of their citizens and to prioritize the development of the national healthcare workforce. The challenge for the UAE and Saudi Arabia is the lack of enrollment in
the nursing programs. Many Emiratis and Saudis recognize that nursing is a challenging job which requires long hours and possibly working on the weekend and during holidays. Although the overall perception of nursing as a profession is improving, concerns continue around gender segregation in healthcare and the antiquated perception that a nurse is a maid in a hospital; and the position to be one of lower status. For Filipino nurses, Saudization and Emiratization strategies will significantly impact their employment status. It will be vital that they begin to plan immediately to explore other employment options, whether that means continuing to work overseas or returning to the Philippines.

**Directional flow of migrant Filipino nurses.**

Figure 6.1 was created as an explanatory illustration to answer RQ1 and to compare the results from each sub-group. The figure is segmented into three sections: (1) left column—the North-America Sub-Group; (2) center column—the Philippines; and (3) right column—Middle-East Sub-Group.

Figure 6.1 illustrates how the directional flow of migrant nurses deployed to Saudi Arabia and the UAE is distinctly different from the directional flow of migrant nurses who emigrate to the U.S. and Canada. The figure is drawn to illustrate a two-way directional flow for Middle-East Sub-Group (Saudi Arabia and the UAE) and predominantly unidirectional flow for the North-America Sub-Group (the U.S. and Canada). In chapter 2, the typologies of return-migration are discussed and framed for this research.

Although limited data is available on migrants returning home, the nature of temporary-migration constitutes a guaranteed return; therefore, it is assumed that the out-flow of Filipino nurses deployed to the Middle East has an equal rate of return-flow. This is reflected in figure 6.1 with arrows going back and forth from the Philippines to the KSA and the UAE. The thickness of the arrows reflects the magnitude of the movement. The primary factors that ensure an equal rate
or return-flow are (1) the bilateral agreements between the Philippines and Middle Eastern countries, (2) employment contracts, and (3) immigration policies of Saudi Arabia and the UAE. Both countries have a high number of newly-hired and re-hired migrant workers, aligning to King’s fifth stage of the migration cycle (Figure 2.3) referred to as, circular-migration. The literature on circular migration dates back to the economist Walter Elkan (1967), the first to coin the term “circular migration” in his work on the wage labor movement in East Africa. Zelinsky further expanded the definition of “circulation” to refer to the “short-term, repetitive, or cyclical” movement of labor (1971, p. 226). As of 2008, the Philippine government estimated that there were nearly 600,000 Filipino workers in the Middle East, with the annual flow of 200,000 (POEA, 2010). The migration structure for the Middle-East Sub-group is a contract-based labor system, such that, at the end of the contract, the worker has to return to his/her country of origin.

Table 5.5. Descriptive Statistics for Overseas Filipino Nurses (Migrating and Emigrating) calculated that the average number of Filipino nurses deployed overseas is 9,657/year. The magnitude (how many OFNs) for the North-America Sub-Group is illustrated in the figure by a single arrow blue box pointing towards the destination country. The blue box depicts the unidirectional nature of emigration. The average OFNs that migrated to the U.S. is 2,162 OFNs/year (avg. 22.2%); however, the trend analysis indicated that OFNs deployed to the U.S. is trending downwards. Based on the trend line, the U.S. will no longer import OFNs. Further analysis is required to determine the accuracy of the analysis. The smaller blue box (figure 6.1) pointing towards Canada, also represents a one-way emigration of 201 OFNs/year (avg. 2.1%), but according to the trend line, by 2020 Canada is projected to import 2,953 OFNs/year. Contrarily, the Middle-East Sub-Group displays a two-way green box to represent circular migration with an average of 4,836 OFNs/yearly that are deployed to the KSA (avg. 50.1%); and an average of 323 OFNs/yearly deployed to the UAE (avg. 3.3%). Both Saudi Arabia and the UAE have strong projections, of 15,214 OFNs/year and 871 OFNs/year,
respectively. The remaining nurses, an average of 2,136 OFNs (22.1%) are deployed to other countries such as Ireland, the United Kingdom and Australia.

Source of the flow.

Quantifying workforce supply and shortages can help identify areas of need for nursing recruitment, training, licensure, and retention. The number of nurses who work abroad dramatically influences the number of students who enroll in nursing school. Many students enter nursing school for the primary goal of working outside of the Philippines. This kind of motivation creates a mismatch in career choices and compromises the quality of the student pool, as reflected in the percentage of students passing the exam. As the study by Ortiga on nursing graduates states “export-oriented education can exacerbate a mismatch between available jobs (both locally and overseas) and the actual number of graduates produced by colleges and universities” (2018, p. 184).

Figure 6.1’s center column reflects the data for the licensure examination based on the data from Figure 5.8. Number of Enrollments for BS Nursing, the figure shows the average number of enrolled nursing students to be 233,678, yet only an average 3,351 students passed the NCEX-RN, and 32,986 students passed the Philippine board exam. There continues to be a fluctuating passing rate of the nurse graduates who take the licensure exam, with an average pass rate of 50% for those who take the Philippine Board Exam and 42% for those who take the NCLEX-RN board exam. Although there is an average of 35,000 newly registered nurses per year to add to the talent pool, there is also an average of 45,000 unqualified nurses who did not pass the exam and must either invest additional funds in retaking the exam or exploring other options, as well as, the average 150K students who enrolled in nursing school, but did not qualify to take the exam.
There has been additional scrutiny about the quality of nurse training programs in the Philippines, particular since the 2006 “leaked test” scandal. “Professional Regulation Commission has confirmed that questions in the board exams taken by more than 42,000 nursing graduates in June (2006) had been provided in advance to hundreds of examinee” (Conde, 2006, para. 2). A member of the Board of Nursing was found guilty and sentenced to six years in jail and “a perpetual disqualification from public office” (Cayabyab, 2015, para. 2). Commission on Graduates of Foreign Nursing Schools (CGFNS International) denied the visa screening for all Filipino nurses who obtained licensure based on passing the June 2006 nursing licensure examination. However, they would be eligible if they retook the exam.

Nursing schools became a cash cow, creating several career pathways. According to Masselink and Lee, some nursing schools even established “second-course” nursing programs so that physicians and other professionals could retrain as nurses (2013). Masselink and Lee (2013) also observed that nursing schools would often establish commercial relationships with exam review centers and labor recruiters. Since the scandal of the exam in 2006, nurse enrollment has been in a downward trend. The number of nursing applicants has dramatically dropped from 461,981 in 2006 to 43,686, that is a 90% decrease in 10 years. It is unclear what kind and how much of an impact this will have on nurse migration.

Even though nursing jobs in the Philippines are not readily available due to the over-supply, working conditions in hospitals are poor, and a nurse’s salary is significantly lower than many other occupations, many Filipinos are still selecting nursing as a career. As I stated earlier, many Filipino nurses enter the field of nursing for the primary purpose of going overseas. The approach to career selection disregards the individual’s personal strengths and weaknesses, and more tragically disregards their personal passion. Although unsubstantiated, I believe this falls on the state leaders who have used propaganda to sway the public’s choice for a career. Nursing
should be selected because of the desire to care for someone, but many choose it for a ticket to go somewhere else.

Figure 6.1. RQ1: Migration Flow of Filipino Nurses—Direction and Magnitude

Strategies to promote return-migration.

According to a policy brief by the CFO, the Philippine government recognized the need to implement strategies to (1) connect with Filipinos who have permanently emigrated in another country, and (2) provide incentives to bring them back home. One of these initiatives is “The Citizenship Retention and Reacquisition Act of 2003 or Republic Act No. 9225” which took effect on August 29, 2003, granting natural-born Filipinos an opportunity to regain Filipino citizenship with a dual-citizenship. It would be interesting to explore the impact of that act on
return migration (CFO, 2019, pp. 4–5). Another strategy to bring Filipinos back home is the “The Homecoming Program for Overseas Filipinos or Balikbayan Program of 1973” provided airfare discounts and tax holidays as an incentive to encourage overseas Filipinos to visit or remain in the Philippines (p. 3). These strategies explain why I created a return arrow from the U.S. and Canada in figure 6.1. Although many Filipinos who emigrate to the U.S. or Canada intend to stay, many go back to the Philippines as “balikbayans”.

Building on Figure 6.1, Figure 6.2 includes the boundaries of the study and will be used to discuss research question RQ2.

**Discussion–RQ2: Demographic Variables That Influence Return**

*RQ2: What are the demographic variables that influence the magnitude and direction (out-migration and return-migration) of migrant Filipino Nurses?*

For the second research question, descriptive statistics and binary logistic regression analyses were used to examine the variables that influence the magnitude and direction of return migration.

**Descriptive analysis.**

It is not surprising that 82% of the nurses are female, and more than 50% are single. According to the SOF data, more than a quarter went abroad to work in a job that did not match what they were trained to do. Many went as a tourist or as a student, which most often means they are not returning to the Philippines, and there were several who also went to be domestic workers. There have been several cases of Filipino domestic workers experiencing extensive abuse through the Kafala system. According to the survey, the majority (82%) stated they did not return. After scrutinizing the question further, it is difficult to make any conclusion about the intent to return.
**Regression analysis.**

Binary block logistic regression was used to determine the influence of demographic variables on the probability of Filipino nurses returning to the Philippines (1=yes, returns, 0 =does not return). The following variables were considered: Gender, Marital Status, Highest Educational Level, Relationship to Head of Household, Urbanity, Destination Country, Reason for Migrating, Cash Remittance, and In-Kind Goods. The category of demographics is used as an identifier for the migrant worker. Although in-kind good and remittance are not generally associated as a demographic variable, it can be viewed as socio-economic indicators.

Based on Model One, the older a person was, the more likely (Exp B = 1.023) an individual was to return. The literature supports this. According to a study of older Filipinos who migrated to New Zealand, the study stated that they were ready to return to the Philippines to “reunite with their birth country and reembrace the culture they grew up with” (Montayre, Neville, Clair, Holroyd, & Adams, 2019, p. 485). Cerase, as cited by King, presented an alternative classification for return-migration was referenced as *return-of-retirement*—when the migrant has reached the end of their working period (2000, p. 12). However, the literature also states that the longer a migrant is away from their home country, the less likely they are to return. An article by Hunter indicates that retirement, although “an appropriate juncture for return migration” is not reflected in the research of older immigrants (2011, p. 189).

Based on Model two, the country to which a person migrated was a statistically significant (p <.001) factor influencing the decision to return. Nurses migrating to the UAE or Saudi Arabia were 2.4 times more likely to return as compared to individuals migrating to the U.S. or Canada. When this variable was added to the variables in Block one, 10.2% of the variability in the dependent variable was explained. This outcome is not a surprise. Based on both the trend analysis from RQ1 and block Model Two, supports the two different kinds of migration. The migrant workers to the U.S. follow King’s sages of the migration cycle and are at stage one
emigrating (one-way). Some migrants due to visa restrictions follow stage three where they transition from one country B to arrive at country C. For example; there are many cases where Filipino nurses migrate to Canada with hopes to move to the US.

On the other hand, Middle Eastern countries such as Saudi Arabia and UAE follow King’s stage five, circular migration (1986, pp. 4–5). The migrant who is employed in the UAE or Saudi Arabia is referred to as a temporary migrant. This type of migration is also known as circular migration. The migration structure is a contract-based labor system, or circular, migration, where at the end of the contract, the worker has to return to his/her country of origin (Christ, 2012). Although circular migration is conditional to the political, economic, and social environment for both the home and source country, it is a potential win for both countries. According to the Migration Policy Institute, “for countries of origin, circular migration can relieve labor surpluses; for destination countries, it can provide the flexibility to quickly overcome skills shortages while adapting to long-term labor market shifts. For migrants, circular migration offers the opportunity to earn higher wages and gain international experience” (Hugo, 2013, p. 1). However, for it to be a success, it must be well managed.

Figure 6.2 includes the demographic variables that significantly explained the dependent variable of return. The models implied (1) that an older person was more likely to return; (2) the head of the household is more likely to return than the other members of the household; (3) a migrant-worker deployed to the Middle-East Sub-Group is 2.4 times more likely to return than a migrant-worker going to the North-America Sub-Group; (4) a migrant-worker receiving in-kind good is more like to return than the person who did not receive any goods; and (5) a migrant-worker who received financial remittance is less likely to return. When the financial factors were added to the first two blocks of variables, only 20% of the variability in the dependent variable was explained. Therefore, it is concluded that although the logistic regression models are statistically significant, the models do not very accurately explain a nurse returning to the
Philippines. Rather the models are much better at explaining why nurses do not return to the Philippines.

Building on Figure 6.1 and Figure 6.2, Figure 6.3 includes the boundaries of the study and will be used to compare North-America Sub-Group and North-America Sub-Group. The environmental conditions to be discussed will include the economic, political, and socio-cultural influences as addressed in the previous chapters.

**Figure 6.2. RQ2: Migration Flow of Filipino Nurses–Direction and Magnitude**
Discussion–RQ3: Differences/Similarities

RQ3: How are the conditions different for the Filipino nurses who are employed in North-America Sub-Group (the U.S. and Canada) versus those who are employed in the Middle-East Sub-Group (the KSA and the UAE)?

Figure 6.3 illustrates the comparative review of the North-America Sub-Group (the U.S. and Canada) and Middle-East Sub-Group (the KSA and the UAE) with the Philippines as the point of comparability. This figure illustrates the complexity of migration and the influence of the various subsystems that influence the migration flow of migrant Filipino nurses. As recommended by De Haas, each of the influencers of the migration system is identified as a single variable to eliminate the subjectivity of analysis (De Haas, 2008). For example, as opposed to referencing the nurse’s low salary in the Philippines as a “push” factor and the high salary in the U.S. as a “pull” factor, differences in pay is referenced as an income differential providing comparability. Raivola, refers to “the conditions existing when two measures are expressed in the same units, thus making possible direct comparisons”.

The left section of Figure 6.3 summarizes the migration flow and direction of Overseas Filipino Nurses (OFN) to the North-America Sub-Group (the U.S. and Canada). Based on data provided by Philippine Statistics Authority (PSA) and Commission of Overseas Filipino Workers (CFO) from 1990–2010, on average, 23% of Filipino nurses emigrated to the U.S. and 2% to Canada with the assumption that the migration flow is predominantly unidirectional. The key variable that influence nurse migration to North-America Sub-Group are:

- Income/benefits differentials
- Visa (working/tourist/student)
- Residency status
- Working conditions
Opportunities for professional growth and development

Generally, the economic variables seem to be the primary consideration for migration. The wage differential between the Philippines and the two sub-groups are extreme. While the North-America Sub-Group provides a higher salary, the Middle-East Sub-Group provides more benefits: tax-free salaries, free or reduced housing, and 30 to 40 days of an annual vacation.

On the right section of Figure 6.3 is the migration flow and direction of Overseas Filipino Nurses (OFN) to the Middle-East Sub-Group (the KSA and the UAE). Based on data provided by PSA and CFO, on average, 50% of Filipino nurses are circularly-migrated to Saudi Arabia, and 3% to the UAE. The circular migration is dependent on the employee contracts and the bi-lateral agreements the Philippines have established with each country. The key variables that influence nurse migration to Middle-East Sub-Group are:

- Income/benefits differentials
- Bilateral agreements
- Employment contracts
- Working conditions
- Opportunities for professional growth and development

Furthermore, an important variable for migrant workers to always consider are the nationalization strategies (Saudization and Emiratization).

Although, the decision to migrate ultimately lies with the migrant themselves, there are multiple variables that impact the option to migrate. Within the circular migration system such as the Middle-East Sub-Group, the importing country has a more considerable influence about: what kind of migrants can come in, what countries they will come from, what kinds of wages and benefits they are willing to pay them. Under these conditions, the role of the home government, (i.e. the Philippines government) becomes a more significant influencer in the migration process. Whether the focus is for high-skilled migrant workers or laborers, the primary focus must be the
safety of the worker. Towards the top of Figure 6.1, the arrow for safety is drawn across all three sections, but much further into the Middle-East Sub-Group. There have been multiple cases of racial discrimination, underpayment, non-payment, abuse, sexual abuse, exploitation, and even death.

An employment practices of the Middle East, referred to as Kafala, was discussed in chapter 3 to examine the response of the Philippine government. In 2016 there were 82 reported deaths of OFWs in Kuwait and 2017 there were 103. The death of Joanna Demafelis, a Filipino migrant worker, deployed to Kuwait to work as a domestic helper was found in a freezer in an abandoned apartment in February 2018. Outraged, President Duterte demanded that all OFWs who want to return home be repatriated immediately. “The Filipino is no slave to anyone, anywhere … every unlawful physical injury that is inflicted on an OFW is an injury that I personally bear as the head of this Republic…. an affront against us, as a sovereign nation” said Duterte (Colina, 2018, para. 10). It was speculated that Demafelis’ death was a result of an unchecked kafala system. As a result, the Philippines government ordered a deployment ban of OFWs to Kuwait. The Philippines Labor Secretary indicated that deployment bans of OFWs might extend to other Middle Eastern countries if policies to protect Filipino workers are not strengthened, and the kafala system is not prohibited (Aben, 2018).

Kafala, although framed as a sponsorship system, has been referenced as ‘an endorsed practice to have a slave’. The Kafala system, primarily used for low-skilled migrant workers, is out of the scope of this study and is a problem that requires more research. A few (non-peer reviewed articles) stated that several Gulf states are considering abolishing the practice. However, the policies and practices that the Philippines initiated as a response to incidents of abuse and deaths, impacts all OFWs, including migrant nurses. Considering the risk of migrating, the political conditions for the Middle-East Sub-Group was not only more important but should also be the most influencing variable for a Filipino worker to consider. The Kafala system that still
exists in the Middle Eastern countries places many migrant workers at risk. The Migrant Workers and Overseas Filipinos Act of 1995 as Amended by Republic Act No. 10022, is a strategy mainly for temporary workers who work in countries such as Saudi Arabia and UAE. This legislation aims to establish standards of protection and promote the welfare of migrants and their families.

Regarding the socio-cultural influences, the family is the primary influencer regardless if the Filipino nurse is migrating to the *North-America Sub-Group* or to the *Middle-East Sub-Group*, as illustrated at the top of Figure 6.3. Based on the literature review, some studies show that sometimes the migration of health professionals are unrelated to their profession, but instead is due to the family who already migrated. Other studies reference family as the main driver to migrate in order to provide support through remittances (Choy, 2003; J. B. Connor, 2016, 2016; Cortés & Pan, 2012; Cortez et al., 2016; Dimaya et al., 2012; Jurado, 2014; Kingma, 2007; Lorenzo et al., 2007; Montayre et al., 2018; Ronquillo, 2012; Vapor & Xu, 2011; Yumol, 2018). Most studies reference remittance from an economic perspective, but the remittance is driven by the need to care for the migrant’s family. Willing to make the sacrifice, many Filipinos send a significant portion of their salary back to the Philippines. However, this sacrifice is with a cost. Several studies have cited the disconnection children have had with their migrant parent (Castro-Palaganas et al., 2017; J. B. Connor, 2016; Cortez et al., 2016; Jurado, 2014; Lorenzo et al., 2007; Yumol, 2018). However, the advancement of technology and information communication systems (i.e. cellphones, video conferencing) have improved social relations.

The primary variable that influences return migration, as illustrated in Figure 6.3, are centered in the Philippines. The demographic variables discussed in RQ2 are faded out since they do not accurately explain a nurse returning to the Philippines. The variables were included in Figures 6.3 because they are able to explain why nurses do not return to the Philippines.
Figure 6-3: Factors that Influence the Migration Flow of OFNs

The diagram illustrates the various factors that influence the migration flow of Overseas Filipino Workers (OFNs) from the Philippines to other countries. These factors include economic conditions, political conditions, and family circumstances. The diagram shows how these factors interact and influence the decision to migrate.

Key factors include:
- Economic conditions: Economic opportunities, labor market conditions, and financial stability in the source country.
- Political conditions: Political stability, safety, and security in the source country.
- Family circumstances: Family needs and support, and the desire to reunify with family members in other countries.

The diagram also highlights the role of education and training, health and medical services, and social services in supporting the migration process.

Overall, the diagram provides a visual representation of the complex interplay of factors that influence migration decisions among OFNs.
Implications

Highly-skilled nurses, mainly Filipino, are recruited on a global scale and will continue to be sought after in the next few decades. This research can inform talent professionals in the healthcare sector to better understand the complexity of migrant nurses. First, from the perspective of the North American Sub-group: It is essential to clearly understand the implications of workforce trend analysis, especially for a labor supply that has multiple variabilities: (a) Competing nations for the same supply of nurses, such as Middle Eastern countries; (b) alternative supplier of nurses; and (c) type employment agreement. Historically, the U.S. and Canada have used work visas to attract foreign workers, but is that the best solution to the labor shortage? How does importing foreign labor affect the workforce and more importantly, does it resolve the labor shortage long term. Conducting a workforce trend analysis for the labor sector should include migrant analysis, as well as trend analysis for incoming nurses. Besides, it is also essential to consider the trend of Filipinos nurses returning to the Philippines. According to Efendi et al., (2018) “there is increasing evidence showing that migrants are returning to their country of origin” (p. 199). Therefore, it will be essential to understand the influencing factors that not only motivate migrant Filipinos nurses to leave the Philippines, but also the factors that will draw them back home. This study can also support healthcare leaders better understand the motivating factors that drove so many nurses to leave their home and work halfway around the world. The default assumption about why migrant nurses travel is monetary; however, based on the literature, monetary incentives are not the main drivers. Professional factors such as employment and career opportunities, training and professional development opportunities, working conditions, work expectations, and a sense of belonging are strong motivators for migration and workplace engagement. Socio-cultural factors include social and professional
networks, safety, and family are vital drivers. Knowing these influencing factors can minimize turnover and improve working relations.

From the perspective of Sub-group Middle East countries, reviewing the trend analysis for migrant Filipino nurses is an indicator of how well Saudization and Emiratizations efforts are working. If the goal of these nationalization schemes is to decrease the dependency on foreign labor, then it can be concluded that it is not going very well. Both Saudi Arabia and the UAE are importing more nurses every year. Furthermore, based on NCLEX board exam reports, there are very few if any, Saudis or Emiratis taking the exam. It is possible that, under each Ministry of Health, licensure for nurses may use different licensing agencies or are licensing internally, which draws other concerns. Also, the demand for nurses in each of these countries will continue to grow due to the expansion of healthcare facilities and the ambition to become the leading medical tourism destination. Since the migration system for Filipino nurses is “circular” by nature, the influencing factors for return migration would most likely be related to nursing turnover. Recognizing the influencing factors of migration can support health human resources managers evaluate current workplaces policies and recruitment strategies to improve nurse retention.

In a broader scope, this research can build on the discussion for the internationalization of nursing. Although NCLEX is recognized in most countries and Commission on Graduates of Foreign Nursing Schools (CGFNS), an internationally recognized authority on credentials evaluation and verification pertaining to the education, registration and licensure of nurses and health care professionals across the world, there needs to be a governing body that has representatives from various countries, not just the US.
Limitation of Studies

This study had several limitations. (1) The migration trends are based on inputs that should be interpreted as being conditional on the correctness of the data. Although the trend analysis was not based on migration stock, there were several incidents where the data from one report contradict the data on another report. It is assumed that reporting often happens as data is being collected. (2) There was little to no actual data on the number of returning migrants. The Survey of Overseas Filipino Workers inquired about return but are not actual accounting data of location. (3) The purpose of the survey (SOF) is to learn more about the OFWs, who are most likely still deployed abroad; therefore, data is not directly collected from them. The relatives or members of the household are providing third-party information. Only those OFWs who are working within the 5 years are included in the survey. However, there many OFW’s who have worked longer than five years and their information and input would critical to better understand the contribution of all OFWs. (4) The coding of variable “registered nurse” seemed to have changed slightly from 1993 – 2003, and significantly more for 2015. This coding was the main reason the Labor Force Survey data was not used. (5) The SOF (1993–2003, 2015) was concatenated. I may have joined datasets that have different structures. The changes in the variables would be an indicator. Furthermore, the process of concatenating the dataset was an extensive process that introduced possible human error at each step.

Recommended Future Studies

Research on return migration has been restricted due to the lack of available data. Most countries do not account for the number of migrants returning to their home countries. The lack of data poses a challenge to assess trends or to estimate migration flow that includes the streams
and counter-streams. However, examining migration from a system thinking approach, return migration and out-migration are interrelated, and therefore must be examined simultaneously. It is therefore recommended to research the aspects of a migration system, (1) the interrelated sub-systems that interact and inform the critical stakeholders to institute policies about migration; (2) the social network system that connects and inform the migrant nurses. These networks will operate as feedback systems and will influence the decision to migrate or not; and lastly (3) the source of the flow, in this case, the nursing schools. Based on the data, there is a disconnect with the number of student nurses with the actual number of registered nurses.

Return migration is a component of temporary-labor-migration, as reflected in the migration system of the Middle East and the Philippines. Currently, policies for the reintegration of returning migrants are not instituted and are challenging to implement. Recommended research return should be conducted to explore the process of the planning before the migrant leaves, and infrastructure to support migrants acquiring the necessary information. The policies for migrants returning should be part of a collaborative approach with various stakeholders as well as involving a better communication system for the migrants at different stages of the migration process.

**Conclusions**

The shortage of nurses in the global workforce will continue to prevail and will have adverse effects on health systems around the world (Oulton, 2006), leaving governments with a problem in urgent need of solving. Entangled in global politics, the migration process is intertwined with demographic and economic growth, both of which are imbued with positions which are often opposed to each other. Migration has helped enhance people’s lives, contributed to the diversity of the destination countries, and provided financial benefits for the source
countries. On the other hand, migration has also been linked to an increase in crime, misuse of government-funded resources, and often means that jobs are being allocated for international workers. In recent years, there has been “an increase in migration and displacement occurring due to conflict, persecution, environmental degradation and change, and a profound lack of human security and opportunity” (International Organization for Migration [IOM], 2017, p. 1). Migration as a solution, however, brings about a new set of tensions, particularly as it relates to return migration. The conditions that facilitate migrant workers to return to their country of origin are dictated by market trends, national policies, and the structures of the migration system.

This comparative explanatory case study approached migration, not as an episodic event, but as a complex systematic process that has lasting implications for both the home country and the host country. This study not only highlighted the complexity of migration, but also recognized the interconnected elements that influence the global mobility of highly-skilled healthcare professionals. Although several countries have come to rely on overseas Filipino workers (OFWs), there is increasing documentation that the rate of OFWs returning to the Philippines is increasing, with their family as the key influencer.
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https://doi.org/10.2307/213996
Appendix A
Letter of Request for Anonymized Raw Datasets for SOF

April 16, 2019
Republic of the Philippines
Philippine Statistics Authority
ATTN: Lisa Grace S. Bersales, Ph.D.
National Statistician and Civil Registrar General
2F TAM Building, PSA Complex
East Avenue, Dilmun, Quezon City, 1101
Telephone: (632) 938-5267
Dear Dr. Bersales:

My name is Allen G. Zaballa. I am a PhD Candidate at The Pennsylvania State University in Department of Learning Performance Systems pursuing a dual-title doctorate in Workforce Development and Comparative International Education. My professional experience has been concentrated on workplace learning and organization development with an emphasis on performance.

I am contacting you to request access to the microdata sets housed at the Philippine Statistics Authority (PSA) database for the purpose of secondary analysis. My research focuses on the migration of skilled healthcare professionals and the effects on the Philippines healthcare system and domestic healthcare workforce. With the continuous exodus of highly trained healthcare professionals, my key questions are, what effects does it have on:

- National Development and Economic Growth;
- Human Capital Formation; and
- Philippine Healthcare System

The phenomenon of brain drain and/or brain gain has been explored in the context of international migration of Filipino healthcare professionals; however, majority of these studies have been exploratory in nature and smaller in scope. Utilizing existing large data sets allows for more complex questions, a greater number of variables, a sample that reflects the population, and data observed over a period of time. The time period for the requested dataset is 2000 – 2018 (or most recent data available).

I have accessed the Public Use File (PUF) on the PSA website and have acquired significant information, specifically the census data. The Scientific Use File (SUF) that I am requesting would be from several of the government agencies:

- The Philippine Department of Health (DOH)
- The Philippines’ Department of Labor and Employment (DOLE)
- The Commission on Filipinos Overseas (CTO)

I understand that SUF data are anonymized to ensure the risk of identifying individuals. I compiled a list of variables for three datasets that if combined, could not identify respondents (see attached Zaballa_Dataset Variables).

Upon the completion of my analysis, I am more than willing to share my findings with you and your team. Furthermore, I hope to publish the results; however, prior to any pursuit of publication I will contact your department and request permission and/or explore options for collaboration.

My thesis advisor is William J. Rothwell, PhD, SPHR, CPLP fellow, and Professor of Workforce Education and Development. His research interests focus around the competencies of workplace learning and performance professionals, succession planning and talent management. He has also consulted with workplace learning professionals and instructional designers in the Philippines.

If you have any further questions or concerns, I can be reached at 1-702-296-7556 or by email at agr@psu.edu.

Thank you and I appreciate your consideration and I look forward to hearing back from you.

With Gratitude,

Allen G. Zaballa, CPLP
Dual Title Ph.D. Candidate (WFED/CIED)

William J. Rothwell, PhD, SPHR, CPLP fellow
Professor of Workforce Education and Development
Phone: (814) 865-2581
Email: wr7@psu.edu
Office Address: 310B Keller Building
University Park, PA 16802
Appendix B
Data Product Agreement Form

Name of Client/Agency: AILEEN GUERRERO ZABALLERO
Office: HOME-GRADUATE STUDENT (PHD) @ THE PENNSYLVANIA STATE UNIVERSITY
Address:
Telephone/Fax No: 0916-708-2967-7556 Email: agz105@psu.edu OR leenazballero@gmail.com
Data Request: Anonymized datasets of "Survey on Overseas Filipinos" (SOF) 2005 - 2016 (and 2017 if available)

Purpose or intended use of data request: Secondary data analysis to be submitted in partial fulfillment for doctorate of philosophy in workforce education and comparative international education.

Data Product:
- Public Use File
- Special tabulations (attached layout)
- Extracted file of selected variables
- Others, specify

Medium
- Print
- CD
- Flash drive
- Email

Acquisition Cost of the requested data/product:

Schedule of release of data/product request: As soon as possible

TERMS AND CONDITIONS

1. The data/product provided in the request conforms to the provisions of confidentiality stated under Title VII, Rule 29, Article 55 of the Implementing Rules and Regulations of RA 10926 which says that “individual data furnished by a respondent to statistical inquiries, surveys and censuses of the PSA shall be considered privileged communication and as such shall be inadmissible as evidence in any proceeding. The PSA may release aggregated information from statistical inquiries, surveys, censuses in the form of summaries or statistical tables in which no reference to an individual, corporation, association, partnership, institution or business enterprise shall appear.”

2. The Client/Agency acknowledges that any available intellectual property rights, including copyright, in the data are owned by the PSA.

3. Authorization to use the data is granted only to the Client/Agency and persons within its organization, if applicable. Under no circumstance shall the Client/Agency reproduce, distribute, sell or lend entire the data or parts thereof to any other data user apart from himself or that of authorized employees in his organization. The PSA shall hold the Client/Agency fully responsible for safeguarding the data from any unauthorized access or use.

4. Any information derived from the manipulation of the requested data shall no longer be the responsibility of the PSA.

5. The Client/Agency has a two-week period counted from the date of acquisition, during which it can be returned unreadable data files for replacement, free-of-charge. Complaints of similar nature brought to the attention of the PSA beyond the two-week period shall be treated as a new request.

6. The Client/Agency agrees to recognize PSA as the source of data and proper attribution to PSA should be made in reports with statistical tables, graphs and infographics, presentations, papers or similar articles which make use of PSA data.

7. The Client/Agency shall also involve the PSA in any project or research which makes use of the data requested from PSA. As such, the PSA can be involved in the inception phase, discussions, and final stage of the project. To the extent possible, the PSA can be a co-author or collaborator of reports, papers or similar articles published by the project.

8. The Client/Agency agrees to pay the acquisition cost of the data request with special and complex tabulations if required.

9. Any report, paper or similar articles, whether published or not, resulting from the use of the data shall give appropriate acknowledgment to the PSA as the source of basic data. The Client is encouraged to provide PSA with a copy of such report, paper article. It is understood that unless expressly allowed by the Client, such report, paper or article shall not be used for any purpose other than monitoring.

I hereby agree on the terms and conditions stated above

Aileen Guerrero Zaballero
Signature over Printed Name/Date
Client

Approved by: PSA Representative

Date: May 13, 2019

PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101
Telephone: (632) 938-5267
www.psa.gov.ph
Appendix C
PSA Approval for Anonymized Metadata

Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY

Reference No. 19TDS05-140
06 May 2019

AILEE G. ZABALLERO
Pennsylvania State University
State College, PA 16801, USA

SUBJECT: Response to the Data Request on Migration of Filipino Healthcare Professionals

Dear Ms. Zaballero,

Greetings!

In reference to your letter dated 16 April 2019 requesting for microdata sets on migration of skilled healthcare professionals, we regret to inform you that our data is limited to the following:

1) Migration data based on Census on Population and Housing (CPH) only pertains to the place where a person was residing five (5) years ago (https://psa.gov.ph/luse/cph-2010);
2) The Survey on Overseas Filipinos (SOF) presents results regarding the demographic and socio-economic characteristics of overseas Filipinos, also include data are the total remittances by the OFWs in the Philippines (http://psa.gov.ph/content/survey-overseas-filipinos-sof);

For reference, we have shared the public use files of CPH 2015, LFS 2017-2018, and SOF 2017 to your email address.

Should you have other inquiries, please email us at info@psa.gov.ph.

Truly yours,

JOSIE B. PEREZ
Assistant Secretary
Officer-in-Charge

PSA Complex, East Avenue, Diliman, Quezon City, Philippines 1101
Telephone: (632) 938-5267
www.psa.gov.ph
Appendix D
Correspondence with PSA

From: Lisa Grace Bersales
Sent: Friday, April 26, 2019 6:11 PM
To: Zaballero, Aileen Guerrero
Cc: Office of the National Statistician (PSA); info center; l.bersales@psa.gov.ph; Leen Zaballero
Subject: Re: Penn State - Letter of Request for healthcare worker datasets

Dear Aileen,

This is to acknowledge receipt of your letter. Asst Sec Josie Perez, the OIC of PSA, shall reply to your letter since my term as a national statistician has ended.

Yours,

Lisa Bersales

From: Josie B. Perez
Sent: Thursday, May 9, 2019 8:59:26 PM
To: Zaballero, Aileen Guerrero; Nisperos, Simonette
Cc: info center; Office of the National Statistician (PSA); a.asaad@psa.gov.ph
Subject: Re: Penn State University - Letter of Request for OFW healthcare worker datasets

Monette,

Please provide the anonymised data of SOF needed for the study of Ms. Guerrero.

Aileen,

You have to sign the agreement as well as recognize PSA as the source of your data in any graph and table you will be producing for your study using the SOF data.

Best regards,

Josie

From: info center
Sent: Tuesday, May 14, 2019 5:07:41 AM
To: Zaballero, Aileen Guerrero
Subject: Re: Penn State University - Letter of Request for OFW healthcare worker datasets

Dear Client,

Good day!

We have shared the SOF through this link: https://drive.google.com/drive/u/2/search?q=sof

Please read our Terms of Use (http://www.psa.gov.ph/article/terms-use) in using the data. Should you further assistance, please do not hesitate to contact us.

We would love to hear your Feedback so we can improve our services.

Thank you and regards,

KNOWLEDGE MANAGEMENT AND COMMUNICATIONS DIVISION
Information Technology and Dissemination Service
Tel. No. (02) 4626600 loc. 833,834 and 839
website: www.psa.gov.ph
## Appendix E
### List of Data Request from eFOI

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<td>Nursing Students/ Attrition Rate and Graduation</td>
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<td>-</td>
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<td>Re-acquisition of Philippine Citizenship</td>
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<td>-</td>
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<td>#DOH-911246305778</td>
<td>04/06/2019</td>
<td>Philippine Health Workforce Dataset (specifically nurses)</td>
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<td>04/06/2019</td>
<td>Philippine Nurse License and Renewal Data</td>
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<td>The number of Overseas Filipino Nurses</td>
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<td>#CFO-292062421769</td>
<td>04/04/2019</td>
<td>Datasets for Filipino Emigrants Returning by Country and Occupation</td>
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Appendix F
Survey of Overseas Filipinos 1996

GENERAL INSTRUCTIONS: Encircle the appropriate code for preceded answers then enter the appropriate code in the code box provided at the right hand portion of the questionnaire. For write-in answers, enter the actual response of the respondent.

Q1: Is there a family member who left for abroad at anytime during the last five years (Oct. 19___ to Sep 19___)? (include only those who used to live with this household and are now here with this household.)
   1 YES 2 NO END INTERVIEW

Q2: What is the name of the family member who was abroad?

Q3: What is ______'s relationship to the head of this household?
   1 Head 2 Son-in-law/Daughter-in-law 3 Wife/Spouse 4 Guardian/Grandchild 5 Son/Daughter 6 Other Relative

Q4: Is ______ male or female?
   1 Male 2 Female

Q5: How old is ______ on his/her last birthday?

Q6: How many times did ______ leave for abroad during the last five years (Oct. 19___ to Sep 19___)?

Q7: Now I would like to ask some questions about the time he/she last left. When did ______ last leave?
   Month ______ Year ______

Q8: What was ______'s marital status as of his/her last departure?
   1 Single 2 Married 3 Widowed

Q9: What is the highest grade completed by ______ at the time he/she last left?
   1 No Grade Completed 2 Elementary Undergraduate 3 Elementary Graduate

Q10: What was ______'s usual occupation before he/she left (last)?

Q11: What was ______'s reason for leaving the country (last time)?
   1 Contract Worker 2 Work with Phil. Embassy 3 Consulate abroad 4 Teacher

Q12: What country did ______ intend to stay when he/she last left?

Q13: For how many months did ______ intend to stay abroad (last time)?
   No. of Months ______ Not Expected to Return ______

Q14: Did ______ work or had a job/business at anytime during his last stay abroad?
   1 YES 2 NO, SKIP TO Q15

Q15: What kind of work did ______ do abroad?

Q16: How many months has ______ worked/held working abroad during the last 5 years?
   No. of Months ______

Q17: Has ______ returned home since his/her (last) departure?
   1 YES 2 NO, SKIP TO Q18

Q18: When did ______ return?
   Month ______ Year ______

Q19: When is ______ expected to return?
   Month ______ Year ______ Not Expected to Return ______

Q20: Now I would like to ask you about the cash remittance received by the family from ______. By cash remittance, I mean money transferred either thru local or foreign source or both. Did the family receive any cash remittance from ______ during the period April to September this year?
   1 YES 2 NO, SKIP TO Q21

Q21: How much cash remittance was received by the family from ______ during the period of ______.
   ENTER AMOUNT AND CURRENCY

Q22: How do you usually receive the remittance during the period April to September?
   1 Bank 2 Agency/Local Office 3 Friends/Co-worker

Q23: CHECK Q23 AND Q25
   Person returned during the period April to September this year
   Person did not return during the period April to September this year

Q24: How much cash did he/she bring home? ENTER AMOUNT AND CURRENCY

Q25: Did the family receive goods/products (e.g., appliances, jewelries, etc.) from ______ during the period April to September this year?
   1 YES 2 NO END INTERVIEW

Q26: What is the total imputed value of theses goods/products? ENTER AMOUNT IN PESO

END INTERVIEW

COMPUTATIONS REMARKS CERTIFICATION
I hereby certify that the data in this questionnaire were obtained and reviewed by me personally and in accordance with instructions.

Date Accomplished ______ Name & Signature of interviewer
## Appendix G

### Survey of Overseas Filipinos 20015

<table>
<thead>
<tr>
<th>Q14</th>
<th>Did he work or had a job/business at anytime during his last stay abroad?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO (SKIP TO Q17)</td>
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</table>

<table>
<thead>
<tr>
<th>Q15</th>
<th>What kind of work did he do abroad?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
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<td>2</td>
<td>NO (SKIP TO Q20)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Q16</th>
<th>How many months has he worked/been working abroad during the last 5 years (Oct. 2010 to Sept. 2015)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO (SKIP TO Q20)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q17</th>
<th>When did he return home?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NO (SKIP TO Q20)</td>
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</table>

<table>
<thead>
<tr>
<th>Q18</th>
<th>What was the reason for his/her return in the country?</th>
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<tr>
<td>1</td>
<td>Work</td>
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<tr>
<td>2</td>
<td>Study</td>
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<tr>
<td>3</td>
<td>Others (specify)</td>
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<table>
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<tr>
<th>Q19</th>
<th>When is his/her expected to return home?</th>
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<td>1</td>
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<tr>
<td>2</td>
<td>NO (SKIP TO Q20)</td>
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</table>

<table>
<thead>
<tr>
<th>Q20</th>
<th>When is his/her expected to return home?</th>
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</thead>
<tbody>
<tr>
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<td>YES</td>
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<tr>
<td>2</td>
<td>NO (SKIP TO Q20)</td>
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</table>

<table>
<thead>
<tr>
<th>Q21</th>
<th>His/her return home after the period April to September 2015?</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>2</td>
<td>NO (SKIP TO Q25)</td>
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</table>

<table>
<thead>
<tr>
<th>Q22</th>
<th>How much cash remittance was received by the family during the period April to September 2015?</th>
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<tbody>
<tr>
<td>1</td>
<td>YES</td>
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<td>NO (SKIP TO Q25)</td>
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<table>
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<th>Q23</th>
<th>His/her return home after the period April to September 2015?</th>
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<tr>
<td>1</td>
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<td>NO (SKIP TO Q27)</td>
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<table>
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<tr>
<th>Q24</th>
<th>How much cash did he/she bring home during the period April to September 2015?</th>
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<td>2</td>
<td>NO (SKIP TO Q29)</td>
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<table>
<thead>
<tr>
<th>Q25</th>
<th>What is the total amount of these goods/products (ENTER AMOUNT IN PEOS)?</th>
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<tr>
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<td>NO (SKIP TO Q29)</td>
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</table>

<table>
<thead>
<tr>
<th>Q26</th>
<th>What is the average monthly income (ENTER AMOUNT AND CURRENCY)?</th>
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<td>YES</td>
</tr>
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<td>2</td>
<td>NO (SKIP TO Q29)</td>
</tr>
</tbody>
</table>

---

**Certiﬁcation**

I hereby certify that the data in this questionnaire were obtained and reviewed by me personally and in accordance with instructions.

Signature: __________________________
Date: __________________________
## Appendix H
### File Labels SOF 1993

**FILE LABEL:** SOF93XTCDAT

**MEDIUM:** TAPE DISK DISKETTE CARD (IMAGE)

**RECSIZE:** 78

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<td>01 - Ilocos</td>
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<td></td>
<td>02 - Cagayan Valley</td>
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<td>03 - Central Luzon</td>
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<td>13 - National Capital Region</td>
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<td>14 - Cordillera Administrative Region</td>
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### SOF DATA

| 10             | 1            | REL       | Relationship to Household Head         | N           |
| 11             | 1            | SEX       | Sex                                    | N           |
| 12 – 13        | 2            | AGE       | Age                                    | N           |
| 14 – 15        | 2            | TLEFT     | Number of times left                   | N           |
| 16 – 19        | 4            | DTLEFT    | Date Left (MM/YY → month & year)       | N           |
|                |              |           | MM88 where MM = (10 - 12)              |             |
|                |              |           | MMYY where MM = (01 - 12)              |             |
|                |              |           | MM93 where MM = (01 - 09)              |             |
|                |              |           | MM99 where MM = (01 - 12)              |             |
|                |              |           | 99YY where YY = (88 - 93)              |             |
|                |              |           | 9999 - Not Reported                     |             |

**N:** No Entry

Values for **MM**:

- January: 01
- February: 02
- March: 03
- April: 04
- May: 05
- June: 06
- July: 07
- August: 08
- September: 09
- October: 10
- November: 11
- December: 12

Values for **YY**:

- 88
- 89
- 90
- 91
- 92
- 93
- 94
- 95
- 96
- 97
- 98
- 99

- Not Reported
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<td>How long did he/she intend to stay abroad? (in months)</td>
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<td>RET</td>
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<td>if the OCW is with the household</td>
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<td>3 - Friends/co-workers</td>
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<td>4 - Door to door</td>
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<td>5 - Others</td>
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<td>9 - Not reported</td>
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<td>CASHHOME</td>
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<td>KINDAMT</td>
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<td>SWGT</td>
<td>Sampling weight 9999.9999</td>
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</tr>
</tbody>
</table>
VITA

Aileen Guerrero Zaballero

EDUCATION

- **Doctoral Candidate (Dual Title Degree)** – Workforce Education & Development (Concentration in HRD/OD) and Comparative International Education (Educational Policy)
  - The Pennsylvania State University, University Park, PA (2009 – present)
  - Dissertation title: “The Factors that Influence the Migration Flow of Filipino Nurses in North America and in the Middle East”

- **Master of Science – Educational Leadership**
  - University of Nevada Las Vegas, Las Vegas, NV (2008 – 2009)
  - Thesis title: “Diversity Leader: Case Study of a Selected Organization’s Transformation

- **Bachelor of Science (Cum Laude)** – Workforce Education/Human Resource Development
  - University of Nevada Las Vegas, Las Vegas, NV (2008 – 2009)
  - Thesis title: “Diversity Leader: Case Study of a Selected Organization’s Transformation

CERTIFICATION

- **Certified Professional in Learning and Performance (CPLP)** – Association for Talent Development ID #10736769

PUBLICATIONS

- **(Imminent)Increasing Learning & Development’s Impact Through Accreditation**
  - 2019: Publisher–Palgrave
  - (Co-Authored) Rothwell, W. J., Williams, S. L. & Zaballero, A. G. (In review)

- **The Talent Management Handbook (3rd Ed): Making Culture a Competitive Advantage by Acquiring, Identifying, Developing, and Promoting the Best People**
  - January 2018: Publisher–McGraw Hill Education Jan
  - Book Editor: Berger, L. A. & Berger D. R.

  - Jan 2016: Publisher– ASTD Press Publications
  - Project Manager

- **Women and Leadership around the World: VOL III** (Book Chapter)
  - July 2015: Publisher–Information Age Publishing, Inc.
  - (Co-Author) Zaballero, A.G., Joshua-Gojer, Alsadah, Z., & Scamacca, L. The participation of women as leaders in Asia: A comparative analysis in India, Malaysia, Philippines.

WORK EXPERIENCE

- **2012 – Present: Senior Partner, Rothwell & Associates, LLC**
  - Performance Management System
  - DACUM Process
  - Competency Management System

  - US Fleet Forces Command Competency
  - Researcher and Multimedia Specialist

- **2014 – 2015: Pennsylvania State University**
  - Department of Energy
  - Research – Career Map and Competency Model