

**"We are the weather-proof employees": Labour
Mobility Challenges for Temporary Foreign Nurses
Employed in Home Care in Halifax**

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Key questions explored in this presentation:

What are the global-to-local labour mobility trajectories of foreign nurses employed on temporary work permits in home care in Halifax, Canada?

What are the experiences of the nurses as they engage with and navigate these trajectories?

Theoretical Framework/ Literature Review

- Labour and the Social Value of Labour (Marx and Engels, 1962)
- Anthropological and Feminist Political Economy, Migration and Transnational Livelihoods (Wolf 1982; Glick Schiller, 2012; Barber, 2003, 2008; Lem and Barber, 2012)
- Mobility and Complexity Theories (Urry, 2007; Cresswell, 2006; Bærenholdt, 2012; Roseman, Barber & Neis 2015)
- Global Care Chains (Yeates, 2009; Walton-Roberts, 2012, 2014)

The Project

- Shiva's doctoral research in Social Anthropology, supervised by Pauline, 2012-2017 (fieldwork conducted 2014-2016);
- 29 ethnographic interviews with foreign nurses who had entered Canada on temporary permits; further interviews with officials, expat associations, employers and recruitment agents.
- Policy and historical analysis on labour precarity, temporary foreign work programs, and healthcare, with emphasis on the impact of restructuring on nursing and care labour;
- This presentation draws on 9 interviews with nurses employed in home care.

The Nurses

- *Where did they come from?*
Mostly from the Philippines. Two came from two different countries in Africa.
- *What did they do there?*
All were trained as Registered Nurses, and had at least one year of ward experience. Most of them had more.
- *How did they get here?*
The Filipinos came directly to Halifax via the TFW program, recruited by the employers. Those from other countries travelled as International Students, and later obtained postgraduate work permits.
- *What are they doing in Halifax?*
They are working as Continuing Care Assistants (CCAs) in privately-owned, non-unionized home care agencies.

Labour Export and Nursing

- Labour export is a cornerstone of the national policy of the Philippines.
- The training and travel of “global nurses” in a postcolonial context and under a variety of different programs since the 1930s has been extensively analysed (Valiani, 2013; Hanson and Pratt, 2003; Pratt, 2005).

De-Skilling

De-skilling is a recurring feature of these programs. Most recently, the re-training of Filipino doctors as nurses bound for the USA caused a national outcry, and is considered a particularly egregious form of de-skilling (Barber, P. G. "“Grateful” subjects: class and capital at the border in Philippine–Canada migration" *Dialectical anthropology* 37.3-4 (2013): 383-400).



“We do everything”

-[Shiva] What kind of questions did they ask?

-[Lillian] They asked me why I want to go to Halifax... And how, work as a CCA is basically a demotion from being a nurse ... So I read the job description and said, well that is just the same as what nurses are doing here (in the Philippines). Because we don't have any assistance in hospitals in the Philippines, we do everything. And CCA is there to help the nurses. Back home, we are the ones who do everything for the patient, charts and documents, but also personal care, even the beds, transferring wheelchairs. So I think, that won't be as hard as they think it will be. So I tell them that, and they are like, yeah, yeah.

“Difficult to Deal”

-[Lillian] I think, clients, who take advantage of the system. If they care plan says, you do light housekeeping, for them, it means you do everything. And, I am a nurse you know, being a CCA is a demotion from a nurse. And then, being a maid, is different from being a CCA! And I don't think we can accept! But we have no choice. That makes it hard for us.

-[Shiva] So can you... I don't like to say complain, but can you raise this issue with your employer?

-[Lillian] No, they just told us. Actually, they keep telling us. They say, you should just stick to the care plan... That means light work... But the clients ask, you know, oh, can you please help with husband's... or my whole house. And we can't. It's not our job. But then they complain.

Deskilling and labour vulnerability

-[*Lillian*] I think, maybe some don't understand, what the job of a CCA is, they think a CCA is a maid. That is not our job. We have some clients who say this your job. And we're like this is not what is on our contract. Even the five minutes break every hour. It doesn't happen. It is not been observed properly. We have ten minutes grace period, and the client doesn't respect that, will call the office to complain that we are late.

-[*Shiva*] so can you take this up with your employer?



Constructed vulnerability: “it is only Filipinos”

-[Lillian] we don't. ...I don't know that they really care... that they would really act on it. And sometimes we think, it is only Filipinos that have to face this. And yes, we notice Canadian, other nationalities. They do not give the hard clients to them. It is only Filipinos. Those clients, who have lots of appliances, who need lifting, even though we are tiny compared to others, who are not so easy to deal with... or they live far from the bus top, or we have to go uphill to get to their place, and walk for ten minutes- those are given only to us, the Filipinos.

Local Travel, Global Emotions

-[Ava] And the travel time, you have to travel for an hour to get there. It is very depressing. After eight months I requested our office to give me a break because I can't do it anymore. But they didn't allow me. In a week I get four nights. and then two day shifts – that is very hard, I told them I'll go crazy. Always winter time, the travel, problems at home- in the Philippines. You know, family issues. Not being with my partner or child. I told my friends- if they don't give me a break this time, the second time, and that time... not all of them were doing the night shift, so it wasn't fair?



Occupational Hazards

Ava broke her wrist on the job, attempting to lift a client who needed assistance from two people: “I went there but my partner didn't show up. But I had to do the job, I didn't have any choice”. Her employer was “very good about it”, arranging Worker’s Compensation for her, but that didn’t prevent her from wondering about unionization.

Home care: A useful stepping stone

Some nurses who entered as International Students took up casual home care work as a way of supporting themselves and earning some cash as they put themselves through expensive vocational courses.

In general, home care is frustrating, exploitative, but may be a useful stepping stone for reaching future goals of becoming a licenced RN in Canada while obtaining permanent residence for themselves and their families, still back in their home country.



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Conclusion (I/II)

Temporary foreign nurses employed in home care undertake complicated work-related movements at international and local levels.

A multiplicity of challenges are embedded in these complex patterns of labour mobility.

Conclusion (II/II)

- Scholars and activists for the rights of temporary foreign workers and healthcare workers are aware of these structured labour vulnerabilities.
- Our research increases comprehensive knowledge of the holistic lived experiences of the challenges and vulnerabilities in this particular sector.
- And contributes to a transnational perspective on the complexities and dead ends as nurses navigate em/immigration and credential recognition policies

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