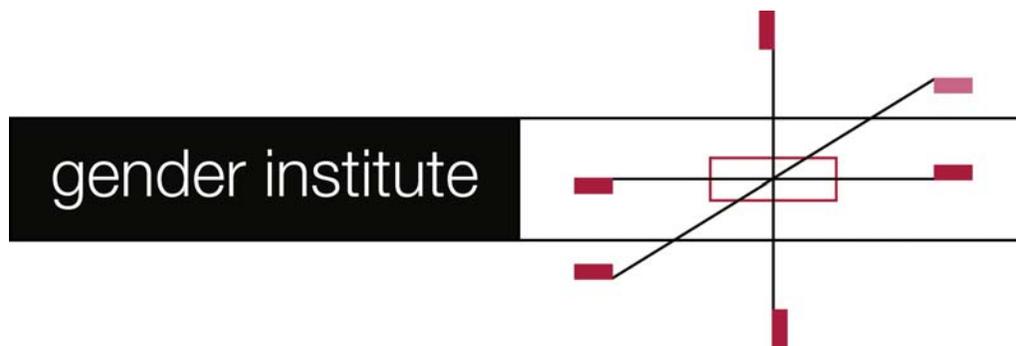


**MORE THAN MASCULINITY: EXPERIENCES  
OF MALE MIGRANT NURSES IN LONDON**

**Sandra Panopio**

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## **Abstract**

This project explores how the motivations and experiences of Filipino male migrant nurses in London are shaped by dominant discourses of migration in the Philippines. It aims to problematise perspectives of male nurses in Western literature by revealing the complexities of identity formation in the daily lives of five male nurses from the Philippines. Semi-structured interviews were utilized to reveal the strategies used by the participants to negotiate their multiple identities by reworking and rejecting cultural and institutional discourses of gendered migration and gendered occupational stereotypes from the Philippines and within the UK.

## **MORE THAN MASCULINITY: EXPERIENCES OF MALE MIGRANT NURSES IN LONDON**

Workplaces are key sites which inform and influence social constructions of gender. Although jobs are not dependent on the sex of a worker, perceived notions of 'women's work' or 'men's work' continue to prevail in work environments. Nursing is a case in point. The nature of nursing as a caring occupation has produced its constant association with women. Gendered assumptions of the division of labour significantly segregate the labour market (Cross and Bagilhole, 2002) and for nursing, it has translated into the fact that women make up the majority of nurses in all countries. Only six per cent of nurses in the United States (LeMoult, 2006) and a little less than eleven per cent of nurses registered in the United Kingdom (UK) are male (NMC Stat, 2006). International recruitment is a practical response for many countries in need of healthcare professionals, and economic push and pull factors increasingly facilitate and lure nurses from developing nations to Western hospitals. Whittock and Leonard (2003) suggest that more local men be recruited in order to ease the need for foreign nurses, yet the numbers of males entering the profession in the US and Europe remain low. On the other hand the Philippines, the largest exporter of nurses in the world (World Health Organisation, 2004), has a sizeable amount of male nurses (Whittock and Leonard, 2003), many of whom have migrated to work abroad. Despite stereotypes that link the profession to females, Filipino men have become nurses because it offers career stability and opportunities to work in other countries.

As Western definitions of nursing maintain its conflation with women, transformations in the labor market influence changes in perceptions in the Philippines where associated economic opportunities have attracted men to the occupation. Yet, what are the experiences of these male nurses once they leave the Philippines and begin to work in developed countries where feminised perceptions of nursing continue to stigmatise men? Do they experience the same issues of masculinity British male nurses face? Research on international nurse recruitment and studies on male nurses have been treated as mutually exclusive, thus leaving a gap in literature which acknowledges the possible nuances of gendered skilled migration. I use empirical research on a group of Filipino male migrant nurses in London to study the implications of the intersection of international recruitment and men in nursing. By focusing on the meanings of nursing in the Philippines and the UK I first ask what factors influence Filipino men to enter the nursing profession. Then I inquire about the ways social, cultural and political discourses of migration influence the formation of identity and subjectivity of male migrant Filipino nurses both in their country of origin and in London.

I begin by presenting my methodology and addressing the issues I encountered during the empirical process of the research. I then outline the theoretical basis of global nurse migration by looking at the process and insights of gendered and skilled migration as well as migration in the Philippine context. Next I examine literature on masculinity and nursing and attempt to fill in some gaps that fail to acknowledge the multiple constitution of male nurses Finally I detail

the findings of the interviews which offer both common and unique perspectives of thinking about masculinity, race, sexuality, and other considerations which characterize the experiences of Filipino male migrant nurses in London.

Studying the case of Filipino male migrant nurses requires an integrated theoretical understanding of the multiple contexts and intersections of the meanings of gendered migration and global labor specifically within the Philippine context and masculinity in the workplace. I argue that the overemphasis of studying masculinity in literature on males in nursing limits understandings of the discourses used to produce gendered work organisations especially in the light of migration and the response of global labour to the demands of the nursing shortage.

### **Methodology**

The aim of this paper is to offer nuanced accounts of the lives of multiply constituted male nurses who come from varying personal and social contexts. I hope that the findings will expand the ways people think about issues of race, gender, class, and occupation in reference to issues of migration and global labour markets and the formation of subjectivity and identity. The purpose of the interviews was to find out about the respondents' experiences of being male nurses in the Philippines and in London.

This study was carried out through separate semi structured interviews with five male Filipino registered nurses working London in

2007. All of the participants received their Bachelor of Science degrees in Nursing (BSN) in the Philippines in the early to mid 1990s, a time where international recruitment was high and where the general public was acknowledging the benefits of becoming nurses. Four of the nurses were directly hired and recruited by National Health Service (NHS) hospitals and arrived between 2000-2002. One nurse was recruited by a private nursing home and came to the UK in the year 2000. Their ages range from 34-38 years old and have been working as registered nurses (RNs) for an average of 14.5 years. It must be noted that four out of the five participants identify as homosexual while one of them identifies as heterosexual and has a wife and children. This selection was not deliberate, due to time limitations, schedules and the scope and scale of the work I was only able to secure interviews with these men. I was in touch with a number of heterosexual male nurses yet all of them had families and strict work schedules and were unable to be interviewed. With the initial focus on attempting to learn about how the respondents renegotiate and maintain masculinity as nurses I knew that they may already have different perspectives of masculinity beyond hegemonic masculinity.

My initial hypothesis assumed that considering the gender identities of the majority of the group, sexuality would play a more prominent role in the findings. However this was not the case. Beyond the workplace, a few of the respondents noted a sense of liberation through their exploration of their sexuality in the UK, it was the first time they had experienced public homosexual communities (like

Soho in Central London) and had open relationships with other men. They moved to London as migrant nurses yet their identities were influenced by their new lives and experiences as dynamic men in a new environment. While revelations of their sexual identity are beyond the scope of this paper, their new lifestyles and exposure to other masculinities could have informed the ways they perceived themselves as nurses.

The semi structured interview utilised questions that focused on their experiences and their interactions with their families and work colleagues. I asked questions that dealt with their interactions with other people and the reactions of their families to their decisions to become nurses and to migrate. I used Tate's (2005) method of talk interaction which relies on the ways people talk about themselves through the perception of others which allows issues of masculinity and sexuality to arise organically. A limitation to this method is the reliance on the researcher's interpretations of how the respondent's discuss their identities. Tate acknowledges that explicit statements like, "I identify as black because..." will not occur but has to be deciphered. I felt the same way in attempting to determine masculinity through narratives in the interviews because there is not just one type of masculinity.

Due to the small sample size of participants generalisations are to be avoided, yet useful insights to future work on gendered skilled migrants are revealed. I was initially interested in looking at the ways male migrants dealt with issues of masculinity in the workplace and in

their new lives in London. I wanted to look at the meanings of masculinity that could be expressed transnationally, however when the research and interview process began to unravel, the men were more concerned with racial and ethnic challenges related to their work. Thus it became increasingly clear that a focus on masculinity was limiting. It was then important to look at the experiences and motivations of the respondents through a lens that incorporated their multiple constitutions as men, migrants, Filipinos, homosexual, and so forth. Understanding the basis of their narratives enabled a better sense of the challenges and motivations they live through as nurses in the UK.

### **Subjectivity and identity**

Subjectivity and identity are two important points of analyses that facilitate an examination of the processes of gendered migration and the experiences of migrant workers in sending and receiving countries. I conceive of subjectivity as a structural and cultural process which imposes certain formations of power on individuals and groups of people (Tyner, 2004). I use identity to explain the ways people perceive and explain themselves, viewing identity as a way individuals can negotiate subject positions (Hall, 1996). I argue that institutional and social mechanisms produce political, cultural and economic discourses that define nursing and migration in ways that shape the identity and subject formation of male migrant nurses.

To unravel the ways male migrant nurses are influenced by institutional and social discourses in the Philippines and in turn how

they form their identities in work spaces in London, Foucault's (1979) work on the constitution of subjects is a helpful starting point. In the Philippines multiple interpretations of migration result from various experiences and expectations of what individual migrants, the state, recruitment agencies and activists may receive from the process (Tyner 2003:3). Understanding the formation of subjects is relevant to understanding Filipino migrants because the regulation of migrants reveals how sources of power are not simply top down. Discourses of Philippine migration are reliant on expressions of power which offer diverse individual and collective narratives of the costs and benefits of working in another country. The knowledge and power of the meanings of migration continue to influence the motivations and movement of Filipinos.

For migrants, issues of belonging and difference contribute to the formation of identity. The identities of skilled workers are often tied to their jobs and for professionals specifically recruited for their skills, the workplace can provide a sense of belonging to a new environment and society (Ahmed, 2000). Thinking about subjectivity and identity formation grounds the experiences of male migrant nurses into deeper discourses that position their experiences within multiple constitutions of race, class, gender, sexuality, and occupation. Such identities are produced through complex realities and histories that are directly tied to the lives of individuals. Hall's (1996) work on identity from a post-colonial perspective is particularly relevant as identities of many migrants are formed in environments where they are considered the other whether that refers to ethnic,

racial, religious or sexual minority status. Many developed countries experiencing nurse shortages recruit from former colonies thus the issue of exclusion/inclusion may also draw on historical precedent. The distinctions of Friedman's 'new geographics of identity' (1998) provides a practical framework for exploring gender along with other identities such as race, class, sexuality, and so on that should not be analysed separately. As subjects produced by the discourse and rhetoric in the Philippines, how do these male migrant nurses adapt and negotiate new occupational, social and political discourses that exist in receiving countries? While continuing to take Foucault's idea of subjectivity as a product of discourses generated from various modes of power, it leads well into Friedman's (1998) work on new geographics which 'figures identity as a historically embedded site, a positionality, a location, a standpoint, a terrain, an intersection, a network, a crossroads of multiply situated knowledges (19)'. It is extremely useful in beginning to analyse the lives of male migrant nurses in London. Viewing identity as an unfixed set of discourses provides a multidimensional perspective required to study the complex interaction between multiple and sometimes conflicting identities. Friedman discusses six discourses of identity: multiple oppression, multiple subject positions, contradictory subject positions, relationality, situationality and hybridity, all of which highlight the multiple and contradictory ways identity is understood. Her discussions of the new geographics of identity stems from her proposal to theoretically move beyond gender, which actually does not mean the disposal of gender all together, but the need to continue to locate gender within other geographies of identity and subject

formation. In my analysis, the discourse of multiple subject positions and contradictory subject positions are particularly relevant. While not suggesting a partial application of Friedman's framework, these two categories speak more to the situation of the male migrant nurses. Distinct assumptions based on seemingly separate identities as men, racialised migrants, or nurses in a female concentrated occupation can limit a full analysis of male migrant nurses as multiply constituted individuals. Multiple subject positions view identity and the self as multiple and not singular which is closely related to the third discourse of contradictory subject positions which is especially useful in suggesting that 'the global distribution of power does not fall into two fixed categories of power and powerlessness' (Friedman 1998: 22). In this category people are able to occupy contradictory subject positions where one may simultaneously be oppressed by race but privileged by class. In relation to this paper, the contradictory subject positions of foreign men in the female dominated occupation of nursing and as classed skilled migrant workers provides layers of incongruent identities that tend to be treated separately in work on male nurses and gendered migration. Hierarchies of race, class, gender, and so on are thus not harmonious and their meanings may produce conflicting contradictions.

The theoretical framework applied to studying Filipino male migrant nurses takes the layered definitions of migration and nursing in the Philippine context into consideration as we begin to explore their experiences as nurses. The culture of migration in the Philippines discursively produces migrants through a system of institutional and

social mechanisms that supports the movement of Filipinos abroad. People are subjected to various rhetoric and economic realities that provoke migration. The history of Philippine migration specifically of nurse migration makes Filipinos acutely aware of the financial opportunities for both individuals and their families. Therefore the definition of nursing in the Philippines is shaped by success stories from the diaspora which encompasses financial and migratory benefits which in turn attracts both men and women to the occupation. As a result of these perceptions nursing in the Philippines is not viewed as a field just for women. This can be contrasted by Western perspectives of nursing as a low status occupation with long working hours and limited career advancement. The low numbers of native nurses in countries like the US and the UK are attributed to these factors. While the definition of nursing is actively transformed by history, diasporic narratives, and diverse needs in the Philippines, other countries continue to maintain gender segregated notions of nursing as a female occupation.

### **Migration and nursing in the Philippines**

The historical precedent of nursing in the Philippines has produced social perceptions of nurse migration that is embedded in the social imagination of Filipinos. Nursing is the second largest<sup>1</sup> group of deployed professional workers from the Philippines. Ball (2000) and Choy (2003) offer comprehensive histories of Filipino nurse migration, yet prevailing assumptions of nursing as a feminine occupation has

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<sup>1</sup> The first is performing artists most of which work in Japan. Yet this classification as professional workers is often debated as a large proportion of performing artists deployed to Japan as entertainers have been coerced into sex work (De Dios, 1992)

provided little to no mention of men in the field. For example while Choy mentions the presence of males in the initial batches of early Philippine nurse graduates, there is no reference of men in other research on Filipino nurse migration<sup>2</sup>, this is also evident in the lack of disaggregated statistics from the UK Nursing and Midwifery Council.<sup>3</sup> Such a lack of analysis is consistent with patterns of research that have looked at gendered migration through women as a result of the feminisation of labour and have left men out as a forgotten norm. The experience of male nurses can contribute to an examination of men within the female concentrated work of nursing that will hopefully offer a new perspective on gender migration and skilled work.

The training of nurses in the Philippines began as an American colonial project where Western health practices were introduced to Filipinos as a way to further civilise their Pacific colony. Choy (2003) argues that the American style nurse instruction in the Philippines that enabled international migration is 'inextricably linked to early 20<sup>th</sup> century U.S. colonialism in the Philippines' (2003:41). US exchange and migration programs set a significant precedent for the meanings and perceptions of the opportunities associated with becoming a nurse. Success stories that came in the form of various goods and narratives of living the 'American Dream' permeated Philippine society. Social mobility as a result of working as a nurse abroad is an

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<sup>2</sup> See Choy 2003 on Filipino nurses, Ball 2000 and 2004 on Filipino nurse migration,

<sup>3</sup> The UKNMC is the works to 'safeguard the health and wellbeing of the public' ([www.nmc-uk.org](http://www.nmc-uk.org)). They register nurses and midwives in the UK. Through correspondence with their office I was told that they do not maintain disaggregated statistics on the number of male and female migrant nurses they receive or have received, nor do they have general statistics regarding the ethnicity of all male nurses in the country.

important factor in the entrance of Filipinos into the occupation. Nursing helped create new desires as the profession became attached to travel, high wages, material accumulation and a chance to permanently settle abroad (Choy, 2003). The realities of the local employment situation of the Philippines speaks directly to the potential found in a nursing career. As the Philippines turned to labour export as a solution to unemployment, it depended on the needs of the global economy to find jobs for its citizens. Healthcare served as a major sector which offered long term employment and career stability as the need for nurses was and is a global reality. As the global nursing shortage increased, nurses were recruited to other countries such as Canada, Saudi Arabia, and the UK. Their movement was institutionally facilitated by the government's extensive labour export policy and the rapid increase of nursing schools (Brush and Scholaski, 2007 and Ball, 2000). The country began to produce a surplus of nurses in order to meet global demands. Although not all nurses actually want to or are able to work abroad for various reasons, most nursing students expect to leave the country after their studies. Ong and Azores (1994) point out that global rather than domestic job opportunities drive students into nursing and as long as there is a foreign demand, nursing will be used as a way to 'escape a depressed economic situation (173)' while the Philippine Overseas Employment Agency's (POEA) cognisance of remittances further encourages the movement of nurses. Therefore the occupation of nursing provides gains for the individual and the state.

In comparison to the treatment of other migrant workers, many of whom work in low skilled jobs and are only admitted temporarily, countries experiencing a nurse shortage often compensate foreigners with offers of permanent residency and legal protections such as access to anti-discrimination laws (Ball, 2000). Knowledge of such benefits further increases the value of nursing in the eyes of Filipinos who already view the profession as a viable means to work abroad. Discourses on the success of nurses further fuel the attraction of Filipinos to the field as a safer and more financially rewarding occupation compared to the jobs (domestic work, construction, caregiving) occupied by the majority of Overseas Filipino Workers (OFWs). The difference in compensation and recruitment of professionals such as nurses reveals the uneven inclusion of migrants into the global system. The fact that Filipino nurses have historically received better treatment than their lesser skilled migrant counterparts affirms the continuous entrance of Filipinos into nursing careers.

Ong's (1999, 2006) concept of zones of new sovereignty highlight the differential experiences of certain migrant subjects who are dictated by global capitalist needs of the state. In the context of southeast Asian states and special economic zones, Ong describes the various biopolitical investments ascribed to 'different subject populations, privileging gender over the other, and in certain kinds of human skills, talents and ethnicities, it thus subjects different sectors of the population to different regimes of valuation and control' (1999: 217). Inequalities are directly tied with skills and the needs of

receiving states as issues of citizenship and migrant labour are reworked to cater to particular raced, classed and sexed values of states. Citizenship in the sense of belonging and legal protections is subject to economic and political needs and thus produces deep inequalities between workers. Migrant workers are vulnerable subjects in a system where hierarchical political and economic issues between states determine their treatment in foreign countries. Countries experiencing a nurse shortage compensate foreigners with offers of permanent residency and legal protections such as access to anti-discrimination laws (Ball, 2000). Knowledge of such benefits further increases the value of nursing in the eyes of Filipinos who already view the profession as a viable means to work abroad.

### **Literature on men in female concentrated occupations**

While a growing number of research has provided important insights into male nurses, there is a lack of contextual analysis that allows for intersections of race, class, sexuality, and other identity formations in mainstream accounts of male nurses and international nurse migration.<sup>4</sup> It is necessary to develop different paths of analysis that connects gendered migration in relation to the demands of the global labour market where both men and women continue to confirm, challenge, and rework their subject positions to economic, political, social and cultural transformations.

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<sup>4</sup> For work on male nurses Segal, 1962, Heikes, 1991, Lupton, 2000, Simpson, 2004, Evans 1997,2004; for international nurse migration see Ball, 2004, Choy, 2003, Brush and Sochalski, 2007

Literature on men in female concentrated occupations has provided information on the experiences and influences of men who decide to work in non-traditional jobs such as nursing, elementary education, librarian work and clerical services (Lupton 2000, 2006; Evans 1997, Williams 1995, Cross and Bagilhole 2002, Simpson 2004). The major concerns within this body of work is the consistent advantages still experienced by men in these fields despite their minority status and the maintenance and/or renegotiation of masculinities in the workplace. Lupton (2006) reviews the evidence that highlights men's advantages in female concentrated occupations where 1) men progress faster than women to senior positions 2) men may be channeled into specialties in their occupations that considered more appropriate to their gender, and are more likely to carry prestige 3) remuneration- men are paid more than women in female-concentrated occupations.

Simpson's (2004) work on masculinity in non-traditional occupations looks at the motivations and aspirations of male nurses, teachers, librarians and flight attendants through their experiences as a result of their token status and the implications of their career choices for gender identity and the management of possible conflict. She identifies a typology of men in non-traditional jobs as "settlers", basically those who choose to work in professional yet 'feminine' fields as a result of a career change, commonly from a traditionally 'masculine' occupation. Such transition may 'reflect a disillusionment with the rewards of the male 'careerist' model of steady progression and increases in status and power (ibid, 362), which is contradictory

to the work of Lupton and others. Yet Simpson's findings also support the ways men and women experience their minority status and that men continue to exert particular 'masculine' qualities through the advantages outlined by Lupton above in order to 're-establish a masculinity that has been undermined by their female occupation' (ibid, 366).

Lupton tries to advance the work in the area by suggesting that 'men's entry to female concentrated occupations may be best understood as an issue of social mobility operating within the context of a gendered market' (2006:104). My work attempts to add to his by considering a further understanding of the labour market not only through its gendered context but within the context of the supply and demand of global labour needs, in this case the response of source countries to the international nurse shortage. Therefore the subjectivity and the negotiation of identities is influenced by the multiple realities of the migration process (international social and local definitions and factors to migrate) and integration into workplaces and society in destination countries.

### **Men in nursing: masculinities in a gendered field**

The influence of cultural and institutional discourses of nursing highlight the economic and social opportunities offered to nurses working abroad. The continuing decline of the Philippine economy since the 1960s<sup>5</sup> and the lack of job opportunities consequently

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<sup>5</sup> Economic policies geared towards debt repayment became a priority during the Marcos regime. Labour export became an economic strategy that utilized remittances to service national debt (Rodriguez, 2010).

creates an incentive for men to become nurses. As a female dominated profession, connotations of nursing with care work stigmatise the inclusion of men in the field. This section focuses on the gendered segregation of work organisations particularly on literature regarding men in nursing. Previous research on men in female dominated professions<sup>6</sup> has demonstrated the need for men to negotiate and prove their masculinity in the workplace. When conducting my research, I found that some men in nursing are not as consumed with negotiating their masculinity as literature on male nurses has suggested (Cross and Bagilhole, 2002). The Philippines' goal to supply global nursing needs has produced demographic transformations that inform self perceptions of Filipino male nurses in diverse ways.

Since most research on gendered work organisations is conducted in Western countries, applications of Western notions of masculinity are used as an accompanying norm. Connell (1990) discusses the relational nature of masculinity to femininity and also to other masculinities where the concept of hegemonic masculinity represents an archetype of a man who is aggressive and powerful. The relations between different forms of masculinity are significant as they construct relations of alliance, dominance, and subordination which are maintained by 'practices that exclude, include, that intimidate, exploit and so on' (Connell 1990:37). Therefore understanding plural masculinities, especially those of subordinated identities such as

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<sup>6</sup> Williams, 1995, Lupton, 2000, Whittock and Leonard, 2003, Simpson, 2004 for men in non-traditional female positions and Evans, 1997 about male nurses

'other' men of colour or homosexual males, as possible threats to hegemonic masculinity (Segal, 1993) further questions perceptions of the need to negotiate masculinity in the workplace.

Gender segmentation in the labour market maintains gendered assumptions of the divisions of labour which permeate workplaces (Cross and Bagilhole, 2002). As spaces of consistent interaction and where many people spend most of their time, organisations are key sites for gender identity formation analysis, with occupation serving as a significant influence. Theories of gendered organisations are useful in analysing issues of men in female dominated occupations because they operate on the belief that masculinity and femininity are built into the structures of the work world (Williams, 1995). Research on gender integration in work spaces (Kvande, 1998) has looked at the entrance of women into male dominated jobs and have consistently found that women are often at a disadvantage and they must constantly negotiate their femininity or take on masculine characteristics in order to 'fit in with the boys' (Williams, 1995). On the other hand, studies of men in female dominated jobs show that they benefit from their minority status as a result of patriarchal society's expectations and value placed on men where in the case of nursing men are channeled into management and elite specialty positions (Evans 1997:2004).

A significant factor that is explored in this paper is the issue of race. The work by Lupton (2000 and 2006), Cross and Bagilhole (2002) and Simpson (1995) were all conducted in the UK which is also the

study country of destination of the male nurses in this study. The former studies indicated that their participants were white lower to middle class men while one of the reports did not even mention race or ethnicity at all. Thus the introduction of migrant male nurses in UK hospitals shows that a person's sex may not be the only structural factor making them a minority. This represents a gap in existing literature as nuances produced by the changing demographic of nurses not just based on gender but also on race, ethnicity, and sexuality require an expanded analysis. Changing characteristics of the workplace as a result of the global labour market and migration must consider masculinity in relation to intersections of race, migratory status and sexuality along with its relationship to femininity. The meanings of nursing in the Philippines significantly influenced the decisions of Filipino males in my study to pursue nursing in the first place. Philippine perceptions of the opportunities of nursing produces shifting attitudes towards the occupation as gender-neutral, which is contradictory to Western views. Like all people who decide to go into jobs dominated by the opposite sex, anticipation of ridicule or the imposition of social norms is expected. Yet the cultural and social support behind nursing as an opportunity for work and residency abroad socialises male nurses in a very distinct way which allows them to experience nursing in London differently than their Western counterparts. Raghuram's (2008) work on migrant women in the male dominated sector of Information Communications Technology (ICT) highlights limitations in current research on gendered organisations that do not consider the differences in transnational perspectives on jobs that may be gender selective in receiving countries but gender-

egalitarian in source countries. In the case of this study it is important to acknowledge the migratory patterns of nurses because while Filipinos may have their own expectations or definitions of nursing, the countries they enter also have existing perspectives. The top destination countries for Filipino nurses, the UK, US and Saudi Arabia all have a limited numbers of male nurses which is a reflection of local views that still connote nursing as 'women's work' or as an undesirable occupation. Such differences affect migrant workers' integration into new environments and have the potential to impact gendered social relations in work because as Raghuram notes: 'gendered social relations of work too are taken across borders, so that the expectations and behaviours of men and women may become transformed both because of their experience of gender differentiation within the section and because of extensive contact with migrants who bring their own gender expectations of that sector' (2008:58). This is an important insight which informs studies on gendered skilled migration as well as the ways the Filipino male nurses in this study experience their new lives and careers in the UK.

## **Findings**

The multiple subject positions of Filipino male nurses in London reflect how their identities are informed by dominant discourses of migration. To contextualise the processes and experiences of the nurses in the study, each interview began by simply asking participants why they chose to become a nurse. Their answers provided diverse accounts that motivated their choices which illustrated the interlinked relationships of family, social expectations

and macro accounts of the local and global labour market. Consequently the formations of their identities were influenced by their new experiences in London and reaffirmed by the structural processes in the Philippines that initially motivated their entrance into nursing. It was interesting to see how they negotiated the contradictory subject positions they occupied as male migrant nurses in the UK, where social views on nursing are more gendered than they currently are in the Philippines. Therefore their lives and self perceptions are a product of the varying cultural, social and economic realities that they continue to construct and manage.

Each participant described their initial motivations and all of them admitted that nursing was not their first programme of choice. Their decisions coincided with interests, family coercion, and sexuality. Two participants wanted to become doctors but due to financial reasons and lack of preparation for medicine entrance examinations, they entered nursing as the next closest programme. Another two were influenced by female family members who were nurses themselves, citing that their relatives knew that nursing offered opportunities for migration. Of those two, Rex<sup>\*</sup> would be supported by his aunt who was a nurse in the US *only if* he took up nursing, which made it his only option for obtaining a university degree. His aunt made this decision because she viewed nursing as a sustainable profession and investment for her nephew's future. It is also an indication of the desired social mobility Rex's aunt perceives in his becoming a nurse.

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<sup>\*</sup> All names have been changed to maintain confidentiality

The responsibilities, expectations, and desires of the group reveal how migration and global labour markets help produce a multigenerational cycle of kin who were and are migrants who support(ed) family to also become nurses. As a skilled profession, nursing requires financial resources that are not available to everyone. In the multigenerational cycle of migration represented by the participants, the sequence begins with their parents or other relatives who sent them abroad; with the exception of two of the participants, three of the nurses were supported by migrant relatives working in another country. Some were supported by migrant workers in their families who were construction workers or domestics, their occupations as nurses reflect upward mobility for themselves and their families. After becoming a nurse, they continue to support future nursing students in order to also help them gain employment abroad. In taking into account the meanings of migration in the Philippines, the respondents expressed pride when it came to their jobs and their ability to support their families.

Aguilar notes how migration can be viewed as a sort of 'ritual passage' where 'the migrant worker attains a prestigious new self in the place of origin, with the status of a generous financial saviour to the kin group and becomes the enviable model to others' (1995:105). As a 'model' the respondents talked about how they inspired some family members, notably other men, to also take on nursing:

*Rob: My sister's son is in his third year of nursing. I influenced him (stated proudly) I think he saw me and observed me and saw that I was making money and all the places I've been to, travelled to.*

Another expresses his intentions to finance his nieces and nephews:

*Rex: Well since I'm a nurse and I've seen the strength in people who go abroad as a nurse for financial reasons, of course I want them to see what I've seen; to go where I've been to and where I will go. I want them to be nurses. But there is one boy. He wants to be a nurse or a pilot. But I told him that there are no Filipino pilots in the world, it must be a stigma. Even if you go to Philippine airlines, their pilots are white! I don't know why its like that. He's not happy but he's not that responsive, you know how children are, but if you ask him if he wants to be a CPA, that's ok with him, but when you say nurse, he's quiet...I don't know but they see me, not to boast, but I'm a successful nurse because I went abroad, but that is the perk. If you go abroad you are successful because you make big money.*

A few issues can be derived from this conversation where gender, race and occupation produce particular meanings of success and social mobility. Rex reproduces a discourse of nursing as a key to success while discounting the actual desires of his nephew to pursue other careers that may not garner the 'guaranteed' financial success of nursing. Ong and Azores succinctly explain, 'when nursing is perceived as the profession that will best serve the interests of the family, this course of study is often prescribed...irrespective of that individual's career choice' (1994:173). The issue of race comes into play as it is pointed out that 'there are no Filipino pilots in the world'.

As many occupations continue to be gendered, how does the intersection of race and migration, such as large numbers of Filipino nurses or Indian IT workers then class or race certain occupations?

### **Sexuality and Nursing**

In the 1990s (when these participants all entered nursing school), the number of male nurses was growing. Yet these changing

demographics did not completely erase popular notions of nursing as feminine work which reveals the persistent divisions of gender found in occupations (Cross and Bagilhole, 2002). One respondent, Kris was keen on choosing a feminine occupation based on his sexuality as a gay man, he explained:

*The reason why I wanted to become a nurse? When I graduated from high school I decided to study education, I wanted to become a teacher. Because in the Philippines there are a lot of gay teachers, but my sister said that one teacher in the family is enough, so I asked her what other courses would suit me because I didn't want to become an engineer or an architect because I didn't want to work as a male because I'm gay and they really know I'm gay so my sister suggested that I take up nursing, so I applied to nursing school in Manila.*

**Comment [SP1]:** I was apprehensive about including Kris' statements without properly giving sexuality a stronger role in my paper. Initially I thought and hoped that sexuality would come out more in all of the interviews but it was not prominent enough in the findings.

Kris' comments are consistent with perceptions of gendered work organisations which refers to common notions of men in female occupied jobs as effeminate or gay (Whittock and Leonard, 2003). His desire to enter any particularly female dominated occupation (namely teaching or nursing) expresses his preference of working in an environment that is less threatening for himself as a homosexual man. His reference to not wanting to pursue studies in engineering and architecture alludes to the fact that they are traditionally male dominated fields and he anticipated harassment or ostracisation within these work environments. Therefore social concepts of femininity and masculinity continue to influence gendered work spaces, yet the migration process where men and women are taking up positions in traditionally male or female occupations contributes to transforming people's attitudes as people bring different expectations and views with them (Raghuram, 2008).

**Comment [h2]:** This contradicts what you said above about how perceptions of nursing are/have become different in the Philippines given the opportunities it offers. Maybe you could better link this to what you have discussed previously and to more explicitly employ your theoretical framework. Otherwise this bit of your findings seems rather disconnected from the rest of the dissertation.

Kris' decision to study nursing was made based on seemingly contradictory factors. As this paper attempts to reveal a nuanced side of Filipino men entering the nursing field, Kris seems to be supporting classical notions of gendered occupations (see Whittock and Leonard) by wanting to work in an environment that has long been associated with femininity based on his identification as an effeminate gay man. Therefore revealing the global prevalence and association of nursing as care work thus women's work. Yet these decisions were made prior to moving to London where all the participants experienced personal and professional growth and felt less like men doing feminine work than as global workers in a much needed industry constantly in shortage. Kris was also the eldest of the participants and he entered at the beginning of the period (late 80s/early 90s) where greater numbers of men were going to nursing school. It was during this time that the meaning of nursing was becoming synonymous with migration and long term work abroad thus feeding the demands of the families of the other participants who were urged to become nurses.

### **'Everyone was doing it': males in nursing school**

The continuing discourse of the opportunities of nursing provided an incentive for the participants to enter nursing school and it was evident from their statements that the entrance of men into nursing was a direct response to the growing trend of nurse migration. The participants located themselves at a turning point in the history of nursing in the Philippines as many cited that during their college years in the 1990s it was not uncommon to have a large amount of

men in their nursing programmes. Their narratives signify the transformation of the profession in connection with the labour economy. Rex succinctly connected his college experience with his current situation in London:

*Rex: Right now? I think things are changing. What can I say? Right before, back in the Philippines the notion was that nursing was for girls, but since the demand for nurses abroad is supplied by the Philippines, because you know, the Philippines is a factory for nurses. So there was a point in time where men began to be employed as nurses. So back then they [the public] must have thought that this guy is gay, he is in nursing, but in my era, this was diminished and I think a smaller amount of people think this way. Here in the UK I don't think it's an issue, I mean they have no room to complain because they don't have enough nurses here!*

As a 'factory for nurses' the Philippines produces a surplus of nurses for export. The discourses promoting nursing as an opportunity to work abroad generates the rising enrolment of men in schools which has changed social perceptions of the profession's reputation as a female only job. Rex's awareness of these changes and the shortage of nurses in London helps shape the way he identifies as a migrant worker in London. His perception of the way male nurses are viewed in London seems to downplay continuing stigmas associated with nursing as reviewed by Cross and Bagilhole (2002) or even in popular media.<sup>7</sup>

George noted institutional changes that happened in his local university:

*During my years, even while I was still in high school, it was already accepted then that nursing was not just for females, not just for girls and I think, if I'm not mistaken it was during the 80s when they started accepting male students for nursing. Before it was exclusively for girls if you want to*

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<sup>7</sup> See Ben Stiller's character, Gaylord Focker, who was ridiculed for being a male nurse in the film *Meet the Parents* (2004), also the representation of gay male nurses in the television shows *ER* and *Will and Grace*.

*enroll and if you were male you could not get accepted in nursing school. They decided that there was no law, they couldn't find a reason why they couldn't accept male applicants so it was during the 90s that males started doing nursing. I'm not sure about other schools but in the university that I went to that was the trend.*

The nurses are all acutely aware of their inclusion in changes in the gender demographics of nursing as a response to the global shortage. Unlike other migrant workers, the skills required and the need for nurses offers a sense of stability which validates how much they are needed as nurses regardless of their gender. Yet literature on men in nursing does not make the connection between the need for nurses in the West and the non-migrant male nurses already working in London.

### **Recruitment process**

The meaning of nursing in the Philippines, which has exported over 250,000 nurses around the world (Ball, 2004), is ingrained in cultural, political and economic understandings that facilitate a response to the ever growing global shortage of nurses. Nations that internationally recruit nurses usually rely on colonial ties as the first places to look for new hires (Kingma, 2006). Yet the mass shortage of nurses in the UK facilitated the recruitment of Filipinos. The height of Filipino nurse recruitment to the UK was between 1999-2005 (NMC 2006)<sup>8</sup>. Since the UK was never a major destination for Filipino nurses, some in the group did not know what to expect and some utilised networks to contact friends already in the UK to get assurance.

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<sup>8</sup> Prior to this the UK actively recruited nurses from former colonies such as South Africa and India yet ethical issues in local healthcare needs significantly decreased the movement of these nurses to the UK. Yet consistent recruitment still exists. In 2005 India became the largest source of nurses to Britain.

Beyond possible transnational ties with relatives or other contacts already in the UK, Filipino nurses were also ensured of their work by their migratory status. As skilled workers, the UK offered open work permits and opportunities to permanently reside there. Such benefits made the recruitment of nurses relatively easier than their counterparts who worked in other labor niches such as domestic work. In a country like the Philippines where migration is common, people understand the value of long term legal status. Thus also representing the social and spatial mobility acquired through being a migrant nurse. As recruitment fees and the overall migration process are expensive, the ability to visit the Philippines and to freely re-enter a destination country is ideal.

The participants discussed the fact that the recruitment process was not difficult and that they did not pay any fees except for the processing of their visas. For almost all other jobs, recruitment is commonly envisioned as being accompanied by high fees and long waiting periods for departure. Such swift and easy recruitment experienced by the respondents is a reflection of the bilateral agreement<sup>9</sup> which was developed to protect the migrant nurses as well as the rights of the source and receiving countries. As discussed by Ong (2006) the differential treatment of certain migrants based on the needs of a host country and the types of skill provided is a visible source of inequality which drives immigration policies and impacts the experiences of migrants abroad. The benefits that were included with

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<sup>9</sup> Officially Signed in 2002 between the RP and the UK, yet the nurses in the group all came in 2000 and 2001

overseas work such as lack of placement fees, offers of permanent residency and access to anti-discrimination laws contributed to a sense of safety and confidence for the respondents who believed that such compensation meant that the UK valued them as professionals. All the respondents had a degree of legal consciousness that helped prepare them for working in London. When asked about discrimination in the workplace or beyond George said:

*No because when you work for the NHS they are apart of the government and are very strict with discrimination, so when you see you are being discriminated you can bring it up as a big issue. Even gay bashing was mentioned to us and it is illegal to discriminate gay people. During the NHS induction it was stated in our registration and in the code of conduct that racism is not tolerated. The British manager told us during the interview that we didn't have to worry about discrimination. It was one of my worries, even when I was making the decision to apply. It was one of my scary thoughts. Well its probably because I see myself as a minority. Honestly we still are. Once you are a minority you don't have a loud voice. Another thing is that I'm on my own and don't have anyone to help me because the UK is on the other side of the world. I have no choice. If I really want to progress and go up and you have to sacrifice a lot of things.*

This discussion highlights a realistic perspective of how George was concerned with being a racial/ethnic and sexual minority. The conversation above reflects multiple layers of analysis that are missing from existing work. Although knowledge of legal mechanisms that could protect one from discrimination may not in fact prevent it, the group shared a knowledge of rights which helped shape their experiences as migrant workers. Also knowledge of union participation gave them a sense of solidarity with other nurses and gave them further opportunities of inclusion within the field and society in general. Teichmann (2002, in Winkelmann-Gleed, 2006) states that 'as a wider integration process in a host country,

employment becomes a key expression providing migrants with dignity, confidence and economic as well as emotional stability'(2006:56). Therefore the emphasis on access to anti-discrimination mechanisms reassured the nurses that they were legally protected which was a relief to those with fears of the treatment of foreigners in the UK.

### **Comparing home: nursing differences in the UK and Philippines**

*Rex: In the Philippines the concept is that yes nursing is good if you go abroad but if you are a nurse in the Philippines, fellow Filipinos treat you, even if you are a professional, as a servant*

Besides economic incentives, the nurses were eager to obtain advanced professional training. Some wanted to leave the Philippines where they had felt unappreciated and talked down upon by patients and doctors. In the statement above Rex indicates the treatment of nurses in the Philippines. In recalling their experiences as nurses in the Philippines the group highlighted workplace differences that made a large impact on their perceptions of self. Rex provides an example of his treatment as nurse in the Philippines:

*Well for me, I experienced, I was working and a woman patient thought that I slammed the door, but the door was loose so if you let it go it will fall, she said that I was throwing a tantrum, so I called my supervisor so in front of my supervisor she asked "how much do you get paid?" She said that, "how much do you make in one month?" Actually I remember her in my mind until now, because if I see her today her one month's salary is only an hour to what I get now.*

Rex's expression of confidence here is derived from his knowledge of the discrepancies of pay between working abroad and those remaining in the Philippines. He clearly remembers this incident as a

reminder of how he was once perceived in the past and juxtaposes it with his view of his professional status as a nurse in London.

Once in London, issues of difference and belonging produced sites of contention where the nurses were confronted with challenges to their identities. Racial concerns as well as their educational backgrounds took precedent in discussions of workplace adaptation.

*Rex: All of the [Filipino] nurses here in the UK have bachelors degrees so we have higher degrees, we Filipino nurses all have bachelors degrees compared to the nurses from here because they only have diploma degrees.*

His reiteration of the types of degrees Filipino nurses possess is a way he and other respondents drew attention to their skills which accordingly stressed why they were recruited in the first place. Yet the negotiation of belonging through the discourse of skilled recruitment also called attention to their racial difference where they were able to maintain or construct a reputation for Filipinos as good workers.

*Kris: They [other nurses] are trained like in the UK, we are more north American trained, they say we have odd accents. But lastly there is racism, but once they see your capacity, then they trust you. Filipinos are hardworking.*

Discussions around the solidarity of Filipino nurses were prevalent and lends relevance to Hall's (1996) construction of cultural identity which focuses on how the constant transformation of diasporic communities must utilize the notions of history, culture and power in the process of 'becoming'. In the case of a shared identity of Filipino nurses this corresponds to Philippine nurse migration and current

negotiations of power expressed through skill, experience and work ethic.

A sense of cultural identity as way to negotiate difference constantly arose and proved to be a major site of identity formation, more so than identities of masculinity constantly cited in male nurse literature<sup>10</sup>. When asked about any issues concerning their identities as male nurses:

*Fred: Its not about male and male and women and women, I think its about race to race cases, but the main theatre is different we are somehow like back home I can say that it is a big family somehow the same but different because of the cultural and the race and everything, the relationship in the main theatre is ok*

As race plays a major role in the workplace this quote also highlights unity within their department which is a necessary component of integration into work cultures.

### **Managerial positions**

The disproportionate number of male nurses in managerial positions is often viewed as a strategy of masculinity in the workplace (Evans, 1997 and Williams, 1995). The idea of being 'channelled' into a higher position because of the nurse's sex reflects how certain subject discourses of what men should do are reproduced in workplace institutions. Yet when asked about Filipinos in management positions, one respondent's answer produced contradicting discourses:

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<sup>10</sup> See Williams, 1995, Evans, 1997 and 2004

*Kris: Filipinos are in charge, on the floor yes but not managers. The white nurses tend to want to become managers to work behind a desk and to supervise. Filipinos like working, bed side things, being a manager is stressful.*

These men reject subject positions of masculinized assumptions that are imposed onto them by being 'channelled' into management positions. Their rejection stems from corresponding discourses of economic migrants, particularly Filipino nurses. Ong and Azores' (1994) work on Filipino nurses in the US state that nurses use various strategies to increase their earnings such as working night and double shifts in different hospitals. Being a manager requires being regulated by the hospital in ways that do not allow the migrant nurses in my study to maximise their income potential. One nurse indicated that managers were on salary which meant that they were not paid extra for overtime nor able to benefit from income differentials<sup>11</sup> that came with working night or weekend shifts. Supplemental income is also derived from 'bank' which describes working on days off for a higher rate.

*Rex: Agency shifts help out a lot. A big help to us Filipinos! Filipinos are eager to work extra, man or woman! Totally hardworking.*

Their financial responsibilities of supporting family members in the Philippines makes them acutely aware of the advantages and disadvantages of opportunities presented to them. Thus the group is able to negotiate their agency by actively rejecting institutional regulations and social discourses that glorify managerial work and have been tied to male nurses (Evans, 1997).

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<sup>11</sup> Also described in the UK as 'unsocial hours' which is defined night work (from 8pm on) as well as weekends work.

## **Strategies of masculinity?**

Masculinities are a significant subject position that is constantly scrutinised in research on males in female concentrated occupations.<sup>12</sup> When specifically asked about their experiences as male nurses, all the respondents reported that they do not feel like they are treated differently because of their sex. Thus having to negotiate their masculinity did not come up as a major challenge. As migrant men, most of whom identify as homosexual, they are automatically subordinated by hegemonic masculinity, therefore any overt expressions of masculinity similar to those described by Lupton (2006) were not evident or clearly revealed. Despite the notably low numbers of male nurses in Britain, the group did not feel like gendered minorities because they worked with other Filipinos and other third world men, most of whom came under the same circumstances as professionals fulfilling the local nursing shortage. The historical and contextual environments of the male Filipino nurses indicate that they do not feel like sexual minorities because they have always been around large amounts of men during their whole nursing career. During the period of NHS recruitment from the Philippines (1999-2005) twenty per cent of all the nurses were men and the participants cited no less than 20-30 per cent of males in their batches.<sup>13</sup> While this percentage still represents a minority, it is proportionately higher (3 times the current amount of the local male

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<sup>12</sup> Cross and Bagilhole, 2002, Lupton, 2006, Whittock and Leonard, 2003 and Lupton, 2000

<sup>13</sup> Most NHS and private employers recruited Filipino nurses in batches which meant that nurses came in groups where they all lived and worked together for indefinite amounts of time. The calculation is an estimate provided by participants because no official data offering gender disaggregated statistics is available.

nurse population of 11 per cent) than the amount of existing native male nurses in London.

Unlike the male nurses, and other men in female dominated occupations, in prior research conducted on male nurses<sup>14</sup>, the need to maintain a masculine identity in a traditionally female field is highlighted as a major challenge. The maintenance and negotiation of masculinity provoke male nurses to employ a number of strategies such as: distinguishing themselves into male identified specialties, emphasising masculine elements of their jobs and 're-naming' their occupations, pursuing higher administrative positions, and disassociating themselves from work altogether (Williams, 1995). A mixture of shame and pride pervade these strategies and reveal how a preoccupation with gendered norms prevents social transformation of the perception of nursing as a practical occupation for both sexes. Bradley (1993) suggests that the entry of men into female dominated positions may signal changes in forms of masculinity. Her infiltration thesis believes that historical gender relations may be undermined by responding to transformations in the job market which has occurred in cases of male unemployment. Yet Evans' (2004) work on the advantages experienced by male nurses indicates that entrance into a new field does not necessarily signify a progressive change in sex roles. My study suggests that culturally specific perceptions of nursing deemphasised the need for my participants to express their masculinity which contests the immediate association of gender roles and nursing. The focus on sex roles ignores the realities of other

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<sup>14</sup> (Williams, 1995, Evans, 1997 and 2004, Whittock and Leonard, 2003, Lupton, 2000)

aspects of identity that must be negotiated and they might open new possibilities which complicate automatic associations of certain jobs with a person's gender.

All the men in the group work in specialised departments, consistent with one of the strategies forwarded by Williams (1995) and Evans (1997) which states that male nurses work in more masculine specialties such as theatres or the psychiatric ward. Yet women also work in specialised departments, in the case of the three men who work in theatres, they worked mostly with other foreign nurses from the Philippines, Ghana, and South Asia. From the work situations of the respondents there is about an equal proportion of men and women that work in specialised departments and that most of them are foreign. Migrants come here for economic and professional reasons and the disproportionate numbers of migrant nurses in the theatres department could be attributed to the extra training offered and also to the increased pay which serve as legitimate reasons for all nurses, especially foreign ones, to desire to work in specialised departments. Also, Evans (1997:2003) notes a possible ambiguity of men's 'choice' to work in specific departments as her research indicates that men are 'channelled' into certain fields not only because of their own viewpoints of masculinity but from gendered perspectives of their administrators, other nurses, and mentors. Hence, the inclusion of men into special departments cannot always or only be defined as a product of their desire to express their masculinity which in effect would subordinate women or anyone else

below them. Existing literature <sup>15</sup> does not account for the economic and professional factors which entice women and other sexual or racial minorities into specialised departments.

Yet one respondent explicitly explained a notion of masculinity stating that working in the ward was 'not his cup of tea'. He identified the work in the theatre as the 'masculine' side of nursing because it was more technical and there was no direct patient interaction.

*Fred: I think when you work in the ward its different, in the theatre its different because we are operating and it is dominated by men the people in the operating main theatre. It's not like in the ward where people are washing and cleaning patients where it is the more feminine side of nursing. Theatre is the more masculine side.*

Fred's statement reveals a dominant discourse of gender segregation in nursing which was not mentioned by the other respondents. It could be assumed that this would be a typical remark from the only man in the study who identifies as heterosexual, however sexuality is not a conclusive reason for thinking in such a manner. In the same note, Fred talked about his interest in working in theatres because he was inspired by his mother who is also a theatre nurse in the Philippines. Such a statement could have lent itself easily to the explanations provided by other studies that conflate the need for male nurses to explicitly express masculinity in their field of work, yet it can also be viewed as buried in multiple discourses and experiences.

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<sup>15</sup> Evans, 1997, Heikes, 1992

## **Rethinking male nurse subjects**

The participants in this study provided significant insight into their lives and experiences which highlight how their perceptions of self were influenced by multiple discourses that produced their current positions as migrant nurses in London. These Filipino male migrant nurses negotiate their belonging in the workplace and in society through strategies which highlight the ways they perceive to be socially valued as skilled professionals and through dominant discourses of Philippine migration that motivated and inspired them to become nurses in the first place. As masculinity plays a prominent role in studies on male nurses, the respondents illustrated how their subject positions as minorities by sex, race, and sexuality within their occupation provoked different challenges that overshadowed the need to express masculinity. My findings suggest that the economic and social rewards that construct a sense of confidence and legitimate their occupational choice trump any commonly perceived threats to their masculinity within a female concentrated profession. Therefore examining the intersections of race, class, gender, and occupation offer important nuances in understanding the lives of male nurses in relation to influences of global labour markets and the meanings of gendered skilled migration to certain populations.

## **Conclusion**

Filipino male migrant nurses are a product of social, political and cultural discourses in the Philippines that influence their desires and identity formation in London. The opportunities of nursing as a guarantee to earning potential abroad is culturally ingrained in

patterns of occupational selection and migration. The reliance of the Philippine state on the deployment of migrants, especially nurses, is strengthened by individual and family expectations which shape nurses' perceptions of their own identities and life trajectories. My findings demonstrate the diverse ways male nurses from the Philippines negotiate belonging and difference in London through justifications of skilled professional migration and the realistic need for nurses in the country. Strong discourses of the Philippine culture of migration pervade the ways the male nurses constructed their identities.

Since theoretical frameworks on gendered and skilled migration and men in nursing are treated as mutually exclusive, there is a gap in research addressing the experiences of migrant men in female dominated occupations. This study exposed the limitations of assuming issues of masculinity without acknowledging multiple constructions of identity that produce the current subject positions of male nurses. Global labour markets and local economies produce realities that provoke contradictions that must be dealt with in a manner that does not constantly associate men with masculinity. My findings reveal that other facets of these men's identities such as being foreign-trained generated greater challenges that are more relevant to their own goals and understandings of migration. The meanings of nursing as an occupation that can provide a better life create discourses of professionalism that contradict popular conceptions of men in nursing found in some developed countries such as the UK. It is necessary to depart from existing literature on

nurse migration and men in nursing by carving new paths that will allow us to learn more about how institutional and social forces often attributed to transformations in the labour market affect the experiences of migrant men in female dominated occupations. Research should be wary of the automatic association of masculinity and femininity with male and female minorities in workplaces. Suggestions by Halberstam (1990) and Kvande (1998) to detach ideas of masculinity and femininity from male and female bodies is a viable avenue of thought that should be applied to theories of gendered organisations. This study showed that masculinity is only one of many identity formations produced by the Filipino male migrant experience. The implications of transformations of the labour market on migration flows and occupational choices potentially dislodges dominant assumptions of masculinity and femininity as well as race, sexuality and class in work organisations.

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