

## **Trends in the Filipino Nurse Migration to the U.S. A Humanist Approach**

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*The global nursing shortage created opportunities for registered nurses from developing countries to seek professionally and financially rewarding careers in progressive countries like the United States. Using Maslow's theory on the Hierarchy of Needs as the framework, this phenomenological study examined the lived experiences of eleven indigenous Filipino nurses who migrated to the United States. It looked into the meaning of the migration as the participants lived through their experience, approaching it from a humanist perspective. Ultimately, this study could be used as a guide in the development of employment and health care policies that are more responsive to the current state of the nursing profession.*

### **INTRODUCTION**

In the late 1990's, health care administrators all over the world acknowledged the shortage in the supply of registered nurses. This global phenomenon affected even the most progressive countries like the United Kingdom, Ireland, Canada, Australia and the United States (Aiken, Buchan, Sochalski, Nichols, and Powell, 2004). To meet the demands of their domestic needs, these countries started recruiting foreign nurses from developing countries. U.S. hospitals through nurse recruitment agencies, directly recruited from the Philippines, a well known source country for nurse migrants (Buchan, Kingma, and Lorenzo, 2005). By mid-1980s, 75% of all foreign nurses in the US nursing workforce were Filipino (Van, 2010). According to the World Health Organization (2007), the Philippines is the largest exporter of registered nurses, with about 250,000 found in more than 30 countries worldwide

### **Purpose of the Study**

This study intended to understand the impact of the nursing shortage on the Filipinos' choice of a nursing career and what prompted them to leave their country. Using Abraham Maslow's hierarchy of needs as the theoretical framework, this study explored the opportunities inherent in the nursing profession and how this opportunities influenced the RNs' personal goals. It intended to answer the following research questions:

1. What prompts Filipinos to pursue a nursing career?
2. Why is the United States the preferred choice destination of Filipino nurses?
3. What does it mean for the Filipino RNs to be immigrants in the United States?

### **Design of the Study**

Eleven participants reconstructed their lived experiences within the parameters of this phenomenological study. The goal was to obtain comprehensive descriptions of their experiences and to understand what these experiences meant to each (Moustakas, 1994). The participants were indigenous Filipino nurses who completed their nursing degree in the Philippines, worked as nurses in the country, then emigrated and worked in various health care facilities in the United States.

An interview guide was designed and used to contain the information obtained within the context of the study. Analysis of the data followed the modified van Kaam method (Patton, 2002). It included the application of phenomenological reduction and bracketing, delimitation process, and the integration of the composite textual and structural descriptions of the statements (Moustakas, 1994). By synthesizing the meaning and essence of the experiences, five themes emerged giving a new meaning to the phenomenon.

### **Significance of the Study**

This study contributes to existing literature by understanding the phenomenon from a humanist perspective. The findings should encourage the readers, especially aspiring Filipino migrant nurses, to revisit their personal goals and understand the motives behind their decision to leave their country. It can help in assessing their opportunities and threats as they go through the decision making process.

This study contains valuable information for the government and other social institutions to draft policies directed towards (1) resolving the shortage of nurses within their domain; (2) strategizing to develop the inherent human resources towards the nursing career to fill the vacuum created by the shortage, and (3) establishing bilateral and mutually beneficial activities between the United States and the Philippines in relation to the phenomenon. Reforms on nursing education and health care policies on a national level may also be initiated to become more responsive to the current state of the nursing profession.

## **REVIEW OF LITERATURE**

### **The US Nursing Shortage**

Auerbach, Buerhaus, and Staiger (2007) reported that the U.S. nursing shortage began in 1998. In 2001, there were 126,000 unfilled hospital positions. While the nurse population grew to about 2.71 million in 2012, with a projected growth of 19% the net replacement of nurses retiring or leaving the profession, required an estimated 1.05 million nurses by the end of this decade.

The American Association of Colleges of Nursing (2011), identified the following contributors to the nursing shortage: (1) The shortage of nursing school faculty restricted nursing program enrollments. (2) A significant segment of the nursing workforce were nearing retirement age. (3) Changing demographics signaled the need for more nurses to care for an aging population. (4) Insufficient staffing raised the stress level of nurses, which drove many nurses to leave the profession. According to Rosseter (2014), the United States is in the midst of a nursing shortage that is expected to intensify as seventy-eight million baby boomers age and the need for health care grows.

### **The Philippines, a Primary Source of Registered Nurses**

The Philippines, an Asian country with a population of 101 million as of July 2015 (CIA World Factbook, 2015), is abundant with four year (BSN) nursing degree graduates, which is the only pathway to become a registered nurse in the country (Paquiao, 2003). Due to the global nursing shortage, the number of enrollees in this program increased. From 2003 to 2009, there were more than half a million (530,988) nursing board examinees with the number of takers in 2009 (172,363) being the largest so far in the history of the Philippines (Professional Regulation Commission, 2009). Successful examinees are issued nursing licenses by the Professional Regulation Commission (PRC), a government agency responsible for the administration, and enforcement of regulatory policies on the regulation and licensing of various professions and occupations. This license allows a nurse to practice in the country.

Due to the global demand for registered nurses, the number of private colleges and universities, as well as private hospitals offering BS Nursing degrees, have also increased. In the 1970s, there were only 40 nursing schools in the country. By 2006, there were 470 such schools (Health Alliance for Democracy, 2006), including computer schools that started offering nursing courses and those that are focusing more on reaping profits from people dreaming of high-earning jobs overseas, than on preparing students for an exacting profession that provides care for ailing patients and technical support for doctors (Estella, 2005).

The opportunities for RNs to work abroad specially in the United States have become increasingly attractive to Filipinos. U.S. immigration and Filipino emigration laws provide irresistible opportunities and incentives for nurses to leave their homes. Many Filipino nurses who entered the United States on work visas benefited from the passage of the Nursing Relief Act of 1989 which provided for their adjustment to permanent resident status (Rodis, 2013). In 2005, Congress amended the Immigration and Nationality Act (INA) to relax its visa procurement procedures for foreign nurses who wish to immigrate to the United States. As U.S. immigrants, Filipino nurses can petition their immediate relatives to become U.S. permanent residents and immediately be eligible for U.S. social benefits (Van, 2010).

Many career people in the Philippines shifted to nursing due to these opportunities. Physicians and doctors, engineers and architects, lawyers and managers, teachers and civil servants, among others, have shifted careers, studied nursing, passed the nursing board exams, and waited for their turn to be hired abroad (Clemens, 2006). From 2003 to 2007, there were 9,000 Filipino doctors who retrained as nurses, and have since gone to the United States. It resulted in some rural hospitals having few, if any, doctors and nurses. (Tan, 2007; Geller, 2007).

### **Recruitment of Filipino Nurses**

The United States is the largest importer of nurses because of the size of its health care system (Aiken et al., 2004). Health care facilities in the United States have been hiring directly from the Philippines, which ranks first in the U.S. nurse migration pipeline (Van, 2010). In seeking employment in the US, Filipino nurses must satisfy the following: 1) an assessment of a nurse's education and work experience, registration and licensure; 2) English language proficiency exam using the TOEFL (Test of English as a Foreign Language). 3) a one day qualifying exam instituted by The Commission on Graduates of Foreign Nursing Schools (CGFNS) testing nursing knowledge and, 4) the National Council on Licensure Examination for Registered Nurses (NCLEX) examination. CGFNS and NCLEX Factsheets indicate that among the exam takers educated outside of the United States, the Philippines continue to be the largest since 2003 (CGFNS International, 2011; Health Resources and Services Administration, 2013).

Unemployment in the Philippines has become a deterrent to the RN's quest for overseas employment. RNs seeking jobs abroad are required to have a minimum of two to three years of clinical experience. Unfortunately, jobs for nursing graduates were not available. To satisfy this requirement, unemployed nursing graduates work for many years as volunteers without pay. Worse, some hospitals require volunteers to pay "training fees" while availing of the volunteers' professional services (Pring and Roco, 2012). For aspiring nurses, this practice of volunteer work has become a necessary evil which has gone from bad to worse. It is survival at its most condescending state, a desperation attempt that has become a reality in the nursing career in the country.

### **The Economy, Technology, and Professional Growth Opportunities**

In 2014, the monthly poverty threshold in the Philippines for a family of five was equivalent to \$178.33 (National Statistics Coordination Board, 2015) while in the U.S., it was \$ 2,325.83 (Office of the Assistant Secretary for Planning and Evaluation, 2014). The average monthly salary of a Filipino nurse was about \$ 347.00.while in the U.S it was \$ 5,624.16 (Bureau of Labor Statistics, 2015). The United States, due to its economic leadership, has maintained high wages and a better quality of life which attracted immigrants by the millions from all over the world. Immigrants however, found themselves relegated to the bottom of the economic ladder where they work in the least desirable jobs and subsist in meager conditions until some of them achieve some degree of upward social mobility. Only the medical

field, however, provided the best access to these opportunities together with the assurance of a respectable job (Toro-Morn & Alicea, 2004).

The Philippines lags behind in technology, modern equipment and facilities. Blood pressure cuffs are not automated. There is unsafe re-use of sanitary gloves, syringes and needles which in other countries are thrown away as disposables. The nurse to patient ratio (1:30) in the Philippines is much higher than in the US (1:4) (Vestal & Kautz, 2009). These huge discrepancies in technology make the practice of nursing in the Philippines undesirable.

There is a feudal system in the nurse-doctor working relationship where Filipino RNs are treated as subordinates and therefore do not feel recognized as a partner in the medical profession (Adversario, 2003). Because status is an important part of Filipino culture and family, this lack of recognition and acknowledgment, coupled with the problems of being overworked and underpaid, stunts growth opportunities and creates a prolonged feeling of dissatisfaction on the job.

## **CONCEPTUAL FRAMEWORK**

Humanism is a philosophical movement that is most concerned with the development of the whole person and places a great deal of emphasis on the affective component of the learning process (Swanson & Holton, 2001). Individuals are viewed as seeking self-actualization through learning and being capable of controlling their learning process (Swanson & Holton, 2001). It focuses on the person and how the person's goal is affected by the way the person perceives the environment and these perceptions are centered in experience (Merriam & Caffarella, 1999).

### **Maslow's Hierarchy of Needs**

Abraham Maslow (1908-1970), created humanistic psychology and developed a theory on human motivation which stressed the importance of satisfying human needs (deficiency and growth) to function effectively (Maslow, 1970). He classified these needs under five categories arranged from lowest to highest: 1) Physiological-The need for food, air, water, clothing, shelter, and bodily requirements such as rest, good health, and sex; 2) Security and Safety-The need for security; stability; dependency; protection; freedom from fear, from anxiety, from chaos; need for structure, order, law, limits; 3) Belongingness-The need for acceptance, feeling of belonging, love and affection, and friendliness; 4) Esteem -The need for achievement, adequacy, mastery, competence, confidence, independence, freedom, prestige, self-respect status, fame and glory; 5) Self-Actualization- the full use and exploitation of one's talent & potentialities, sense of accomplishment, realization of creativity, self-fulfillment. According to Maslow (1970), when a lower-level need is satisfied, a higher order need arises to motivate the individual until he or she becomes everything that he or she is capable of becoming.

The culture and environment, both in the Philippines and the United States have divergent impacts on need gratification as these may provide two completely different ways of satisfying a particular desire (Maslow, 1970). This being the premise, understanding the concept of Filipino culture and motivation was extremely important in this study.

### **Filipino Values and Motivation**

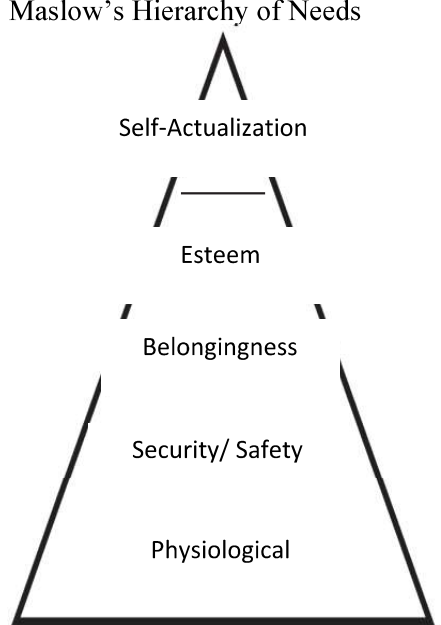
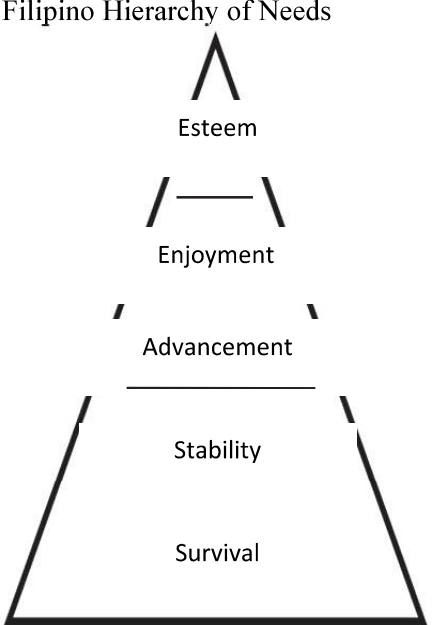
The Philippines is a rural society in which the family is the prime unit of social awareness (Paprock, Yumol, & Atienza, 2006). It is the center of the social structure which includes the nuclear family, aunts, uncles, grandparents and cousins. Love and strong affection with deep concern for each other is very marked in the Filipino family (Quiambao, 1976). Filipinos share a common set of values emphasizing social acceptance as a primary virtue and a common worldview in which education is a principal avenue for upward social mobility and in which success is measured primarily in terms of income and material comforts (Bunge, 1991). The influence of the family on one's choice of career is very strong and parents continue to dictate the choices of one's career and education (Paprock et al., 2006). Van (2010), cited the Troy study, where families coaxed their young women into becoming nurses, even if nursing was not the children's preferred career.

In the Filipino family, the interest of the individual must be sacrificed for the good of the family (Bulatao, 1973), Examples of these include postponing marriage or passing up a job offer or a job promotion that would separate them from the family. Parental authority prevails and continues to play a role in a Filipino's life as long as parents are alive (Hofstede, 1997).

Caring for a Filipino family is a commitment in which the responsibility is carried on for life. Parents are responsible for the welfare of the children however, when the children are grown up, they are responsible for the care of the aging parents (Salcedo, Peralta, Ronquillo, & Espiritu, 1999). A parent may temporarily leave his or her family and children to pursue better opportunities away from home. In return, the parent is expected to deliver the “benefits” of being away in the form of money and other material things, or simply prestige which brings honor and dignity to the family. For Filipino RN migrants in the U.S., the challenge of being able to bring their family to be reunited in the “land of opportunity”, is the utmost fulfillment of their purpose of being- their self-actualization.

Dr. Tomas Andres in his book entitled “Developing Positive Behavior by Filipino Values” (1991), developed the Filipino hierarchy of needs in conjunction with Abraham Maslow’s theory on human motivation. Figure 1 illustrates a comparison of the two theories relative to the concept of Filipino values.

**FIGURE 1  
THE FILIPINO HIERARCHY OF NEEDS INCOMPARISON WITH MASLOW’S**

Maslow’s Hierarchy of Needs	FILIPINO VALUES	Filipino Hierarchy of Needs
	Must have honor, dignity, pride, and prestige or by being a hero to the family and others.	
	Must have the capability to enjoy life and be happy, a measure of personal success	
	Must have personal and professional growth and advancement	
	Must have security and tenure to insure stability of oneself and family	
	Must have income to support basic needs of oneself and the family	

Note: Extracted from Maslow (1970) and Andres (1991).

At the base of the hierarchy, is Maslow’s basic needs for food, clothing, and shelter. For the Filipino, this means survival not only of oneself but also of the family. At this level, only “money” in the form of equitable wages and salaries enough to provide and sustain the basic needs of the family is the prime motivator (Andres, 1991).

At the second level, both Maslow and Andres believed that mere wages will rarely provide for security and stability. The Filipino will strive to seek continuous security and protection such as life and health insurance, retirement and other fringe benefits from which the family can also enjoy. At this level, the individual desires for better opportunities, where the promise of a stable future for the family is achievable. For most Filipinos, overseas employment is the primary means to achieve this goal. Currently, there is an estimated 2.4 million Overseas Filipino Workers (OFW) all over the world

(Philippine Statistics Authority, 2015). To insure that their families are provided for and secured, Article 22 of the Philippine Labor Code was enacted, requiring “mandatory remittances to families from the OFW’s earnings” (Van, 2010). Personal remittances from Filipino overseas workers rose to \$ 28.4 billion in 2015 (Caraballo, 2016)

Professional advancement and growth brings honor to the Filipino family. This is characteristic at the third level in the hierarchy, For the Filipino nurses working in the Philippines, the opportunities are very limited. Filipino nurses fail to move up to this level of achievement either because there is simply no room for advancement or the nurses are still struggling to meet the challenges at the second level in the hierarchy. In considering foreign employment, the United States, is the logical choice because of the opportunities for professional growth and personal advancement that the country can offer. All the participants in this study have expressed this desire and have all migrated to the U.S.

A Filipino becomes highly motivated when he needs to prove his self-worth (Andres, 1990). Maslow (1970) describes this fourth level as esteem needs, where one seeks to gain self-respect, prestige, fame, and glory. The Filipino RN at this level, is self-fulfilled, confident, and independent. He or she has the means and the resources financial or otherwise, to enjoy life at its fullest- a measure of success (Andres, 1991). This is an affirmation of one’s achievement that brings prestige to the individual and his family which can only be achieved in the U.S..

As Andres (1990) emphasized earlier, the pervasive end of the Filipino’s effort is still the family. The desire to experience ever deeper fulfilment by realizing their commitment to the family, becomes the ultimate goal. As they attempt to move up to the fifth level in the hierarchy, a course of action is selected and outcome-directed behavior occurs (Andres, 1990). The Filipino RNs now focus their efforts to bring their families to the U.S. to be reunited. This is an honorable accomplishment with great intensity, being a “hero” to the family, a measure of the Filipino’s self-esteem and self-actualization (Maslow, 1970). All the participants in this study have reunited with their families in the United States. According to Reinemeyer & Betalova, (2007), family reunification accounted for almost 63 percent of all lawful permanent immigration in this country in 2006.

## **FINDINGS**

While numerous literature have been published regarding the migration of Filipino nurses to the United States, a different approach was undertaken in this study. This study veered away from simply discussing the seemingly obvious rationale (economics) to explain the migration of Filipino nurses to the United States, to looking into the non- economic motives (psychological) and the chaotic (systems) that prompts the Filipino nurses to leave their country. This study has established that mere economics does not motivate Filipinos to pursue a nursing career.

The study was particularly focused on answering the three research questions revolving around the experiences of the participants as they went through the migration process from the Philippines to the United States. While each participant had a unique experience, common themes evolved which were then compared to literature and related to the theoretical framework that was used in the study. These themes summarized a commonality of feelings and perceptions expressed by each of the participants as they responded to the inquiries in each of the research questions. Five themes evolved which embodied the essential meaning of the migration of Filipino nurses to the United States.

Theme One: The nursing career in the Philippines is a means to an end, reflects the ultimate objective (migration to the United States) of some Filipinos who took up nursing despite their awareness of the bleak future of the profession in the country. It highlights migration as a means for survival of oneself and the family. From these questions, five themes evolved.

Theme Two: Employment conditions for registered nurses in the Philippines prompts Filipino nurses to leave the country, relates to the second level in Maslow’s hierarchy regarding security and safety needs. It provides a comparison of the working conditions of nurses in the Philippines with those in the United States and how

these conditions affect the security, safety, and economic stability needs of the nurses and their families.

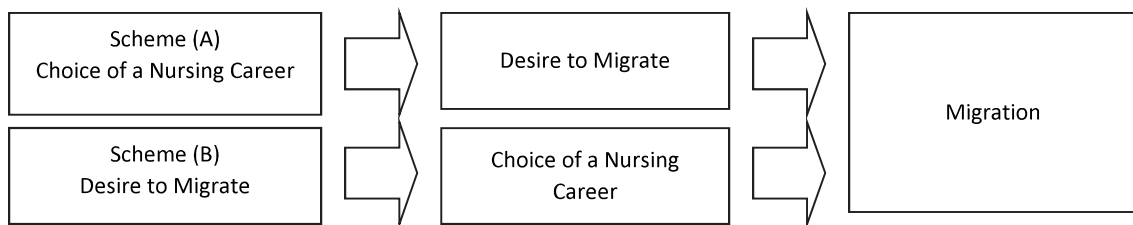
Theme Three: The family is at the center of the Filipino nurses' career, gives an insight into the value of the family as a motivator or a deterrent in the Filipino nurse's quest for professional growth and self-actualization.

Theme Four: The United States provides the opportunities for professional growth highlights the U.S. environment as being supportive and conducive to personal and professional development not found in other countries.

Theme Five: Being successful in one's career and a good provider for the family culminates in self-actualization, explains that to achieve self-actualization, the Filipino nurse must have both provided for the stability of his or her family and at the same time be professionally fulfilled.

There were three reasons that lead to the pursuit of the nursing career: 1) the dedication and love for the profession; 2) the desire to be emancipated from the social, political, and economic turmoil in the country where becoming a nurse and migrating to another country is a means of deliverance and, 3) the influence of the family on the choice of career. Please refer to Figure 2.

**FIGURE 2**  
**SCHEMATIC DIAGRAM OF NURSE MIGRATION IN THE PHILIPPINES**



In Scheme A, the choice of a career precedes the desire to migrate. Three participants in this study became nurses for the love of the profession. The desire to migrate was not their goal, until they were prompted by the realities of unemployment, poor working conditions, lack of professional growth, and low wages in the practice of the nursing profession in the Philippines.

In Scheme B, the desire to migrate precedes the choice of a career. Eight of the participants, some with previous non-nursing degrees were in this category. Two of them, (one with a business degree, the other a licensed mechanical engineer), were employed in their respective fields of interest before becoming a nurse. Another, was a practicing physician with her medical clinic in the Philippines. These professionals became nurses to avail of the vast opportunities for overseas employment accorded the profession. They wanted to leave the country where the social and environmental conditions were not conducive for their personal growth and those of their families. The practicing physician now works in Nevada as a school nurse, while the other two veered away from the nursing career and have since established profitable non-nursing businesses in San Antonio, Texas.

**CONCLUSION**

This study illustrated how human needs prompted Filipino nurses to pursue a nursing career and eventually emigrate to the United States. Phenomenological research provided the opportunity to discover the meaning and essence of this migration as the Filipino nurses lived through this experience. In the Philippines, the increase in the interest in nursing in the 21st century, cannot be attributed to the love and passion for the profession. Nursing graduates in the late 1960's and early 1970s' may have been the epitome of dedication to health care service and to serving their country. However, at the onset of the global nursing shortage, nursing started to change its image from being a human profession dedicated to

the care of the sick and the infirm, to becoming a means of leaving a country undergoing economic, social, and political turmoil. One participant, a former administrator of a nursing school in the Philippines reported that about 90% of those she interviewed for admission to their nursing program expressed desire to work abroad, specifically in the U.S. They showed no interest in serving the local community. For some, the nursing career was imposed on them by their family with the end in view of migrating to the United States. Their nursing cap was their passport to many parts of the world (Choy, 2003).

Because the Philippines produce thousands of nursing graduates each year, the government is burdened with unemployment. Due to the requirements of clinical experience in overseas employment, these graduates are forced to accept volunteer work without pay or worse, pay to be able to do volunteer work. This can be an exercise in futility that leads to frustration in case the RN is unable to leave the country. These RNs eventually change careers such as working in call centers or going abroad as domestic helpers and care-givers. The issue of survival has taken precedence over the nursing career. The key implications in this study are as follows:

1. Nursing in the Philippines lost its prestige as a human profession. It has become a means to leave the country.
2. The desire to emigrate will continue to be an issue in the Philippines due to the unstable economic system and unfavorable working conditions in the country. The opportunity for overseas employment will continue to attract Filipino workers until a fairly reasonable work environment, will balance out the benefits vs the consequences of overseas employment.
3. Shifting to the nursing profession may leave other professions critical such as what is currently happening to the medical profession. This will eventually create a deficiency in other fields of the human expertise that may later have serious implications to Philippine society.
4. As the United States tightened their policies on migrating Filipino nurses, there is risk in the flourishing of Filipino nursing graduates. The oversupply can lead further to serious unemployment problems for the Philippine government.
5. Losing the best RNs and medical doctors to foreign countries creates a serious problem on the future of the Philippine health care system considering its rapid growth in population.

### **Significance to Human Resource Development (HRD)**

From an HRD perspective, this phenomenon falls within the parameters of the theoretical foundations of HRD (economics, system, and psychology) (Swanson & Holton, 2001). Economics is very pronounced in this study as migration seems to be prompted by the Filipino nurses' desire to earn more to be economically stable. The other serious considerations were embodied in the psychological aspects of migration. The desire for recognition, job satisfaction, professional growth, and development, expressed by the participants as lacking and deficient in the practice of nursing in the Philippines, are behavioral factors that need to be addressed and corrected. The overproduction of nurses in the Philippines is a defect in the system. While the Philippine government continues to encourage the exportation of human resources, it has failed to provide local employment for these nursing graduates. There are no suitable alternatives for those nurses who are unable to leave the country. As a result, the prestige of the nursing career disintegrates as nurses turn to non-nursing jobs for survival.

Considering the cost to complete a nursing degree, the desire to get back what was invested is a very strong motivator that drives the nurses to seek overseas employment. Becker (1993) looked at these costs as investments with valuable returns that can be calculated. As such, Filipino families will go out of their way to provide the means that will enable their members to earn a nursing degree and eventually be able to move to the United States.

The role of HRD is to help retain the purpose and effectiveness of the system for individuals to develop to their fullest potential (Swanson & Holton, 2001) by reviewing the whole system, putting in



place and enforcing policies directed towards ensuring the quality of learning. HRD intervention can play an important role in the development towards stability.

Understanding the factors that contribute to a foreign nurse's assimilation into US culture will allow recruitment of foreign nurses, particularly Filipinos, to continue to be a viable solution for the nursing shortage (Vestal and Kautitz, 2009). "There is no place like home" as the saying goes. For most of the Filipino RNs, the United States is now their home.

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