

Higher education, migration and policy design of the Philippine Nursing Act of 2002*

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Abstract

In examining the nexus between higher education and migration policy, scholars explore the institutional level (i.e. how universities compete for students) and individual migrants' perspectives (i.e. motivations to pursue higher education and emigrate) but little is known on the role of the states in creating a policy environment for these actors to operate. From the policy design of the *Philippine Nursing Act of 2002*, this study accounts the state's role in promoting emigration by designing nursing policy that educates Filipino nurses for foreign employment. By identifying and accounting for the competing motivations of policy actors inside and outside the domain of higher education, it concludes that in the design of nursing policy these policy actors integrate nursing education to the overarching state policy on labor export for economic development.

Keywords: economic development, higher education, migration, nurses, policy design

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The migrant-sending state, higher education and export of nurses

In migrant-sending states, one of the key components of higher education policies is to produce a globally competitive skilled labor resource. The idea is to ensure that these skilled persons could improve domestic production and growth as well as pursue prospective careers abroad and contribute monetary remittances to their home countries. While recent debates in the field of higher education and labor market policies center on the interplay of skilled migration, student migration and the internationalization of higher education (e.g. Brooks and Waters, 2011; Faggian et al., 2007), the relationship between higher education and economic perspective of emigration (which refers to the positive contribution of remittances on migrant-sending economies, i.e. 'migration-development nexus')¹ remains under studied. That is, little is known about how higher education is deployed as an emigration strategy to realize the economic development goals of sending countries.

The export of nurses is a growing industry in migrant-sending countries, such as India and the Philippines that view the economic opportunity of the labor market created by chronic shortages of nurses in wealthier nations. In contrast to the traditional knowledge that negatively portrays the emigration of skilled workers as 'brain drain'- a phenomenon where developing countries 'lose the people most likely to generate development' (Skeldon, 2008, 10), the international mobility of nurses also operates as one of the key factors in achieving economic development by means of monetary remittances, which contribute positively to the Gross Domestic Product (GDP) (Brush and Sochalski, 2007; Skeldon, 2008). Migrant-sending countries consider nurses as a leading partner in nation building (Choy, 2003); hence, formulate and implement labor policies for promoting nurse emigration and help achieve economic development. These countries engage in educating nurses for export as a common strategy to prepare nurses for foreign employment (Masselink and Lee, 2010; Ortega, 2014; Walton-Roberts, 2015).

This study situates in the Philippines, a country that brokers labor to the world through its neo-liberal policies (Rodriguez, 2010) and known for the production of gendered labor migrants such as domestic helpers, entertainers (Parreñas, 2011; Parreñas, 2001) and nurses (female) (Choy, 2003) and seafarers (male) (McKay, 2007). Moreover, the country has a dynamic higher education sector, where universities, mostly private (71.5% of 2299 universities) are engaged in export-oriented

education such as nursing, hotel and restaurant management (Ortiga, 2015) and maritime studies (McKay, 2007), among others. This paper examines the *Philippine Nursing Act of 2002* (hereafter the *Nursing Act of 2002*), the overall policy that oversees nursing education and professional practice in the Philippines. The *Nursing Act of 2002* (signed into law in 21 October 2002) repealed the *Philippine Nursing Act of 1991* due to the significant development in the nursing profession, considering the mounting popularity of nursing education (as a Bachelor's degree) from the upsurge in the international demand for nurses that could not be addressed by the previous law. Unlike the 1991 version, the *Nursing Act of 2002* stipulates the increased regulation of the nursing profession, education and licensing to guarantee the international competitiveness of Filipino nurses. With this existing law at hand, the Philippines has deployed an average of 16,000 nurses (POEA, 2016) to countries like the United States (USA), the United Kingdom (UK) and Canada for the period 2010-2014, while local health hospitals and institutions could only accommodate 2,500 nurses annually. In terms of remittances, Filipino nurses in the USA remit estimated to US\$ 1 Billion annually (Relos, 2014). This amount could be higher if remittances of Filipino nurses from other countries were included. What is fascinating is that the *Nursing Act of 2002* is not a labor migration policy, but a policy to reform a specific higher education sector in the Philippines. Analyzing the 'process of designing' (Howlett, 2014, 194) of the *Nursing Act of 2002* from the policy design framework would help establish how and why the state contextualized this law as a pro-emigration policy. Further, this framework enables the tracing of how competing beliefs among policy actors develop into a state strategy of fine-tuning nursing education to preparing nurses for foreign employment amidst the global economic changes and demand.

In the next section, I show how most scholars interested in the migration and higher education nexus focus on migrant institutions or organizations and any entities that provide access and manage opportunities of migration (Goss and Lindquist, 1995), specifically private education institutions, as the main topics of research. With their focus on private education institutions, they leave behind the central role of the state in providing the necessary policy environment for these institutions to operate in designing public policies for promoting nurse emigration. This is a research lacuna to which a policy design perspective could contribute. After presenting the policy design approach for studying nurse emigration policy, I explain the ways in which this study adds to our understanding of how nurse-sending states operate. I will do so by moving the analysis from education institutions to the policy-making role of the state in designing higher education policies. From this perspective, this paper demonstrates the competing beliefs and motivations of policy actors inside and outside the domain of higher education, and describes how they shaped nursing

education and professional standards to promote nurse emigration. Although differing on some salient issues, they designed nursing education as an export-promotion strategy to achieve economic development. In the end, I conclude that outside the policy domain of labor migration, the sending state circumvents nursing education to integrate the overarching state policy on labor migration for economic development. This paper further engages the debates on the interconnection between higher education policies and migration-development in nurse migration through the policy design perspective.

Engaging higher education institutions in the nurse migration industry

Existing knowledge suggests that there is a linear relationship between higher education and nurse migration. Skeldon (2009) and Kingma (2001, 206) argue that higher levels of education and professional development will most likely induce higher nurse migration flows at the global level, respectively. This is because of the increased competitiveness among higher degree holders, which should be on par or even greater than their counterparts in destination countries and make them attractive to foreign employers. Further, looking at the case of Europe, the standardization of nursing education in graduate and undergraduate levels is also expected to increase the mobility of nurses (see Davies, 2008). From the individual viewpoint, Percot (2006) considers nursing education as a personal level motivation to fast track emigration through monetary returns. Similarly, Pittman, et al. (2007, 1277) describe nurse education as a 'ticket out' of the country but connect this to the growth of migrant institutions such as recruitment agencies and nursing schools.

With the growing prominence of research on nurse-sending states, there are also emergent interests among scholars who examine the strategies and processes of promoting nurse migration. These strategies converge within the purview of migrant institutions. For instance, Goss and Lindquist (1995) conceptualize migrant institutions from their case study of the Philippines as recruitment agencies and regulatory bodies that ease entry of potential migrants to migration opportunities. In the nurse industry, recruitment agencies, which is considered as a 'lucrative business' (Brush, Sochalski, and Berger, 2004, 78), connect possible nurse migrants with foreign employers in a huge international market for nurses. Moreover, from the concept of migrant institutions, Masselink and Lee (2010) introduce education institutions collectively as a significant actor in facilitating the access of nurses to international migration from the increased commercialization of private nursing schools in the Philippines. They argue that education institutions act as gatekeepers which 'influence the material and ideological conditions of migration by asserting control over various phases of the migration process' (Masselink and Lee 2010, 168). In

another major sending state like India, Walton-Roberts (2015) views the emigration of nurses in parallel to the growth of education institutions catering to this demand. She explains that private-run nursing schools, which represent 95% of the total nursing schools in the country, aim to produce nurses for the *global* market rather than for domestic employment.

The proliferation of these private educational institutions in migrant-sending countries has been criticized. Generally, Pittman et al. (2007, 1277) describe the quality of nursing education in private nursing schools as less rigorous as major public universities. According to Masselink and Lee (2010, 171), civil society groups in the Philippines characterized some of these schools as 'diploma mills' and 'capitalist educators' that 'profit from Filipinos' hopes of overseas nursing jobs'. Similarly, Walton-Roberts (2015) questions the quality of nursing graduates from nursing schools in India because of the persistent corruption in the licensing and regulation of these institutions. Highlighting another aspect, Ortiga (2014, 68-69) points out that higher education curricula of nursing schools in the Philippines overburden students with additional educational loads required to adjust to the demand of foreign employers. Further, Ortiga's (2014, 68-69) interviews with university administrators and the Commission on Higher Education (CHED) revealed that nursing schools also struggled to cope with investing in advanced medical facilities to align nurses' training with the demand of foreign employers. These questions of licensing, curriculum and education quality direct us to the regulation of nursing education and practice. One way of analyzing the development of this particular regulatory instrument is through the policy design of the overarching nursing policy.

Aside from these accounts that directly focus on educational institutions, some studies review the export-promotion strategies of the migrant-sending states. Yeates (2009a, 2009b) describes education as a major strategy for sending countries like the Philippines and India in promoting nurse migration by putting reference to the growth of private education institutions over the years. Goode (2009) describes this strategy of exporting nurses in the Philippines as 'commodification' of labor or transforming labor resource into a commodity through nursing education. However, some professional organizations such as the International Council of Nurses (ICN) are relatively apprehensive on the growing practice of deskilling and exploitation of nurses in destination countries (Salami and Nelson, 2014). Despite professional education in their home countries, some migrant nurses work below their qualification levels or are employed as domestic helpers (Newton, Pillay, and Higginbottom, 2012; Salami and Nelson, 2014). Consequently, Masselink and Lee (2013) provide us with an optimistic undertone of maintaining an excellent nurse manpower for export by informing us how a sending country government safeguards its niche in the

foreign labor market by promptly responding to the alleged leakage in the licensure exam for nurses. Putting emphasis on the quality of Filipino nursing education, their study shows that the Philippine government is concerned with the economic loss that may be brought about by the projected decrease in foreign remittances due to the non-recruitment of Filipino nurses.

Existing studies largely focus on the operation of education institutions within the sending states by which they utilized education as a common strategy in facilitating the international movement of nurses. From these studies, we can observe that the state provides a policy environment for the operation of these education institutions, but there is a limited understanding on how the state creates this setting through the policy design of public policies. Besides, the growth of nursing schools captures the profit-seeking behavior of education institutions (Pittman et al., 2007), but this growth does not fully reflect the economic motivation of the state in engaging with this strategy. The next section of this paper presents the policy design literature to uncover these remaining gaps.

The policy design perspective: how to study the nursing policy

The policy design literature is a rich and mature research field that helps us understand the complexity of public policy-making (see Chou and Ravinet, forthcoming 2017). This paper examines the design process of the *Philippine Nursing Act of 2002* to show how the policy actors shape nursing education as an export promotion strategy for nurses. In his classic article, Charles Anderson (1971, 121) provides a clear description of the policy design as a process:

‘policy design (verb) is virtually synonymous with ‘statecraft’ or the practice of government as ‘the art of possible’. It is always a matter of making choices from the possibilities offered by a given historical situation and cultural context. From this vantage point, the institutions and procedures of the state to shape the course of the economy and society become the equipment provided by a society to its leaders for the solution of public problems.

From this description of the design process, in this paper, I categorize policy design as a process consisting of two segments – (1) identification of the policy problem and (2) policy formulation to pinpoint the prevailing themes that account for how the policy actors portray nursing education as a strategy to inculcate the overarching state policy promoting labor export. According to Coletti (2013, 82), the policy-making process should identify carefully a problem that has a

'sufficient reason' for policy intervention. Meanwhile, Howlett (2011) explains that policy design is a policy formulation. Policy formulation is a stage of the policy cycle that involves the 'process of identifying and assessing possible solutions to policy problems' (Howlett, 2011, 30). In examining the role of the sending states in promoting emigration, the policy design perspective reveals how these states match their policy goals with different policy alternatives in addressing the emigration of nurses through the policy-making process. Further, the design process exposes how state actors exchange justifications, bargain and negotiate their solutions to the agreed policy problems.

Thomas (2001) incorporates these two segments in the four different phases of the design process - appraisal, dialogic, formulation or assessment and consolidation. Howlett (2011, 30-31) analyzes these phases relative to its contribution to the policy design literature. He explains that the appraisal phase involves the identification of data and evidence about the policy problem through public consultation to generate inputs on the problem and its solutions. The dialogic phase engages communication among policy actors on different perspectives of policy problem and solutions. This activity is a more structured deliberation where different policy actors, who are experts representing their institutional affiliations or interested individuals debate in favor or against any given policy solutions. The formulation or assessment involves the formal drafting of a proposed legislation as a policy solution to the policy problem. Finally, the consolidation phase refers to the exchange of comments and feedbacks among policy actors to a proposed legislation to refine further the solution to the problem.

Within these different phases of the design process is the policy subsystem, where the policy actors interact. According to Howlett and Ramesh (1995, 51), policy subsystems are 'forums where actors discuss policy issues and persuade and bargain in pursuit of their interests'. In domestic policy-making, these actors are state and non-state policy actors that aim to influence the policy-making process. Through the policy subsystem, we can identify the policy actors behind the design process of a public policy and trace their interaction in determining the policy problems and formulate solutions. The policy actors may choose to shift to a different policy field in terms of identifying the problem and proposing solutions by way of a 'lateral strategy' (see Chou, 2012), where issues are transferred to another sector outside of the domain of the existing policy subsystem to promote and expand their objectives. However, the interaction of state and non-state actors does not always lead to good solutions and outcomes. Bryson, Crosby, and Stone (2006, 44) explain that this public-private mix does 'not solve all the problems they tackle...some are solved badly, and some solutions have created the problems they were meant to solve'. Power imbalances

among actors (Huxham and Vangen, 2005) and the difficulty to reach an agreement in defining the problem (Bryson et al., 2006) are some of the common factors affecting this interaction.

Applying this framework of analysis in the context of the Philippine policy-making process, the policy actors coming from the legislative, administrative and interest groups, who have stakes in the education and professional practice of nursing in the Philippines, participate in the design process of the *Nursing Act of 2002*. Relative to different phases of the design process, this paper trims down Thomas' (2001) stages device into two major levels – the legislative committee deliberation and the plenary-level meetings. The legislative committee deliberations incorporate the appraisal and dialogic stages. In this stage, the Committee invited resource persons from the bureaucratic agencies and interest groups that are directly engaged in the education and professional practice of nursing to gather their standpoints on policy issues and their proposed solutions to these problems. The plenary-level meetings involve the formulation and consolidation stages, where the draft bill is formally presented to all members of the legislation for scrutiny, refinements and approval of legislative bodies. Collectively, this framework of analysis describes how and why the migration context emerged and evolved as a key policy issue in the deliberation process, ultimately transforming the debates on nursing education into a discussion about how to secure and maintain the niche of the Philippines in the foreign nurse export industry.

The research design

Data and method

This study examines *The Philippine Nursing Act of 2002* from the policy design perspective to determine how and why educating nurses for export develops into a migration strategy for Filipino nurses. There are two sources of data – public documents and elite interviews. I visited the library archives of the Philippines' House of Representatives and the Senate in December 2015 to January 2016 to gather the public documents in physical and electronic forms covering the period 2000-2002. These documents consist of draft bills, sponsorship speeches, minutes of committee and plenary deliberations, and committee reports (Table 1). From these documents, I identified the policy actors and examined the policy issues and solutions that they determined, promoted and justified according to the two major stages of design process – the legislative committee level deliberations and the plenary proceedings.

<Insert Table 1>

The documents showed that there are 18 policy actors representing the legislative, bureaucracy and interest groups. Currently, six (6) of these actors are either deceased, in extreme old age² or in retirement. I conducted semi-structured elite interviews from March to April 2016 with six of the 12 remaining policy actors, who are key representatives of professional organizations of nurses, officials of nursing regulatory agency, the Philippine legislation and the academic community. Elite interviews are 'rich and cost-effective vehicle' of gathering data to examine the 'complexities of policy and politics' (Beamer, 2002, 86). These interviews intend to illuminate and offer a rich description of the design process while also providing alternative views that are not fully discussed in the deliberation but significant in the development of the *Nursing Act of 2002*.

This paper recognizes the complexity of locating these policy actors and securing interview schedules considering the policy-making process of the *Nursing Act of 2002* took place in the year 2000-2002. To address this issue, I selected the policy actors who are in public office as politicians or bureaucrats, the academe and those in private practice and engaged in the advocacy for nurses. I chose these policy actors based on their active involvement in the deliberation, their attendance in the meetings, and their substantial contribution as shown in the minutes of the proceedings.

The data in this study were coded and analyzed through NVivo, a qualitative data analysis software. First, data were entered, organized and categorized in terms of its sources. Second, the automatic data count function was used to inspect the most frequently used words or phrases in the public documents, which is helpful in assisting the researcher in developing the codes. These words or phrases initially reflect the recurring themes in the design process of the *Nursing Act of 2002*. Third, data were coded by actor and theme under the two major stages of the design process using the open-coding scheme.

The policy subsystem

Before discussing the design process of the *Philippine Nursing Act of 2002*, it is important to describe the policy subsystem, specifically the composition of policy actors and their participation in the two major stages of the design process. By doing so, we can present the setting within which the nature of the policy problem is understood, and how this law subsequently developed into a migration-oriented legislation for nurses.

The Board of Nursing (BON) of the Professional Regulation Commission leads the line-up of the administrative level policy actors ('Bureaucracy' in Figure 1). The BON oversees the quality of nursing education and licensure examination for nurses and monitors the quality of nursing practice. The Department of Health (DOH) and administrators of public hospitals also participated through their expertise on human resource planning in public health institutions. The officials of the government think-tank on health (e.g. nursing education), based at the University of the Philippines complete the administrative-level actors.

The interest groups consist of different professional organizations for nurses, nursing administrators and nursing deans of colleges and universities ('Interest Groups' in Figure 1). The Philippine Nurses Association (PNA) represents the voice of nurses, which promotes the standards of nursing professions through professional training of nurses. While the PNA coordinates with the BON on the improvement of nursing curriculum and professional standards, their advocacy focuses on working conditions and financial remunerations for nurses. The organization of nursing administrators complements the role of the DOH and public hospitals relative to the health human resource planning. Meanwhile, the organization of nursing school deans articulates the interests of nursing schools through the implementation of nursing curriculum and standard on nursing education.

In the legislature, the following committees have jurisdiction in the deliberation proceedings: Committee on Civil Service and Professional Regulation at the House of Representatives and the joint Committee of Health and Demography, Education and Finance in the Senate of the Philippines ('Legislatures' in Figure 1). They are composed of legislators who have expertise in health-related legislation, education, finance and professional regulation. The legislators worked closely with the BON in relation to the overall design process of the *Philippine Nursing Act of 2002*.

These actors participate in the different stages of the design process (see Figure 1). The legislators who are members of the different committees that have jurisdiction in legislating nursing education and professional practice in the Philippines, administrative-level policy actors and various interest groups participate in the Committee level deliberation. The plenary-level deliberation is a purely legislative forum, where members of the Committee present the draft legislation (the output

of the committee level deliberation) to their fellow legislators, which they will debate and vote leading to the approval of the bill.

<insert Figure 1>

As Figure 1 shows, the composition of policy actors is not from the migration field, and hence, it is more puzzling how migration emerged and was integrated as a key strategy in the *Nursing Act of 2002*. Analyzing how these policy actors define policy issues and solutions in the two major stages of the design process allows us to understand the migration and development context of this legislation.

Designing the Philippine Nursing Act of 2002

The committee level deliberation: from the nurse workforce statistics to the emigration of Filipino nurses

The committee level deliberations of the *Philippine Nursing Act of 2002* at the House of Representatives and Senate of the Philippines commenced in October 2001 and May 2002, respectively. These committee level deliberations, spearheaded by the legislators aim to engage the participation of different stakeholders from bureaucratic agencies and interest groups. This level of the design process provides an active platform for other policy actors not involved in the plenary meetings (bureaucracy and interest groups) to offer their inputs to the initial design of the *Nursing Act of 2002*. Two key themes emerged at this stage, namely: (1) the demand and supply of Filipino nurses for the domestic and international markets and (2) the 'emigration for development' context, an argument in support of exporting nurses.

Senator Edgardo Angara, a member of the deliberating committee initiated and directed the attention of the body to the significance of contextualizing the design of the *Nursing Act of 2002* to the current and projected domestic demand and supply of Filipino nurses vis-à-vis the international nurse market. The Committee Chair Senator Juan Flavio Velasco hailed him as the 'author, father of almost all pioneering health bills in the Philippines' in recognition of his authorship of the *Philippine Nursing Act of 1991* and other health-related legislations (Senate, 02 August 2002, 011). In his opening statement on 02 August 2002 meeting, Senator Angara cited the significant statistics of domestic demand and supply of the Philippine Nursing workforce that would aid the design process.

Right now, we don't have to worry about the shortage of nursing care in our country because we have a surplus of nurse. If I go by the statistics, there are about over 343,000 registered nurses according to the Professional Regulations Board and the annual demand locally is about 127,000. So, theoretically we have- or rather, 178,000 local demand. Theoretically, we have a surplus of about 120,000 nurses in the country...But it can also cost us a long-term damage if we don't plan even now. (Senate, 02 August 2002, 012)

The Senator also forewarned the growing shortage of specialty nurses (or nurses trained in a specialized area, i.e. operating room nurse) because of emigration. While he acknowledged the economic contribution of nurses who work abroad through remittances, the proposed legislation should strike a balance between domestic supply and the freedom of nurses to move.

Citing the international demand for nurses, according to some members of the Committee, the USA serves as the international market for the domestic surplus of Filipino nurses, where recruiters are paying as much as US\$5,000 for every successful nurse referral. Senator Ramon Magsaysay, Jr. disclosed that the US needs 200,000 foreign nurses at that period and additionally the Immigration and Naturalization Services were hoping that half of these figures could come from the Philippines (Senate, 08 May 2002, 012). These arguments serve as a guiding principle in designing the *Nursing Act of 2002* towards satisfying two policy objectives – guaranteeing domestic supply and increasing the competitiveness of nursing education in response to the global demand.

Recalling the trend of Filipino nurse emigration when the deliberation took place, a leading nurse migration scholar unveiled during my interview that the Philippines did not yet experience the mass emigration of nurses, but he expected a looming shortage shortly after 2001 in the absence of policy intervention (Interview, 31 March 2016). At the same time, my interview respondents from nurse regulating agencies and interest groups (organizations of nurse administrators and deans of nursing colleges and universities), who were present during these meetings, recalled that they affirmed the statistics given by Senator Angara during the Committee hearings.

Given the identified domestic surplus of Filipino nurses at the time, which could respond to the international demand, the emigration for development context of exporting nurses emerged and then dominated as another key theme during the Committee discussions. The promotion of nurse emigration evolves as a primary motivation of the legislators in designing the *Nursing Act of 2002*

because of the prevailing nurse labor market conditions and their personal anecdotes of the popularity of this profession in the world. Although the legislators recognized the shortage of experienced nurses due to emigration, the sponsors of the bill and other legislators considered the economic contribution of remittances as far more significant than shortage. Further, their personal stories about their own family members, who are successful nurses in foreign countries and the positive feedbacks they received about Filipino nurses during their trips abroad, show enthusiasm for nurse migration and a sense of pride as Filipinos.

By invitation of the joint Committee Chair, the Senate President Franklin Drillon participated in the 02 August 2002 meeting and assisted in contextualizing the *Nursing Act of 2002* as a strategic response to the global demand for foreign nurses. His pronouncement reinforced the statistics on domestic surplus of Filipino nurses, thereby provided a space to promote nurse export and the importance of quality as part and parcel of the promotion strategy.

This is timely because in the recent past, we have noted a perceptible demand for nurses and health care services, especially in the developed countries ... And therefore, there is a challenge for us here to maintain the excellence in nursing profession. (Senate 02 August 2002, 008)

The emigration for development context of the *Nursing Act of 2002* is an offshoot of the overall state policy of the Philippine government on the economic contribution of the Overseas Filipino Workers (OFWs) through remittances. While the *Philippine Nursing Act of 2002* is a profession-based legislation, the popularity of the nursing profession as an emigration route for Filipinos (Pittman et al., 2007) led the designers of this policy to portray the significant role of nurses as OFWs. Moreover, the personal story of the Committee Chair, Senator Flavio, who was previously the Secretary of the Department of Health, revealed a strong emigration for development context for the *Nursing Act of 2002*. He recollected his experience in Baltimore, Maryland about the good reputation of Filipino nurses.

In Baltimore when I was there and I was in the hospital, and I was pleasantly surprised when an American patient suddenly said, "I want a Filipino nurse." I thought that was the ultimate praise of the Filipino nurse. And we want to continue that and this in mind, is a function of our training and of the atmosphere

created by, hopefully, the Philippine Nursing Act of 2002 (Senate 08 May 2002, 018).

Consequently, other policy actors representing the bureaucracy and interest groups did not openly attribute migration as a motivation behind the design of the *Nursing Act of 2002* in the committee hearings. Recollecting from what transpired during these meetings, in my interviews, some of these policy actors expressed their dissatisfaction with how the legislators contextualized this law. My interviewee who is a representative of a bureaucratic agency that regulates nursing practice stressed this concern:

So it became a shall we say a regular thing (referring to the emigration promotion of the government) because our Filipino nurses would send money and all that and government was able to see the opportunity and that is the reason why we have the POEA not only because of nurses but other professionals as well who are working abroad. But very sad because instead of improving the plight of our nurses indirectly our government promote emigration because of those government bodies (Interview, 09 March 2016)

In my other interviews, other policy actors such as the representatives of nurse administrators and deans of nursing colleges and universities and other related administrative agencies in the nursing profession present during the meeting voiced their perspectives on nurse migration, which did not manifest during the deliberations. While they saw the benefits of nurse migration through remittances, as forerunners of the nursing profession, they believed that emigration was not a significant concern in designing the *Nursing Act of 2002*. Instead, their concern was the development of the nursing profession that aimed towards the effective delivery of health services. However, the legislators controlled the design process by synchronizing this policy with overarching labor-export policy of the Philippine government while taking into consideration the domestic supply of nurses to service the health needs of Filipinos. The next sub-section describes how these actors interacted in delivering this dual strategy in the plenary deliberations.

The plenary level deliberation: exposing the dual strategy of retention and educating nurses for export

While it was clearly established in the committee meetings that the prevailing domestic and international labor conditions for nurses triggered the export promotion of Filipino nurses, the

legislators also emphasized the need to maintain adequate number of nurses in the country to effectively deliver health services in local hospitals. This dual strategy was openly discussed, consolidated and sharpened in the series of separate plenary deliberations in the two houses of the Philippine Congress between the periods April 2002 to October 2002. In this purely legislators' meetings, they debated (during the three readings of the proposed law) the key issues that were raised in the committee level. In this stage, the debate centered on the need to educate nurses to maintain excellence of the nursing profession in response to the global demand for Filipino nurses and retention policies to protect the domestic health system in anticipation for mass emigration.

Few studies point to the state strategy of the Philippines in educating nurses for export (e.g Masselink and Lee, 2010; Ortiga, 2014), but they focus on education institutions as key actors, and thus overlook the *Philippine Nursing Act of 2002* as an overarching policy in delivering this state initiative. Senator Loren Legarda, one of the co-sponsors of the *Nursing Act of 2002*, articulated in her sponsorship speech the role of education to maintain the niche of Filipino nurses in the world:

.....our nurses deserve to be as equally competitive in a field that has gained for themselves recognition and acceptance, especially in hospitals and healthcare facilities in the United States and Europe. Our nurses continue to be models of professionalism, competence and skills as a people. They are among our overseas Filipino workers who have evolved into our modern-day heroes for the Filipino nation. (Senate, 14 August 2002, 269)

During the question and answer segment of the plenary meetings, Senator Aquilino Pimentel, Jr. expounded the role of higher education in nurse migration. He called for a government intervention to ensure the recognition of the Philippine nursing education in the USA to qualify as licensed nurses without further examination to ease the entry of Filipino nurses:

Mr. President, our government should exert effort to remove this apparent examination as far our nurses are concerned ... First, as far as our nurses are concerned, they are equally if not even better trained and qualified than, perhaps, even the nurses trained in the United States ... I would honestly say that we should also qualify for that in the United States without too much restrictions or too much inhibitions. (Senate, 20 August 2002, 340)

While encouraging nurse emigration, the legislators explored retention policies for nursing graduates to delay their emigration and ensure domestic supply. They proposed the improvement of the quality of nurses by strict regulation of nursing schools, licensure examination and training through the strengthening of the nurse regulatory bodies. They suggested and deliberated on imposing bond service to nursing graduates from state universities and colleges, but this proposal invited opposing perspectives. The debate centered on whether to explicitly stipulate these bonds or frame these through incentives like additional benefits for nurses or increasing their salary levels. In my interview, a Congressman, who was one of the main sponsors of the bill in the House of Representatives, explained that they cannot curtail the right of nurses to explore employment abroad considering that there are few opportunities for nurses in the country (Interview, 18 March 2016).

The proposed retention policy to keep nurses for a certain period in the country became an export-promotion strategy. The draft legislation required nurses to serve in the Philippines for two years, but this will help facilitate easier access for employment abroad and higher salaries as employers viewed these two years as strengthening their qualifications. Two senators –Pimentel, Jr. and Angara--elaborated this logic:

But it is actually also for their good because in the meantime they will acquire the necessary expertise and perhaps qualify easier to enter or meet the requirements of the United States or other countries where they have set their eyes on for employment abroad (Pimentel, Jr. in Senate, 20 August 2002, 341).

... the two years that one is going to give back to our country are not really lost years. These are years when one accumulates experience that will add to his – I do not want to say that but – monetary value when he goes abroad or his hiring rate... (Angara in Senate, 27 August 2002, 407)

While these discussions in the plenary level reveal the inherent motivation of the legislators in designing the *Nursing Act of 2002* to educate nurses for export, my interview with a representative of a government regulatory body for nursing education and practice revealed a different story. This policy actor recalled that educating nurses for export is not part of their agency's agenda for the *Nursing Act of 2002*.

I don't think so. That was never in the agenda that we will pass this law so that our nurses will be competitive worldwide. I can talk about what the agency felt at that time because we discussed our policy position on the Nursing Law [paraphrased] (Interview, 09 March 2016)

This representative also contested the scholarly literature that portrays the Philippine nursing curriculum as 'global' or 'international'. According to this representative, some of the nurse interest groups even criticized their agency, because the country's education system anchors heavily on the community-oriented curriculum, which is not attractive to foreign employers. Despite resistance from bureaucratic and interest groups in contextualizing the *Nursing Act of 2002* as educating nurses for foreign employment, as the interviews show, the legislators push forth their preference for labor export by co-opting higher education as an important strategy for economic development. The next section further explains how quality nursing education serves as an export-promotion strategy of the Philippines.

Rationalizing education as an export-promotion strategy

In the design process of the *Nursing Act of 2002*, the congressional committees and the added support of other concerned legislators in plenary deliberations affected the intentions, goals and processes of this policy in several ways. For example, although policy actors from the bureaucracy and interest groups have their own perspective in developing the *Nursing Act of 2002*, the legislators contextualized nursing education reforms as an export strategy, notwithstanding the intended benefits to the domestic health system. These legislators consistently incorporated the overarching state policy of labor export promotion in a profession-based legislation such as the *Nursing Act of 2002* by strengthening the institutional set-up of nursing education, licensure examination and training to produce Filipino nurses for foreign employment.

While the legislators were greatly concerned about maintaining an adequate domestic supply of nurses, they frequently emphasized the need to produce globally competitive nurses. This perspective developed from how these actors portrayed the good reputation of Filipino nurses abroad, and how foreign employers seek after these nurses. These policy actors take pride in labeling foreign employed Filipino nurses as 'unspoken heroes' and 'modern day heroes' because of their monetary contributions to the Philippine economy through remittances. Hence, this paper suggests that higher education reforms in the *Nursing Act of 2002* such as increased regulation of

the education system, licensure examination and training of nurses generally aim at preparing Filipino nurses for foreign employment. Indeed, even considering the introduction of bond service and other incentives that would delay nurse emigration have contributed to creating a more robust cohort of nurses for export.

Although policy actors from the government oversight body that regulates nursing education and practice deny the export promotion context of the *Nursing Act of 2002*, other policy actors agreed with this underlying intention. In my interview with a sponsor of the *Nursing Act of 2002*, who was present in the committee until the plenary meetings, revealed that the quality of nursing graduates gradually improved after 2002 when this law took effect. Moreover, he disclosed that the Philippines have some university cooperation initiated by a nurse-receiving country to conduct training of their nursing students in the country.

I can say that because of the measure taken by Commission on Higher Education (CHED), we have witnessed that there is a significant improvement on the quality of our nursing graduates compared in 2002. We can always be proud that our nurses are one of the best in the world. As proof, few years ago, one university in Canada engaged in an exchange tie-up with the University of the Philippines and St. Paul University in the Visayas where they send their nursing students to observe and train under our educational system as a sign that they salute the quality of our nursing education when it comes to nursing training. (Interview, 18 March 2016)

He further narrated that after the passage of the *Nursing Act of 2002*, the Congress mandated CHED to monitor schools that do not have complete training facilities and close non-performing schools in the licensure examination for nurses to maintain quality. Consistently, other policy actors such as a former university official representing the organization of nursing deans in the Philippines and a representative from the organization of nurse administrators, who were also present in the committee meetings, disclosed during my interview that they believed the current nursing education system and the future reforms would further trigger the emigration of nurses (Interviews, 12 March 2016 and 14 March 2016, respectively). These accounts provide a clear understanding that the branding of the Philippine nursing education system primarily geared towards nurse export and reinforces my observation that education performs as an export strategy to promote nurse migration.

Lessons learned in the design process of the Nursing Act of 2002

This paper demonstrates how the policy design perspective is helpful in uncovering the role of the state in the design process of the *Nursing Act of 2002*, particularly in promoting the emigration of nurses through higher education. Specifically, I offer evidence to support a lateral transfer or shifting of a policy field in terms of problems identified and solutions proposed outside the domain of the policy subsystem, where these policies are designed. At the onset of examining this policy, the composition of policy actors in the design process of the *Philippine Nursing Act of 2002* tells us that debates concerning this legislation occurred among those specialized in nurse education and professional practice. What we learn from utilizing Thomas' (2001) stages device is the legislative shift towards labor migration. A detailed study of the design processes has exposed the pro-emigration stance of the state through its reconfiguration of higher education policy as a means to prepare nurses for foreign employment. Clearly, the design process of the *Nursing Act of 2002* shows the successful attempt of the state to regulate nursing profession through its labor export policy by engaging higher education institutions in the production of nurses for export to achieve economic development through remittances.

Moreover, the balance between different stakeholders' interests in the design process of the *Nursing Act of 2002* can also lead to good solutions and outcomes in contrary to some scholars, who perceive that the public-private mix yields unfavorable result³ (see Bryson et al., 2006). The fusion of actors from the bureaucracy and interest groups, who represent the thrust of higher education policies and nursing practice in contrast with the legislators who put forward state-led efforts on labor export, reveals a synchrony between the nexus of higher education and emigration for development policies. This interconnection converges within the overall frame of economic development, where all policy actors despite differences recognize the relevant contribution of remittances to the Philippine economy.

In a much broader perspective, the design process of the *Nursing Act of 2002* helps us make sense of the role of higher education institutions in developing nations, especially those that increasingly depend on migrant-labor remittances⁴. For developing countries that are increasingly dependent on remittances, universities serve at the forefront of realizing the labor-export policy of the state by translating this strategy into curricula geared towards the production of manpower resource for employment in foreign markets (Goode, 2009; Ortiga, 2015). This paper shows that aside from the market and profit-driven factors that lead to the proliferation of nursing schools

(Masselink and Lee, 2010), the policy direction of the state to produce nurses for export creates a policy environment for these schools to operate and educate students under the strict regulation of the state. This strategy aims to ensure that universities produce graduates considered to be of top quality to remain attractive to the foreign job market and maintain the status of these countries as producers of excellent quality nurses (Ortiga, 2014; Walton-Roberts, 2015).

Further, the transnational nature of nurse migration strengthens the growing internationalization of higher education that involves collaboration of education institutions geared towards the standardization of curricula and mutual recognition of degrees to facilitate the increase nurse mobility in destination countries and regions (e.g. Davies, 2008). From their strategy to produce globally competitive graduates, universities (mostly private) aim to create a global brand in nurse production and maintain this excellent reputation in the highly competitive international nurse labor market. The remaining question are: How ready are the universities (especially private) in developing nations to take up this challenge in the absence of funding support from the government? How are they going to keep the balance of producing nurses of top quality for employment abroad and their profit-driven interests?

While the international policymakers have long considered the Philippines as a 'model' for labor export, making its higher education policies and strategies a blueprint for other labor-exporting nations⁵, the tradeoffs of this policy strategy should not be overlooked. On one hand, the export of nurses, a migration stream mostly composed of women, can have negative effects on Philippine society and sometimes crippling for females who choose to go abroad. Relatively, some interest groups and professional organizations criticize the 'commodification' of migrant nurses as economic actors for issues such as exploitation and deskilling, among others (e. g. Newton et al., 2012). On the other hand, while monetary remittance is a driving force for policymakers to fine-tune higher education policies to promote labor export, the strategic balance of maintaining a sufficient number of skilled professionals domestically vis-à-vis a productive manpower export remains a challenge. If ignored, the local supply would be at risk and might create local market distortions that could paralyze local health institutions and potentially impair economic development.

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Notes

- 1 I operationalized the concept of migration-development from an optimistic tone, where migration through monetary remittances from migrant-workers contributes positively to the economic development of the migrant-sending countries. In this paper, this concept is used interchangeably with emigration for development.
- 2 Extreme old age refers to the aging condition of the prospective interview respondents, mainly having health issues such as difficulty in hearing, speech or early signs of dementia, which excluded their inclusion in the tracing of developments of the *Nursing Act of 2002*.
- 3 This was taken from the actual context of the comments and the original words of the Editor. His contribution is acknowledged.
- 4 This was taken from the actual comments and the original words of the anonymous reviewer. The reviewer's contribution is acknowledged.
- 5 This was taken from the actual comments and the original words of the anonymous reviewer. The reviewer's contribution is acknowledged.

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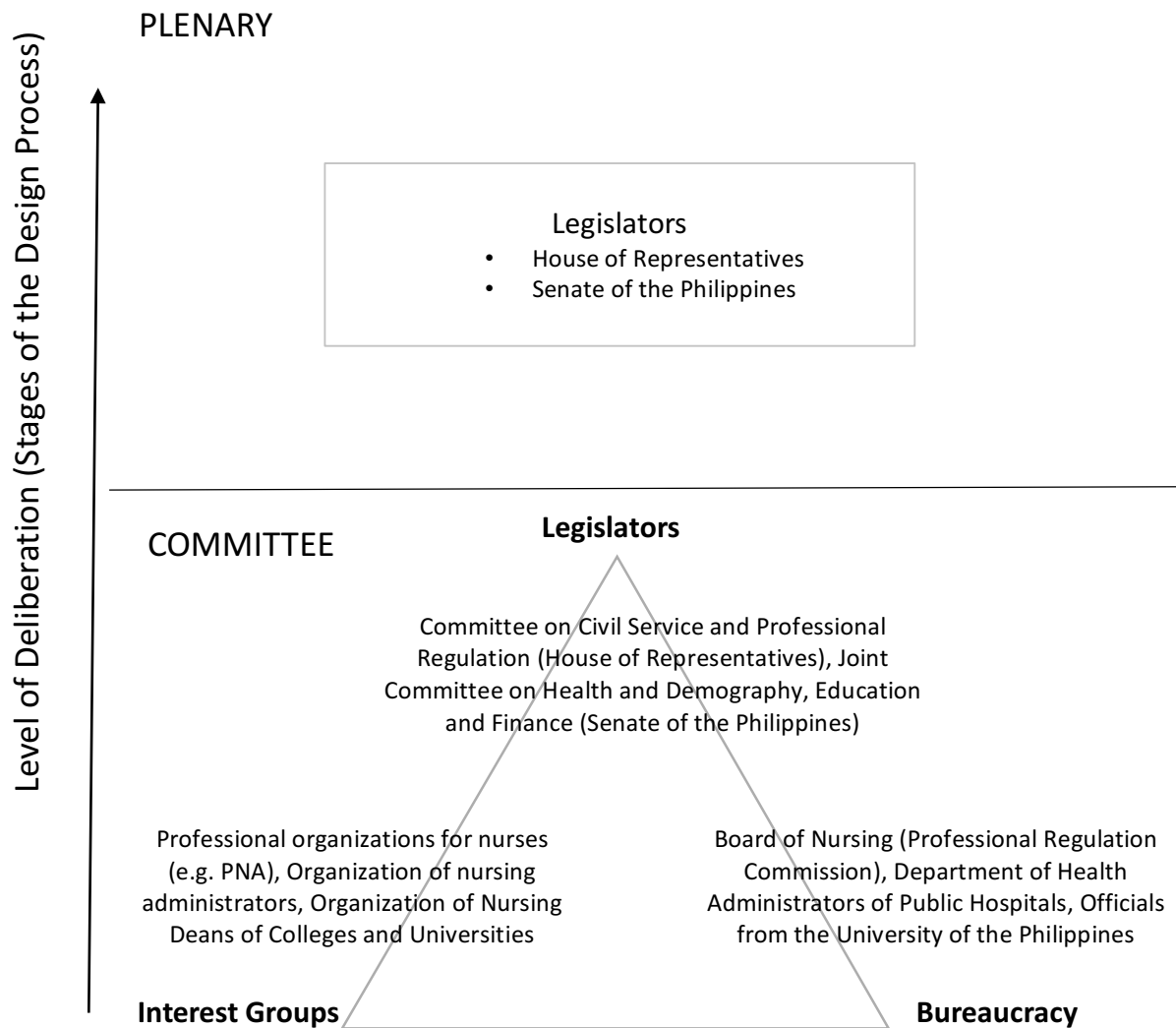


Figure 1. The policy actors in the two major stages of the design process of the *Nursing Act of 2002*

Table 1. List of public documents in the design process of the Philippine Nursing Act of 2002

Type of the Document	Date of Meetings
A. Senate of the Philippines	
1 Committee on Health Demography Joint with the Committees on Education, Arts and Culture	8-May-02
2 Committee on Health Demography Joint with the Committees on Education, Arts and Culture	2-Aug-02
3 Plenary Deliberation	21-Aug-02
4 Plenary Deliberation	14-Aug-02
5 Plenary Deliberation	26-Aug-02
6 Plenary Deliberation	27-Aug-02
7 Plenary Deliberation	28-Aug-02
8 Plenary Deliberation	20-Aug-02
9 Sponsorship Speech (a)	14-Aug-02
10 Sponsorship Speech (b)	14-Aug-02
11 Sponsorship Speech (c)	14-Aug-02
12 Bi-cameral sponsorship meeting	27-Oct-02
13 Senate Bill 2292	
B. House of Representatives	
1 Committee Report on House Bill No. 1084 and 676	5-Mar-02
2 Committee on Civil Service	3-Oct-01
3 Plenary Deliberation	17-Apr-02
4 Plenary Deliberation	7-May-02
5 Plenary Deliberation	14-Oct-02
6 House Bill No. 1084	
7 House Bill No. 676	