

Larsen, John Aggergaard, Allan, Helen T.,
Bryan, Karen ORCID logoORCID: <https://orcid.org/0000-0003-0742-1193> and Smith, Pam (2005) Overseas nurses' motivations for working in the UK: globalization and life politics. *Work, employment and society*, 19 (2). pp. 349-368.

Downloaded from: <https://ray.yorks.ac.uk/id/eprint/4414/>

The version presented here may differ from the published version or version of record. If you intend to cite from the work you are advised to consult the publisher's version:

<https://journals.sagepub.com/doi/10.1177/0950017005053177>

Research at York St John (RaY) is an institutional repository. It supports the principles of open access by making the research outputs of the University available in digital form. Copyright of the items stored in RaY reside with the authors and/or other copyright owners. Users may access full text items free of charge, and may download a copy for private study or non-commercial research. For further reuse terms, see licence terms governing individual outputs. [Institutional Repository Policy Statement](#)

RaY

Research at the University of York St John

For more information please contact RaY at ray@yorks.ac.uk

Overseas Nurses' Motivations for Working in the UK:

Globalisation and Life Politics

John Aggergaard Larsen

Qualifications: PhD, MA, BA

Research Fellow, European Institute of Health and Medical Sciences, University of Surrey

Contact details: European Institute of Health and Medical Sciences, Edward Duke of Kent Building, University of Surrey, Guildford, GU2 5TE

Tel: 01483 684548, Fax: 01483 682541, Email: j.larsen@surrey.ac.uk

Helen T. Allan

Qualifications: PhD, BSc, RGN, RNT

Research Fellow, European Institute of Health and Medical Sciences, University of Surrey

Contact details: European Institute of Health and Medical Sciences, Edward Duke of Kent Building, University of Surrey, Guildford, GU2 5TE

Tel: 01483 689745, Fax: 01483 682541, Email: h.allan@surrey.ac.uk

Karen Bryan

Qualifications: PhD, BSc, RegMRCSLT

Professor, European Institute of Health and Medical Sciences, University of Surrey

Contact details: European Institute of Health and Medical Sciences, Edward Duke of Kent Building, University of Surrey, Guildford, GU2 5TE

Tel: 01483 682507, Fax: 01483 682541, Email: k.bryan@surrey.ac.uk

Pam Smith

Qualifications: PhD, MSc, BNurs, RGN

Professor, European Institute of Health and Medical Sciences, University of Surrey

Contact details: European Institute of Health and Medical Sciences, Edward Duke of Kent Building, University of Surrey, Guildford, GU2 5TE

Tel: 01483 686714, Fax: 01483 682541, Email: p.a.smith@surrey.ac.uk

Overseas Nurses' Motivations for Working in the UK:

Globalisation and Life Politics

Abstract

This article addresses the theoretical integration of macro and micro dimensions of global workforce migration, detailing overseas nurses' motivations for working in the UK. The discussion is based on focus group interviews with overseas nurses in three areas in the UK. Their motivations for migrating are contrasted with their experiences of frequently being stereotyped as economic migrants who come from poor countries to gain financial benefits. These conflicting perspectives on overseas nurses' motivations are explored through a discussion of Bauman's notion of global and local values which conceptually combines issues of globalisation with the migrants' perspectives. Giddens' concept 'life politics' is introduced to take further account of individuals' experiences and perspectives. Our data suggest that overseas nurses take a global, transnational perspective on life. Likewise, the simplistic understanding of overseas nurses as economic migrants appears to reflect a local perspective where the lives of individuals are seen to be confined within the borders of nation states. The analysis suggests how perspectives on migration are shaped by individuals' values and life orientations interfacing with conditions of globalisation.

Key words

focus group interview, globalisation, healthcare workforce, life politics, migration

Introduction

The UK healthcare sector is increasingly reliant on skilled workers who have trained overseas, often in developing countries.¹ Recent years have seen a significant inflow of doctors, nurses and other healthcare professionals. This population movement is made possible and encouraged by factors such as an increasingly global economy, the international standardisation of educational systems, the availability of cheap international flights as well as skill shortages in the healthcare sectors of developed countries. However, little is known about the motivations, experiences and strategies of the migrant workers. This article addresses this question by asking: why do they come and what do they expect to gain by moving to work in the UK? This is achieved through a qualitative study into the perspectives and experiences of overseas nurses working in the UK. The exploration of overseas nurses' views provides experiential data to supplement macro studies of globalisation processes.

This article starts by explaining the background to the increased inflow of overseas nurses to the UK and providing an overview of existing studies of factors influencing the migration. Bauman's (1998) notions of globalisation processes and a hierarchy of global and local values in contemporary society will then be used as a theoretical framework for analysing variations in perspectives on migration.

Bauman's distinction between 'tourists' and 'vagabonds', which suggests different individual and social circumstances for migration, will also be dealt with. The article then moves on to the findings of an empirical study drawing on focus group discussions with sixty-seven overseas nurses in three areas in the UK. The findings reflected how overseas nurses felt they were being misunderstood as economic migrants by some of their British colleagues, their managers and their patients. The article presents research participants' own motivations to come to work in the UK,

detailing a variety of personal, professional, financial and social factors. The data are then used to illuminate and challenge Bauman's notions. Giddens' (1991) concept of 'life politics' is introduced to develop the theoretical conceptualisation of ways in which individual agency and choice interface with globalisation processes.

Overseas nurses in the UK

Since the early 1990s the annual admission of overseas nurses has demonstrated a fivefold increase (RCN, 2003). In 2001 13% of nurses in the UK were born overseas; and in London the figure was as high as 47% (Glover et al., 2001: 38). Today, these numbers are likely to have risen further as the last three years has seen 36,000 new non-UK nurses and midwives being registered in the UK, with the numbers growing each year (NMC, 2004: 9).

Over recent years overseas nurses and midwives have been largely drawn from the Philippines, India, South Africa and Australia (NMC, 2004). While the number of nurses coming from Australia has decreased slightly over the last five years, the amount coming from the other three countries has increased by 1,281% from 681 (1998/99) to 8,791 (2002/03) (ibid.). Eight countries in sub-Saharan Africa figure in the 'top twenty-five list' of overseas nurses and midwives registered in the UK. Thus confirming the observation by Martineau, Decker and Bundred (2002: 4) that 'an ever-increasing number of nurses from sub-Saharan Africa are moving to developed countries'. Countries in the European Union (EU) have traditionally provided a significant proportion of overseas nurses for the UK, but as the overall intake has grown its proportional significance has diminished, so that in 2001/02 only 13% overseas nurses came from the EU (RCN, 2002b). In the coming years this tendency might, however, be turned as a result of the recent expansion of the EU, allowing

nurses from Poland and other East and Central European countries to seek employment in the UK.

There is an acute demand for trained nurses in the UK, and this problem is expected to be further aggravated in the future as there will be an increased demand for healthcare, mainly as a result of an ageing population (RCN, 2002b). In the increasingly competitive global labour market more and more countries are recruiting nurses from abroad (RCN, 2002a). In the UK international recruitment of nurses was initially presented as ‘a quick fix’ to solve acute workforce shortage, but it has now become an essential and recurrent strategy in the overall nurse recruitment policy (RCN, 2003). Other elements of this UK government policy include initiatives to increase the number of ‘home-grown’ nurses through investment in education and policies of staff retention (DoH, 2000).

International migration of nurses and other professionals has recently increased in scale and scope, but it is not an entirely new phenomenon. Reynolds (2002) noted that professionals’ migration from developing countries to developed countries can be seen:

as a form of economic and class stratification that began with the imposition of a colonial system in which young newly educated men were to be employed as clerks and teachers whose labour would generate value in international circuits (Reynolds, 2002: 281).

Equally, Choy (2003) demonstrated how the emigration of Filipino nurses has to be seen in the context of US imperialism. In the 1960s and 1970s the phenomenon of ‘brain drain’ from developing to developed countries was investigated (Mejia and

Pizurki, 1976). The loss of healthcare professionals can have devastating consequences for the 'source countries' (Lowell and Findlay, 2001; Pang, Lansang and Haines, 2002), although some countries deliberately overproduce nurses as an export commodity (Sassen, 2002: 271). In 1970 more Filipino nurses were registered in the USA and Canada than in the Philippines (Mejia, 1978, in Martineau et al., 2002: 2). Between 1992 and 1999 the Filipino government sent more than thirty-five thousand nurses to work abroad (Asis, 2001, in Parrenas, 2002: 39n4). The Filipino economy has become dependent on remittances from overseas workers which represent the largest source of foreign currency in the country and are estimated to sustain 34-54 percent of the Filipino population (Parrenas, 2002: 39, 41). Reynolds pointed out that migration can be seen to represent 'a slow move towards *vertical integration* into globalised economies' (2002: 281, emphasis added).

A sociology of migration needs to address local and global social dynamics (Castles, 2003) as well as their complex interrelations. Recent shifts in migration patterns are intimately related to culture shifts affecting household daily routines as well as the socio-economical organisation of society. For example, as women in developed countries have increasingly joined the paid workforce there has been a growth in the immigration of female workers from developing countries (Ehrenrich and Hochschild, 2002a). Of the world's estimated 120 million legal and illegal migrants about half are women and they are typically more affluent and better educated than male migrants (Ehrenrich and Hochschild, 2002b: 5, 10). The female immigrants often substitute the traditional roles of housewives working as nannies, maids and sex workers or they work in the healthcare sector as nurses and care assistants (Ehrenrich and Hochschild, 2002b).

These observations support Van Hear's (1998) suggestion that while it is relevant to understand the macro political economy that surrounds a migratory order as well as the policy dimensions of the migration regime, it is equally important to understand the micro aspects of the emigrant's perspective. These latter include individual motivation, household decision making strategies, disparities between place of origin and destination, and the state of development of migration networks (Van Hear, 1998). Taking the subjective perspective of migrants Reynolds (2002: 279) suggested that this may be conceptualised as an issue of *cultural migratory capital*, referring to the emigrants' familiarity with life in the destination country, language competence, family bonds in the destination country and a long-standing tradition among their countrymen of migration. The macro and policy aspects of the migration are conceptualised as *infrastructure*, which is a question of the emigrants' access to international flights and whether they are ruled by a government that will let them travel (Reynolds, 2002: 279). As Faist demonstrated with the concept of *migratory space* migration 'not only consists of one or several spatial locations but also of politically, economically and culturally relevant ties and institutions' (Faist, 1997: 247).

While individuals' life strategies and aspirations are key forces for understanding the micro aspects of migration the processes involved are complex and embrace a variety of structural and personal factors extending in time and space. With special reference to the experiences of African migrants Henry and Mohan (2003: 613) observed that:

[T]ransnational migration is part of a long and often intergenerational process of migration. This process has entailed relocation from village to city in Africa

and then relocation from the African city or town to the north and then movement between various locations in the north. This process can involve several generations.

Migration and the individual migrants' decisions to emigrate are not isolated events but they need to be understood in their wider social, cultural, economic and historical contexts. The increased level of transnational and transcontinental flows of people and money characteristic of recent decades has been theorised as indicative of broader processes of globalisation (Trouillot, 2003: 47-78).² The sociologist Bauman (1998) has suggested a theoretical conceptualisation of ways in which processes of globalisation can be seen to resonate in individual migrants' perspectives and experiences. Bauman (1998) presents a synthesis between micro and macro perspectives by observing that in the current era of globalisation two radically different sets of values and perspectives on life prevail: the global and the local. He claims that:

Today's existence is stretched along the hierarchy of the global and the local, with global freedom of movement signalling social promotion, advancement and success, and immobility exuding the repugnant odour of defeat, failed life and being left behind. *Increasingly, globality and locality acquire the character of contrary values* (and paramount values at that), values most hotly coveted and resented and placed in the very centre of life dreams, nightmares and struggles. (Bauman, 1998: 121, emphasis added)

In Bauman's view, the global perspective is represented by individuals in the elite segment of the population who can move freely between countries and continents. The local perspective is represented by a less privileged segment of the population, individuals who are bound to their native environments and have less choice of life. Although Bauman argues that these links exist between the respective values and social stratification, he does recognise that global values are not pursued exclusively by the social elite. He uses the metaphors of the 'tourist' and the 'vagabond' to depict two very different types of migrants.³ While the tourists can easily overcome any distance and are not restricted by space the vagabonds have little flexibility and choice. As Bauman (1998: 93) writes: 'The tourists travel because *they want to*; the vagabonds because *they have no other bearable choice*'. Bauman explains that while the tourist inhabits the 'first world', which is his metaphor for the top of society, the vagabond inhabits the 'second world', which refers to the bottom of society.⁴ What the tourist and the vagabond have in common, however, is that they are both consumers, which in Bauman's view means that they are sensation-seekers and experience-collectors. But whereas the tourists are able to fulfil these desires, the vagabonds are 'flawed consumers', as they do not have the necessary means and resources.

Although Bauman's theory seeks to integrate micro and macro aspects of the dynamics of migration by linking individuals' values and life choices to societal transformation towards a global consumer society, the generalised theoretical presentation of the argument fails to provide an adequate illumination of the social and experiential reality of peoples' motivations. As Abrahamson (2004: 173) has observed: 'Bauman is not too precise about characterizing the inhabitants of the two worlds outside the metaphors of tourists and vagabonds'. It is a further shortcoming

that Bauman does not explain why some individuals hold global values and others hold local ones – and what this means to the life perspectives and motivations of migrants and non-migrants. This article addresses these shortcomings by illuminating how the conflicts between local and global values are present in overseas nurses' accounts of their motivations for coming to work in the UK. Through a discussion of this empirical data we seek to contribute to theoretical developments in understanding ways in which macro and micro aspects of globalisation are interrelated and the role of life perspective and individual motivation in migration processes.

The study of overseas nurses' experiences and perspectives

The study investigated the experiences and perspectives of overseas nurses in the UK using a qualitative and explorative research design. It was commissioned by The Royal College of Nursing in the UK and was intended to produce recommendations to inform policy and practice. In preparation for generating empirical data, the researchers carried out a literature review and interviews with national experts in the field. This scoping exercise allowed the formulation of research questions to address important aspects of the overseas nurses' conditions and it informed the sampling of research participants (see Miles and Huberman, 1994: 16-39).

The focus group interview was chosen as the preferred data gathering method (Morgan, 1997). It was used to bring overseas nurses together so that they could present their personal experiences and views. Focus group interviews 'capitalize on the interactions within a group to elicit rich experiential data' (Ashbury, 1995: 414). In contrast to data generated through other methods, such as surveys and individual interviews, the data elicited in focus group discussions is interpersonal and negotiated, allowing different and differing views to be presented and challenged (Kitzinger,

1994). However, the focus group method's weakness is that it may not yield personal and sensitive information, as participants may not be willing to share such information in a group setting. Individual in-depth interviews and life histories are likely to have had a greater potential for eliciting detail in terms of sensitive issues related to personal experiences (e.g. Kvale, 1996). Nonetheless, the focus group interview was chosen as best suited for this exploratory study which had a rather broad scope of focus and sought to compare and contrast the experiences of overseas nurses from different backgrounds.

Sampling for the focus groups was a two-stage process. First, the Royal College of Nursing database (which holds information on its 350,000 UK members) was used to identify potential participants with private addresses in three different areas: South-Wales, Yorkshire and London. The areas were chosen to provide varied geographical locations in regions with high concentrations of overseas nurses. 2,200 overseas nurses were sent a letter by The Royal College of Nursing detailing the purpose of the study and information about the research. Those interested in taking part in the research were requested to contact the researchers by telephone or by returning a slip with their contact details. The self-selection procedure provided structured phone interviews with 187 overseas nurses who were asked about their backgrounds, experiences and views. Participants for the focus groups were then identified while seeking maximum variation with regard to nationality, ethnicity, gender, age, time in the UK, current nursing grade and opinion about working in the UK. Letters were sent to 106 nurses inviting them to take part in focus group interviews and 67 attended the focus group meetings, representing an overall response rate of 63%.

Of the 67 research participants a majority – 45 (67%) – came from African countries; 11 (16%) came from South Asia (Philippines, India or Pakistan); seven (10%) were from Australia, Canada, New Zealand or the USA; and only four (6%) came from European countries. Altogether, eighteen different countries were represented within the sample. A majority of 41 (61%) were black, 13 (19%) were white, of which three came from either South Africa or Zimbabwe, 11 (16%) were South Asian, and two were of mixed race. Nine (13%) male nurses took part in the study, approximately reflecting the 15% proportion of male nurses among overseas nurses in the UK (RCN, 2003). The average age of the participants was 41 years old, ranging between 25 and 61 years of age. On average, the participants had worked in the UK for 3.8 years, but 14 (21%) had been in the UK for less than one year. The overseas nurses who took part in the study had, on average, 14.1 years of work experience as nurses before starting work in the UK. Only 19 (28%) had a UK equivalent D or an E grade when they left their home countries (D grade is the starting point of registered nurses) while the majority had left senior nursing positions. Reflecting the common UK practice that overseas nurses start at the lowest grade – disregarding the rank held overseas – they had experienced a significant drop in status and rank on taking up work in the UK. Thirty-three (49%) of them reported to have a D grade, 17 (25%) had an E grade, while nine (13%) had either an F or G grade, and only one had an H grade. The average annual salary of the overseas nurses taking part in the study was just above £18,000.

Between three and ten participants took part in each of the eleven focus groups, which were held at The Royal College of Nursing's premises in Leeds, Cardiff and London. The focus group interviews lasted two hours and took place in the participants' free time. Two researchers (HA and JAL) were present during the

focus group interviews and shared the role of moderator and the role of observer in alternate focus groups. While the moderator presented the issues to be discussed and ensured the active involvement of all participants, the observer made notes on the dynamics of the group, specifying contributions made by individuals and paying attention to the presentation of different experiences and opinions by various participants (Morgan, 1997). The procedure allowed for a more accurate and detailed analysis of the data in a subsequent dialogue between the researchers. Further, the notes on the social dynamics were useful when analysing the transcript from the focus group interviews, which were audio-recorded.

The transcribed data were managed and analysed using the qualitative data analysis software *NVivo*, version 1.3, (Richards, 1999) allowing strategies of both case analysis and cross-case analysis to be performed (Patton, 1990: 376). The data were coded using broad empirical themes and by specifying individual participants. The coding was verified and supplemented by both researchers who shared progress throughout the analytic stages. An initial analysis prepared the data for a research report (Allan and Larsen, 2003) while this article continues the analysis into data specifically regarding the overseas nurses' motivations to come to work in the UK.

Overseas nurses' perspectives

In the focus groups it was a highly emotional issue to discuss overseas nurses' motivations to come to the UK. This was not least due to the research participants' feelings of being misunderstood and stereotyped by some of their British colleagues, their managers and their patients. Across the different focus groups and the three study areas, overseas nurses had experiences of being seen as economic migrants.

This finding is supported by a study of UK healthcare managers who believed that overseas nurses primarily came for economic reasons (RCN, 2003).

During the focus groups discussions, overseas nurses also reported that they felt looked down upon, not respected, treated poorly, exploited and discriminated against by some of their UK colleagues, managers and patients (see also Allan et al., in press). Comments such as this from a Nigerian nurse were frequently expressed during the discussions:

They think that we are, I'm sorry to say it because they think that we're suffering in Africa and that's why we're here for money. That they've forgotten that in Nigeria we [have] the same values and all the nursing curriculum and everything was from here [the UK] ... Many people don't even recognise our experiences and they don't even appreciate it that we've got something of wealth (female, 37 years old, Nigerian, black, D grade).

It was not only nurses from developing countries who had met this type of prejudice, as this Finnish nurse explained:

People always ask why you came and sometimes when you said 'I wanted the new experience' and people, like you [another focus group participant] said, that it's only money or it's only, something must be, you know, wrong in your country ... (female, 30 years old, Finnish, white, D grade).

Overseas nurses felt that they were understood as being pushed into migration by socio-economic factors. Previous research on nurse migration (RCN, 2002b, 2003)

has elucidated *push* and *pull* factors. While push factors refer to conditions in the home country, such as unemployment and civil unrest, which may compel individuals to emigrate, pull factors refer to conditions which might attract migrants to come to the receiving country, such as demand for workers and a higher standard of living. Seen from the perspective of individual nurses push factors translate to motivations to leave the home country and pull factors are motivations to come to the destination country. The discussions in the focus groups proved that the two dimensions were interwoven in the lives of individuals, but more in-depth data were revealed with regard to the latter dimension.⁵

Life change and working holiday

Previous research indicated that overseas nurses may intend to make a permanent move or to stay temporarily and that they may have a range of personal, career and financial reasons for working in the UK (Buchan et al., 1997; Buchan and May, 1999). It has been suggested that variation in motivations may differ according to the country of origin: while nurses from Australia often come to the UK to travel, nurses from the Philippines may seek to enhance career prospects and gain financial security (RCN, 2002b). These observations resonated with the focus group discussions, although our findings presented a more complex picture. Each nurse had a variety of motivations for choosing to migrate and they applied a number of different strategies.

The use of migration as a means to create the possibility of a new, and better, way of living we call a *life change strategy*. This was, for example, expressed by a Filipino woman who said that the desire to improve her financial situation was her main reason for coming. Working in the UK allowed her to help her family back in the Philippines and provided her with increased financial security for her retirement.

She explained that in her country it was a common arrangement that the person in the family who had gone to school would go to work abroad and send back money to help the family and possibly allow another family member to receive an education. In this way, the financial ambitions were part of a general family strategy of financial survival and progression. But even if the financial reason constituted the main motivation for her to come to the UK she emphasised that she had also come to improve her professional skills, to experience life in the UK and to give her children an advantage in life by letting them experience another culture.

But the life change strategy also involved a more fundamental curiosity of life, as this Nigerian woman explained:

It's just this idea of wanting to branch out, you know, to experience other worlds, to see what it is like.

And she described how the independent lifestyle in the UK had attracted her:

Here in Britain everybody is independent, you don't need to depend on anybody or anything, you want to get your job, get your house, get life going, everything is at your service, all you need to do is to ask for information on how to get things done and get them done quickly, you know. So that's just, back home ... you know, most children could stay with their parents until death do they part and the parents take absolute responsibility of them and even like for the males who get married, the parents still look after the kids, the wife and everything. ... So that's just what I appreciate, so, because I love to be independent (female, 30 years old, Nigerian, black, G grade).

A balance of push and pull factors could be involved, as further illustrated by the example of a woman who was looking for a new start in the UK:

We left because you know what Africa is. I would only speak of Zimbabwe, we used to have the real beautiful life, I could afford to live day to day, I drove, I had a fantastic job, but circumstances make you change. I got divorced ... and I couldn't make ends meet at all and I needed the change of life after a marriage of twenty-one years (female, 47 years old, Zimbabwean, black, D grade).

For this woman the financial opportunities presented by working in the UK carried significant weight in her decision to migrate. In contrast, a Canadian nurse explained:

It wasn't to my financial gain to move to this country. I took a salary cut from forty thousand a year Canadian [17,200 pounds sterling] to less than thirteen thousand [pounds sterling], but I used the situation to my advantage in the sense of I was going to travel and that's why I came over here (female, 33 years old, Canadian, white, E grade).

We call this a *working holiday strategy*. An Australian male participant in a Leeds group said that it was his impression that most Australian nurses who come to the UK spend their free time going out to clubs and pubs and taking holidays to travel around Europe. However, this was only for a limited period of time, e.g. one or two years, after which they either went back to pursue a professional career in their country of

origin, or, if they stayed, their career strategy took a more focused direction. During the discussion in a London group a participant explained:

[My reason for coming was] travelling, and nursing was a means to an end. But the longer you stay here – because I speak from a southern hemisphere environment, most people come over to do their two years stint, travel through Europe and then go back and then you start in your profession that you studied and you carry on. I think once you're over that two year period one, you realise that you have to do something in your profession, so you sort of start going up the ranks and then to be able to travel (female, 30 years old, South African, white, E grade).

The working holiday strategy was predominantly expressed by white nurses coming from previous British colonies, as this white Zimbabwean explained: 'I wanted to come overseas to travel and to see the country that my ancestors came from' (female, 55 years old, E grade). Some individual statements also indicated that this strategy could apply particularly to nurses coming to work in London, which offers rich possibilities for professionals looking for the nightlife and cultural experiences in a major European capital. A Canadian nurse in one of the Leeds focus groups explained that she originally came to work in London for this purpose, but when she got married to a British man and decided to stay, she moved up to a more affordable Northern region of England. Hence, individual motivations are complicated and transformed over time by interfacing with the social and biographical realities of individual lives.

Our data provided some support for the basic tenets of Bauman's distinction between those migrants of the first world, at the top of society, who are free to travel

to satisfy their individual desires (the ‘tourists’) and the migrants of the second world, at the bottom of society, who travel because they have no other bearable choice (the ‘vagabonds’). The nurses who took part in our study did differ in respect to whether they were primarily motivated by individual desire or need. However, Bauman’s idealtypical concepts seem to blur the ways in which migrants might be motivated *both* by desire and need, and the ways in which migration can be a traditional part of the work and career strategy (cf. Henry and Mohan, 2003). As this woman described:

I just enjoy travelling and when the opportunity came, because even in Africa I worked in Nigeria, I worked in Zambia and I enjoyed it when I went back home because of, you know, the relationship, the respect you get and, I mean, I go to some [social gathering] and everybody stand up, I was nurse superintendent, I used to, I was nurse midwife ... people stand up for you, people treat you well...in the hospital, you know, they’re so nice, that, I enjoyed that bit (female, 37 years old, Nigerian, black, D grade).

Micro and macro aspects of working for back home

Whilst financial motivation significantly shaped some overseas nurses’ desire to migrate, and they were driven by a strategy to be *working for back home*, in some cases research participants revealed that they did not experience an increase in their personal living standards by coming to work in the UK. As a South African participant explained in a discussion:

It’s not much what we are getting here, in fact. It’s only the currency that is helping us. But when you use it at home, it will help you and you will

manage to do whatever you want it to do. ... We are having better opportunity of taking those pounds, money to live and your children can get something (female, 54 years old, South African, black, D grade).

Hence, the financial motivation of overseas nurses is complex and directly interrelated with macro-economical issues of global exploitation and the relative financial power between nations. This situation is often a direct result of devaluation policies imposed on developing countries by the IMF or World Bank demanding 'structural adjustment' to secure loans (Ehrenreich and Hochschild, 2002b: 8). Due to the global monetary inequality, we can observe the paradoxical situation that overseas nurses are attracted to come and work in the UK and at times experience a lower standard of living than a nursing salary in their country of origin would allow. But, at the same time, their savings as immigrant workers provide a substantial financial security in their countries of origin.

The data indicates that the 'working for back home' strategy was exclusively used by nurses from developing countries. This is not surprising due to the relative greater benefit from the strong British currency. The data further suggests that there could be a difference in the strategies between younger and older nurses. As the example of the Filipino woman illustrated, younger nurses might come to the UK both with the intention of making a new life and to be 'working for back home', and they might bring along their family and stay for a longer period or, perhaps, permanently. Older nurses from developing countries, however, tended to be planning to stay for a shorter period in the UK to use their last working years not so much to make a new life here as to make savings to support their family and improve their welfare in retirement:

Back at home, I said I would retire at 55. I am 54 this year, so next year I was going to stop working, but now I said, 'OK, if I am still OK here I can do another year' just to make the pension up (female, 54 years old, South African, black, D grade).

Professional development and healthcare provision

The research participants expected that while working as nurses in the UK they would have the opportunity to develop professional skills at a high level and that the most advanced technical equipment would be at their disposal. For some, these expectations related generally to the recognition of the UK as a developed country. For others, the expectations related more specifically to British colonial history and the idea of Britain being a nursing world leader historically. Such expectations were supported by the use of British teaching material in training nurses in former British colonies:

When I was a student nurse our tutor used to say 'Oh, we're following the British system.' ...I said to her 'Well, because we follow the British system in South Africa as a British colony [inaudible]...I'm going to fit in.' (female, 52 years old, South African, black, E grade).

The overseas nurses expected that they would become exposed to the most advanced nursing practices:

I was just expecting everything, as I say, a higher standard because we're told 'Oh, where you are going.' And when you read [inaudible]...sending you like job descriptions and other things, oh, they are so well typed and they are so informative and you just say 'Oh, I do like England. I am going somewhere.' (female, 54 years old, South African, black, D grade).

Several emphasised the positive value of possibilities for further education and study:

I was thinking 'Oh, this is where we learn everything from.' And so I expected to learn a lot and be able to take back something to South Africa (female, 50 years old, South African, white, D grade).

The focus group discussions also revealed an acute awareness that for some developing countries the emigration of nurses to developed countries could have a very negative immediate impact on the local healthcare system. This reflected a conflict between the social benefits to the individual and the family as compared to the effect on the society at large. A South African woman explained the dilemma:

We are having better opportunity of taking those pounds, money to live and your children can get something. That is why our hospitals are empty at home, they are suffering, our people are suffering. Our parents are suffering, they go to hospital, all the nurses are in the UK, because of the money (female, 54 years old, South African, black, D grade).

However, another South African participant explained how she expected that her experiences in the UK, in the longer term, could be of benefit to her home country:

I will go back home and when I get back home I'm going to use some of the little knowledge that I've observed here to do something better for my community now. ... I would need to plough back, because I was educated by the tax payers' money at home and I need to give back a little bit of what I've gained here, right? There are a lot of nursing homes around here and back home young people are dying from HIV and AIDS, probably we'll have older people who will have nobody to care for them. Probably the knowledge I've gained in the nursing homes [will mean that] I will be able to have a nursing home somewhere and plan it (female, 52 years old, South African, black, D grade).

Discussion – global and local perspectives

The focus group discussions with overseas nurses provided insight into their motivations to seek employment in the UK. They provided equally useful illumination of complexities inherent in global values, as suggested by Bauman (1998). His conceptual pair 'tourist' and 'vagabond' might not be ideal in terms of the connotations and negative values each of the terms carry, but it does seem to provide a useful first step towards developing an analytic tool for identifying individual life strategies as they relate to socio-economic circumstances and global processes. As demonstrated in the data, there was a clear difference between, on the one hand, the Canadian nurse who accepted a substantial fall in salary in order to be able to move to London, experience the buzzing nightlife and travel around Europe and, on the other

hand, the divorced Zimbabwean nurse who had experienced her country's economic recession and civil unrest and got a job in the UK to make ends meet and support her family. The theoretical integration of micro and macro processes is essential in seeking to understand the complexity of forces driving international workforce migration.

This brings us to the other of Bauman's pair of concepts: local values and global values, or 'locals' and 'globals', when referring to the individuals who live according to the respective values. The globals in his description represent a financial, political or academic elite segment of developed countries (Bauman, 1998: 2, 12-13, 19, 99-102). The overseas nurses evoke quite a different image. As Bauman recognised by the concepts of 'tourists' and 'vagabonds' the values of the globals are not restricted to an elite, but are much more commonplace and less socially exclusive. But Bauman does not provide a description of the complexity of cultural or socio-economic forces and individual experiences which might drive an individual to hold either global or local values. Equally, he does not account for how an individual might simultaneously hold partly local values and partly global values, or how individuals might change their overall value orientation over time. In general, notions of individual agency are underdeveloped at the expense of the idea of global forces driving not only the socio-economic constitution of societies but also the individual's values and actions.

To allow for the complexities demonstrated in our data we introduce Giddens' (1991) term *life politics*, which directs attention to individuals' negotiated strategies to take active part in shaping their futures and it suggests increased individual emancipation in contemporary society (or 'late modernity', as he prefers):

The more tradition loses its hold, and the more daily life is reconstituted in terms of the dialectical interplay of the local and global, the more individuals are forced to negotiate lifestyle choices among a diversity of options.

(Giddens, 1991: 5)

It is important to underline that while Giddens' observation captures a trend of global, local and, indeed, personal implication, it is our view that social, cultural and economic conditions are – still – crucial in either providing opportunities or obstacles in individuals' lives. We make analytic use of the concept life politics in order to acknowledge the importance of the individual's perspective and choice while, at the same time, recognising that social, economic and cultural conditions restrict or condition the life choices available to the individual. Human life unfolds through individual choice and agency given concrete, experiential social restraints (cf. Jenkins, 2002).

An implication of this observation is that the alternative value system of the locals might, equally, involve individual choice rather than simply being an expression of a less privileged social position. This suggestion is in contrast to Bauman's (1998: 2) view that '[b]eing local in a globalized world is a sign of social deprivation and degradation.' In fact, the opposite situation might be the case as the local perspective can be seen to reflect a privileged situation of people in developed countries who have not been in the habit of needing to migrate trans-nationally to find work. In any case, Bauman (1998) does not allow much consideration of the place of local values in contemporary society, as he presents it as a predicament of those who are deprived the freedom and the life chances of the globals. Similarly, Giddens (1991) appears to attach such a lifestyle to an 'un-emancipated' traditionalist

worldview. Alternatively, we suggest that rather than being a direct reflection of a particular (high or low) social stratification, 'being global' or 'being local' reflect particular life strategies of individuals, across traditional notions of social class.

The theoretical notions of 'globals' and 'locals' represent, in an ideal typical fashion, groups of individuals who share, respectively, values of global mobility and the seeking of life chances across different countries, or values of the local and the seeking of the comfort and security of a well-known environment. In the global perspective of the overseas nurses, coming to work in the UK represented an opportunity to make a living while experiencing another culture and it allowed an improved quality of life for them. Their strategy could also benefit their families either by bringing them to the UK, where they could seek education and enjoy the benefits of the welfare system, or by sending money back home. The globals sell their professional skills on the global market and thereby provide services where they choose to work.

In contrast, the locals have an entirely different focus. To them, it is inconceivable that people would leave their local environment if it were not for crisis or urgent need. Therefore, they perceive the overseas nurses as 'refugee style' immigrants who come from poor and underdeveloped countries. And instead of being happy that the overseas nurses have chosen to help out the workforce shortage in the UK, the locals believe that the overseas nurses should consider themselves lucky to be allowed into the UK. The local perspective seems to resonate with overseas nurses' perception that some of their British colleagues, managers and patients think that 'they are here for the money'. Naturally, we do not intend to suggest that all British citizens expressed this perspective, but it appears from the data that overseas nurses were often confronted with it. As a Zimbabwean nurse explained:

They've got us here, and instead of using us, they almost think that they're doing us a favour by having us in the country, whereas we're actually really meant to be the other way around, you know. Well, it's give and take, it's both. And fair enough, we've got a lot to learn, but we've also got a lot to give. If they give us credit for what we do now, instead of being threatened by us and instead of just saying 'Well, how would you know, you're just Africans?' because they think that we've got lions prowling around outside the theatre (female, 55 years old, Zimbabwean, white, E grade).

The misperception of the overseas nurses' motivations and the scepticism, discrimination and exploitation they encountered in the UK (Allan et al., in press) might be explained, in part, by the fundamentally different perspectives on life between the globally minded overseas nurses and those of their British colleagues, managers and patients who are locally minded. Equally, the perspective seems embedded in the concept of 'economic migrant'.

Conclusion

This article has presented data obtained through focus group interviews with overseas nurses in the UK and it has revealed their motivations for coming to work in the UK. The exploration of these motivations was particularly significant as the overseas nurses experienced that some of their UK colleagues, their managers and their colleagues, exclusively perceived them as coming from difficult socio-economic situations in their home countries. In contrast, the data revealed that overseas nurses expressed a variety of motivations to come to work in the UK. The different

motivations were interwoven in complex ways, and the strategies and motivations of individual overseas nurses could change over time as their personal and socio-economic conditions changed.

The overseas nurses said they had come to the UK for adventure and travel, but the data indicated that nurses with British ancestors from former British colonies or from western European countries came for a working holiday, and that London was a preferred place of work. Other motivations might also be relevant to this group, such as unemployment in the home country or better possibilities for further education in the UK. Nurses from developing countries tended to come to experience life in the UK, to be exposed to the high standards of nursing practice in the UK and to experience professional advancement. Also, the financial dimension played an important role for this group, and they expected to be able to meet social-economic obligations to their families and secure them a better future. Some older nurses were here with the prospect to save as much as possible to allow a better retirement and support for their families back home.

The evidence presented in this article suggests that the overseas nurses shared a global perspective on life, seeking their opportunities and life chances across the national borders of their home countries. The overseas nurses often felt that their UK colleagues, their managers and their patients did not understand or acknowledge their motivations for coming to the UK. According to the research participants, some of their UK colleagues, their managers and their patients equated overseas working with escaping from poor socio-economic conditions in the home country. This study suggests that the difference between global and local life perspectives should not be seen as a simple reflection of social stratification or a division between developed and

developing countries. Rather, the particular perspectives may be constructed through peoples' life strategies under conditions of globalisation.

Our study supports an analytical integration of macro and micro perspectives in the empirical exploration and theoretical understanding of the social dynamics of migration processes. Social constraints and financial opportunities cannot stand alone in providing explanations for decisions to seek work overseas; individual motivations have to be investigated through the dialogical exploration of individuals' life perspectives – their values, expectations, hopes, and plans.

Notes

1 Opting for the least politicised choice this article uses the pair of concepts 'developing country' and 'developed country' as preferred over alternatives such as: 'undeveloped and developed', 'poor and rich', 'Third World and First World' or 'South and North'.

2 The concept of 'globalisation' as a recent, twentieth century phenomenon has been criticised rightly by scholars who point out that the global flow of goods, people, information and capital dates back to the sixteenth century (Trouillot, 2003). However, both Bauman (1998) and Trouillot (2003: 47-8) agree to use the word to illustrate significant characteristics of contemporary society to do with the increasingly global dominance of the market, or consumer society as Bauman calls it (cf. Abrahamson, 2004).

3 The notions of 'tourist' and 'vagabond' are, in our view, not very well chosen, as both concepts carry highly normative and potentially stigmatising connotations.

4 The notion of the first and the second worlds refers in Bauman's terminology to a social stratification *within* societies, rather than a geo-political stratification

between countries, as we know it from traditional notions of 'First World' and 'Third World'.

5 The fact that the data emphasised 'pull' rather than 'push' factors is possibly related to the use of the focus group interview method. As discussed earlier, the public character of this method might have prevented research participants from presenting personal and very sensitive information which might have motivated them to leave their home countries. However, further studies utilising methods appropriate to generate sensitive data, such as individual interviews and life stories, would have to be used to investigate this assumption.

References

- Abrahamson, P. (2004) 'Liquid Modernity: Bauman on Contemporary Welfare Society', *Acta Sociologica* 47(2): 171-179.
- Allan, H.T. and J.A. Larsen (2003) "*We Need Respect*" – *Experiences of Internationally Recruited Nurses in the UK*. London: The Royal College of Nursing.
<http://www.rcn.org.uk/downloads/international/irn-report-we-need-respect.pdf>
- Allan, H.T., J.A. Larsen, K. Bryan and P. Smith (in press) 'The Social Reproduction of Institutional Racism: Internationally Recruited Nurses' Experiences of the British Health Services', forthcoming in *Diversity in Health & Social Care*.
- Ashbury, J. (1995) 'Overview of Focus Group Research', *Qualitative Health Research* 5: 414-420.
- Asis, M. (2001) *Female Labour Migration in South-East Asia: Change and Continuity*. Bangkok, Thailand: Asian Research Centre for Migration, Institution of Asian Studies, Chulalongkorn University.
- Bauman, Z. (1998) *Globalization: the Human Consequences*. Oxford: Polity.

- Buchan, J. and F. O'May (1999) 'Globalisation and Healthcare Labour Markets: A Case Study from the UK', *Human Resources for Health Developments Journal* 3(3): 199-209.
- Buchan, J., I. Seccombe and S. Thomas (1997) 'Overseas Mobility of UK based Nurses', *International Journal of Nursing Studies* 34(1): 54-62.
- Castles, S. (2003) 'Towards a Sociology of Forced Migration and Social Transformation', *Sociology* 37(1): 13-34.
- Choy, C.C. (2003) *Empire of Care: Nursing and Migration in Filipino American History*. Durham and London: Duke University Press.
- Department of Health (2000) *The NHS Plan: A Plan for Investment, a Plan for Reform*. London: The Stationery Office.
- Ehrenreich, B and A.R. Hochschild (eds) (2002a) *Global Woman: Nannies, Maids and Sex Workers in the New Economy*. London: Granata Books.
- Ehrenreich, B and A.R. Hochschild (2002b) 'Introduction', pp. 1-14 in B. Ehrenreich and A.R. Hochschild (eds) *Global Woman: Nannies, Maids and Sex Workers in the New Economy*. London: Granata Books.
- Faist, T. (1997) 'From Common Questions to Common Concepts', pp. 247-276 in T. Hammer, G. Brochmann, K. Tomas and T. Faist (eds) *International Migration, Immobility and Development. Multidisciplinary Perspectives*. Oxford and New York: Berg.
- Giddens, A. (1991) *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Cambridge: Polity.
- Glover, S., C. Gott, A. Loizillon, J. Portes, R. Price, S. Spencer, V. Srinivasan and C. Willis (2001) *Migration: An Economic and Social Analysis*. London: Home office.

- Henry, L. and G. Mohan (2003) 'Making Homes: The Ghanaian Diaspora, Institutions and Development', *Journal of International Development* 15: 611-622.
- Jenkins, R. (2002) *Foundations of Sociology: Towards a Better Understanding of the Human World*. Basingstoke and New York: Palgrave Macmillan.
- Kitzinger, J. (1994) 'The Methodology of Focus Groups: The Importance of Interaction between Research Participants', *Sociology of Health and Illness* 16(1): 103-121.
- Kvale, S. (1996) *InterViews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks and London: Sage.
- Lowell, B.L. and A. Findlay (2001) *Migration of Highly Skilled Persons from Developing Countries: Impact and Policy Responses*, International Migration Papers 44, Geneva: International Labour Office.
- Martineau, T., K. Decker, P. Bundred (2002) *Briefing Note on International Migration of Health Professionals: Levelling the Playing Field for Developing Country Health Systems*, briefing paper, Liverpool School of Tropical Medicine. www.liv.ac.uk/lstm/hsrhome.html
- Mejia, A. (1978) 'Migration of Physicians and Nurses: A Worldwide Picture', *International Journal of Epidemiology* 7(3): 207-215.
- Mejia, A. and H. Pizurki (1976) 'World Migration of Health Manpower', *WHO Chronicle* 30: 455-460.
- Miles, M. and A.M. Huberman (1994) *Qualitative Data Analysis*, 2nd edn. London: Sage.
- Morgan, D.L. (1997) *Focus Groups as Qualitative Research*, 2nd edn. Qualitative research methods series 16. Thousand Oaks, CA: Sage Publications.

- Nursing and Midwifery Council (2004) *Statistical Analysis of the Register: 1 April 2002 to 31 March 2003*. London: The Nursing and Midwifery Council,
http://www.nmc-uk.org/nmc/main/publications/Annualstatistics2002_2003.pdf
 [accessed on 4 August 2004].
- Pang, T., M.A. Lansang and A. Haines (2002) 'Brain Drain and Health Professionals: A Global Problem needs Global Solutions', *British Medical Journal* 324: 499-500.
- Parrenas, R.S. (2002) The Care Crisis in the Philippines: Children and Transnational Families in the New Global Economy', pp. 39-54 in B. Ehrenreich and A.R. Hochschild (eds) *Global Woman: Nannies, Maids and Sex Workers in the New Economy*, London: Granata Books.
- Patton, M.Q. (1990) *Qualitative Evaluation and Research Methods*, 2nd edn. Newbury Park: Sage.
- Reynolds, R.R. (2002) 'An African Brain Drain: Igbo Decisions to Immigrate to the US', *Review of African Political Economy* 92: 273-284.
- Royal College of Nursing (2002a) *Internationally Recruited Nurses: Good Practice Guidance for Health Care Employers and RCN Negotiators*. London: Royal College of Nursing.
- Royal College of Nursing (2002b) *International Recruitment of Nurses: United Kingdom Case Study*. London: Royal College of Nursing.
- Royal College of Nursing (2003) *Here to Stay? International Nurses in the UK*. London: Royal College of Nursing.
- Richards, L. (1999) *Using NVivo in Qualitative Research*, 2nd edn. Melbourne: Qualitative Solutions and Research.

Sassen, S. (2002) 'Global Cities and Survival Circuits', pp. 254-274 in B. Ehrenreich and A.R. Hochschild (eds) *Global Woman: Nannies, Maids and Sex Workers in the New Economy*, London: Granata Books.

Trouillot, M.-R. (2003) *Global Transformations: Anthropology and the Modern World*. New York: Palgrave Macmillan.

Van Hear, N. (1998) *New Diasporas: The Mass Exodus, Dispersal and Regrouping of Migrant Communities*. Seattle: University of Washington Press.