

Filipino Nurses in Altnagelvin Area Hospital: A Pilot Case-Study

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Northern Ireland is generally described with reference to its 'two communities' with limited acknowledgement of its minority communities. However Northern Ireland in common with many other nations is home to numerous peoples from across the world. In-migration to Northern Ireland is not a new phenomenon, but has until recently been obscured by the 'troubles.' Since the ceasefires of 1998, and further by the recent expansion of the European Union in 2004 in-migration to Northern Ireland has increased (Runnymede website 2007, Castles and Miller 2003: 7-9).

Northern Ireland therefore can no longer be described as a 'bi-cultural' space with its many minority communities extant that fall outside the 'two traditions' paradigm (Hainsworth 1998: 4). Overall the number of people in Northern Ireland from an ethnic minority is statistically small. In the census of 2001, 14,279 people were recorded from a minority ethnic background, or slightly less than one per cent of a population of over 1.6 million. Unofficial figures however estimate that the ethnic minority community is much larger, possibly 45,000 with at least 60 different ethnic minority groups resident here (Runnymede website 2007, Incore website 2007). The Polish community alone is believed to be at least 30,000 (BBC News website 2006, McDermott this volume).

One of the new communities to emerge in Northern Ireland over the last few years is the Filipino community. According to Eva Mc Kendry, Chairperson of the Northern Ireland Filipino Association, the overall size of the Filipino community in Northern Ireland was 2500, by the end of 2007. The Filipino community is largely made up of nurses and their families. It is this community of Filipino Nurses working in Altnagelvin Area Hospital in Londonderry that formed the essence of a recent pilot study I undertook.

Permission to conduct the study was required from Hospital Management, since its focus was nurses from the Philippines presently employed there. Approval was granted on completion of a prescribed administration process. The population of nurses employed in Altnagelvin Area Hospital from the Philippines in January 2007 was estimated as seventeen by the Personnel Department. However as I found it impossible to establish with certainty, the total number of nurses from the Philippines working in the Hospital, I felt it was best to select a random sample of twelve for the pilot study as I did not wish (even unwittingly) to exclude anyone. A questionnaire was accordingly issued to each of the twelve, eleven were returned. Participation was voluntary and respondents were assured that all information given would be treated confidentially and their anonymity preserved. They were asked about their whole experience of leaving the Philippines and settling in Northern Ireland. The key questions the case study addressed were:

1. Why did nurses from the Philippines come to work in Northern Ireland?
What circumstances drove this life-changing decision?
2. By what process did they get here?
3. What is their experience of living in Northern Ireland?
4. How does this experience impact on their sense of identity and of belonging, both in Northern Ireland and in the Philippines?

Migration from the Philippines

In the case of the Filipino nurses in this study it was clear that many factors coexisted in the decision to migrate to Northern Ireland. I found economic pressure was the most important factor in understanding nurse migration to the UK. 'Push factors' involved miserable labour prospects for trained nurses in the Philippines where nursing positions were scarce and insecure, salaries low, and conditions for career advancement poor (BBC News website 2003).

'Pull factors' were also important due to consistent high unemployment amongst nurses in the Philippines since the early 1990s, coinciding with a dearth of nurses in the UK (migration website 2005). This situation was further compounded by the reduction in positions available in traditional migration destinations like the United States of America and the Middle East in the same period (Buchan 2006: 119).

Through my interviews I found consistently that the opportunity to improve the standard of living for their families drove the decision to migrate to Northern Ireland. Carlos told me that he was greatly influenced by the,

‘motivation of my parents to use profession to work abroad.’ He also stated, ‘we look up to neighbours and relatives who have emigrated, they serve as an inspiration to us, for having a good life free from financial worries.’ Christina, Reuben, and Olivia explained their decision to seek work in the UK was due to the fact that they wanted ‘better life and future,’ ‘because of poverty,’ due to ‘low salary.’ Maria informed me that a major consideration in her decision to leave the Philippines was, ‘sad to say but its true money. I’m working hard in the Philippines but I’m not getting enough money, so I decide to apply abroad, because my daughter is starting school and it’s very expensive to send your child to a good school.’

The decision to leave the Philippines was also influenced by family and neighbour experiences of migration. Rosa told me when asked if there was any family history of migration, ‘yes, my cousin and some of my neighbours so I have been a witness of their life from poverty to well enough, so my husband and I made a big decision, it took us a year, we thought through the pros and cons.’ And Lucia informed me in response to the same question that ‘my entire neighbourhood, friends and classmates and even my college teachers and colleagues.’

Throughout this research I have found that migration from the Philippines is seen as a sensible, if daunting solution to otherwise financially bleak and insecure lives. In fact I discovered from my questionnaires, that nine of the eleven respondents, when asked if they trained specifically as a nurse to enhance their opportunities to work abroad said yes.

Journey from the Philippines to Northern Ireland: Government Initiatives

Of the group of eleven nurses I was involved with, one of the nurses came to Northern Ireland in 2001, six in 2002, three in 2004 and one in 2005. They were all employed under a government initiative to fill vacancies across the United Kingdom (UK). In the final years of the twentieth century through to the first five years of this century, the United Kingdom experienced acute nurse shortages in all locations and departments. To overcome this deficit the Government made the decision to actively recruit nurses from outside the UK and European Economic Area (EEA). In conjunction with the National Health Service (NHS) agencies were engaged to process nurses for UK hospitals. Altnagelvin Area Hospital like many other Trusts across the UK availed of this scheme. Because the government classified nursing as a ‘shortage occupation’ work permits for nurses were fast tracked (RCN 2003:18). Between 1st May 1998 and 31st August 2002, 946 work permits were issued to Internationally Recruited Nurses (IRNs) in Northern Ireland, of which 732 were issued to Filipinos. Between 1st September 2002 and 31st October 2003 a further 516

work permits were issued to Filipino nurses to take up positions in Northern Ireland (Bell, Jarman and Lefebvre 2004:32, 39). However by the end of the year 2003, government statistics recorded only 709 overseas nurses employed by the NHS in Northern Ireland, of which Altnagelvin Trust employed just twenty-four overseas nurses (parliament website 2007).

In the period of most acute nurse shortages Filipino nurses were specifically targeted for recruitment, due to the fact that they speak English, are well trained and their qualifications are recognised by the Nursing and Midwifery Council of the United Kingdom (Equality Commission 2004:6). Recruitment from the Philippines was further facilitated by a bilateral governmental accord that allowed Filipino nurses to be actively recruited by the UK (Buchan 2006:114, RCN 2003:16). Since 1998, Filipino nurses were, until recently, the largest group of migrant workers coming into Northern Ireland (Bell, Jarman and Lefebvre 2004:5).

Induction and Adaptation

As part of the 'package' attracting nurses to the UK there was often free accommodation for the first month or subsidised accommodation in the local area. There was also a 'welcome pack' for all overseas nurses on arrival that included some food, phone cards, information about the local area, banks, doctors, schools etc (RCN, 2003:18). This was the experience of the nurses I spoke to from Altnagelvin Hospital. They were also given help to register with a local doctor and dentist and were given information about the local Roman Catholic Church. All of the Filipino nurses that were employed in Altnagelvin Hospital from the Philippines are Catholics, in accordance with the decision by the Northern Ireland Office to send Catholic nurses to Derry, and Muslim nurses to Craigavon, so that they might integrate more easily.

Prior to taking up his or her position in Altnagelvin each nurse was required to take part in an Adaptation Programme to familiarise him/herself with local culture. The Foyle Language Centre delivered a programme, and through it Filipino nurses were introduced to local dialects and customs. They were also presented with some information about politics and current affairs relating to Northern Ireland, and were orientated to the general area. However in particular Filipino nurses were taught about dialect differences relating to health care. To paraphrase their words, they were taught the 'Derry twang.' Set sayings like, 'spend a penny,' 'throwing up my guts,' 'wains,' 'raining cats and dogs,' 'wile belly ache,' had to be explained as did colloquialisms associated with medical terms, 'drip,' in reference to intravenous fluids, 'plaster,' in reference to dressing, 'stitches' in reference to sutures, to name but a few. These are but an example of the dialectical difficulties the Filipino nurses cited

for me in this study. As they trained in American hospitals the names of medication too varied. To overcome these cultural differences a mentor was appointed for each nurse.

Filipino Nurses in Altnagelvin

My Filipino colleagues have informed me that the Filipino community in Derry contains about fifty-sixty persons, including children. The community has developed from nurses working in the local general hospital, Altnagelvin, other NHS institutions in the city, and Nursing Homes in the area. The community has settled in the Waterside area of the city, chiefly because initially it was closer to their places of employment. On first settling in Derry the nurses in my study rented accommodation from Altnagelvin, in the Shepherd's Glen area, or alternatively lived in the Nurses' Home. However as time has passed many now rent privately or have bought their own houses. Some of the nurses I spoke with shared a house, while others sublet to their Filipino friends.

The nurses that were involved in this study were employed in two specialist areas, the Critical Care Directorate, and Women's and Children's Directorate. Of the eleven participants in this study, seven worked in the Operating Department, while the remaining four worked in the Children's Ward. Both of these departments are notoriously unpopular areas for nurses to work. Recruitment there is traditionally difficult and retention of staff is equally so (RCN 2003: 15). The Filipino nurses in this study therefore 'filled a gap' in the market, they did not come 'over here' and 'steal our jobs.'

Life for the Filipino community in Northern Ireland is much altered from that experienced in their homeland. Not only is the climate much colder, but also the whole 'way of living' is different. Furthermore the great distance from their home in the Philippines compounds the feeling of separation. Today though, roughly three years after they first came to Northern Ireland, the community has adjusted to life here and are making it their home.

Experience of life in Northern Ireland

From my interviews with the Filipino nurses I found that the hardest part of coming to Northern Ireland was leaving family behind. Opportunity was therefore tainted with huge personal loss. Of the nurses in this study, eight were married; five had their spouses with them. Five of the eleven nurses had children, two nurses had their children with them in Northern Ireland, and one nurse's children were in North America, while the children of the remaining

two nurses were in the Philippines. Furthermore not only did they miss their immediate family, but also their wider family circle.

Maintaining the Pilipino language amongst the children of Filipinos in Northern Ireland was stated as a potential problem in this study. One of the biggest impediments to maintaining the language was that children of Filipinos are often apart from their parents, and thus their first language during the hours that they are awake. They may be at nursery, at school or with child-minders where only English is used. This can mean that the child has little exposure to the first language of his parents and grandparents. English can accordingly quickly become the first language of children from a Filipino home, growing up in an English-speaking world. Lucia admitted that she had experienced difficulties in maintaining the Pilipino language with her children. She stated, 'They forget to speak Pilipino, only English now.'

From my conversations with the Filipino nurses in this study, each views the loss of their native language differently. One nurse said he wanted his son to grow up with the local accent so that he could participate fully in life in Northern Ireland, by being able to use local phrases and slang. One of the other nurses however wanted his children to be able to return to the Philippines and fit in exactly as if they had not been born abroad. In the main however it was acknowledged that language is difficult for the children of migrants, as they may need to fit into both worlds at different stages of their lives.

In this study I discovered that it was possible for the Filipino community to maintain cultural preferences relating to diet in Northern Ireland. The Asia Supermarket in the Ormeau Road in Belfast supplies all their unique dietary requirements. I also discovered that a mobile store comes to Derry once a month selling Asian groceries. An Irish couple from Ballymena operates it. Lately an Asian Store has opened in the Glendermott area of the Waterside. The Filipino diet therefore can fairly easily be accommodated in Northern Ireland since the infrastructure is in place due to an already thriving Asian population here. Nevertheless the nurses in this study told me, 'I still eat rice three times a day, but I eat more chips and sausages here compared to home,' 'Children eat rice not spuds'.

Education too for the children of Filipino nurses resident in Derry was not difficult to access since schooling in Northern Ireland is generally denominational and places are given to children based on need. Educational achievement is difficult to gauge in this case study, as the children involved are too young, and few have moved to secondary level education. Although

there are a small number of children from the Filipino community attending schools in Derry, I have been informed that due to their good understanding of English from a young age they have little cultural difficulties at school.

Culturally religion should not have produced any problems for the Filipino community in Northern Ireland, as the nurses employed by Altnagelvin Trust are all Catholics, and the religion of Roman Catholicism is generally referred to as a universal church. However although the community attends services in local Catholic Churches they find the experience very culturally different from that of their homeland. To rectify this special Filipino Masses are offered occasionally in St. Mary's Church in nearby Ardmore, to allow the Filipino community the opportunity to have Mass in their own language, and more in keeping with their cultural style (Delargy this volume).

For the people of the Philippines religion is intimately linked with cultural identity and for them affirms a sense of belonging. This is true of many cultures: 'Religion should not be seen in isolation, but as a core aspect of culture around which other expressive forms – linguistic maintenance, the formation of associations and folkloric practices – may be focused' (Castles and Davidson 2000: 135).

Integration and Social life

In Ireland North or South, I believe integration can be measured, to some degree, by participation in social activities. The Filipino community are often described as a social people and in this study I have found that in spite of their many restrictions, they actively participate in the social life of the local community. From work they attend as many functions as possible. Integration into society in Northern Ireland at a superficial level is thus easy, yet demanding work schedules, family responsibilities and the need to save money restricts some opportunities for integration.

From my interviews the fear of racist abuse emerged as a factor that restricted social opportunities, and this in turn impeded opportunities for integration. Four of the respondents in this study admitted they had experienced a racist incident in Northern Ireland. Racist abuse is unfortunately a regular feature of life for many ethnic minorities living here (Mc Veigh in Hainsworth 1998: 11-32, Irwin and Dunn 1997: 99-105). From 2002 to 2003, 226 racially motivated attacks were reported to police in Northern Ireland (socialistworld website 2005, BBC News website 2004). In an Amnesty International survey carried out in Northern Ireland on the experiences of ethnic minority communities, 86 per cent of respondents had experienced racist abuse (CRC 2004: 44). Homes of Filipino nurses have been attacked in

Belfast and County Antrim and Muslim families have been targeted in County Armagh. Likewise the Mosque in Belfast has been attacked due to the development of 'Islamophobia', in the aftermath of the 'Twin Towers' attacks in New York (Marranci 2004:105). These examples are of course just the tip of the iceberg since most cases of abuse go unreported.

Cultural Celebrations and Links

The opportunity to publicly celebrate events of cultural importance for the Filipino community in Northern Ireland has been minimal to date. Privately they continue to celebrate significant cultural dates in their homes with their family and friends. Two years ago the Filipino community celebrated their Independence Day June 12th in Belfast, and for the past few years the Filipino community in Derry has taken part in the Maiden City Festival. At Christmas the Mayor of Derry hosts a dinner for the Filipino community (Derry Journal 2006:13). In the South of Ireland many Filipino groups took part in the 2007 St. Patrick's Day parades but I am unaware if the Filipino community in Northern Ireland participated in these celebrations.

Because there is little public expression of Filipino cultural identity in Northern Ireland I wondered how a cultural connection with home was maintained. I discovered that family contact was the key; phone calls, texts, and e-mails and less rarely now, letters, kept the cultural link with home constant. The Internet too helped enormously in maintaining a cultural bond with home, especially through news sites and subscriptions to TV channels in the Philippines. All eleven cited the Internet as the best means of maintaining contact with their homes in the Philippines confirming the assertion that modern technology assists the communication of cultures. (Nic Craith 2004:289). In conclusion I found that in spite of minimal organised public cultural events the Filipino nurses in this study felt they had no problems maintaining cultural links with home.

Work conditions, long-term plans and aspirations

The nurses in this study were initially employed at Grade C until their period of mentorship had elapsed, and their registration with the NMC was complete. They were then employed at Grade D level, which is essentially the position of a newly qualified nurse. It has accordingly been stated that this pay award did not remunerate Filipino nurses fairly for their years of professional experience, which was a pre-requisite to securing a post.

Once settled here I found that the Filipino nurses in this study were as likely to gain promotion from Grade D to Grade E, as other candidates from Northern Ireland. Recent nursing pay scale awards have obscured pay differentials, but none of the nurses who participated in this study have secured senior positions to date. Meanwhile in the South of Ireland Filipino nurses feel they have not gained the promotion they deserve (*The Irish Times* 2004:15). It has been suggested that some Filipino nurses have been disappointed with their appointments in Ireland but I found that the nurses in Altnagelvin Hospital believe their experience here will help them get promotion and better jobs in the future whether elsewhere or in the Philippines when they go home (*The Irish Times* 2004:15).

Filipino nurses work hard and save hard. They send as much money home to their families in the Philippines as possible and invariably live a frugal life to facilitate this (Bell, Jarman and Lefebvre 2004: 49). Filipino nurses are noted for their high level of support to their families. James Buchan found in his study that 73 per cent of Filipino nurses sent home up to 50 per cent of their wages (Buchan 2006: 118). Sometimes these remittances support children, siblings, parents or other family members. Very often it supports further family members to become nurses or pursue careers which will allow them to migrate. The nurses I was in contact with took great pride in being able to send money back to the Philippines, and the material benefits to the family were clearly obvious in photographs of home. Remittances not only help educate and train other family members, but also provide new homes and security for the entire family. They were understandably pleased about this. 'For ethnic minorities, culture plays a key role as a source of identity...' (Castles and Miller 2003: 39).

It is generally accepted that Filipino nurses use the UK as a stepping-stone to America; it is merely part of a journey (migration website 2005, Buchan 2006: 119). This has been the experience in Altnagelvin, some nurses move from here to America, Canada or England because they wish to be with family or friends already there, or to avail of better pay, and better opportunities for promotion in those countries. Many have already worked in Saudi, so the period spent in Northern Ireland must be seen in the context of 'whole life migration' (Castles and Miller 2003: 21, Buchan 2006: 120). In my study I found a very mixed response to the question on plans for the future. Four were unsure if they would stay in Northern Ireland, three thought they might stay permanently, and the remaining four thought they might stay for a further five to ten years.

As nursing is no longer categorised as a 'shortage occupation' in the UK, there will be less opportunities for nurses from the Philippines to migrate to Northern Ireland (workingintheuk website 2007). This may simultaneously herald the demise of the present Filipino community. The fact that further family members or friends, who are also nurses cannot easily join the Filipino community here may impede the community's future development and lead to its decline. The decision to remain in Northern Ireland therefore may be dictated by outside pressures.

Changes in Identity and in a Sense of belonging

In my investigation into the Filipino community of nurses working in Altnagelvin Area Hospital I have tried to determine if migration has changed their perception of their identity. I have also sought to establish if their sense of belonging has been compromised by migration. I have discovered that the experience of migration has had little impact on their sense of cultural identity. Nine of my respondents describe themselves as Filipinos, not Filipino-Irish, Filipino-British or any other variation. Six of the eleven felt more Filipino since they moved to Northern Ireland, while the remaining five felt the same as they had in the Philippines. None of them felt less Filipino. On enquiring why they felt more Filipino now that they were living in Northern Ireland, the general consensus was that they missed home and their native culture and thus felt more Filipino. I thought perhaps they felt excluded here, but that was not the reason given.

I also asked in my questionnaires if their families thought or treated them any differently since they left home. I found out again that all eleven felt that their families neither thought of, nor treated them any different since they migrated from the Philippines. I further wondered did these migrants feel they belonged in the Philippines when they went home. All eleven said they felt they belonged at home, exactly the same as they had prior to migration. One of the Filipino nurses summed up the experience of migration on cultural identity and belonging by describing herself as a, 'Chameleon, just adapt to any environment,' while another said, 'I am more Filipino who speaks with Derry accent.'

In this survey I had only two nurses who had children with them in Northern Ireland. Accordingly the impact of migration on the children of the Filipino Community in Northern Ireland cannot be gauged from this paper. However I was informed that migration does impact on the cultural identity of children, if not their parents. One of the mothers admitted to me, 'They seem

to acquire some Northern Irish identity but more of Filipino identity – it's inevitable.' While the other mother said, 'Children see themselves as Filipino with UK citizenship.'

The children in this group are thus being affected by migration; if it continues throughout their lives they will undoubtedly have a different perception of their cultural identity than that of their parents. Stephen Castles and Alastair Davidson (2000: 139-40) have described the generational impact of migration on cultural identity thus:

young people of immigrant origin are seen as having dual (or multiple) linguistic and cultural competencies. They have learnt to negotiate different cultures, to switch between varying codes and to utilize elements of the differing lifestyles...and for society in general they can be a source of enrichment.

Has a sense of belonging in Northern Ireland therefore been achieved by the Filipino community in the short time that they have lived here? If my survey is representative of the Filipino community in Northern Ireland then the answer is yes. I have been consistently told throughout that the friendliness of the people in Derry, and the way they have been treated by the public and their colleagues alike, allows them to feel they belong in Northern Ireland. Nine of the eleven nurses feel they can describe Northern Ireland as their home. I was informed, 'Yes, this is a home far away from home.'

Conclusion

As Northern Ireland comes to terms with its changing demography and 'new communities' make their home here it is increasingly described as a multicultural society (Kincheloe et al 1997: 2), yet in common with other Western nations migrants are often seen to threaten the cultural hegemony of host countries (Maguire 2004: 14). Northern Ireland especially is familiar with the way cultural identification has been used to divide, not unite people. However few could argue with the words of Maurice Hayes 'Society is enriched by difference and range of choice...pluralism, openness to change and tolerance of diversity are more likely to provide a basis for mutual trust and resolution of conflict than insularity and protectiveness.' (Rolston in Miller 1998: 254). A peaceful future in Northern Ireland will depend greatly on tolerance of diversity not only between the two majority communities, but also of the minority communities.

In conclusion I found that the Filipino community of nurses in Altnagelvin has integrated into, and adapted well to life in Northern Ireland. Further I have discovered conclusively that their strong cultural attachment to home, family and religion, in the Philippines, is the secret to their ability to retain with certainty their identity and sense of belonging in a rapidly changing world.

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