

Journal of Global Health and Social Medicine

Exploring Forms of Reintegration of Filipino Migrant Health Workers in the Global World

Veronica Esposo Ramirez

Full Professor, University of Asia and the Pacific Pearl Dr, Ortigas Ctr, Pasig City, Philippines

*Corresponding author

Veronica Esposo Ramirez, Full Professor, University of Asia and the Pacific, Pearl Dr., Ortigas Ctr., Pasig City, Philippines.

Received: November 25, 2025; Accepted: December 09, 2025; Published: December 15, 2025

ABSTRACT

This study has identified the ways by which Filipino health workers are employed overseas; described their work-life conditions in selected host countries; analyzed the challenges to reintegration of Filipino migrant health workers; and explored the different ways by which the Filipino migrant health workers can come back to the Philippines. It also recommends three ways Filipino migrant health workers can “come home” through reintegration, return and circular migration, and transnationalism.

Introduction

Health workers are high in demand in many countries in Asia, Middle East, Europe, the Americas and Oceania. Health facilities and hospitals overseas offer signing bonus, high salaries, benefits and security of tenure – which the Philippines cannot offer. The Philippine government responds to the need of health workers abroad by entering into agreements to supply nurses in countries like Japan, Germany, Czech Republic, Denmark, Hungary and many others. This results to many thousands of health workers leaving their health workplaces in the Philippines for employment overseas. During the COVID-19 pandemic, the demand escalated and the benefits increased to lure Filipino health workers to work overseas. After the pandemic, the demand is even higher and the response on our side was stronger.

Filipino nurses are highly valued in many countries because of their educational qualifications and training in nursing as well as their proficiency in English. They possess characteristics such as being family oriented, thus wanting to provide for their family and relatives; they want to stay together with Filipino nurses in a hospital or city; they are easily enticed by friends to join overseas application. They are qualified to work overseas and are known for their excellent work ethic, compassion and dedication to their patients – which are all important qualities in health care services.

Evidently, the Filipinos are the preferred migrant workers in many countries. Even if the Philippine government has set the annual allocation of nurses at 7,000 per year, as of May 2023, there were already 4,000 sent overseas to Canada, UAE and Vienna. Over 300,000 or more than half of the licensed nurses in the Philippines are currently employed overseas, according to Philippine Nurses Association (PNA). However, the Department of Health says the Philippines needs an additional 127,000 nurses. One way to keep the nurses in the country is to increase their salary, which is currently less than US\$ 600/mo. in public hospitals. The rate is lower in private hospitals for nurses.

This study has the following objectives:

1. Identify the ways by which Filipino health workers are employed overseas
2. Describe the common work-life conditions of Filipino migrant health workers
3. Analyze the challenges to reintegration of Filipino migrant health workers
4. Explore the different ways the Filipino migrant health workers can come back to the Philippines

Review of Related Literature

This section provides literature and studies on the conditions that affect return and reintegration among Filipino health workers.

Citation: Veronica Esposo Ramirez. Exploring Forms of Reintegration of Filipino Migrant Health Workers in the Global World. *J Glob Health Soci Med.* 2025. 1(2): 1-12. DOI: doi.org/10.61440/JGHSM.2025.v1.22

For many Filipinos, work overseas is their reason for studying nursing or other health related courses. Migration is preconceived. In a survey conducted by Elmaco (2022) on Filipino nurses' skilled migration, she found that 82.1% of the interviewees "planned migrating to another country from the beginning." In fact, they were pressured by family members and had a bandwagon effect where other members of the family are already nurses abroad who supported their studies to that they can join them.

Once employed overseas, there are benefits and challenges that they face. Yet, return and reintegration is not an option to Filipino health workers.

Moncatar found in their qualitative study that among migrant health workers, return migration and reintegration is perceived as uncommon phenomenon and is only motivated by personal reasons or entrepreneurial aspirations [1]. Upon return, they successfully held teaching and training positions, engaged in business through specialized clinics, or established professional associations.

Efendi in their scoping review of experiences of healthcare worker returnees in different countries found interesting findings [2]. Many health workers experience brain waste due to working at lower levels of employment. For example, Filipino nurses reportedly worked as domestic caregivers in Canada, and nurses from the Philippines and Indonesia worked as care workers in Japan. They also found that the decision to return to their home country was influenced by personal and family issues, stress and pressure at overseas work, and the desire to participate and contribute to their country's health development. There are also external factors such as failure in professional examination, end of contract, racial discrimination, foreign language, and retirement.

Mentioned in the scoping study was the study of Motlhatlhedi and Nkomazana who found that knowledge and skills gained while working in developed countries could bring advantages to the health systems of developing countries [3]. Another worth mentioning is Brown who estimated that 76% of post-migrant nurses in Jamaica had returned to clinical practice and most returned to nursing practice in public sector areas, bringing home additional clinical and instrumentation skills from abroad such as in vitro fertilization, dialysis, and other health-related techniques [4]. Some health professionals have acquired specialized skills from overseas work such as newborn congenital disorders, gastrointestinal surgery, hematology, pediatrics, obstetric care and anesthesia, which can benefit health care in their home country."

The International Labor Organization and Public Services International published the Information Guide for Filipino Health Workers, which state that for a migrant health worker, reintegration is not simply bringing one's savings and engaging in entrepreneurial activities in your home country. "It is being able to use your accumulated skills and experience abroad to help your country develop. Health workers possess critical skills necessary for the development and well-being of society. They are the country's valuable human resources for health.

Therefore, valuing health workers' skills and bringing them back to strengthen public health services should be a priority in the design of reintegration programs and policies for returning health professionals" (p. 10). It therefore recommends a comprehensive program which would "ensure that their skills and qualifications are valued and utilized to strengthen public health services" for health workers. The issues and challenges to reintegration are also discussed in the Guidelines, which include the Lack of return preparedness, Feminization of migration, social costs to families, Societal pressure, Limited economic opportunities upon return, and Lack of data for evidence-based policymaking.

Reintegration vs Transnationalism

Migrant reintegration means returning to one's home country after a period of overseas work and reestablishing oneself in its socio-cultural, economic and political life. Sustainable reintegration of migrants refers to successful integration, with indicators such as economic self-sufficiency, social stability, psychological well-being, community development. If these are addressed, reintegration can be sustainable. However, among Filipinos, circular migration is widely practiced because reintegration is the most difficult aspect of migrant work. This is due to lack of savings and lack of work in the Philippines that can match the salaries and benefits that migrant workers enjoy in their country of work.

Browne quotes from scholars the definitions of transnationalism, as seen below [4] [It is] the multiple ties and interactions linking people or institutions across the borders of nation-states. Through transnational activities, immigrants become trans-migrants able to maintain, build, and reinforce multiple linkages with their countries of origin referred to the transnational social fields that migrants now live in.

Nowicka argues, "connectivity and social context are equally important for transnationalism, but transnationalism cannot be reduced either to one or the other [5]. In turn, we must define transnationalism as outcome of multiple belongings, practice and dispositions coming together."

Transnationalism in the context of reintegration of Filipino migrant health workers, refers to the process where connections and relationships across borders continue to be active without leaving their country of work while connecting to their country of origin. This is characterized by dual belongingness, economic activities, socio-cultural exchange, and cooperation that benefit both countries. It means maintaining ties with both the home and host countries.

Transnationalism extends beyond geographical boundaries. In today's global landscape, artificial intelligence and remote or digitized services can very well support transnational activities. In the medical field, particularly the mental health care, a number of public and private agencies that offer psychosocial, guidance and counseling services. Networks of communication can broaden, connecting migrant health workers to their home communities and creating new forms of "being home." This new concept strengthens globalization where social relationships can shape multiple appropriate realities.

Is there interest on transnationalism on the part of the Philippines? There is contradiction in the way Philippines is dealing with migrant work. On the one side, it forges agreements with many countries for the employment of health workers, even exceeding the prescribed quota for deployment. On the other hand, it aims to bring back and prepares to reintegrate the health workers, claiming shortage as the reason. As it attempts to design programs for reintegration and providing some amount and business capital, there are no measures toward sustainability of reintegration for health workers. On the part of the migrant health workers, there is unwillingness to go back to the Philippines and be reintegrated because it means giving up their properties, well-paying jobs, continuously assimilating life in their community for many, and most especially the acquired citizenship. The only option is transnationalism.

If the benefits of transnationalism are recognized by governments of migrant sending and receiving countries, policies can be formulated to govern the new ways in which the potential contribution of migrant health workers to human development can be beneficial and maximized. “Instead of viewing transnational ties as obstacles to integration, policies can leverage them to facilitate economic development, social cohesion, and cultural exchange. . . Policies should also address the specific needs and challenges faced by different groups of migrants, including irregular migrants who may face greater barriers to transnational engagement” [6].

Conceptual Framework

The Filipino health workers constitute the millions of Filipinos in Diaspora. Their conditions vary by their choice of country of work. Those under contract work either return, engage in circular migration or reintegrate into the host country. Those who have left as immigrants may choose transnationalism.

When they return, they stay for a few months and spend on appliances, gadgets and food until their cash dwindles to depletion and then they go back to overseas work. This cycle of lifestyle and migrant life is repeated (circular migration) until they reach the age of 40 when they are no longer qualified for work overseas. By then, their children who have college education funded by remittances, also seek and engage in jobs overseas. The first-generation migrant workers then become reintegrated into their community where they can engage in other means of livelihood and are themselves recipients of remittances from their children who now work overseas. There is also a good number of Filipinos who have chosen to work overseas as immigrants, establish their family in their host countries, own properties there or elsewhere, but still send remittances to their family left behind. They go back and forth to the Philippines, the first few visits are spent for family reunions, then in investing in and managing their properties. For many of them who have been away for at least 15 years or more and are more financially stable, they started some projects for their communities in the Philippines. The migrant health workers are the ones who continuously and consistently conduct medical missions and other forms of outreach initiatives. This is one form of transnationalism.

This Conceptual Framework that guided this study is illustrated next

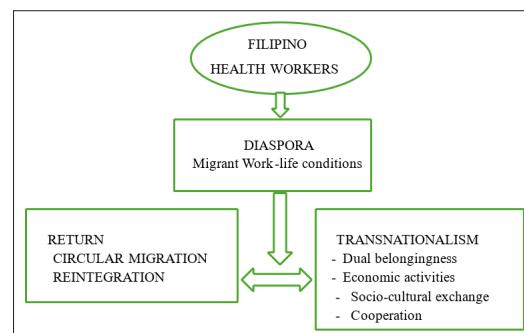


Figure 1: The Filipino Health Worker Path as Diaspora

Through transnationalism, Filipino migrant health workers can be present in the Philippines in different ways beneficial to both their home and host countries. This includes dual belongingness, economic activities, socio-cultural exchange, cooperation that benefit both countries.

Dual belongingness or the feeling of belonging to both home and host countries, can happen even after loyalty to the host country is developed through integration. This connection to one's home country is evident in several visits to one's home country for vacation or attending family and community reunions. Presence in the host country is not given up and in fact, continues and is passed on to the next generation.

Economic activities are evident through the remittances, donations or investments made in the home country. Remittances to family left behind are commonly spent for basic family needs, education and health.

Socio-cultural exchange activities are seen through the migrant health workers going to the Philippines to participate in town fiestas, Christmas or other holiday celebrations and rituals. Cuevas claims that the common reason is to visit aging parents or relatives [7].

Cooperation that benefits both countries is seen through joint projects in the home country such as medical mission, scholarship, poverty upliftment, capacity building or other forms of human development initiatives while also contributing to development programs of the host country.

Methodology

This study utilizes exploratory design where the qualitative methods of content analysis of interviews and narratives are used to discover important variables underlying the employment of health workers overseas. Data gathered from previous studies by this researcher are used to substantiate qualitative data. Results are combined and interpreted, which can lead to conclusions.

Some narratives and interviews included here were gathered in 2023 for a study on the work-life experiences of health workers overseas. Quantitative data are used to show the percentage of Filipino health workers leaving the country and coming back from overseas work. Content analysis of interviews and narratives, combined with quantitative data are used to explore the different ways by which Filipino migrant health workers can come back to the Philippines, whether temporary or permanent. In June 2025, more indepth interviews were conducted face-to-

face among purposively selected Filipino health workers, both active and retired.

Discussion and Findings

This section identifies the ways by which Filipino health workers are employed overseas; discusses the work-life conditions of health workers overseas; analyzes the challenges to return and reintegration of Filipino health workers overseas; and explores the different ways by which the migrant Filipino health workers can come back to the Philippines, whether temporary or permanent.

Becoming Filipino health workers overseas

The common reasons for working overseas are the poor working condition in the Philippines; the desire to have improved one's quality of life and to support family basic needs, education and medical needs. In a survey of Filipino health workers in the Nordic countries, there are different reasons that triggered decision to migrate for work. The top reasons are better benefits (75.3%), Opportunity to migrate (71.6%), and Higher income (70.4%). Other reasons are Opportunity to travel and learn about other cultures (65.4%), Low salary in the Philippines (55.6%) [8]. Also cited relates to socio-political and economic stability and condition in their workplace where there is Work overload, Lack of advanced technology, Poor health insurance coverage and unattractive compensation package [8].

More nurses are leaving the country than those being produced. As of January 2023, there were 951,105 Filipino RNs in the Philippines, with 75% women. In the same year, there were new 18,000 newly licensed nurses. As of Oct 2022, there was shortage of 106,000 nurses and other healthcare workers. Forty percent of nurses from various private hospitals have resigned in the last 2 ½ years. As of Nov 2022, there were 310,000 out of more than 910,000 RNs in the Philippines were working overseas. Salary rates overseas differ greatly from that in the Philippines. Where Philippines offer PhP 32,097 for entry level nursing job in public hospitals, US offers US\$ 3,800 and UK offers Euro 1,662 or US\$ 2,116.

Because nurses are high in demand, international recruitment agencies offer signing bonus and many attractive packages that include EB-3 Visa / Premium processing; Petition for nurses without IELTS; Free English language exam classes; 401K and paid time off; Bringing immediate family to US; No salary deduction; No placement fees; Can choose location in the US; Excellent salary and benefit packages and Permanent visa or green card. After acceptance, a Case manager, nurse license specialist, onboarding coordinators are assigned to them for assistance in credentialing and licensure requirements; Individual Road map; temporary housing, finance a vehicle, setting up a bank account, begin a new cell phone plan (WorldWide HealthStaff Solutions).

Forging agreements for Filipino health workers' employment overseas

The Philippines forges agreements with potential countries of work for Filipino health workers. In the Nordic countries, the Philippine Embassy in Stockholm was opened with programs to promote the orderly employment of Filipino nurses and skilled workers in Finland. Also worth mentioning is the agreement with

Norway which focuses on regulating the process of recruitment in a transparent and smooth way. As for measures concerning mitigating negative consequences of migration, the Philippine-Norway agreement does not include any of them [9].

In Germany, the labor agreement provides work opportunities for physiotherapists, radiographers, occupational therapists, biomedical scientists, and other allied health professionals whose professions are regulated by appropriate professional bodies both in the Philippines and Germany. The MOU complements the Triple Win Project (TWP), a government-to-government arrangement of the POEA (now Department of Migrant Workers) and the Federal Employment Agency/International Placement Services in Germany that paved the way for the recruitment of Filipino nurses [10-12].

In 1973, the Philippine department of Labour and the city of Vienna signed a bilateral agreement that made it easier to recruit Filipino nurses for Austrian hospitals in order to combat the dramatic Austrian nurse shortage. This development marked the beginning of the first Filipino immigration wave to Austria. It was planned that up to 720 Filipino nurses should come to work in Austria. The first 20 Filipino nurses arrived in Vienna on July 17, 1974. Many of them used the opportunity to apply for citizenship and bringing their families to start a new life in Austria. By 1985 however, there was no longer a need to hire nurses abroad, which marked the end of the bilateral agreement. In 1997, there were 15,000 Filipino citizens working as nurses in Austria, although almost all of them were employed either temporarily or irregularly.

In the UK, the economy and public health care need migrant workers because of their size, ageing United Kingdom population and shortage of skills. Nurses, Healthcare workers and Senior care workers were high in demand. These apply in the United Kingdom countries of England, Scotland, Wales and Northern Ireland.

Training in health facilities

Another way of bringing health workers overseas is by establishing health facility in the Philippines where they are trained and then absorbed for employment overseas. One such establishment is the Asian Hospital and Medical Center (AHMC) in Muntinlupa owned by American citizen Dr. George Garcia, a cardiothoracic surgeon. AHMC is one of the internationally-renowned and accredited hospitals in the Philippines with the latest facilities and equipment. It has a training program that trains nurses and absorbs them for employment in the US. The hospital has different programs for advance scoliosis, sleep study, fibroscan, surgical processes, endoscopy, quantifcare skin, executive health screening, primary care, prostate cancer screening, vascular lymphedema, etc.

Recruitment of health workers

In the Philippines, there are Recruitment Agencies that send nurses and other health workers. There are Recruitment agencies in operation in the Philippines with partner agencies in foreign Countries. For instance, EDI Staffbuilders International, Inc. and Topmake International Manpower Services, Inc. have an organized recruitment and placement process for nurses with

Finland Attendo. EDI-Staffbuilders International, Inc. (Excellent Talent, Decent Work and Improved Lives for all) recruits Filipino Nurses recruit to Finland who, upon employment, enjoy Free Language Training, Internet Allowance, Training Allowance and No Placement Fee Upon arrival in Finland, Filipino migrants work in Elderly Care or in Rehabilitation Facilities. On their first month upon arrival, they are provided accommodations but they have to get their own accommodations on the second month of employment. Filipino nurses have to undergo schooling and training to earn vocational qualification in social and health care. This is called Practical Nurse Training which comprises eight competence areas: Care for the Disabled, Nursing and Care, Pediatric Care, Mental Health and Substance Abuse Work, Care and Rehabilitation for Elderly People, Basic Life Support / Emergency Practical Nurse, Oral Health Care, and Children's and Youth Education and Care (<https://edistaffbuilders.com/>). The current recruitment and employment policies, systems and processes of migrant workers may not be able to bring in and maintain the desired number and quality of migrant health workers. For example, it is not easy to secure registration or a license. "When foreigners come to Finland, it takes 36 months to learn Beginner Finnish language, which is a requirement to get a passport of citizenship. For nurses, experiential learning in a hospital takes 18 months.

The Au Pair program

Au Pair Program is child care and cultural exchange. The Au Pair stays with a local Host Family, learns their language and culture in exchange for help with household chores and childcare responsibilities for a maximum of 12 months. He or she is given free accommodation, regular meals and stipend for personal expenses.

In Denmark and Norway, there are no big recruitment agencies that can partner with Philippine recruitment agencies so Filipinos go to these countries through other paths such as family reunification, interracial marriage, Au Pair program or Study program. The path to citizenship is a long process with different levels of immigration requirements but once granted, the Filipino workers and their families enjoy the benefits and privileges afforded to immigrants.

The Au Pair program is an approach to recruit Filipinos for cultural orientation. Those who enlist in this program get a student visa and are assigned to foster families so they could assimilate to the Nordic culture in relatively short period. The foreigner is expected to help discharge household chores, particularly baby-sitting.

According to the Filipino Association in Denmark, Bayanihan Migration, Au Pair was the way to go to Denmark from the 1970s to the 1990s. The Filipinos were treated well; there was an employment contract that specifies 14 days of paid holidays and were entitled to go to language school.

Other ways of becoming health worker overseas

Family reunification is allowed and legal in different countries of OFW work such as Spain, the US and Nordic countries. Many parents send their children to the Philippines to study nursing and other health science courses and later on join their family and become health worker in their host country.

Interracial marriage is also a common path to employment as health worker. Pre-nuptial agreements are common in Denmark to demarcate what a couple's conjugal properties are and what are not or what is owned before the marriage. SR cites herself as an example. When she arrived in Finland in 2020, she already had a Finn boyfriend whom she met through the Internet after working in Japan. They married in Finland. She studied Finnish language for nine months. Now she is studying to become a Practical Nurse.

A student visa may also be secured in a foreign country to learn the language and the person is given six months to find work in the country.

The common work-life conditions of health workers overseas AsiaNews reported that in 2023, there were of the 75% of the 951,105 Filipino nurses are women but only 509,297 are actively working. A total of 316,415 have left for overseas work in Austria, Canada, Germany, Japan, Saudi Arabia, Singapore, and the United States. In 2017 in the UK, there were 1,441 nursing and midwifery professionals and 14 health care assistants. In Germany, there were 246.

Filipino health workers in Europe

Filipino nurses responded to foreign country's call for health workers as early as 1970s. "Since the arrival of the first nurse hired in Norway at Rikshospitalet, Filipino nurses have become the largest professional group in the country." Today, a Filipino nurse in Norway earns more or less 348,700 Norwegian Krones (PhP 1,862,187.80) annually or 29,058 NK (PhP 155,036.94) per month. Nurses may be working in different health services such as hospital, elderly care homes, nursing homes, mental health care, school healthcare, or private health care. After three years, they can apply for permanent residency.

In Sweden, FiNAN predicts that in the future, there will be more Filipino nurses in Sweden because there will be 30% increase in the demand for nurses. Although they have robots that assist in health care, they still need people to operate it. Nursing education in the Philippines need to include technology education and digitization in their curriculum" (Personal Communication, 10 Oct 2023). Hoegsholm observed, "Sweden was not meant to be a final destination but rather a stepping stone to North America or other countries [13].

Finland has systematic and legitimate recruitment process. They have legitimate recruitment agency partners in the Philippines that observe ethical recruitment. In Finland, the salaries of Nurse Assistant differ from Practical Nurse and Hospital nurse, where the highest salary of 2,800 Euros is for Hospital Nurse. The higher the income, the more taxes are paid. Added as Bonus is between 200 and 600 Euros.

Employer MV (Finland) sees that the solution is to recruit nurses even if they do not know the language: the nurses can get instructions from the doctors and won't need to talk to the sedated patients. Juha Niemi opines, the nursing shortage will be solved with international recruitment [14]. Language skills must not be an obstacle. As observed by AV (Finland), "It's a very balanced, equal society, people are simple. During holidays, they do not bring their laptops for work."

Filipino migrant health workers are members of different Associations in Nordic such as Guild of Filipino Nurses, Filipino Nurses Association Nordic, Filipino Nurses Association Finland, Sweden, Denmark, Norway Chapters. Bayanihan, is one of the pioneer Filipino solidarity organizations in Sweden, and based in Helsingborg under the leadership of Mr. Ed Gumabon, who actively supports development projects in the country, and signals the kind of lifestyles Filipinos lead in Sweden, which gives them ample time to advocate, lobby, inform and fundraise for projects that benefit the presumably less fortunate Filipinos that we all left behind in our hometowns. Sweden also has the greatest number of expatriate Filipino organizations in the whole Nordic area [13].

There are also obstacles to the recruitment and placement of Filipino migrant work, the most difficult to hurdle are foreign language acquisition, ethical recruitment and mismatch between qualifications, and actual work in employment. Other factors relate to employment competition, immigration policy and the absence of recruitment structure with government support.

Health nurses also benefit from their work in the Nordic countries. Aside from economic sustenance of their families left behind, they get a pension that is 60% of their last salary for the rest of their lives after 30 to 35 years in Finland. Migrant work, therefore, benefits both Filipino migrant workers and the Nordic countries.

Filipino health workers in Austria

Austria presents a similar scenario. Since it suffered from a severe shortage of health workers, particularly doctors, registered nurses, nursing assistants, they have placed qualified migrant workers in their nursing homes, hospitals, hospices, retirement homes and assisted living houses. In 2003, roughly 20,000 of the documented 30,000 Filipinos in Austria live and work in Vienna, majority of whom were women nurses employed by state hospitals, nursing homes or the United Nations health services. Mag. Maximilian Buchleitner, Chief of International Skilled Workers Offensive of the Austrian Chamber of Commerce and Industry said that in the next eight years, there will be a demand of 75,000 health care workers in Europe. In particular, Mr. Matthias Hallerbach of C&C Resource Dev., a certified agency, is intensively prepared for the arrival of the new batch of Filipino nurses. This includes language courses, lessons in cultural interaction, formalities support, and travel organization. They have to learn the language up to the level that is called B1. This usually takes them seven to nine months. The problems that Filipinos may encounter are the same in other countries in Europe: language, climate, transportation and accommodations.

Filipino health workers in the United Kingdom

To become a nurse in the UK, one needs to pass the IELTS. Our education system has English as medium of instruction. However, this does not guarantee passing of the IELTS. For many nurses whose use of the English language is clinical, the reading, listening and writing components of IELTS are the most difficult to pass and so they have to take the exam a number of times until they pass.

Filipino immigrant health workers in Europe and America value and enjoy liveability in their host country, characterized by

good work-life balance, clean environment, health care, good compensation and benefits and safety. At the onset, new arrivals from tropical countries to cold countries are concerned about economic stability since this is the primary reason they decided to leave the Philippines. On top of this concern, they are satisfied with Work-life balance and social security. The Nordic survey, in particular, shows that In Year 1, the employment condition and occupational experiences that have the highest satisfaction are Work-life balance (3.56%), Social security (3.51%) and Economic condition (3.42%). Other conditions and experiences that rated high are related to Migration integration system, Legal matters, Workplace modification to improve conditions and Determination of their capacity to work. In Year 3, Work-life balance (3.52%), Fitness for work (3.49), and Salary and benefits (3.45) have the highest satisfaction in their employment condition and occupational experiences. Other conditions are Worker's risk in relation to the workplace, Economic Condition, Social Security and Ethical criteria. As they stayed longer in the Nordic country, by Year 8, most of them already acquired citizenship and have been promoted in their work, they have savings and investments and now have long term perspective. It is no wonder that Social Security (3.66%), Salary and benefits (3.65%), and Work-life balance (3.64%) have the highest satisfaction in their employment condition and occupational experiences. Other conditions are Language learning, Fitness for work, Workplace modifications to improve conditions, and Worker's risk in relation to the workplace [15].

If we compare the employment condition and occupational experiences that have the highest satisfaction throughout the years, it can be noted that Work-life balance is rated highest, although it slides down to third in rank on the eighth year. Social security, which has the second highest satisfaction in Year 1 slid down to 6th in the scale but went up to no. 1 in Year 8. Economic condition ranked third in Year 1 but slid down to 5th in Year 3 and is no longer included in the list. Language learning does not appear in Years 1 and 3 because they are not satisfied with their performance in that area. "A challenge we encounter is language barrier between co-workers and patients" (ST, Finland).

Filipino health workers in the United States of America

The main attraction of US to health workers are Comfort / Convenience of life with high salary; Easy to afford "wants" just as long as the person can work hard for it; Skills are highly valued and appreciated; and can earn money and save for the future and financial freedom in old age and spare some for family left behind.

However, there are some problems that come with the application. This includes the review classes that they have to attend simultaneous with their work in hospitals; the fees for the US: CGFNS US\$ 525, IELTS PhP 9,000 to 11,000, Medical Exam PhP 17,000 and many others. Another examination that they should take to be recognized as a registered nurse in the US is the NCLEX, another costly examination at PhP120,000 paid staggard in almost nine months of processing. In most cases, the Registered Nurse board exam taken in the Philippines is not recognized. If they apply through an agency, some of these fees are subsidized. The biggest problem is acquiring a US working visa where Priority Dates take more than two years. As years pass, conditions in the Applicant's status may change,

like getting married or having children. This further delays the processing and movement of papers needed for employment and migration.

In the US, many beginning Filipino health workers experience high taxes, 401K is 10% of salary. Their Agent gets monthly percentage for application processing thus, the low take home pay for payment of debts or loans. The constant battle to prove oneself and the stiff competition for promotion pushes them to constant skills upgrade. Many experience seasonal depression. Remittances are sent to relatives in the Philippines for scholarship, gifts, donation during disasters and calamities or for personal reasons. Sending of Balikbayan boxes is common. Many work extended hours or use the week-end for private nursing care to pay bills and maintain their lifestyle, which can result to lack of sleep and stress.

The McKinsey Frontline Workforce Survey conducted in September 2022 found that the top factors that Registered Nurses say impact their decision to leave direct patient care role are Not being valued Inadequate compensation, No work-life balance and Unmanageable workload. There are also cases of breach of contract.

The Philippine Nurses Association of America reported toxic work environment characterized by unhealthy working environment, inadequate new employee orientation and acculturation; substandard working conditions; inappropriate staffing; poor nurse-patient ratio; failure to pay overtime wages; absence of health insurance; and unsafe floating practices between long-term and acute care settings, to name a few. These resulted in anxiety and panic attacks, mental breakdown, fear of losing their license, fear of clinical errors, restricted productivity, burn-out and turnover which, in isolation or collectively, can adversely affect patient care and increased. PNAA therefore recommends Appropriate training and equal opportunities based on best-practice contract, standardized onboarding, and orientation processes in their area of practice and employment.

When they are successful in hurdling the hardships and trials of application, exams and requirements, they are able to manage their work-life, stay longer in the US and remain immigrants. They are able to acquire properties, send their children to American schools, travel, have access to health services, send for their family members, investment and plan for retirement.

Filipino Contract Health Workers

Filipino nurses in the Middle East and Asian countries are under Contract for three years, after which they are expected to go back home. Employment application is processed by licensed recruitment agencies that have partner employers overseas. Before deployment, there are requirements to fulfill such as language learning, government documents and orientation, skills training for equipment use, physical examination and others required by the country of work. For those who are still young and willing to work in health care service, they go back for another contract and still back until they need to. This practice is called circular migration.

Filipino Au Pairs who became nurses

Hundreds of Filipino nurses are able to go to Nordic countries as Au Pair. According to the Filipino Association in Denmark, the

Bayanihan Migration, Au Pair was the way to go to Denmark from the 1970s to the 1990s. Filipino nurses are in demand in Denmark because they are known for hospitality and competent service. Those who can withstand the cold weather and the depression that it brings people during long winter months and overcome the language barriers stay long and establish their families with Danish husbands who could be company employees, farmers, fisherfolk, or persons engaged in business.

Following are some stories of Filipino healthcare workers in Nordic countries [15].

CW (Denmark) applied for Au Pair through an agency to get to The Netherlands way back in 2007. She stayed there for two years and then moved to Denmark. She did not pay for anything. To get to the Netherlands, one has to apply for Au Pair and it was the only way to get to the country at that time. The contract was for one year and she needed to learn the language within that period while living under the roof with a host family. "As Au Pair beneficiary, I worked 30 hours a week for my host, a Chinese-Dutch family. I did babysit for them and got a monthly allowance of 350 euros. I got to travel with them to China and Hong Kong. After the year has elapsed, I felt no need to come home to the Philippines and went to Denmark instead in 2008 - this time without the need for an agency because I was able to get connected to a network that offered Au Pair program in Denmark, in which the scholar may look for her foster family."

CW needed to have her Philippine Transcript of Records evaluated in Denmark. But she was advised to finish her language course first. She took a job in a Center for the Handicapped as an assistant while studying, but the language proved hard to pass. In the end, she took the path of a Nursing Assistant and studied along that course. But then she realized to get permanent residency, she also needed to pass the language test so she decided to give up work, get welfare assistance and studied the language for straight 13 months. CW was an Au Pair but now she is now a Supervising Nurse in Denmark.

LD was an Au Pair who later married a Dane. She narrated how they helped the Au Pairs in Denmark.

"My brother was the chairman of the first Filipino Association of Denmark in 1972. He was helping Filipino migrants, most of them Au Pair. He was monitoring employers regarding the treatment of Au Pairs, their working hours, vacation and benefits. Everything went well. Au Pairs were treated very well, with health and dental benefits and 14 days paid holidays. At that time, the best way to go to Denmark was through the Au Pair program. They can speak English with the employer. There was a standard contract with salary the same as the Danish citizens. They also had the freedom to go to any state." LD had a cousin whom they helped to study nursing and then went to Denmark as an Au Pair.

SE went to Norway as an Au Pair after graduating Cum Laude in Nursing and topped the board exam in the Philippines. Her first Au Pair host did not follow the rules. She was required to work more than the prescribed number of hours and even on weekends without pay and therefore she transferred to another Au Pair family. Later, she took the examination to be a certified nurse. She struggled to go up the ladder in her career as a nurse

in Denmark and became successful, thanks to her good attitude towards failures and denials. She is currently the Chair of Filipino Helping Society, an Association that helps new arrivals in Norway, especially the Au Pairs.

KL narrated that in Sweden, she was helped by the Au Pair association when she had problems with her host family. After successfully acquiring Danish Authorization, she was able to land a nursing job and after two years, was promoted to Clinical Instructor position. In her department, there are few Filipino nurses.

In Denmark, the rising statistics on Philippine Au Pairs (from 100 persons in 1994 to some 1,500 in 2005; 1200 individuals as of November 2006) has so alarmed the media. . . At that point in time, the Au Pair issue in Denmark had indeed turned for the worse: the Danish Immigration put a stop to the entry of Filipino Au Pairs effective immediately, after allegations in media that they were being misused by some host families who treat them like domestics.

Nacabuan narrates her experiences as a nurse in Oslo, Norway [16]. In 2013, she came as a nurse from Aklan Cooperative Mission Hospital through a recruitment agency. "I was a licensed nurse in the Philippines but it was not credited in Norway. . . Norwegian laws are strict, and I admire the people for being law abiding citizens and well-mannered people. . . (they) like to have their space and privacy while also being approachable." Besides working weekly, she was in a show band, D'Goodvibes that played at different occasions and events.

Another Filipino nurse was Valderama who migrated to Norway in July 1986 when she received an offer to work as a nurse [17]. After five months, she, her husband and son joined her.

Filipino Migrant Health Frontline workers during COVID-19 Pandemic OFW Frontline workers, in the course of their work, have experienced problems due to the stressful demands of their work overseas. Below are some vignettes [15]:

The work of ES in UAE was to assist distressed OFWs. There were so many OFWs brought to their OFW office without proper endorsement, especially during the COVID-19 pandemic. They arrived anytime of the day and night, weekdays or weekends. Each one had specific needs and needed assistance immediately.

Her work also entailed communicating with the OFW families, recording data and writing reports. She had to listen to OFWs with mental health problem and refer them for diagnosis and treatment. She also had to process repatriation and make sure the patient reached home safely and was endorsed to the proper government agency and their family. Filipino health workers took turns to be with the OFW patients and they always had to be alert for medical emergencies. All these works caused her own distress, depression and anxiety. She could feel the pain but had no time to consult a doctor because she was always on duty.

When the health workers exhibited mental health problems, medical treatment was prescribed by the doctors such as Sertraline and talking with a psychotherapist, Antidepressant and sleeping tablets." In the case of NE, "My GP gave me medicine

to cope with anxiety but later advised me to change it as I was in the process of InVitro fertilization. I was also given a number to call which is "Greenwich time to talk," a government support for people who needed some advice or a person to talk to."

Those in Hong Kong did not take any medication. Some of them did the prescription, while a few did not. One of the admitted, "I didn't take the medication but had online psychotherapist sessions." Another one said, "I was worried that I would just get better because of the medications rather than me really healing." Those who did not take the medication did not heal as fast as expected. They were able to recover from the mental health problem through other ways such as: "Rest and away from work," "Off at work for four weeks and went back home for two months to spend with my terminally ill parents," "Constant meet up and regular conversation with friends, who are my safe place away from home," "Psychiatric session, family and friends' support, sleeping and anxiety coping techniques, material things," "Just spent my earnings for myself. I bought whatever I really wanted," and "Family support." For those who took the medications, it helped them in certain ways: "I was able to understand that I had trauma from work and that it wasn't my fault that I felt that way. The Greenwich time to talk supported me a lot by means of regular call and by introducing me to my local center where I enrolled in some classes like yoga and massage."

All of the medical prescriptions and medications were covered by the host country's National Health Service. As for assistance from the Philippine Embassy, OWWA or DSWD, they said, "No, I didn't ask help from them; They gave me advice." Rather, the employers granted them referral to doctors and consultation with psychiatrists and "occupational health to discuss possible solutions while I was struggling." No help from NGOs, private practitioners or Filipino associations were sought. One of the participants joined the religious online group, "The Feast on Sundays." Another one relied on help from friends, "They made me feel that they got my back and I am not alone." Some of them just "Kept it to myself." For those who are with their family overseas, they have the support system that they need and have stronger coping mechanisms.

When the OFWs are immersed overseas in the healthcare system, they can avail of social security and health insurance which is part of their employment contract. However, their health help-seeking behavior still needs to be improved. Their behavior is associated with fear, embarrassment, loss of honor, disgrace in the community both in their country of work and in the Philippines.

While there are factors that make Filipino migrant health workers stay in their employment, there are also reasons for quitting work and moving to another employment. In Europe, we see that the lack of Work-life balance is a big factor (41.9%) although second only to better job offer (55.8%). Moving to another company can happen after the two-year work contract which may be on the third year as indicated in Table 1 Year 3 where Salary and benefits is rated at level 3.45 ave. Satisfaction. Inadequate compensation (26.8%) supports this observation. Work condition is another factor, as indicated by Work overload (32.6%); Not valued by organization (22%) or manager (22%); and Insufficient reward

(22%). Moving to desirable location (34.9) cannot be neglected as another reason, in fact, rated high at 34.9% [15].

The above OFW experiences and data reveal how health workers experience health problems influenced by socio-environmental variables like the pandemic, as well as personal factors such as trauma and exhaustion. This is affirmed by Ayalon (2012:32) who found that in Israel, that Filipino homecare workers experienced mental stressors as a result of being asked to do more than one's job requirement (35%), shouted / sworn at (30%), or being told offensive stories or jokes" (20%) (p. 32). Van der Ham also found that balancing workload overseas and providing for their family left behind is a major stressor.

The challenges to reintegration of Filipino migrant health workers

The most important factors that make most Filipinos migrant health workers stay in their employment host countries are Work-life balance and Safe environment. Aside from these are factors that relate to compensation, health, living in desirable location, work condition and doing meaningful work, flexible work schedule and manageable workload. Access to technology, development opportunities, potential for advancement, ability to work autonomously and remotely, and feeling engaged by work also relate to work but do not influence stay in their employment. Although not very highly rated, 'people' factor is also essential. This is indicated in conditions with positive interactions, having caring and trusting teammates and sense of belonging. Also cited by the research participants in Nordic countries is the payment of taxes. "Taxes are perceived as investment. "You are paying for your retirement, health and education of your children that is why they are happy taxpayers. That children get free food and the transportation system is good; we do not struggle during winter. The apartments are well-heated" [18].

Recall that the common reasons that triggered decision to migrate for work are the lack of good benefits, low compensation, no opportunity to travel and learn about other cultures, socio-political and economic stability and condition in their workplace where there is work overload, lack of advanced technology, poor and health insurance coverage.

If they are reintegrated into the Philippines, some of these conditions may be partially met, depending on the savings and investments that they have made during their working years overseas. However, how many will be able to give up the properties, lifestyle, friends and community that have sustained, nurtured and benefited from their health services over the years? When they go back home, they will not be young as before when they first engaged in migrant health work. Will their insurance be portable? To what extent will their 'dual identity' be acceptable to their home country?

For those health workers who go back to the Philippines after contract, will their loans be fully paid after 3 years? Will they be able to find work with salary that can support their family basic needs, education, health and comfortable life? We grapple with these questions that has obvious answers.

While it is true that the Department of Migrant Workers have reintegration program and cash assistance when they get back

home, how long will this sustain their family needs? Since the answer to these questions to most health worker returnees is a big NO! they opt for Circular migration, go back and forth overseas for work until their children can complete their education and obtain qualifications for work either overseas or in the Philippines.

How can Filipino migrant health workers come back to the Philippines?

Medical professionals, specifically nurses and caregivers, constitute a big bulk of the migrant workers in Europe and the Middle East. The aging population of countries like France, Germany Japan and China is not diminishing but increasing. Medical professionals will continue to be in demand in foreign countries in spite of their varied migration policies.

Migrant reintegration means returning to one's home country after a period of overseas work and reestablishing oneself in its socio-cultural, economic and political life. Sustainable reintegration of migrants refers to successful integration, with indicators such as economic self-sufficiency, social stability, psychological well-being, community development. In the case of Filipino migrant health workers, reintegration is most difficult for both contract workers and immigrants. This is primarily because of salaries, benefits, investments and for many, family migration with properties in their country of work.

However, Among Filipino health contract workers, circular migration is widely practiced because reintegration is the most difficult aspect of migrant work. This is due to lack of savings and lack of work in the Philippines that can match the salaries and benefits that migrant workers enjoy in their country of work.

Only if the difficult conditions are addressed, reintegration can have better chances for sustainability.

Caveat. The practice of Circular Migration cannot be prevented. After return, they receive some assistance from government. However, many OFWs still leave for migrant health work for higher salaries and better career opportunities. Among the immigrant Filipino health workers, some medical missions in Philippine provinces are prevented by local associations in fear of losing their paying patients to free medical services, medication and health equipment from Filipino-Americans. To add, transporting of equipment and medical supplies are very costly to retrieve from the Bureau of Customs.

Transnationalism is another lens through which we can understand connectivity in migration in this global and digital world. According to Basch, transnationalism among immigrants includes the sending of remittances, gifts, correspondence, telephone contact, immigrant property ownership in countries of origin, political activity, and various forms of care and emotional networking [19]. Transnationalism extends beyond geographical boundaries. In today's global landscape, artificial intelligence and remote or digitized services can very well support transnational activities. In the medical field, particularly mental health care, there are numerous public and private agencies that offer psychosocial, guidance and counseling services. Networks of communication can broaden, connecting migrant health workers to their home communities and creating new forms of "being home." This new concept strengthens globalization where social fields can shape multiple appropriate realities.

In the case of migrant health workers, transnationalism can be manifested through dual belongingness, economic activities, socio-cultural exchange and cooperation. Below table shows some aspects and manifestations of transnationalism.

Table 1: Facets and Manifestations of Transnationalism

Facets of Transnationalism	Manifestations of Transnationalism
Dual belongingness	Loyalty to home country and host country by observing policies and continuously contributing to national development. Frequent visits to one's home country for vacation Visits and financial support for medication and sustenance of aging parents or relatives Attending family and community events or reunions Dual Citizenship
Economic activities	Sending of donations or investments made in the home country. Remittances to family left behind commonly spent for basic family needs, education and health. Balik bayan boxes containing goods and supplies for family and relatives. Business ventures in the Philippines such as Lying in health facility, Payment Center, Diagnostics laboratory for self-sufficiency of family left behind and employment of community work force
Socio-cultural exchange	Participation in town fiestas, ceremonies, rituals or holiday celebrations Reproduction and replication of Filipino culture and traditions Local family travels during vacation
Cooperation	Partnering with home country organization on Human development activities such as medical mission, scholarship, poverty upliftment projects, capacity building training or other forms of initiative in the host country Participation in Medical Mission in the Philippines provides medical services to underserved communities. These missions are usually conducted as humanitarian endeavors and sharing specialized skills and knowledge, providing free care and assistance to those in need. Many organizations, like Medical Ministry International, facilitate these missions, offering opportunities for Filipino doctors, nurses and other medical staff to contribute their expertise. Capacity building through transfer of knowledge and skills by conducting trainings, seminars, or workshops for community health workers Teaching in medical schools in the home country which can be onsite or online Data and research sharing with key stakeholders towards the development of medical industry and service.

Filipino migrant health workers therefore, have the following options: Reintegrate, Return and Circular Migration, or engage in Transnationalism. Below is a table that shows the characteristics, worklife needs, government support needed and community readiness in Reintegration, Return and Circular Migration, and Transnationalism.

Table 2: Reintegration, Return and Circular Migration, and Transnationalism: characteristics, work-life needs, government support needed and community readiness

	REINTEGRATION For Contract Health Workers	RETURN & CIRCULAR MIGRATION For Contract Health Workers	TRANSNATIONALISM For Immigrants to America, Europe and some Asian countries
Characteristics	Contract may not be fully served Have some savings and material goods brought home	Return to home country after contract If age and health permits, job seeking overseas a few months after return	Have the following in host country: Properties and investments Health and life insurance Family and relatives Lifestyle assimilated and acculturated Loyalty and integration
Work-Life needs	Family reunification Family support and sustenance (basic needs, education, health) Job seeking in one's community or other regions Health issues	Family reunification Job seeking overseas Financial needs for family sustenance and job application overseas	On-going work-life in host country Have desire to share knowledge, skills, material goods to home country Health insurance security Climate not a threat to their health and lifestyle Ease of Transportation and communication

Government support needed	Receive immediate returnee support from government Programs for livelihood and employment	Receive immediate returnee support from government Document processing Job offers overseas with proper skills matching	Customs to receive goods sent for medical mission without excessive charges Tie up with Associations with similar advocacy Security in places of medical mission Data on health condition, common health problems of children, women, seniors, persons with disability, men, target beneficiaries
Community readiness	Income generating placement in community Associations that assist returnees in experience processing and adjustment LGU business capital Employment Investment opportunities Sharing of knowledge and skills to community	Training in knowledge and skills needed for overseas labor market	

This study has identified the ways by which Filipino health workers are employed overseas; described the work-life conditions of migrant health workers; analyzed the challenges to reintegration of Filipino migrant health workers; and explored the different ways by which the Filipino migrant health workers can come back to the Philippines. It also recommends three ways Filipino migrant health workers can “come home” through reintegration, return and circular migration, and transnationalism.

References

- Moncatar T, Leyva E, Maniacup J, Lorenzo F, Andonaque A. Reintegration of returning migrant healthcare workers into the Philippine workforce: A qualitative case study. *The Philippine Journal of Nursing*. 2023; 93: 13-27.
- Efendi F, McKenna L, Reisenhofer S, Kurniati A, Has EM. Experiences of healthcare workers returnees in their home countries: A scoping review. *Journal of Multidisciplinary Healthcare*. 2021; 14: 2217-2227.
- Motlhathledi K, Nkomazana O. Home is home: Botswana's return migrant health workers. *PLOS ONE*. 2018; 13: 0206969.
- Brownee R. Transnationalism for migration studies: A critical review and analysis. *Munich Personal RePEc Archive*. 2006.
- Nowicka M. (Dis)connecting migration: Transnationalism and nationalism beyond connectivity. *Comparative Migration Studies*. 2020; 8.
- International Organization for Migration. Migration and transnationalism: Opportunities and challenges. *International dialogue for migration*. 2020; 9-10.
- Cuevas P, Davidson P, Mejila J, De Leon A. The trajectory of Filipino nurses in the US and Canada.
- Ramirez V. Migrant worker recruitment and employment practices in Nordic countries: Implications to policy and international workforce market. *Pasig City: University of Asia and the Pacific*. 2024.
- Makulec A. Philippines' bilateral labour arrangements on health-care professional migration: In search of meaning. *ILO Asia-Pacific Working Paper Series*. 2014.
- Depasupil W. 4 European countries eyed as OFW destinations. *The Manila Times*. 2018.
- Abad M. 1 out of 5 Filipinos aspire to live abroad. *Rappler Philippines*. 2023.
- The Pinoy OFW. (n.d.). Best countries to work as overseas Filipino worker.
- Hoegholm F. Maria Claras in Viking country. In *De Olde Worlde: Views of Filipino migrants in Europe*. 2007; 319.
- Niemi J. The nursing shortage will be solved with international recruitment – Language skills must not be an obstacle. *BARONA*. 2023.
- Ramirez V. Work-life balance in Nordic countries: The Filipino experience. *Center for Research and Communication*. 2024.
- Nacobuan L. *Filipino Norway: My Pinoy life in Kjeller*. Illustradolife. 2019.
- Valderama S. *Filipino Norway: My life in Nosjeon*. Illustradolife. 2019.
- Ramirez V. Patterns of detection and treatment of mental health problems among overseas Filipino workers (OFWs): Implications to psychosocial support services. *Department of Science and Technology - PCHRD*. 2024.
- Carmen M. A critical review and analysis of transnationalism migration. *Munich Personal RePEc Archive*. 2006.
- AsiaNews. Out of nearly a million registered nurses in the Philippines, one third work abroad. *PIME AsiaNews*. 2023.
- Elmaco J. Philippine nurse migration: Assessing vulnerabilities and accessing opportunities during the COVID-19 pandemic. *Open Edition Journals*. 2022; 14.
- Filscandia Manpower Recruitment Services, Inc. (n.d.). *Iloilo City*.
- Garcia M. The ethical recruitment of internationally educated nurses: A leadership perspective on labor migration. *Nurse Leader*. 2022; 20: 43-47.
- McKinsey. Company. Nursing in 2023: How hospitals are confronting shortages. 2023.
- Nwadiuko J, James K, Switzer GE, Stern J. Giving back: A mixed methods study of the contributions of US-based Nigerian physicians to home country health systems. *Global Health*. 2016; 12: 1-8.
- GMA News Online. Over 300,000 PNA members are working abroad. 2022.

27. Poppe A, Wojczewski S, Taylor K, Kutalek R, Peersman W. The views of migrant health workers living in Austria and Belgium on return migration to sub-Saharan Africa. *Human Resources for Health*. 2016; 14: 27.
28. International Labour Organization & Public Services International. Return and reintegration to the Philippines: An information guide for migrant Filipino health workers. 2015.
29. WorldWide HealthStaff Solutions. YLE. Filipino nurses undervalued, underpaid in Finland. 2019.