Translocality and the Class Conditions of Filipino Nurse Migrants in the Republic of Ireland

A Thesis Submitted in Fulfilment of the Requirements
for the Degree of PhD in Sociology

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Under the Supervision of
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DECLARATION

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Arnie Cordero Trinidad

ABSTRACT

THE RISE IN THE NUMBER of international labour migrants and their situatedness in and attachments to multiple locations are creating complex class conditions for migrant labour, which are only beginning to be understood in research through the use of a translocal frame. For a long time, studies on migrants have been dominated by methodological nationalism that uses the nation as the contextual background for studies of social processes. In time, this was replaced by the transnational frame of reference in recognition of globalisation and the breaching of the national boundaries with migration. However, there is now greater acknowledgement of the role of localities in the lives of migrants and social processes surrounding them. While they exist in the transnational space, they are situated and connected to national, regional, institutional, and local spaces. Moreover, they are connected to social networks that are nested in specific geographical locations that impinge on their lives.

The study explores the relationship between the translocal space and the class conditions of migrant workers. It aims to establish how multilocal connections are impacting or impinging on the class conditions of migrant workers. Using Filipino migrant nurses in Ireland as a case study, the work examines the consequences of the translocal locations and connections of migrants to their class conditions related to social mobility, with-in class inequalities, life chances and opportunities, and occupational conditions. To frame these class processes occurring in the translocal space, the work draws from the concepts and theories on occupational class, socioeconomic class, class analysis, and translocality.

The research uses a case study mixed methods design where a "parent case study" method was employed with a "nested mixed methods design" composed of a survey, semi-structured interviews, and qualitative social network analysis embedded in the interview guide. A total of 418 nurses all over Ireland participated in the survey, while 61 nurses were interviewed for the qualitative portion of the research.

The movement to a developed state expectedly resulted in positive improvements in the occupational class conditions of migrants in terms of salaries, benefits, patient numbers, and other similar variables. Interestingly, their work conditions in the Philippines and Ireland share

fundamental similarities due to the two states' subscription to neoliberal policies of privatisation and fiscal austerity measures. The difference lies in the scope and magnitude of the work issues they are facing. The divergences in their conditions are brought about by their diverse institutional affiliations and the fiscal situation of the countries. Next, while migration facilitates upward social mobility, the class conditions of the family back home determine the migrants' life chances and their ability to fully enjoy their middle-class status in the host country. The advantage of nurses from more affluent families in the Philippines enables them to fulfil their class goals ahead of nurses who maintain familial responsibilities back home, thus reproducing some of the social hierarchies back home in the host country. To balance responsibilities back home and their desire to live a comfortable middle-class life in Ireland, some nurses choose to live and work in fringe communities to enjoy lower costs of living, thus enabling them to pursue their middle-class goals. In the arena of work, state policies create similar work conditions in fringe communities to those found in major Irish cities. However, the fringe localities also create unique work conditions as services in smaller hospitals in rural towns are shut down and the hospitals are defunded. Lastly, the various kindship networks of migrants play different roles in facilitating or destabilising the economic stability of migrant workers.

The thesis contributes to the conceptualization of class using a translocal frame and in uncovering some of the complexities of class in the transnational migration field.

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DECLARATION OF CO-AUTHORSHIP

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Arnie Cordero Trinidad is the first author of this paper. It was submitted to the *Work, Employment, and Society Journal*. It is under revision stage. Arnie compiled the literature review, developed the theoretical framework, conducted the analysis and wrote the drafts of the paper. Prof Daniel Faas provided advice and feedback and edited the draft of the paper.

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- Chapter 4: Working and living in fringe Irish communities: Occupational conditions and the middle-class aspirations of Filipino migrant nurses

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- Chapter 5: Familial ties and their impact on the class conditions and life chances of migrant nurses

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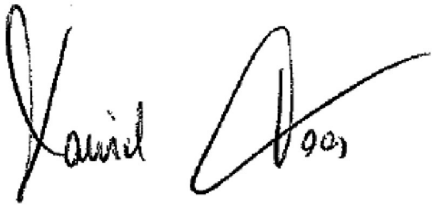
Signed: 

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1 Framing the class conditions of migrants from a translocal lens

THE STUDY EXPLORES the dynamics between social class and geographical space as they occur in the field of migration. It examines how translocality or the situatedness and connectedness of migrants to different localities and space create diverse occupational and socioeconomic class conditions that reinforce or reproduce social hierarchies. Using Filipino migrant nurses in Ireland as a case study, this thesis makes four principal arguments. First, while the transnational space undeniably facilitates improvements in the occupational conditions of migrants with their movement to more economically advanced nations, in principle, migrants face analogous work issues such as staffing and salaries that cannot keep up with standards of living, among others. However, the extent and scale of the issues they face are determined by their institutional affiliation and state characteristics. This creates within class disparities among them. Second, migration facilitates social mobility with the irrefutable improvements in their socioeconomic situation. However, their situation and the life chances that open to them in the host country is heavily influenced by the class location and conditions of the family they left behind, thus creating with-in class hierarchies among the nurses. Third, migrant nurses seek the betterment of their socioeconomic class conditions by opting to live in rural and peri-urban communities in the host society as a strategy to reinforce their middle-class status. While they improve their financial standing in these locations, work conditions can be mimic work conditions at the capital city or sometimes even worse. Lastly, the individual and institutional social networks of migrants either support their economic stability or stall their present and future life opportunities.

Labour migrants lead translocal lives given their simultaneous connections to the country of origin and the destination country; their location in regions, cities, towns, and rural communities; and their connections to the family, institutions, associates, and friends that serve as the concrete manifestations of their links and attachments to various localities. Translocality is a product of the increasing globalisation of the world that has allowed the ease of movement between countries, the efficiency of communication, and the

internationalisation of trade, commerce, and employment. These phenomena are ushering in new, complex class structures, divisions of labour, and class conditions (Embong, 2000) that are embedded in the globalised world.

In the field of reproductive labour, low to middle-income countries like the Philippines have become producers of nurses and other care workers for high-income countries (Ortiga, 2017; Guevarra, 2005). Affluent countries now rely on the peripheries for their nursing supply because of low enrolment rates brought about by increasing options for women from advanced economies to pursue other career paths and given the reputation of nursing as a low status profession (Liaw, et al., 2016; Al-Dossary, 2018; Goodin, 2003). Like other higher income states, Ireland has become increasingly reliant on foreign-trained nurses from the Philippines, India, and Africa for reasons cited above. This has been worsened by the emigration of young Irish nurses who want better work environments and remuneration. Irish nurse emigration is a response to the challenges plaguing the Irish healthcare system such as overcrowded public hospitals and short staffing that make work difficult and dangerous for nurses (Irish Nurses and Midwives Organisation, 2023).

Using Filipino nurses as a case study, the thesis unpacks the occupational and socioeconomic class conditions of migrant nurses moving from middle-income states to high-income countries that are made more complex by their simultaneous situatedness, connections, and attachments to nations, local communities, institutions, and social networks (Brickell & Datta, 2011).

The transnationality of class

In a globalised labour environment, specific classes of labourers that possess in-demand knowledge and skills in the global labour market can pursue improvements in their material interests through transnational movement (Weiss, 2005). Nurses are among those with the cultural capital that enables them to move with ease to improve their occupational and socioeconomic conditions, marked by upgrades in the "standards of living, working conditions, level of toil, leisure, material security, and other things" (Wright, 2005: 20-21). In other words, such movements are often induced by class considerations such as upward social mobility or even escape from exploitative work conditions. For instance, hundreds of thousands of Filipino nurses have embarked on migration strategies over the years to improve their occupational and socioeconomic conditions given the Philippine state's failure to provide living wages (Pazzibugan & Yee, 2019) and to resolve the issues plaguing the Philippine healthcare industry such as understaffing, low wages, and exploitative work arrangements.

Traditional class analysis presupposes that class formations are products of the historical, political, and cultural currents of specific societies where class was examined within the confines of nations (Embong, 2000; Blokland, 2005; Savage, 2013; Goldthorpe, 2016). However, a change in perspective came into order with the increased global integration of commodity, capital, and labour markets (Bordo, Taylor, & Williamson, 2003). As a result, the nation as the container of class and as the context for class analysis has become insufficient to understand the more globally integrated nature of social relations and social processes (Weiss, 2005). The interlinked processes embedded in globalisation have necessitated the use of a transnational frame to examine class relations and processes across different states. In this framework, migrants are seen to be in social fields that are between the "country of origin and the country of settlement" (Schiller, Basch, & Blanc-Szanton: 1) where key social processes occur. Over the last 20 years or so, transnational space served as the most prominent relational context to examine the different social processes involved in migration (Gielis, 2009; Faist, 1998; Weiss, 2005).

The multiple local attachments of migrants

However, there has also been increasing recognition of how transnational and national processes are structurally linked to more local processes. For instance, Mitchell (1997: 103) talks about how larger transnational global processes are linked to "local place-based processes and understandings," "local transformations and struggles," and "the symbolic reaction and resistance of local communities to the powerful and interlinked twin forces of modernity and the market." Global processes are altered once they come in contact with regional and local processes (Mitchell, 1997). The framework recognising the intermingling of transnational and local processes is called translocality, which theorists describe as a form of "grounded transnationalism" (Brickell & Datta, 2011: 7). Greiner and Sakdapolrak (2013) argue about the need to use a translocal frame, which they describe as "transnationalism from below:"

> Undoubtedly, the boundaries limiting people cut across the politically instituted boundaries of nation-states. But transnational actions are bounded in two senses—first, by the understandings of "grounded reality" socially constructed within the transnational networks that people form and move through, and second, by the policies and practices of territorially-based sending and receiving local and national states and communities.

Translocality looks into different spaces beyond the nation as arenas where social action and processes occur. Smith & Guarnizo (1998: 6) characterise grounded transnationalism as

a "multi-faceted and multi-local process" that affect "power relations, cultural constructions, economic interactions…and…social organisation at the level of locality." This work locates class in translocal spaces, which serve as arenas were class conditions and class formations are forged.

Translocality transcends national boundaries, by examining different locations and scales (Greiner & Sakdapolrak, 2013) such as the "body, home, urban, regional, national," "neighbourhood" (Brickell & Datta, 2011: 11) and "institutions;" (Pries, 2005: 169) that produce differences in people's everyday practices (Brickell & Datta, 2011). Furthermore, it is concerned with the relationality of locations and connections, especially with the increased mobility of people across different geographical scales (Greiner & Sakdapolrak, 2013). Two important aspects of translocality are the roles of itinerant and settled populations in the co-production of translocal spaces and the flow of different resources across these spaces such as money, goods, and services and more abstract elements such as ideas, images, and symbols (Greiner & Sakdapolrak, 2013; Brickell & Datta, 2011).

There is no question that migrants lead translocal lives given their dispersed connections and attachments to the home and host countries; their concurrent locatedness in the state and cities, towns, or neighbourhoods; their connections to different national, regional, and local communities; and their retention and cultivation of personal and institutional networks across different scales and places. While social networks do not pertain directly to geographical spaces, these ties embody people's connections to different spatial contexts, since social ties are always nested within particular geographies.

A nurse who lives in Dublin maintains attachments to family members who live in Bacolod, Philippines or have friends in Galway who are providing information on better work opportunities and living arrangements in the western Irish city. The nurse in Dublin is indirectly affected by local government policies in his native Bacolod as they affect the family he supports back home. In other words, whatever is occurring in the geographical space where the migrants' social ties are located could affect the migrants' welfare as well. Furthermore, this illustrates that it is in these "actual geographies" and not just the "cultural spaces of the nation" (Mitchell, 1997: 551) where many social and economic processes are produced and reproduced (Appadurai, 1995). According to Appadurai (1995: 213) localities:

> provide the frame or setting within which various kinds of human action (productive, reproductive, interpretive, performative) can be initiated and conducted meaningfully. Since meaningful life-worlds require legible and reproducible patterns of action, they are text-like, and thus require one or many contexts.

Thus, this research looks at the various localities where migrant labourers are concretely embedded and materially and symbolically connected and how their situatedness in these localities create complex class conditions for them.

Reproductive migrant labour and transnationality

Reproductive labour provides different varieties of care to support the reproduction of productive labour in society. Traditionally, they perform household chores; provide care for elders, adults, youth, and children; and maintain social ties in the family (Parreñas, 2001). In the domestic sphere, mothers or other females within the household perform unpaid reproductive work. In more affluent households, women from privileged backgrounds hire women from their community to perform their household tasks usually for a meagre fee. However, the globalisation of the market economy paved the way for the appropriation of reproductive labour from its domiciliary and community context and carried over internationally where migrant women now occupy positions in the middle-class households of economically advanced states (Parreñas, 2000). From this emerged international divisions of reproductive labour paving the way for a transnational frame in examining the social class of people engaged in care work.

There are diverse forms of care provision in the international labour market spanning different fields such as healthcare, education, religious care, and sex work (Yeates, 2005; 2012) that need to be further examined in research as these institutions place workers in different class locations that create varied class conditions for them. Thus, while all of them are reproductive labourers, they occupy different class locations and are exposed to different degrees of labour exploitation. Nurses, for instance, work for capital-intensive state-operated or corporatised institutions and are usually better paid than other reproductive labourers working in households, religious organisations, or brothels. However, many studies on the occupational class conditions of nurses are still oriented towards methodological nationalism (Brush & Sochalski, 2007; Masselink & Lee, 2013; Nortvedt, Lohne, & Dahl, 2019). Studies on nurses that are not necessarily on class that have adopted a transnational frame of reference cover the nurses' dependence on the global labour demand for their migration (Ortiga, 2018), how temporality as influenced by global events push some nurses to immobility or the decision to remain in the home country (Ortiga & Macabasag, 2021), and the effects of fluctuating global demands on the job security of nurse educators (Ortiga, 2017). However, it will benefit to look at their class conditions from a more translocal frame with sensitivity to their varied institutional affiliations and their actual and nostalgic attachments and connections to various geographies and spatial locations.

Moreover, few studies, if at all, look at the socioeconomic class of reproductive labourers from the context of translocality. Nurses are normally considered part of the middle-classes across different nations given their comparatively median salaries in contrast to other workers (Uzuegbunem, No Date). Studies that have been done on the group cover structural issues related to nursing rather than their socioeconomic class conditions (Ortiga, 2017; Ortiga, 2014; Choy, 2003). This is not surprising given how the middle-classes have initially been traditionally ignored in class studies with the group's notoriety as a "messy and fragmented" class (Scott, 2019: 1731). It is only over the last decade or so that a surging interest on middling migrants have been observed (Ho, 2011; Parutis, 2011; Baas, 2017). In general, class analysis in the context of migration has been generally skewed towards elite groups (Robinson & Sprague, 2018; Sklair, 2016) and marginalised working class groups (Ferguson & McNally, 2015; Dreby, 2007; Anghel, 2019). However, it is important to understand the migrant middle-class condition given their very interesting position in the age of integrated and transnationalised labour. Moreover, while there is growth in the global number of middle-classes, their economic conditions remain volatile, especially for those who belong to the "modest middle-classes" (Sassen, 2013: 127).

In many parts of the world, nurses are considered part of the modest middle-classes (Uzuegbunem, No Date). However, definite shifts in their class location and conditions occur as they enter the international field, given the disparities in the economic environment between the home and host countries. As part of middling migrants, nurses are a good case study for how their varied spatial connections and situatedness create complex class conditions for them, especially when they are thrust into the divergent and hierarchised global economic environments with their migration. In such a context, what it means to be middle-class in a developing state would be very different from what it means to be middle-class in a developed state.

This research thus aims to contribute to the academic literature in terms of understanding processes involved in forging the class conditions of migrants in a translocal context, particularly those involving middle-class reproductive labour. The research looks at class processes occurring in different levels of translocality: the state, institutions, local communities, and social networks that impact the migrant nurses' conditions in Ireland. This research brings together three important sociological concepts to understand the class situation of the migrant nurses: migration, translocality, and reproductive labour to illustrate how the translocal connections and locations of migrants create complex class conditions for this micro class group.

Research question and objectives

The thesis contributes to the conceptualisation and examination of the actual material conditions of reproductive labour migrants, using translocality as a frame of reference. It looks at various geographical and social relational scales such as the nation, institutions, localities, and social networks and how these create unique class conditions for migrant nurses. The thesis answers the following main question:

> *How does the translocal context of Filipino migrant nurses in Ireland structure their class conditions?*

The aim is to establish the consequences of the spaces and scales along with the sociohistorical contexts and processes associated with these geographical spaces on the occupational and socioeconomic class and material conditions.

The thesis sets out to determine the mechanisms and processes imbricated in the translocal context (across nations and institutions) that create occupational class inequalities among migrants. It examines how familial connections to the home country create divergent socioeconomic class conditions for the migrants. It investigates how occupational and socioeconomic class conditions of migrants intertwine in local communities and how migrants use residence in rural and peri-urban communities as a strategy to stabilise their socioeconomic class conditions. Lastly, it analyses the personal individual and institutional networks of migrants embedded in the home and host countries to determine how these have supported or undermined the migrants' life chances as members of the middle-classes.

An overview of Filipino nurse migration

Filipino nurses are regarded as one of the most important labour exports of the Philippines. In a recent speech by Philippine President Ferdinand Marcos, Jr. (2022) during the anniversary of the Philippine Nurses Association, he hailed nurses as heroes and as a source of national pride, a narrative often promoted by past Philippine presidents to laud the contributions of this migrant group. Curiously, Marcos omits the crucial information that Filipino nurses contribute a fourth of the total annual remittances to the country equivalent to roughly 7.5 billion euros, which accounts for nine percent of the total Gross Domestic Product (Ramos, 2023). He also excludes information of how his father, former President Ferdinand Marcos, Sr., was the architect of the labour export policy of 1974, which was constituted to address the inability of the state

to provide employment to its highly-skilled graduates and to tackle the overproduction of certain graduates by the then largely unregulated tertiary education system (Ruiz, 2014). This labour export policy has facilitated the emigration of highly skilled to unskilled Filipino workers, many of whom are nursing professionals. The migration of nurses is an indictment of the inability of the Philippine state to address structural issues that impel nurses to migrate because they cannot meet their economic goals and because of the deplorable working conditions in the country, making their migration a class-based consideration. Moreover, the country benefits from the nurses' remittances that enable their families to participate in the domestic economy and to accumulate assets in the home country that are continuing to fuel the country's economic growth.

The strong tradition of Filipino nurse migration has its roots in the 1950s, with the nurse exchange program of the United States that allowed Filipino nurses to be temporarily deployed in American hospitals (Choy, 2003). The labour shortages in the USA in the 1960s forced the US Government to ratify the 1965 US Immigration Act, which formalised the recruitment of high priority workers (i.e., professionals like nurses, accountants, and engineers) necessary to run both public and private sector institutions. Filipino nurses who were on exchange programs in the US, therefore, were formally absorbed into the US labour force. This also paved the way for over 50 years of Filipino nurse migration to the United States.

The oil crisis of 1973 and the economic crisis that followed it, economic mismanagement, and corruption under the Marcos regime created intertwining economic and labour problems, which the Government sought to solve through its labour export policy. This started the mass migration of different categories of Filipino labourers to the Middle East, predominated by construction, production, service, and transport workers and some professionals that included nurses (Dolan, 1991). From the 1980s to the 1990s, the worsening domestic economy led to the further intensification of the country's labour export policy, which support the surplus production of nurses for the international labour market (Jurado & Pacquiao, 2013; Guevarra, 2010).

With the increased global demand for nurses, especially in the West and other developed countries (Millonig, 1988), the list of destination countries for Filipino nurses expanded to include the United Kingdom, Canada, Middle Eastern countries, Singapore, Australia, and European countries such as Denmark, Germany, Sweden, and Ireland. Some 15,397 Filipino nurses currently work for various English hospitals, excluding those working in Scottish, Welsh, and Northern Irish healthcare facilities (Baker, 2020: 15). The choice to work in Western countries has to do with the nurses' impression of "social stability" of Western

countries, the reliability of their "political and institutional structures," and their capacity to facilitate "professional development and social mobility" (Smith & Gillin, 2021). In the US, an estimated 150,000 Filipino nurses work for hospitals; however, the numbers exclude nurses employed in nursing homes and caregiving facilities (McFarling, 2020) and those who have gained American citizenship. While there is no available statistics on the number of Filipino nurses in the Middle East, they are estimated to be in the tens of thousands given that the Philippines has been sending nurses to the region since the 1980s (Lorenzo, Galvez-Tan, Icamina, & Javier, 2007).

The ability of the Philippine Government to deploy such numbers of nurses has to do with the flexibilization of nursing education in the country, a phenomenon that artificially induces a rise in the enrolment in nursing schools and the number of nursing schools based on the global demand for nurses (Ortiga, 2017).

The increase in the number of nurses is not only borne by structural factors. Ontological insecurities of working in a country filled with social and political instabilities and the resulting impotence to provide for their family's needs (Smith & Gillin, 2021) also push nurses to migrate. Agency also comes into play as nurses aspire for better wages, benefits, and working conditions; career advancement (Lorenzo, Galvez-Tan, Icamina, & Javier, 2007); and the attainment of Western living standards. In some cases, they are lured by the prospect of permanent residency or citizenship in some Western states (Guevarra, 2010).

Filipino nurse migrants in Ireland

Ireland is a relatively new destination country for Filipino nurse migrants compared to countries that have traditionally accepted them. The country began hiring foreign nurses in 2000 (Humphries, Brugha, & McGee, 2008) as a response to larger societal changes that swept the country during the Celtic Tiger years. The newfound wealth of Ireland transformed the country from a migrant-sending country to an immigrant receiving country as unprecedented economic growth necessitated the hiring of highly skilled foreign workers to fill in the country's employment needs (Mac Einri & White, 2008). In 1990, the population of Ireland was 3.49M, by 2000, the population grew to 3.77M, which further increased to 4.67M in 2015, and 5.09M in 2024. In a span of 30 years, the population of Ireland grew by 46 percent (Database Earth, 2024). The entry of foreign workers and births have contributed to the steady increase of Ireland's population (Central Statistics Office, 2023).

By the turn of the new century, the continuing population growth and the emigration of mostly younger Irish nurses (Costa, 2023) pressed the Irish Government to open its doors to foreign-trained nurses(Arguillas, 2011). This was also partly borne by the curricular changes in the nursing program in Ireland, which enhanced the two year associate nursing degree program to a four year bachelor's program that temporarily left the country without nursing graduates for a few years (Walsh, Matthews, & Brugha, 2018).

Filipino nurses—known in many parts of the world for their "outstanding [nursing] skills," "their warmth and caring nature, their ability to speak in English, and their American-patterned education" (Cal, 2018)—comprised the biggest contingent of foreign-trained nurses that first arrived in Ireland in 2000. They were recruited to help in running the country's public and private sector hospitals, nursing homes, and assisted living facilities. In Ireland, there are currently 48 public hospitals, 22 voluntary hospitals (not-for-profit organisations receiving state subsidies), and 21 private hospitals based on the HSE (2024) figures. The public sector hospitals are divided into three categories: "Category 1 is comprised of Health Service Executive (HSE) regional hospitals, voluntary and joint board teaching hospitals, Category 2 includes HSE county hospitals and voluntary non-teaching hospitals, and Category 3 is made up of HSE district hospitals" (HSE, 2024). On other hand, according to Minister of Health Mary Butler, there are 562 nursing homes in Ireland, 20 percent of which are HSE-run facilities, 3.7 percent of which are voluntary organisations, and 77 percent are run by the private sector.

Irish nurses who experienced working with Filipino nurses in the Middle East were the ones who facilitated the initial recruitment of Filipino nurses in Ireland. Initial talent acquisition sorties were carried out in Saudi Arabia and Qatar (Arguillas, 2011). At the outset, not enough Filipinos in the Middle East were attracted to work in Ireland, a country that is not widely known to Filipinos. Moreover, many Filipino nurses only use the Middle East as a jump off point to the United States; thus, a few had pending job applications to the US that discouraged them from applying in Ireland. With the low response rates from Filipinos working in the Middle East, the Irish Government brought recruitment directly to the Philippines, where the target labour now included those who have not had prior migration experience. The pool now included those coming directly from hospital-based work in the Philippines.

Filipino nurses carry with them cultural capital that other first-generation Asian settlers in Ireland did not have such as "appropriate educational qualifications, language proficiency and financial capital" (Wang & Faas, 2020: 8). While the Philippine nursing curriculum is more aligned with the American healthcare system, the Irish Government, which has a British-

orientated nursing curriculum, simplified nursing hiring processes for foreign trained nurses to fast track their employment. Unlike established nursing destination countries such as the US, UK, Australia, or Canada that have stringent credentialing requirements (i.e., bridging programs for some, difficult qualifying exams like the CGFNS or OET, and higher test of English scores), Ireland has streamlined its employment requirements compared to these countries.

Based on the data from the Nursing and Midwifery Board of Ireland (NMBI), 285 Filipino nurses were hired by Irish healthcare facilities in 2000. By 2001, 1,775 nurses arrived, which was the highest number of arrivals in the history of Filipino nurse migration in Ireland. In 2002, the downward trend of Filipino nurse arrivals started with the hiring of 1,155 Filipino nurses. The figures plummeted to 314 by the following year. Filipino arrivals remained more or less constant from 2004 to 2008 with the deployment of an average of 272 Filipino nurses per year, until 2009 when only 17 Filipino nurses were deployed. The drastic cut coincided with the release of the HSE Employment Control Framework post 2008 economic crisis. .By 2023, 6,348 Filipino nurses were recorded to be working for public, private, and voluntary (partnership between the government and religious organisations or private corporations) Irish hospitals based on the registers of the Nursing and Midwifery Board of Ireland (NMBI). They comprise eight percent of the total number of nurses working in Ireland and are second to Indian nurses as the most numerous non-Irish nurses. In 2023, there were 3,272 nurse registrants from India, while only 560 nurses came from the Philippines.

The recruitment of Filipino nurses dwindled comparatively over the years because of the bureaucratic red tape in the Philippines, which means the processing of papers of nurses from the Philippines take a longer time to complete. It is also attributed to differences in the nursing systems as Filipino nurses are trained under the American nursing system, while Ireland follows the British nursing education system. Many Filipino nurses also prefer the United States, the United Kingdom, and Australia as their destination countries.

In terms of geographic workplace, nurses in general are concentrated in Dublin with 26,237 Irish, non-EU, and EU nurses working in the country's capital (NMBI, 2023; The Journal, 2017). This reflects the fact most of the bigger healthcare facilities can be found in Dublin. Outside Dublin, Co. Cork has the largest share of nurses with 8,457 nurses, while Leitrim has 234 nurses. However, taken as a whole, some 43,280 nurses work in the Irish counties. Although actual figures are unavailable, Filipino nurses can be found in other Irish counties mostly in Cork, Drogheda, and Donegal.

For many Filipino nurses, the aspiration is to find employment in the US, a cultural and economic artefact related to the colonial ties between the US and the Philippines (Choy, 2003). This is also driven by what emigration and the United States represent in the imaginary of many Filipinos—upward social mobility evinced by the achievement of the "American dream" (Guevarra, 2010: 18) of owning a big home, driving their own car, a college education for their children, the capacity to travel in different parts of the world, and the possession of disposable income. However, the accurateness of the imaginary is of course debatable especially with the "declining mobility and structural inequalities" plaguing the United States (Wyatt-Nichol, 2011). Ironically, the stringent credentialing requirements in the US force many Filipino nurses to carry their emigration dreams to other destination options like Ireland.

Ireland's subscription to a mixed free market and social models (O'Riain, 2014), with its adoption of neoliberal policies while maintaining, what critics describe as deteriorating social welfare programs (Mercille & Murphy, 2015), means that the state has to impose higher taxes on its citizens. Ireland has the 23rd highest tax rate among OECD countries (Enache, 2023), placing the tax rate in Ireland in the mid-range vis-à-vis the tax rates of 37 other OECD countries. Despite this, Filipino nurses were still in for the shock when they first arrived given how much the taxes reduced their take home pay. Single workers in Ireland take home 72.5%, while married workers with two children take home 88% of their gross wages after the deduction of tax and benefits (OECD, 2023). Those who were most surprised were the nurses who worked in the Middle East because their salaries were not taxed by the Middle Eastern states. Nurses also complain about the need to pay for healthcare expenses such as GP fees and capped hospitalisation fees, and other unexpected expenses, which diminish their disposable incomes in Ireland (McGonagle, O'Halloran, & O'Reilly, 2004). Like many overseas contract workers, migrant nurses in Ireland maintain and sustain ties with their country of origin (Arguillas, 2011), which makes net income very important for them.

With the exception of McGonagle et al. (2004) and Arguillas (2011), there is not much research on Filipino nurses in Ireland, which makes it a veritable underexplored terrain for researchers. Humphries et al. (2009) declare that generally "little or nothing is known about Ireland's migrant nurse population beyond their year of arrival and country of origin." McGonagle et al.'s (2004) research involved 10 respondents, who were working specifically for intellectual disability facilities but whose work locations (i.e., rural or urban) were not specified. Arguillas (2011), on the other hand, documents the macro factors that gave rise to nurse recruitment of Filipino nurses in Ireland or what he calls the "migration industry" focusing on the strategies used by recruiters to entice Filipino nurses to work for Irish hospitals and reunification processes to bring family members to Ireland. Thus, the focus of the research was more on the institutional

mechanisms that affected the transnational lives of workers. A decade since then, few research and publications still shed light on this migrant group that perform the crucial function of propping up the Irish healthcare industry.

Other existing studies on Filipino nurses in Ireland merely include them as a subset of nurses from other countries or as a subset of other reproductive labourers (Sabenacio-Nititham, 2017). These works look at social identities and how they intersect with gender, class, and nationality of migrant Filipinas in general (Sabenacio-Nititham, 2017); the career progression of migrant nurses (Humphries, Brugha, & McGee, 2009); migrant nurse remittances to the home country (Humphries, Brugha, & McGee, 2009); and cultural and workplace integration of migrant healthcare workers (Bobek & Devitt, 2017; Bobek & Devitt, 2015; Humphries, Brugha, & McGee, 2009; Humphries, Brugha, & McGee, 2008; Humphries, Brugha, & McGee, 2009; Humphries, Brugha, & McGee, 2008a; Cummins, 2009).

Review of Related Literature

Migration and social class

Some social scientists have argued how class has been de-emphasised in migration research over the past few decades (van Hear, 2014; Rye, 2019), especially in transnational migration research (Fresonza-Flot & Shinozaki, 2017). However, whether migrants move to their host societies as salariats, industrial "proletariats," precariat (Standing, 2018) or professionals (Portes, 2010), their lives are inevitably shaped by their socioeconomic and occupational conditions, which are inextricably linked with their class conditions.

Many of the important works on transnational migrant class look at the transnational class formation of elite groups, (Sklair, 2016; Robinson & Sprague, 2018; Salas-Porras, 2012) and marginalised working classes (Rother, 2017; Schmalzbauer, 2008; Baker-Cristales, 2004; Fresnoza-Flot & Shinozaki, 2017; Prothmann, 2018) motivated by the material conditions and interests of their respective social classes. Transnational capitalist classes are made up of "TNC executives, globalizing bureaucrats, politicians and professionals, consumerist elites (merchants and media)" who organise themselves based on similarities in education, interests, lifestyles, and roles as a hegemonic interest group that sway the global discourse towards global capitalist consumerism (Sklair, 1997). On the other hand, the collaboration of European ruling classes has allowed them to advance the neoliberal agenda in the region, which has not been challenged by "subaltern" populations given that their alliances are still along "national-popular lines" (Gill,

2016: 651). In the meantime, a micro class group (i.e., specific occupational category) of Indonesian domestic workers' consciousness of their experiences of exploitation as a transnational class of household workers, has motivated them to organise themselves as a political group that is critical of global neoliberal policies and unfair trade agreements that contribute to their exploitation (Rother, 2017). These studies emphasise how similarities in each group's class conditions have contributed to their group formation. Awareness of one's class conditions sometimes leads to the acquisition of class consciousness that provoke social or sometimes political action.

Unlike research on elite and working class groups, studies on middle-class migrants informed by a translocal frame are just starting to emerge. Traditionally, there was underemphasis of the middle-class condition given their reputation as being disorganised and splintered (Scott, 2019). The middle-classes or what Marx calls the "salaried intermediate groups" are composed of "soldiers," "sailors," "police," "lower officials," "physicians," "scholars," and "school masters," among others that have not been accorded similar "economic and political significance" by Marx in the same way as capitalists and the proletarians (Burris, 1986: 321). Anthony Giddens also posits how Weber dismissed the white-collar middle-class as not developing a "consciousness of class identity with the manual working class" (Walton, 1971: 391). Thus, some Marxist thinkers have downplayed their capacity to develop class consciousness and to engage in political action that will usher in the collapse of capitalism.

However, the growing affluence of nation states and the growth in the numbers of settled middle-classes have resulted in an increased interest on this particular social class by academics (Burris, 1980; Burris, 1986; Bagguley, 1992; Jaffrelot & van der Veer, Peter, 2008). More recently, the research interest on the middle-classes has been carried over to middling labour migrants (Scott, 2019). This has been fuelled by the growing numbers of highly skilled and highly educated migrants who receive generous pay and benefits packages who work in global economic centres (Baas, 2017; Weiss, 2005; Carlson, 2018). Over the last 20 years or so, there has been an uptick in the migration of tertiary educated (sometimes more) individuals who have the cultural capital to command higher salaries and benefits packages. These workers participate in the knowledge, information technology, and healthcare industries, among others. Although more affluent and privileged than the working classes, they are not part of the global elite. Moreover, these middle-class groups are subject to persisting economic instabilities brought about by the nature of the global capitalist economy and neoliberalism (Sassen, 2014) that impact their material conditions at work and in everyday life.

The diversity of their occupations and geographical locations creates divergent occupation and socioeconomic class conditions among them. This calls into question the practicality of studying "big classes" composed of different occupational groups clustered into one class over micro class groups. The micro classes or those that belong to one occupation group make it easier to study work conditions, life chances, and lifestyles among this class (Grusky, 2002). Thus, some of the research has focused on specific occupational groups, which this research will be doing.

Occupational class in migration research

There is an abundance of studies on the occupational class and working conditions of working-class migrants involved in manual, hospitality, manufacturing, and domestic industries (Magalhaes, Carrasco, & Gastaldo, 2010). Conversely, there is a dearth of literature on the work conditions of middling migrants, perhaps, owing to the assumption that they are better paid and have better working conditions compared to the working classes. With the dearth in literature on the occupational class of migrant workers, I turn here to research on the work conditions of working-class migrants.

Undocumented migrants often occupy precarious work in "construction, hospitality, and manufacturing industries or in domestic [work] (e.g., housekeepers, cooks, cleaners, caregivers)" (Magalhaes, Carrasco, & Gastaldo, 2010: 146). Work in these industries is usually insecure due to their part time or seasonal nature (Holgate, 2005). These jobs are usually taken by undocumented migrants, legal migrants who do not have requisite qualifications for better paying jobs, and migrants who because of structural discrimination in the host society are relegated to jobs that have been refused by locals. Migrants, especially undocumented ones, accept these jobs because of their status even though wages are low, the jobs expose them to exploitative working conditions, they are barred from claiming workers' compensation, and they are susceptible to termination and abuse (Magalhaes, Carrasco, & Gastaldo, 2010; Holgate, 2005). Employment in these industries, usually taken out of economic necessity by migrants, are also often characterised by monotony and laboriousness (Holgate, 2005). Expectedly, migrants in these fields have also been found to be more prone to "negative psychosocial conditions" exacerbated by "adverse employment arrangements" such as "working on Sundays, variable starting/finishing times, and changes in work schedule," working without contracts, and not having the freedom to decide "days off and holidays" (Perez et al., 2012). In some cases, while work could result in an initial loss or diminution of status, some migrants eventually find better paying jobs but not without consequences such as the experience of discrimination or questioning

of their status (Walsh, 2011; Parutis, 2011). Migrants who build their cultural capital through the acquisition of skills (i.e., in the hospitality industry) are usually better equipped to find more in-demand and better paying jobs (Parutis, 2011). The processes in the shift into better paid work are echoed in the study of Baas (2017) where migrants initially accept jobs that do not reflect their skills and education but who test the flexibilities of the state in terms of visa arrangements to enable them to move up to jobs with more generous salary packages and benefits.

Weiss (2005) invokes that the opportunities that become available to individuals are based on their spatial positioning in the "centre-periphery hierarchies" (Weiss, 2005: 716). Thus, diametric to the experiences of working class migrants, highly skilled migrants with globally in-demand skills hold a special place in the globalised world precisely because of their cultural capital (Weiss, 2005). Their possession of that valuable resource reduces barriers to their movement. Moreover, they incur little loss in their cultural capital with their migration as they are placed in positions that reflect their education and professional experience and will most likely achieve social inclusion in the host society (Weiss, 2005).

However, professional migrants are not spared from discriminatory practices in the workplace. Niche occupations that require linguistic and cultural competences that locals do not possess, enable workers with such skills to emigrate to countries where their skills are in demand (Lui & Curran, 2020). While movement is unhampered for some class of professional migrants, they are subject to limited social mobility. Constraints related to ethnic and gender hierarchies prevent upward mobility where they are relegated to low paying and/or part time or temporary work in small and medium sized firms (Lui & Curran, 2020). Turnover is high and they are usually stuck in these niche occupations for a long time. For instance, migrant nurses in the UK have been documented to be assigned to lower positions in the workplace, thus reinforcing patterns of disadvantage (Smith & Mackintosh, 2007). However, there are fewer discussions on the kind of work conditions that middling migrant workers face.

Ishi (1987) touches on how the improved working conditions and salary structures in host societies create docility among migrant professionals. By considering their economic gains in the host society, these migrant workers become more accepting of work conditions even if the work standards are not up to code. Ichi (1987) adds a caveat that the educational attainment and professional status of these migrants equip them with the capacity to demand higher salaries and express dissatisfaction over discrimination and racial inequalities, underemployment, and poor working conditions (Ishi, 1987). This indicates strong potential for class consciousness and action.

Examining occupational class demands that we probe the nitty gritty of middling migrants' labour conditions if we want to understand their occupational class conditions. Examining this necessitates that we look into the "level of toil," "leisure," "material security," (Wright, 2005: 20), "salary increments on an established scale, assurances of security, pension rights, and well defined career opportunities" (Breen, 2005: 38) that are available or not available for them at work.

Socioeconomic class in the context of migration

In the field of transnational socioeconomic class research, most studies lean towards remittances that serve as economic capital that impact the recipients' socioeconomic conditions in the home country. Studies have uncovered how remittances are spent by family members based on "personal and familial circumstances and cultural conditions" and the "structural economic, social, and political contexts" surrounding the remittances (Guarnizo, 2003: 674). In some cases, remittances breed social inequalities between recipients and non-recipients in the community (Akesson, 2009). In some instances, fund transfers that are spread thinly between immediate family members and other next of kin dilute the advantages remittances bring to them (Akesson, 2009). Thus, remittances reproduce inequalities between the stayers and the leavers.

However, few studies consider how the socioeconomic conditions migrants themselves are affected by the transfer of a portion of their income to the home country. Incomes which are largely repatriated to the home country are, by definition, not available to the migrant for their own use in host countries. Schmalzbauer's (2008) study counts among the few that discuss how migrants are affected when they share their income with family members back home. For instance, while the transfer of money back home has provided Honduran children with middle-class lifestyles and identities and access to education in their home country, the working class parents of these children have been pushed to economic insecurity and employment difficulties in the host society (Schmalzbauer, 2008). Differences in the economy of the two societies create divergences in their class location, creating affluence among children left behind, but creating privation among the migrant parents. Often, the dependence of family members on migrants forces the migrants to resort to subterfuges such as withholding full information on their earnings to restrain remittance requests (Batista & Narciso, 2013: 3). However, these studies involve working class migrants, who earn decidedly less compared to highly skilled workers.

While Humphries et al. (2009) briefly touch on the financial burdens experienced by migrant nurses with their remittances, there is still much to learn about the consequences of remittance strategies on the material conditions of nurses in their host society. Studies that focus on migrants themselves in the host society state that the willingness to send money to family members back home depends on the legal and socioeconomic status of migrants (Poeze, 2019). The findings of Poeze (2019) pertaining to undocumented and low-income migrants, who resort to emotional distancing from family members to cope with their inability to remit financial support, points to the need to study, not only the conditions of the recipients, but the remittance senders themselves.

Unfortunately, much of the literature has centred heavily on the social mobility of the left behind given the assumption that the priority of migrants is to help their family back home. Cederberg (2017), for instance, points out how migrants interpret their class trajectory in the context of the family unit such that their experience of downward mobility in the host society is usually interpreted juxtaposed to the family welfare. However, this has left a vacuum of information on how the migrants themselves fare socioeconomically in the host society and how this impacts their life chances and future prospects.

A study that focuses on localities and lifestyles of highly skilled expatriates, found how migrants tend to live in city centres and upscale neighbourhoods (Maslova & Chiodelli, 2018). However, the spectrum of job positions and financial capacities of migrants, create different and unequal residential and lifestyle patterns amongst them with better paid migrants living in better communities compared to those are not paid well (Maslova & Chiodelli, 2018). Because of their cosmopolitan identities, they also tend to blend in with the locals rather than living in enclaves with fellow expats. This echoes Portes' (2010: 1549-1550) observation of how occupations and class positionalities of migrants are central to the integration of migrants. Migrant professionals tend to blend in with the mainstream local middle-classes through acculturation, an opportunity that has been opened by their economic and cultural capitals (i.e., occupational skills and cultural resources). In contrast, manual labourers tend to isolate themselves from larger society by creating religious and cultural enclaves for mutual protection where they successfully or unsuccessfully strive to achieve upward economic mobility (Portes, 2010).

Lui and Curran (2020), in the meantime, present the divergences in the class conditions of managerial and professional emigres, returnees, and stayers. Emigres who experience de-professionalisation (i.e., migrants assigned jobs that do not reflect their educational or professional experiences) and loss of economic capital in the host society see this as a trade-

off they are willing to take for the sake of their children. While they experience a loss of status, they are happy that migration improves their children's prospects of securing a stable middle-class position in the future. Returnees, on the other hand, gain economic capital and status on their return to the home country, while the economic status of stayers remains stagnant. This fuels the latter's dream of migrating to achieve social mobility (Lui & Curran, 2020). Thus, we see how people who belong to the same theoretical class experience a wide range of socioeconomic class conditions depending on their transnational context. The research endeavours to study the complexity of class by veering away from the simplistic view that people occupy fixed, homogenous classes that create the same experiences and life chances for them.

Theoretical Framework

The concept "class" has been used differently depending on the intellectual traditions theorists or researchers subscribe to. It has been used to refer to 1) socioeconomic hierarchies, as in the terms "'upper,' 'middle' and 'lower' class;" 2) "occupational groupings;" 3) a "collective historical actor" such as the "revolutionary proletariat," the "aristocracy," and the "ascendant bourgeoisie;" 4) "status groupings or prestige rankings," and 5) "consumption categories" (Crompton & Scott, 1999: 1).

Because the thesis looks at the class of migrant nurses from the two main vantage points of occupations and lifestyles of nurses, this thesis will be adopting an eclectic theoretical framework to account for the different facets of the experiences of migrant nurses as international reproductive labourers. Wright's (2005a: 192) injunction is instructive of this:

> Students interested in class analysis thus often feel that they have to make a choice, adopt one or another of these approaches to the exclusion of others. But if it is the case that these various approaches are organised around different mixes of anchoring questions, then, depending upon the specific empirical agenda, different frameworks of class analysis may provide the best conceptual menu. One can be a Weberian for the study of class mobility, a Bourdieusian for the study of the class determinants of lifestyles, and a Marxian for the critique of capitalism.

Thus, the thesis adopts various frames depending on the anchoring interest of the study surrounding class. For instance, it adopts a Marxist frame (Wright, 2005) for the papers that cover the occupational conditions of nurses, focusing on how institutional employers who operate

under the influence of global neoliberal structures and discourses (O'Connor, 2010) create uneven class conditions for nurses. On the other hand, in papers where I examine the lifestyle and life chances of migrants, I turn to a more Bourdieusian and Weberian frame of analysis (Breen, 2005; Weininger, 2005) looking at how the possession of capitals in the form of economic, cultural, social, and symbolic capitals not only determines people's class location but also determines your chances at "procuring goods, gaining a position in life, and finding inner satisfaction" (Breen, 2005a: 43; Weininger, 2005). In other words, it determines your lifestyles and your life chances or as Wright (2005: 34) says, "what you have is what you get."

I chose to look at nurses holistically using seemingly competing perspectives to provide a broader view and more comprehensive account of the experiences of migrants who move across different fields such as the workplace, everyday life, and the transnational field. Although the view of class as social relations in the occupational structure (Wright, 2005a), lifestyles, life chances (Breen, 2005), and capitals come from distinct theoretical traditions (Seim & McCarthy, 2023), they will serve as apt frames to examine various aspects of the translocal lives of migrants that I were examined in the various chapters of this work.

Nurses share characteristics with bigger aggregations such as the middle-classes or reproductive labourers; however, this work examines them as a microclass group, veering away from the "big class schemata" that analyses class as aggregations of occupational groups that are put together based on theoretical and analyst-imposed similarities in characteristics (Erikson, Goldthorpe, & Hällsten, 2012: 211; Savage, 2013; Goldthorpe, 2016). As a case study of class processes and the production of class conditions in a translocal field, it will be more appropriate to examine a microclass group than big classes. Microclasses are institutionalised occupational groups (e.g., nurses, doctors, teachers) that belong to specific fields within the division of labour, perform similar functions regardless of their location (e.g., nurses perform very similar tasks regardless of their institutional or national affiliation), and deal with the same categories of owners of enterprises. Moreover, although microclasses are distinct from other occupational groups, they still "embody mechanisms (e.g., closure) and traits (e.g., culture)" similar to the attributions made to big classes (Jonsson et al, 2009: 979). Microclass theorists also aver that class interests and class formation are more likely to occur at the microclass level given their concrete similarities as group (Jonsson et al, 2009: 979).

Applying this to the nursing profession, nurses are part of the bigger class category called reproductive labourers, which are composed of workers whose principal task is to provide care in various settings such as the home, school, hospitals, and brothels (Yeates, 2004). While the categories subsumed under reproductive labour are all involved in care, they work for different

institutions that provide different conditions for them dictated by their educational backgrounds, salaries, work descriptions, level of professionalism, and other similar variables. Among care workers, nurses are the most highly skilled and are better paid than the rest given their education and training and the institutional environment where they work. They are also less likely to experience similar exploitation as other care labourers experience, who belong to the domestic care and caregiving sectors (Parreñas, 2001; Yeates, 2012).

Although used in class analysis as stand-alone concepts (Breen, 2005; Wright, 2005; Crompton & Scott, 2005), occupational class and socioeconomic class are interrelated concepts. Breen (2005: 44) explains that "the form of employment relationship is consequential for [people's] life chances because of the different rewards and incentives that are associated with each type of contract." In other words, occupation determines the economic capital or other forms of assets one acquires (Thomson, 2008) that will determine the opportunities that become available to them or create the experience of economic inequalities. As Savage (2015: 65) states, "economic capital inequalities are fundamentally important. For instance, economic capital enables people to acquire symbolic capital—a readily recognisable capital—that marks one's position in the social hierarchy through the "power and status" the symbolic capital represents (Crossley, 2008: 86). Moreover, the possession of such capitals will determine whether one will live in abundance or in privation.

Theorising occupational class

In Marxism, the interest is in the relationship between the owners of production and workers in capitalist societies. The exploitative condition "directly valorises capital or creates surplus value" above and beyond what the worker is paid for (Cottrell, 1984: 64; Wright, 2005). In Marxist theorising, distinction is made between productive and unproductive labour (Cottrell, 1984). The distinction privileges those who work for capitalist enterprises who produce profit through the production of commodity and thus, contribute to the expansion of the capital of the owners of production (Cottrell, 1984). With this focus, workers like nurses who are not directly involved in capitalist production and the creation of profit are sidelined by classical Marxist because their labour is considered unproductive (Mohun, 1996). Moreover, they perform reproductive labour and are employed in both private and state enterprises. Mohun (1996) critiques the fixation on productive labour and the resulting marginalisation of unproductive labour. This is because labour purchased by the state is not necessarily spared from exploitative relations even though they are paid from the proceeds of taxes and state acquired loans and credits (Mohun, 1996) . Labour is exchanged not against capital but against state revenues

(Mohun, 1996). Wright (2005a) describes this as class relations that fuse capitalism and statist class relations, which has become increasingly true in a more and more neoliberal global environment.

In a neoliberal environment, states now adopt the "norms of the private sector, the market, enterprise, and competition" (Hibou, 2016: 60) resulting to measures like the "privatisation of enterprises and public services," the establishment of rules that favour the "demands of the private sector," and the practice of a "frugal government." While they do not produce profit, they operate under the guise of the maximization of resources that work against the welfare of state employed workers.

To understand their level of exploitation at work, Wright (2005a) pointed out concrete variables to examine workers' conditions such as autonomy from supervision, tasks and accountabilities, the physical or mental nature of tasks, promotion, etc – which are relevant to understanding work experience. These would then be treated as sources of variation in experience among people occupying working- class locations within class relations, where working-class locations are defined in the simple binary terms of the two-location model.

According to Wright (2005a: 10), one of the contradictions of capitalism is that while it increases the possibility of equality, the institutions and power relations" within capitalism deters the realization of egalitarianism. However, the polarized and simplistic portrayal of the inequalities and conflict between capitalists and the working class fail to capture the complexity and implications of social relations in society, which should be the object of class analysis (Wright, 2005a: 12). The developments brought about by globalisation have created new social relationships that are not necessarily based on production, new divisions of labour that are embedded in transnationality, and the birth of unfamiliar vertical and horizontal social hierarchies, among others. These new conditions in contemporary capitalist societies are birthing new class struggles (Wright, 2005a).

Previously, there were debates around whether state employees should be considered as part of the class structure. Hoff (1985: 213) endorses this because class relations involving state employees are as equally vulnerable to "inequalities in the distribution of productive assets" (e.g., salaries) that generate experiences of "exploitation." Although state and even privately employed nurses are not involved in capitalist production, they are equally subject to "asset inequalities," related to the distribution of these assets (Hoff, 1985). Furthermore, changes in modern states, which are now involved in "capital accumulation," the maintenance of the "relations of production," and the legitimisation of the "institutions built around them" (Hoff,

1985: 208-209) are also generating exploitative working conditions much like in capitalist production. With this, exploitation no longer just emanates from "capitalist exploitation," but could equally emanate from state-induced "bureaucratic exploitation" (Hoff, 1985: 214). For instance, neoliberal states regulate state compensation and work processes to reduce state spending and to control budget deficits. In other words, economic capital is withheld to preserve state resources.

Under neoliberalism, the state fiscal position is often given precedence over workers' welfare. In the meantime, these states deregulate the industry to stimulate entry of private players in the market, enabling market forces to dictate the growth and development of economies, sometimes to the detriment of workers. All of these have impact on the welfare of workers. Other social class scholars point out how inequalities contribute to the persistence of class exploitation. Class exploitation involves one group benefiting from the deprivation and exclusion of others from accessing certain resources and when the profit from the labour of workers are appropriated by those who own and control the work establishment or the productive resources (Wright, 1997). While the relationship between a state employee and the state are not based on capitalist production, surplus labour is still appropriated by the state from workers. This is because the state invests money to run state-owned institutions. With neoliberal policies, states are now involved in extracting surplus labour from state employees in the guise of making governance efficient and making sound fiscal decisions.

The development of class consciousness of the working classes and their capacity for transformative political action dominated research in the early to the mid-part of the 20th century (Savage 2003: 17). However, critics pointed out how people did not really develop "coherent class consciousness," because of "commodity fetishism" that "hides the real nature of class relations in capitalism" (Devine & Savage 2005: 10). Failure to attain class consciousness has also been blamed in part to improvements in the working conditions, salaries, and living conditions of the working classes, especially in the West during the post war and post-industrial period and the increasing economic integration of the world. With this, Goldthorpe and Marshall (1992) endeavoured to disentangle class analysis from its Marxist historical and philosophical moorings if class analysis were to remain relevant. They steered the study of class away from the "class formation problematic" (Devine & Savage, 2005: 4-5; Goldthorpe & Marshall, 1992: 383, Crompton, 1998a: 57), instead, they mapped out class structures through occupational groupings and similarities in terms of "employment and payment conditions and future prospects" (Evans, 1992: 211) through quantitative studies. These social stratification studies became very dominant in the UK and the United States for a long time (Devine, 2005: 148) with occupation-based stratification schemas being developed such as the Cambridge Social Interaction and

Stratification Scale (CAMSIS), Swiss Socio-Professional Categories (CSP-CH), International Standard Classification of Occupations (ISCO-88), Treiman, and Wright (Bergman & Joye, 2001). These were utilised to understand the occupational class positions people occupied in society (Wright, 1989; Hoff, 1985).

However, Wright (1980) criticises the occupational class-based schemas because occupations only provide information on the "technical functions or activities" of workers. For Wright (1980), class analysis should locate workers in the social relations of production to uncover the complexities of class. For instance, a worker category (e.g., carpenter) can occupy different locations in the social relations of production. A carpenter can be a wage labourer employed by a capitalist, a self-employed petit-bourgeois, or a manager carpenter who controls other labourers depending on where he is positioned, thus creating varied class positions (Wright, 1980). While Wright makes a valid point in his critique, he overlooks other forms of labour (e.g., reproductive labour and newer forms of labour such as the knowledge economy and the gig economy) that have sprung forth in the post-industrialist age but could also be in similar privileged or exploitative arrangements. These new forms of labour add new layers of complexity for class that are hard to capture in quantitative studies.

Furthermore, the occupation-based stratification schemes (Savage, 2015; Savage, et al., 2013) are difficult to apply transnationally given the disparities in the "sources and levels of income," "degree of economic security" and opportunities for "economic advancement" (Breen, 2005: 36) across states that the structural class scholars looked into in their studies. The schema are also not sensitive to changes in occupations brought about by "external context (markets, technology, or workforce demographics), organizational context (organizational restructuring, employment relations), [and] content and structure of work (blue-collar, service, management, military, and professional and technical work)" (Bergman & Joye, 2001). Lastly, they are also not responsive to hierarchical cleavages created in "institutional arenas" such as the workplace (Grusky & Sorensen, 1998).

In the healthcare field, for instance, nurses work for five distinct types of healthcare institutions that generate different kinds of relationships between the worker and the owners or operators of the facilities. These institutions are state owned; corporate private; public-private partnership (i.e., in the Philippines these are known as government-owned and controlled corporations while in Ireland they are known as voluntary health care facilities that receive government subsidies but are operated by private corporations or charity organisations); small-private operations such as family owned businesses; and household-based employment (i.e., nurses work as private nurses for home-based patients). Class analysis of the conditions of

migrant labour should also be able to bring forth how life chances among workers can take different turns based on such diverse institutional belonging.

An occupation-based study on class should allow us to understand the horizontal hierarchies across different occupational groups (e.g., managers, professionals, manual employees, proprietors, etc) but also the vertical hierarchies within an employment category (e.g., within the category lower-grade professionals, administrators, and officials, higher-grade technicians; managers in small industrial establishments; supervisors of non-manual employees). This will be taken a step further in this research by establishing vertical hierarchies within a micro-class group (i.e., one specific occupational group). Class analysis should also capture nuances of the class positionalities of households, especially when working couples with different work categories make up a household.

Although the following variables were initially designed for the purpose of determining class structures, these will be used in this research to examine the material conditions of workers to better understand the nuances in their class conditions. These variables are "sources and levels of income," "conditions of employment, degree of economic security, and chances, for its holders, of economic advancement;" (Wright, 2005: 36); employment contract or service relationship status; and the amount of control people have over their work process, among others (Breen, 2005). Wright (2005) invokes the need to examine and to uncover class complexities that are rooted in actual social relations in the employment structure, which can be determined by these variables.

However, focusing solely on the occupational conditions of workers gloss over another important aspect of the lives of migrants, which are their economic condition and their family's (Kelly, 2012: 156). Thus, there are gradations of experiences that an occupation-based class analysis is unable to capture. The focus on occupation is oblivious to other variables that shape the class conditions of workers.

Class as life conditions

Class structure studies that map out the different categories of occupations and studies that examine the effects of large structural factors on class are macrosociological studies (Wright, 2005a: 20); however, this dissertation will be more aligned towards a microsociological (but also meso as it studies social networks that have implications on the class conditions of workers) approach in class analysis as it focuses on individual experiences. However, it recognises the dialectic among macro, micro, and meso factors shaping the class conditions of migrant workers.

Individuals are subject to larger social, institutional, geographical factors (macro) and their lives are affected by their social networks—whether personal or institutional (meso). All these impact the migrants' lives, specifically their class conditions, by these intervening factors.

In this section, we look at the "class as life conditions" (Sørensen, 2005: 121) , which can be produced by the possession of different Bourdieusian capitals such as economic, cultural, social and symbolic capitals (Moore, 2008). For instance, the possession of a degree (cultural capital) enables one to enter into the professions that allow one to gain economic capital, which in turn, enables one to acquire assets or other forms of symbolic capitals that allow one to gain "respect and prestige" (Sørensen, 2005: 130). Similarly, social capital performs social network functions that introduce opportunities or form reciprocal relationships with a person (Grenfell, 2008). The possession and non-possession of these capitals create imparities in people's enjoyment of life chances that depend on the possession of these valuable assets or resources (Breen, 2005: 35).

The economic capital derived by migrants from their occupations, enable them to economic capital not just in the form of salaries, but also in the form of "savings; pension rights,; and potential financial resources tied up in house values" investments in health; stocks; safety net sources; social and economic networks; and other variables that influence people's lived class experiences (Savage, 2015: 89). Access to these resources produce inequalities in terms of "lifestyles and tastes" (Lamont, Pendergrass, & Pachuki, 2015: 852) prestige in terms of "social status, esteem and respect," "class hierarchies;" and "economic prospects" (Wright, 2005: 1-2).

Breen (2005: 34-35) suggests that class analysis has the latent capacity to illuminate various outcomes such as life chances, uniformity or similarity of behaviours and actions among people belonging to the same class category. However, there is also a need to see it from a more nuanced perspective by looking at where the life chances of migrants diverge even though they belong to the same class category.

Two key prepositions perfectly summarize the objective of class analysis focused on people's class as life conditions: "What you have determines what you get" and "What you have determines what you have to do to get what you get" (Wright, 2005a: 22). To frame this in operationalized terms, occupational class position can determine one's access to economic capital that could lead to improvements in standards of living and the chances of having a stable future, among others. Thus, although occupational class analysis and socioeconomic class analysis have been viewed separately by theorists and researchers, it is possible to see them as providing complementary information to help us understand the situation of workers in society.

On the other hand, the second proposition tells us that one's class position has direct effects on how much work an individual must put in to have the kind of life he or she wants, the amount of time one spends for recreation, and the material security one can enjoy. It is within this context that Erikson and Goldthorpe (Erikson & Goldthorpe, 1992: 236) said that class position determines people's experience of prosperity or poverty, "economic security or insecurity," or their experience of material progress or regression to hardships.

Related to the proposition of what you have determines what you do or do not get, is the connection between class, lifestyles, and consumption. Kelly (2012: 159) notes that class can be apprehended through consumption patterns that: 1) serve as markers of class positionality, 2) indicate people's access to material resources, and 3) enable people to articulate their class position symbolically. Bottero (2004: 989), on the other hand, explains that cultural processes (like status) are embedded within specific kinds of socioeconomic practices (consumption of goods), which can produce or reproduce inequalities. This means that people's class position determines their ability to access consumer goods and investments that can either reduce their experience of inequality in society or reinforce such experiences. Moreover, in the Bourdieusian framework, consumption of goods become symbolic capitals or marks of social distinction that indicate one's place in the social hierarchies (Anthias, 2012: 122).

Anthias further adds how class has been studied from a status framework that focuses on "lifestyles, values, social distance and association, and the prestige given to different jobs" (Anthias, 2021). Class, in this sense, dictates the kind of lifestyle people will live. It will also have implications on who people will be associating with or the networks they will form that could enable or prevent them from getting further in life. However, the effects of class can encompass a wider "web of social relationships" that may include, aside from those mentioned, living standards, "educational experiences, and patterns of residence" that affect numerous "aspects of our material lives" (Anthias, 2021: 95). One of the weaknesses of research on this topic is the failure to explore factors that may be getting in the way of people living a certain lifestyle associated with their class category and other impediments to getting further in life.

Kelly (2012: 158) provides an important cautionary point that will be a guiding principle in the study of class in this research: in the study of class, similarities in "interests, processes and outcomes" should not be assumed; it is possible for an individual to "simultaneously participate in several class processes, holding multiple and contradictory class interests;" and the class relations individuals engage in and consequently the social inequalities they experience are not only mediated by employment or socioeconomic status, but by other "forms of social difference" as well such as age, gender, and ethnicity, which points to the intersectionality of class with other identities of people.

The nexus between translocality and social class

One of the contributions this research wishes to make is to gain a better understanding of how the unique nexus migrants find themselves with their multiple orientations to different geographic spaces or locations are shaping their occupational and socioeconomic class conditions. Migrants are situated in multiple translocal spaces, which gives them distinctive experience of class compared to settled populations who live out their class experiences in particular neighbourhoods (Rogaly & Taylor, 2009; Blokland, 2005) or nation (Vester, 2005; Devine, 2005). This thesis uncovers how the different translocal orientations and connections inevitably weigh on the occupational and class conditions of migrant workers.

One of the principal assumptions of the concept of translocality is the physical or virtual interconnectedness of individuals, places, and groups across different national boundaries and localities in a globalized world (Burawoy, et al., 2000).

Localities serve as contexts where social action occurs and serve as fields where these actions can be interpreted. While there is a burgeoning emphasis on translocality, it must be emphasised that nation-states remain as a relevant context of the analysis of social processes. In fact, Brickell and Datta (2011: 7) regard national spaces and geographies as pertinent starting points in examining other spaces where the "'field' of everyday practices" occurs. Translocality has, in fact, been described as a form of "grounded transnationalism" because nations are where "specific local contexts" are nested (Brickell & Datta, 2011: 9; Greiner & Sakdapolrak, 2013). Thus, transnationalism is a subset of translocality since translocality literally means one is connected to different localities, which does not preclude national spaces. Greiner and Sakdapolrak (2013), in fact, state that it is in the nation where local communities and personal and institutional social networks are embedded. Therefore, it is possible to start out by looking at transnational social processes, but then look at social processes that are locally based.

At the same time the migrant lives in a host country, he or she maintains transnational social and economic networks in the home country and other countries where they have family or friends that they maintain social or economic ties with. In using a translocal frame, one can weave the analysis using various scales such as nations, regions, communities, neighbourhoods, institutions, or homes. For instance, using the translocal lens to look at class, Banitzky, McDowell, & Dyer (2007) examine the experiences of middle-class men from India, who are employed in a London hotel where their jobs support or undermine their ideas of masculinity derived from their Indian middle-class position. Scott (2006), on the other hand, incorporated city and regional contexts in analysing skilled, middle-class, migration, which he sees is no longer just

solely based on economic considerations but are also influenced by lifestyle and cultural formations found in specific communities.

In a large way, the concept of translocality was a reaction to the perceived conceptual issues with transnationalism, which focuses on connections between nation-states but ignores the locatedness of migrants in particular localities, their cross-border activities, their multiple connections to different localities, their divergent and intersecting social networks that allow for the free exchange of resources, practices, and concepts in different levels, and how global processes are rearticulated in local contexts from the cities, neighbourhoods and to families (Greiner & Sakdapolrak, 2013).

Translocality recognizes that migrants are situated physically or virtually in national and non-national communities that impinging on their everyday lives on different levels. For instance, state forces and the unique socioeconomic and political contexts of their home and host countries influence institutional policies that have direct consequences on their occupational conditions. Similarly, conditions within the national and local communities could also support or limit their lifestyles, life chances, social practices, and experiences. Moreover, these translocal spaces are often sites of asymmetrical power relationships where people negotiate and renegotiate their positions and compete for power and various capitals that are valued differently across these different spaces (Greiner & Sakdapolrak, 2013). All of these have reverberations on their class conditions. Anthias (2021: 179) says:

> A translocational lens provides a way of understanding in contextual and yet historicised way how social categories are subject to the workings of power structures within modern forms of capitalism and its governance, and how they act to mutually reinforce one another, or to set up contradictory and, at times, dissonant locations for social actors.

Thus, the physical and virtual connections of migrants may be creating complex relationships predicated on the dominance and ascendancy of some and the subjection of others (Anthias, 2021). Unfortunately, Kelly (2012) observes that in much of research on social class, there is no overt consideration of how class processes unfold in geographical space.

Anthias (2012) points out the lack of information on migrants whose transnational lifestyles and class practices span across different geographic spaces that produce complex class identities for them. This means that people's existence and connections to different localities may be creating different class conditions. The uneven development of states in the age of globalisation

has created differences in the material conditions, access to technologies, and distribution of power (Pieterse, 2000) between people from economically advanced states and those from developing economies. This has created layers of inequalities across different states and within national boundaries. Moreover, the movement of people from one place to another facilitated by the ease of travel, the vast improvements in communications, and the increasing possibilities for people to form local and international networks have created people with translocal orientations. Given such translocal orientations, class structure studies based on national studies have lost their explanatory value in understanding the causes or consequences of inequalities related to globalization.

As Barber (2013) points out, understanding class from a single vantage point may lead to the failure in capturing the subtleties of how class processes are being changed by transnational and translocal processes. Ralph (2014) further maintains that migrants, whether they be people migrating to a particular host society or migrants returning to their countries of origin, maintain transnational practices predicated upon transnational linkages. Thus, transnational linkages, which are subsumed under the larger category of translocality (Gottowik, 2010) of the migrant's context have implications on their class conditions. Burawoy (2000), on the other hand, emphasizes the need to assemble a picture of the whole by recognizing different perspectives from the parts, from singular but connected sites," in describing the kind of ethnographies that must be done in a world shaped by globalisation.

Research Methodology

Over the years, researchers have tried to refine the process of class analysis by operationalising the abstract concept of class and pointing out concepts and processes that need further explication. For instance, Wright (2005a: 16) outlined five sources of complexity that are said to breed "contradictory locations within class relations" that need to be analysed such as the convoluted relationships involved in the distribution of "rights and powers" within class relations; the possibility of people simultaneously occupying multiple class locations; inequalities within and between class locations where workers regardless of skill level are considered working class given that they do not have the control over the means of production; temporality of class locations where roles and jobs can change over time, and the class dynamics involved within families and class relations.

There have also been debates as to how class position should be studied. Class positionality has been customarily studied in two ways. First, using the subjective approach where respondents

are asked how they categorise themselves in terms of social class. This is often referred to as "subject social status," defined as people's "perception of their social class relative to others" (American Psychological Association, 2015). On the other hand, the objective approach calls for the determination of people's class location based on pre-determined criteria predicated on the triumvirate variables of occupation, educational attainment, and income, sometimes along with other variables such as home ownership, savings, and other similar variables, depending on the theorists and academics performing the class analysis (Ray, 1971; Downham, 1954).

The subjective approach works under the premise that people can competently approximate their location in the hierarchy based on their social interactions and encounters. However, this is prone to bias and inaccuracies, but still has its merits. The objective approach has better comparative value to assess and contrast the socioeconomic positions of people. The objective approach allows an empirical understanding and illustration of their accumulation of economic capital in the form of income, physical assets (e.g., real estate and land), and consumer goods (e.g., household amenities), travel, that are symbolic of their class location (Downham, 1954: 21).

Walker and Lynn (2013) offer a different definition of translocality compared to the earlier cited definitions. They characterise translocality as people's personal and community connections akin to the concept of social networks, which Milroy and Milroy (1992) define as a "boundless web of ties" that connects people [and institutions] to one another no matter the distance. Thus, translocal connections both refer to geographic space and social network connections that are rooted in specific geographic spaces. On the one hand, the thesis studies the actual connections to and situatedness in geographic spaces, but on the other hand, it also looks at the social and institutional connections of migrants in specific localities. Social networks will not only be seen as the structure of social relations of people (Walker & Lynn, 2013), but also as representations of structures and processes in given localities (Milroy & Milroy, 1992). Social class is even viewed as "more consistent with network analysis" given that it is a "large scale and ultimately economically driven process that splits populations into subgroups" (Milroy & Milroy, 1992: 18).

Research design

This thesis is a case study of migrant social class in the context of translocality. According to Gutterman and Fetters (2018), the case study "involves the investigation of one or more real-life cases to capture [the] complexity and details of the social phenomenon (Yin, 2014). Yin (2014: 13) further adds that the case study is "an empirical inquiry that investigates a contemporary

phenomenon within its real life context, especially when the *boundaries between phenomenon and context are not clearly evident*" (emphasis added).

Given the vagueness of the relationship and connection between social class and translocal space, the case study approach was chosen as the principal research design using mixed-method data collection tools and analysis using Filipino nurses as the case study to uncover the connections between translocality and the social class conditions of nurses. The case study approach enables us to attain a deeper understanding of people, their social interactions, and the social structures they belong to and to make sense of the actors' perceptions, to frame their perceptions, and to interpreting their experiences (Woodside, 2010).

Yin (2014) differentiates three types of case studies: exploratory (usually done as an initial stage when there is little information on a social phenomenon), descriptive (done in the context of surveys and histories), explanatory phase (to establish causality) (Yin, 2014). This research can be regarded as an exploratory study since the concept of translocality and its relationship and influence on class and class conditions are discourses that have yet to be fully explored in research. As is, the research has the potential to deepening understanding of the relationship between the multiple local orientations of migrants and their class conditions. Another aspect that makes this research exploratory is the fact that there is little information on Filipino migrant nurses in Ireland. Filipino nurses, in this instance, will serve as an illustrative case of the impact of translocality on the class positionality of migrant workers, which hopefully will not only shed light on migrant nurse experiences, particularly their social class conditions as translocals. According to Hancock and Algozzine (2006), the exploratory nature of case study research involves thematically identifying or categorising actions and events rather than establishing correlation or testing hypothesis. However, while the research is an exploratory study, it also serves explanatory and descriptive purposes as well since the exploratory, explanatory, and descriptive functions of the case study overlap with each other (Yin, 2014).

Researchers usually conflate case studies with qualitative analysis, often seeing it as a type of qualitative method (Ragin, 1992) involving field research and "ethnography or participant observation" (Yin, 2014: 15). However, in more recent literature, the case study has come to be defined as an empirical examination of a social phenomenon extensively within real life contexts, especially if the social phenomenon is not clearly demarcated from its context as quoted earlier (Yin, 2014). Usually, the case study answers the questions "how" and "why" and considers the milieu of the phenomenon being examined (Amerson, 2011), which is a useful starting point for this study.

Ragin (1992), to emphasize the point that case studies should not be merely equated with qualitative studies, points out how case studies have utilised quantitative data collection tools in conjunction with qualitative tools to examine complex social phenomena that require extensive and detailed description (Yin, 2014). The case study can also use diverse analysis strategies using mixed methods to uncover the complexity of the social phenomenon being researched, which means multiple methods can be used in case studies (Gutterman & Fetters, 2018). (Gutterman & Fetters, 2018). Yin (2003: 13-14) explains that the case study is an apt research design if there are various "variables of interest" that current data does not show, which is precisely the nature of this research. It is also apt if the study relies on multiple data sources that will be triangulated at some point; and if the study relies on theoretical propositions in collecting and analysing data (Yin, 2003).

While numerous studies have already been done on class and class identities, there is a paucity of studies on the role of translocality in shaping the class position and conditions of migrant workers. Most of the available literature on translocality focuses on theorising the concept, thus, making the case study an apt research design for this research as it marries the concepts of translocality and social class. Because of the objective and subjective facets of the class and class conditions it requires the utilisation of different collection tools that will adequately capture the objective, subjective, and contextual facets of class. With this, the research utilises what Gutterman and Fetters (2018: 903) call the case study-mixed methods design where a "parent case study" method was employed with a "nested mixed methods design" involving quantitative (i.e., survey) and qualitative (i.e., semi-structured interview and qualitative social network analysis) data collection tools and analysis. The parent case study refers to the case study as the research design, but employs mixed methods to collect, analyse, and utilise both quantitative and qualitative data (Gutterman and Fetters, 2018), which in this case came in the form a survey, semi-structured interviews, and qualitative social network analysis. For instance, Scammon et al (2013) employed case study design of Primary Care Practice facilities to gain in-depth and contextualised information on the facilities but used mixed quantitative and qualitative data to collect and to analyse the data. While the data collection involved an equal amount of effort for both the quantitative and qualitative approaches, the analysis will lean more towards the utilisation of the qualitative data.

Discrete methodologies (i.e., quantitative only or qualitative only) were deemed inadequate in capturing class complexities. The complex nature of class necessitates the use of these different data collection tools for a comprehensive understanding of the social phenomena. This requires quantification and comparison of objective variables such as income, education, property

ownership, home ownership, leisure, and other similar variables that will establish their class location in the Philippines and Ireland and enable the research to establish the changes that occurred in their social class position and conditions with their migration. Conversely, establishing social relations, processes, and experiences in the workplace and in everyday life in multiple spatial contexts were deemed to be best captured by qualitative data gathering techniques. Lastly, the social network questions explore how social networks impact their socioeconomic class conditions, also through interviews.

A mixed-methods approach was used from the research design stage, data collection, up to data analysis. The use of mixed methods to gather the data for this research helps "expand and strengthen the conclusions" (Schoonenboom & Johnson, 2017) of the research because it capitalizes on the strengths of each discrete tool to capture various aspects or facets of social class. The use of different data collection tools and analysis also allows the triangulation of data, which in turn, ensures the validity and accuracy of the results, leading to more certain analysis and interpretation (Johnson, Onwuegbuzie, & Turner, 2007). The achievement of "methodological triangulation," defined as the use of different research methods to study the research problem (Denzin, 1978), helps in arriving at results that has been confirmed and verified (Schoonenboom & Johnson, 2017). Triangulation allows the cross-verification of findings and allows results to be enhanced, illustrated, and clarified, leading to new insights and richer analysis and the discovery of inconsistencies and self-contradictions (Johnson, Onwuegbuzie, & Turner, 2007; Schoonenboom & Johnson, 2017). It also increases the "breadth and range of inquiry" for different inquiry objectives (Schoonenboom & Johnson, 2017).

A pilot study was conducted between August and October 2020 to test the data collection instruments as part of the preparatory activities to detect and address possible problems and deficiencies with the research instruments before the actual data gathering (Abu Hassan, Schattner, & Mazza, 2006). The survey instruments were tested to ensure items were understood similarly by the respondents, the skip logic instructions were clear and correct, all answer choices have been covered comprehensively, and all the questions and answer choices were valid. Thirteen participants were invited for the pilot test of the survey instrument to ensure clarity, consistency, appropriateness, and ease of flow of the questions and instructions (Lau, 2016).

The first pilot test involved a face-to-face sit-down survey where the researcher ran through the survey questions with the respondent. The initial run was with five respondents. Revisions were made to the instrument based on the pilot test and feedback. Additional answer choices were added based on the responses of the test participants that were not covered in the initial draft of the survey instrument. Awkwardly phrased questions were also revised. New follow up

questions that the researcher realised were crucial to drawing relevant information based on the research objectives were also added in some places. A few questions had to be moved to different areas for a more logical flow of questioning. Lastly, the test also ascertained the length of time the respondents took to complete the survey. The next part of the pilot test involved five participants self-administering the survey via email. The instrument was emailed to the participants who were asked to note down items that were difficult to understand and to manually add their answers if they were not included in the provided choices. This generated additional choices for the multiple-choice questions. The last run was administered to three participants through Survey Monkey for the final checking of the comprehensibility of the questions, the correctness of the skip logic, and the overall functionality of the app-based survey. The last run yielded few minor editorial changes. The testing time ranged from 30 to 35 minutes but was drastically reduced to 20 to 25 minutes when the questionnaire was delivered using Survey Monkey.

The interview guide and the ego network exercise were also piloted simultaneously. The pilot test of the Interview Guide examined whether the questions were phrased clearly and whether the instrument generated answers that captured the objectives of the research. On the other hand, the pilot of the Ego Network endeavoured to ensure the instructions for the visual tool as well as the name generators were clearly understood. Three nurses were interviewed for the purpose. New questions were added, existing ones were rephrased, and some questions that did not yield relevant data were edited out from the list of questions. For instance, one of the questions that was eliminated was: "How would you compare your class status to your Irish and Filipino colleagues, friends in Ireland, and family and friends abroad?" The question was rephrased because most pilot test participants were not comfortable answering the question and said they do not like comparing their situation with others. When pressed to answer the question further, most said "I don't know" or "I don't check out how they are doing." The refusal to answer this has cultural roots, since test participants equated comparing one's economic situation to prying into other people's business ("*pakikialam*") or being envious ("*naiinggit*"), especially if the person they are comparing themselves with is faring better than them economically. The question was replaced with, "Do the Irish nurses have economic advantage over Filipino migrants?" If they answered yes, this was followed by the question, "What are these advantages?" This yielded interesting answers during the actual interviews. One of the younger respondents said, her younger Irish counterparts can rely on their parents for free housing amidst the Irish housing crisis and have also financial assistance for their wedding expenses from their parents, while she must buy her mother a home in the Philippines and has to save for her own wedding. Other questions had to do with people contributing to expenses within the immediate and extended family, business ventures, and other similar questions.

Substantial changes were also made to the Ego Network Exercise. The initial plan was to ask research participants to name social ties that have impact on their socioeconomic class. Next was to ask them to plot the name on a diagram of concentric circles, by order of the social network's importance to their socioeconomic status, with the most important ("*pinakamahalaga*") to be plotted near the innermost circle and the least important ("*di gaanong mahalaga*") to be plotted in the outermost circle. Respondents found the concept "*mahalaga*" or important in the context of impact to their socioeconomic condition difficult to grasp for some reason. For the final draft, the question was revised to ask them to name networks that "help stabilise their economic situation in Ireland" (*mga tao o institusyon na nakakatulong patibayin ang katayuan ng kabuhayan sa Ireland*) and those that cause instabilities in their economic situation (mga tao o institusyon na nakakabigat sa katayuan o nakapipigil sa pagunlad ng kabuhayan sa Ireland). They were then asked to explain the categorisation and contextual information behind it. The question, in other words, was revised to elicit information on positive or negative migrant ties.

The pandemic restrictions imposed by the Government also necessitated changes in the process the social networks data were gathered. Because there was no longer a way to ask the respondents to plot out their social networks diagrammatically on paper (I was unaware of the existence of an app that does this), I had to rely on the interview to elicit the information. I also realised that some of the social networks are already educed by some of the questions. In the revised process, I enumerated the social networks that were already mentioned during the interview for confirmation. Additional networks were asked, if any. They were then asked to classify the social tie based on whether they share a positive or negative social relationship with the alter, which included asking them for detailed explanations on how these social networks were aiding or undermining their socioeconomic status. Lastly, they were asked to add additional context, if necessary.

However, the four papers that were produced for this thesis are relied heavily on the qualitative data given that the nature of the study is exploratory, descriptive, and explanatory (Yin, 2014). Thus, I opted for what Schoonenboom & Johnson (2017) call the "qualitative dominant [or qualitatively driven] mixed-methods research." This type is described as relying on "a qualitative, constructivist-poststructuralist-critical view of the research process," while at the same time acknowledging that quantitative data can enrich the findings of the research (Schoonenboom & Johnson, 2017).

This research takes on a constructivist perspective in the sense that it relies on meaning making or making sense of the class experiences of migrants. Interestingly, class is a social

phenomenon ordinary people do not normally think about in everyday life. In a sense, the study of class is largely an academic exercise where researchers connect various variables and, sometimes, disparate, and seemingly unconnected experiences of people to weave a tapestry of information about class and the class experiences of people. In this perspective, there is recognition that meaning making is a joint exercise between the researcher and the respondent (Lee, 2011). The sharing of the respondents carries with them meanings; however, the researcher is creating meanings too by bringing in his contextual background as well. This is especially relevant for class studies, where ordinary people do not think about it and how their experiences relate to larger structures in society. The researcher comes in to fill this gap.

Access and sampling

Survey respondents were recruited from all over Ireland. Based on data from the Nursing and Midwifery Board of Ireland (NMBI), there were 5,560 Philippine-trained nurses in the whole of Ireland at the time of the data collection. I used this data to calculate the number of nurses to be surveyed using the SurveyMonkey sample size calculator. A minimum number of 359 survey respondents were targeted for the survey to achieve a 95% confidence interval. In the end, I was able to collect data from 418 survey respondents, well above the required number of respondents for the survey.

Since there were no available definitive lists of nurses aggregated per county and per healthcare facility for representative sampling, the survey was opened to nurses all over Ireland. They were recruited through non-probability, convenience sampling methods using the networks of the researcher comprised of individuals, contacts from the Philippine Consulate in Ireland and online Filipino nurse groups on Facebook. A short announcement was released through the FB pages of the Philippine Consulate and the Filipino Nurses in Ireland nursing groups with a link to the survey tool via SurveyMonkey. Filipino contacts of the researcher also forwarded the announcement to their own networks. Nurses who had participated in the interviews also forwarded the survey to their own contacts. Because the sample was not determined randomly given the use of non-probability sampling, the results were not expected to be generalizable to the whole population.

A statement of consent was included at the start of the survey instrument. Answering the survey meant the respondent consented to taking part in the research. Survey respondents who were interested in participating in the semi-structured interviews were asked to write their names and contact details at the end of the survey instrument.

For the semi-structured interviews, the initial plan was to collect data from select Irish counties from all four provinces: (1) with large concentrations of Filipinos; (2) that have public and/or private hospitals; and (3) represent high and medium standards of living based on housing and house rental prices. Rental prices and housing amortization were considered as key determinants of people's standards of living as rent accounts for 31% of disposable household income (Central Statistics Office, 2019). On the other hand, the purchase of a house requires an advance payment of 10 to 20% of the full price of the property for first time buyers while people can only secure a loan worth 3.5 times the combined salary of spouses, partners (Reddan, 2018) or friends (Marcus Lynch Solicitors, 2019). This makes rental and real estate significant to the household's socioeconomic standing and a substantial measure of people's socioeconomic status. The study of the Central Statistics Office (2019) entitled *Urban and Rural Life in Ireland, 2018* states that residential properties are more expensive in the cities (median price at €336,000), followed by satellite urban towns or peri-urban communities (€288,847); the same is reflected as regards rent, where rent burden is highest in cities, followed by satellite urban towns (29.2%), and independent urban towns (25.4%), which thus, reflects how locations critically affect people's socioeconomic class standing, a crucial point this research is trying to make. However, when the survey data started coming in and as it became clearer it was impossible to collect data from select counties given that I was dependent on nurses signing up for the interview, the sampling method was changed.

This time, I revised the criteria to include those living in the capital city of Dublin and those living outside it. The premise was Dublin is the most expensive city to live in in Ireland in terms of rental, real estate, and cost of living, while it is cheaper to live in other cities, towns, or rural communities. Thus, the geographic rubric was changed to Dublin and outside Dublin.

A sampling frame was developed to ensure representation of different groups for comparative purposes. Gender (male vs. female) was considered because nursing is still a predominantly female dominated profession (Evans & Frank, 2003), where male voices usually remain silent in research. Other sampling criteria included marital status (single/living alone and married/partnered/cohabiting to show differences in dual income and single income households (Downham, 1954). Job level (junior and managerial staff) was considered to find out differences in work entitlements based on the position of the nurses (Wright, 2005). Lastly, it also considered location, whether they live in Dublin or outside Dublin to account for the translocality of their experience.

A total of 64 research participants were targeted for interview; however, only 61 respondents ended up participating. Some nurses who listed their contact details did not respond to the emails and text messages, while some flatly declined to be interviewed when contacted. However, the most difficult part was completing the roster of male interviewees perhaps related to the lower number of male nurses in general.

Table 1.1 Interview Criteria

	Dublin	Outside Dublin		Dublin	Outside Dublin	**TOTAL**
Male Junior Nurse			Male Senior Nurse			
Married/Cohabiting/ Partnered	3	4	Married/Cohabiting/			
Partnered	4	2				
Single/Living Alone	4	4	Single/Living Alone	4	4	
Female Junior Nurse			Female Senior Nurse			
Married/ Cohabiting/Partnered	4	4	Married/Cohabiting/			
Partnered	4	4				
Single/Living Alone	4	4	Single/Living Alone	4	4	
	15	16		16	14	**61**

Data collection tools

The three principal data collection tools that were utilised for this research were: 1) a survey that was used for class analysis to establish trends and patterns in the class position and condition of nurse migrants and for easier comparison of certain variables; 2) semi-structured interviews to gather data on the subjective experiences of class and their contextual background; and 3) qualitative social network analysis to examine the social ties and the various contexts associated with these relationships and their impact on the class conditions of migrants.

The data collection tools I used was inspired by the tool Cases (2018) used in her study on the social networks of nurse and caregiver migrants in London and New York, where she used a demographic survey to find out personal information about her respondents, semi-structured interviews to draw out context-specific information, and the visual representation of social networks, which she used for a transnational study of migrant social networks. While Cases employed these research tools to establish the social networks of migrants from the pre-migration to the post-migration phases, I had to retrofit the tools for the case study on class.

Survey

A standardized survey (see Appendix A) was used to gather quantitative data to elicit the class position and conditions of migrant workers as influenced by their translocal context. One of the things the survey wished to establish was whether the translocal orientation of migrants was creating a "diverse set of lifestyles," which some social scientists believe is a sign of the "eroding internal coherence" of people within the same social classes and their increasing "internal heterogeneity" (Petev, 2013: 635). The survey instrument was also used to establish changes in the class conditions of the migrant workers with their migration to Ireland. It also looked at the future socioeconomic prospects of the nurse migrants. In a nutshell, the survey aimed to provide a macro-picture of the class characteristics of Filipino migrant nurses in Ireland from a transnational perspective.

The survey asked attitudinal, behavioural, experiential and class measurement questions that evoke the following types of data: descriptive statistics, frequency distributions, and Likert scale responses and correlation statistics (Lau, 2016). Specifically, the survey covered the following key topics: 1) profile of respondents; 2) information on spouse (if applicable); 3) information on children (if applicable); 4) parental and sibling information; 5) socioeconomic lifestyle, living standards, and consumption patterns in the Philippines and Ireland; 6) work conditions and activity, and 7) prospects. The following variables were also included lifestyle, living standards, "leisure time," consumption patterns (Petev, 2013: 634; 638) type of housing arrangements, household and "children's education" (Downham, 1954: 21).

Semi-structured interviews

The study employed semi-structured interviews (see Appendix B) to explore the "meanings of experiences" and how the research participants "define," "describe," and "make sense" (Vanderstoep & Johnston, 2009: 165) of their socioeconomic status and class given their

translocal context. Open-ended questions composed of "core questions" were formulated, in the form of an interview guide (Jamshed, 2014). However, since the questions were open ended, follow-up questions were asked to pursue interesting statements and accounts of the respondents.

The method is best used in interpreting the experiences of the respondents and their interactions with the social groups and contexts that frame their experiences (Vanderstoep & Johnston, 2009: 166-167). Qualitative tools also enable "contextual understanding" and provide in-depth explanations for the findings of the survey (Schoonenboom & Johnson, 2017). The method also brings to fore experiences that are not in the ambit of "quantitative averages" (Vanderstoep & Johnston, 2009: 168). For instance, interview enabled me to mine information on the decision to move to rural and peri-urban areas. Qualitative methods also evoke "multiple social realities" as well as the "construction of these multiple realities;" the involvement of "values and perceptions" especially because of the relevance of the migrants' perceptions of their class conditions and the values they attach to their class experiences (Vanderstoep & Johnston, 2009: 185). The semi-structured interviews were conducted individually through Zoom or Messenger, whichever platform the participant preferred.

Initially, the plan was to do interviews at the homes of respondents to informally observe the lifestyles of migrants and to immerse myself in the community to enrich my research field notes. However, the worsening Covid situation in Ireland, forced me to shift the face-to-face interviews to online interviews through Skype, Zoom, WhatsApp or Messenger, whichever was convenient or available for the interview participants. This created special challenges in terms carrying out the visualisation exercise designed for gathering social network analysis data. Because I was not familiar with available digital technologies for SNA visualisation, the plan was cancelled. Changes were made in the data collection plan by integrating the SNA data collection into the semi-structured interviews, which will be discussed in subsequent sections. Moreover, there were also a few difficulties with scheduling the interviews given the tight schedules of nurses during the pandemic. However, the shift to the online interviews meant that interviews could be done at night or on weekends. There were also issues with two nurses with internet connection, which compromised the clarity of the recording.

All interviews were recorded using a phone audio recorder. Intelligent verbatim transcriptions of the interviews were carried out. Intelligent verbatim transcriptions leave out "background noises, verbal pauses, rambling repetition, coughs etc. that were not relevant for the purposes of the transcription were removed" (Semantix, No date).

The questions were developed based on informal conversations with Filipinos, observations while visiting nurses in their homes prior to the pandemic and based on reflections and insights on theoretical discourse (Cases, 2018). Questions were added based on insights derived from the quantitative and qualitative pre-tests. The new questions parse some of the preliminary information gathered from the pre-tests. The topics of the open-ended questions revolved around 1) reasons for migration; 2) employment experiences related to gender, ethnicity, and work tasks; 3) translocal orientations/relationships with social and economic networks including information on remittances and investments; 4) considerations in their decision to live in the city/county in Ireland; 5) perceptions of improvements in lifestyles and leisure since they arrived in Ireland; 6) perceptions of class status in the Philippines and Ireland (e.g. in comparison to other Filipinos and Irish in general); 7) assessment and attitudes towards their socioeconomic condition in Ireland and the condition of family members they left behind; 8) perceptions of their economic integration in Ireland; and 9) future plans.

The interviews were conducted in Filipino; however, leeway was given for respondents to speak in English should they wish to and should they be more comfortable with this. The use of Filipino was considered a strategy to put respondents at ease and to stimulate better expression and the free flow of ideas as there is a level of discomfort in speaking in English with fellow Filipinos. There is also the tendency for Filipinos to code switch when speaking with each other, despite respondents being proficient in the English language.

Interviews done in Filipino were translated into English. One of the problems related to this is the absence of direct translations of some Filipino words and concepts in the English language. While faithful translation (i.e., syntax, diction, and grammar are approximate; translation is done as close to the original as possible) is preferred, the absence of corresponding words and concepts meant that I had to resort to free translation, where I provided detailed explanations and contexts of some of the words or concepts being discussed that had no equivalent words to the English language. Van Nes et al. (2010), for instance, raised the possibilities of meanings getting lost in translation in such instances. This is because of the difficulties of accurately translating culturally- and context bound concepts given that these may be foreign to the English language; the necessary involvement of interpretation in translation, which could potentially alter the intent and meanings respondents want to convey; and subtle differences in meaning when the source language is translated into English (Van Nes, Abma and Deeg, 2010). However, as a cultural insider who speaks English and Filipino fluently and who has had experience in hospital-based work as well as years of teaching Sociology, these problems were minimised. Moreover, the interpretive approach this thesis has adopted acknowledges that to a certain extent, the researcher is also co-creating meanings with the research participants.

Since the contact details of the nurses that wished to proceed to the interview had to be written by the nurses on the survey instrument, the interviews were conducted as contact details came along and as the profile of the nurses fit the pre-determined criteria for participant selection. As the contact details came in, potential participants were contacted by email or via text message. Those who agreed were decked for the interview as soon as they were available.

Qualitative Social Network Analysis

The SNA questions in particular were designed to elicit individual and institutional egocentric network information (Butts, 2008). Name generator questions (Heath et al., 2009) of people or institutions that have impact on their class conditions were asked throughout the interview. The questions that were asked had to do with who migrant nurses send money to or spend money for, people who provide economic support to the migrants and their families, investments they have made, the people or institutions who facilitated investment making, institutions that further or hamper their financial situation, and people who provide information or opportunities for their economic betterment regardless of place (i.e. Philippines, Ireland, and other countries). Follow-up questions were asked (name interpreter questions) to elicit information on the nature of the relationship between the migrants and their alters (Heath, et al., 2009), the meanings the respondents invest on these ties and the relationship they share (Ryan, 2023), and contextual information behind the relationships, which are crucial information in a qualitative-informed understanding of the social networks. Because the categories were determined a priori, this may have limited the data that was gathered; nevertheless, they still serve as important data for this exploratory study given the level of discussions it generated (Sommer & Gamper, 2018).

Data Analysis Techniques

The survey was coded using Stata. The data were analysed using descriptive statistics to provide a general picture of the situation of migrants.

All semi-structured interviews were recorded, transcribed, and translated when the interview was conducted in the Filipino language. NVivo was used to code and analyse data. Field notes were taken informally to record key impressions and realizations arising from the conversation with the respondents and were taken into consideration during the coding and analysis. Analysis was carried out by reading through the voluminous transcripts. In writing each of the four papers, I kept in mind the central ideas to be discussed such as occupational class, class as life

conditions, urban vs. rural experiences, and social networks. These served as initial "sensitising concepts" (Kelle, 2014: 564) to help me sift through the enormous data that I had. I then focused on the sharing of the participants that are most relevant (Roulston, 2013) to the central theme of the paper. For instance, for the occupational class paper, I zeroed in on data that talked about work conditions, nurse-to-patient ratio, benefits, and other similar categories of information that would help me make sense of the experiences of migrants at work. I reduced or condensed the data (Roulston, 2013) by highlighting and extracting relevant portions of the transcripts, getting rid of extraneous information, and plotting the relevant information into general categories I created using NVivo.

After finishing the initial coding of all the transcripts, I started to reassemble data depending on the paper I was writing at that time. I created new codes and categories based on emerging themes, and highlighted the most relevant transcripts that will be used as illustrative statements to underscore key findings of the research (Roulston, 2013). I also considered the links between the "codes, categories, and stories" (Roulston, 2013: 305). The last step was preparing the write up. This entailed reviewing the output I prepared in the previous step and reflecting on how to tell the stories of the migrant, bring forth the themes that emerged from the analysis, and interpret the patterns as well. I consulted theories and other studies to refine the story telling and to develop my key arguments (Roulston, 2013). I then combined the descriptive statistics in some of the papers to provide basic statistical information where necessary and to underscore potential relationships of variables.

Lastly, the qualitative social network analysis also went through the same process of coding, interpretation, and analysis that was previously discussed but this time focusing on the social networks of the migrants. Thomson (2007) and Ryan's (2023) analytical methods for analysing qualitative social network analysis were adopted where they started with large qualitative data followed by immersion in the narratives of the respondents, identification of themes inductively, the selection of a small number of cases for in-depth discussion, and placement of the "stories in conversation with each other" (Ryan, 2023: 57). The objective is not to create "typologies and comparison" but to create a discourse around the personal networks of the migrants. Using an "interpretive lens," the narratives of the participants were juxtaposed with the "macro-structural" and "meso-relational contexts" (Ryan, 2023: 48, 53). The narratives of the participants were not just reported, they were also interpreted, thus, highlighting the role of the researcher in the co-creation of meaning.

The aim of presenting the narratives is to illustrate the varied (Ryan, 2023) personal networks that migrants have and the different economic functions they perform in the class conditions of the nurse migrants in their host society. This entails detailed descriptions that converse with other data that result to the identification of "analytic patterns at a higher level of abstraction" (Ryan, 2023: 57).

Ethical Considerations

The welfare of the respondents was always protected, making sure their best interest was respected at every point of the research (Creswell, 2009). Research objectives and data utilization, including all data collection strategies and activities were explained verbally and in writing to all informants (Creswell, 2009). Informed consent for data gathering and data utilization were secured from each respondent (Creswell, 2009). The respondents were apprised clearly and categorically of the various facets of the research process from what the study is all about, what the research hoped to get from them, their role in the research process, the identity of the researcher, and the utilisation and publication of the research output (Sanjari et al., 2014).

The research proposal, research design, and the data gathering instruments were approved by the TCD School of Social Sciences and Philosophy Research Ethics Committee to ensure that the research would not compromise the safety and well-being of the respondents.

Personal information was protected by removing all identifying information and details from the transcripts and other materials; the removal and alteration of biographical details (e.g. workplace, name of persons or associates, age, etc), the use of pseudonyms for individuals, places, and organizations (Sanjari et al., 2014), and the use of number codes to hide the real identity of respondents. No information that may compromise or jeopardise the welfare of the participants was revealed in any of the write-ups.

A potential issue that was assumed to affect the data were my contradictory positionalities as 1) a Filipino, which makes me an insider viewing the experiences of migrant Filipinos in Ireland and 2) as a researcher/academic with longer years of education than most of my respondents and not being of the same profession as they are, which makes me an outsider to my respondents. These serve as a double-edged sword, which on the one hand, could serve

both as a potential source of biases and on the other a fertile source of insider insights and perception. As an academic and as a Filipino, I have an acute awareness of class conditions and positions in the Philippines that makes me conscious of their socioeconomic background based on their location of origin, their educational background, and their work conditions based on the hospitals they worked for back home, among others. However, as a researcher/academic, my academic knowledge of the issues faced by migrants could be a source of bias and blinder for their actual conditions, which I tried to address by suspending judgment as much as possible and by being thoughtful of my potential biases to minimize preconceptions and prejudices in the analysis of data. My background as a PhD student and as a former academic could also alienate me from my respondents given that I am an outsider to them; however, this could be balanced out by my being Filipino that would facilitate entry to their world and could also facilitate rapport building.

Structure of the Thesis

The structure of the thesis is as follows:

The first empirical paper (Chapter 2) is a study on the occupational class of migrant Filipino nurses. It looks at how the transnational movement from the Philippines to Ireland vastly improves their working conditions influenced by the widely disparate fiscal fundamentals of the two countries. Horizontally, we see immense occupational class cleavages dividing nurses from the developing world and the developed world. While movement to the developed world led to upgrades in work conditions, the Irish state's subscription to neoliberal policies that were translated into austerity measures after the economic crisis has led to the deterioration of occupational conditions in Ireland, especially in public sector hospitals. Moreover, the neoliberal policies of both countries create similar situations for nurses, but with broad differences in terms of magnitude and breadth depending on the country's financial conditions. At the same time, the article also explores vertical differences in the occupational class conditions of nurses based on their institutional affiliations. While public sector facilities pay higher wages and provide more benefits to nurses, the workload can be very heavy. On the other hand, private institutions left to the market forces could either offer higher or lower wages depending on the conditions of the labour market. Thus, this paper brings together transnational and institutional frames in its analysis.

The second paper (Chapter 3) focuses on the socioeconomic class of migrant nurses, using both survey and interview data. It comes from the transnational perspective, but focusing on the family as a significant social tie that determines the social mobility of migrants. The study is an analysis of the experience of upward social mobility of migrants, specifically looking at how the class location of the family back home continues to impinge on the class conditions of migrants in Ireland. It provides a more nuanced view of how the class location of the family in the Philippines determines how quickly the lives of migrants will stabilise in the host country and allow them to live the middle-class life they came to Ireland for. Thus, class hierarchies are reproduced in the host country, especially in the early years of migration. Those from more economically stable families gain advantage in terms of the acquisition of economic capital (i.e., real estate and investments) and symbolic capitals.

Drawing on semi-structured interviews, the third paper (Chapter 4) examines the lives of migrants who work and live in fringe communities of Ireland. The article looks at both the occupational and socioeconomic class of migrants who live in satellite and independent urban towns and rural geographies. The satellite and independent urban towns are areas where new residential enclaves are built to house commuters from city centres. Although the Irish state now calls them urban towns, many of them have retained their rural or provincial character. The categorisation change merely reflects the aspiration of the Irish Government to modernise and to urbanise its communities. Nurses choose to work or live in these areas as a strategy to maximise their newly acquired middle-class location considering the responsibilities many of them still have with family members back home. These communities allow them to escape the inflated rental and mortgage market prices in major Irish cities and to stretch their financial resources to pursue their lifestyle goals and improve their life chances. However, residence in these areas does not necessarily improve their occupational conditions. The neoliberal policies of the government, which have led to the closure of key health services in rural areas and counties outside Dublin, mean nurses are equally vulnerable to face staffing issues as nurses working in the capital city.

The final article (Chapter 5) explores the meso connections of migrant nurses by interrogating how kinship networks structure their class conditions. It focuses on the realisation of middle-class aspirations and the life chances that become available to them in Ireland. Based on 61 in-depth interviews that cover social network-specific questions, this qualitative social network analysis research looks at how kinship ties either serve positive or

negative functions in the lives of migrants. Positive ties are defined as those that contribute to the stabilisation of the economic conditions of migrants in Ireland and contributes to the fulfilment of their middle-class aspirations. Negative ties, on the other hand, create instabilities in their socioeconomic conditions that prevent them from fully enjoying their middle-class location. These ties hold them back from reaching their full economic potential as middle-class migrants in Ireland. However, caution is offered. While ties can be positive, in the sense of social exchange and reciprocity, these positive ties could generate negative consequences on the socioeconomic status of migrants.

2 Translocality, divergent work conditions, and the occupational class of migrant Filipino nurses

Arnie Cordero Trinidad with Daniel Faas, PhD

(Revision has been submitted to the *Work, Employment, and Society* Journal)

The article contributes to the discussions of class formation of a microclass category of reproductive labourers from a translocal lens. Using Filipino migrant nurses in Ireland as a case study, it examines the occupational class conditions of nurses following their professional trajectories from their home country to the host state. Based on 61 interviews with Ireland-based Filipino nurses, the article looks at the role of states, the institutions they are affiliated with, and their geographical connections in shaping their class conditions and the dynamics involved in class making processes. Divergent work conditions of the nurses are dictated by their institutional affiliations but undergirded by the states' policies and economic climate. Meanwhile, the states' subscription to neoliberal policies are also creating similar conditions for the nurses, albeit marked by differences in breadth and magnitude of the experience. Paradoxically, the international reproductive labour makes available personal solutions to their structurally mediated problems.

Keywords: *Filipino Nurses, Migration, Neoliberalism, Occupational Class, Translocality,*

THE PARADOX OF GLOBALISATION is that while inter-country linkages, commerce, and economic growth deepen, it also creates and reinforces uneven development between states (Bryant & Javalgi, 2016) and creates social inequalities on many different fronts. The breakthroughs and transformations in production and employment over the last 60 years (Crompton, 1996) have led to disproportionate global economic progress as evidenced by variances in salary scales, levels of education, labour participation, and fiscal status across different states. All these have produced a tiered global system marked by significant social divisions (Yeates, 2005), novel global class hierarchies (Crompton, 1996, Embong, 2000), unfamiliar "international and regional divisions of labour" (Yeates, 2005: 5) and critical structural disparities (Embong, 2000).

The article contributes to uncovering class complexities in the context of migration specifically focusing on Filipino migrant nurses in the Republic of Ireland (henceforth, Ireland) as a microclass group. It adopts a translocal frame, looking at how geographical contexts and connections shape migrant class conditions, how migrants frame their class conditions, how labour processes within and across states contribute to their class formation, and the fissures in their class conditions that create within class inequalities. Translocality, in summary, is a form of "grounded transnationalism" that takes into consideration the "local contexts and situatedness" of people (Greiner and Sakdapolrak, 2013: 374).

Transnational class practices are often fuelled by goals such as class position maintenance or the attainment of prestige and clout (Fresnoza-Flot & Shinozaki, 2017), often in a more economically advanced state. The transnational context of labour migrants puts them in a position where they "relate to several class structures simultaneously" (Rye, 2019: 15) that create complex class experiences for them. Fresnoza-Flot and Shinozaki (2017), for instance, note the contradictory economic and social class positions of migrant workers such that movement to more prosperous states create experiences of simultaneous upward and downward social mobility (Weiss, 2005; Cederberg, 2017). This illustrates how class processes are not straightforward processes, especially in the transnational field that create nuances in the migrant workers' class conditions that further need to be elucidated in research. Complicating matters further, migrants are not just connected transnationally, they are also connected to localities such as cities, institutions, or families, that further generate complex class experiences for them (Smith, 2011).

The most recent works on the class of migrants discuss such complexities focusing on how migrants adapt transnational capital to local contexts to improve their position in local social

hierarchies (Stock, 2023), the inconsistencies in migrant class locations in the transnational context (Rye, 2019), the subjective interpretation of class based on time, quality of life, and how they interpret class processes (Cederberg, 2017), and how the habitus of migrants is moulded by transnationalisation processes (Carlson and Schneickert, 2021). This article veers away from the Bourdieusian frame adopted by these recent works by looking at the occupational class of migrant workers, which remains an important structuring factor of people's class conditions. It contributes to discussions on occupational class, which has traditionally been skewed towards methodological nationalism and the structural mapping of the classes (Goldthorpe and Marshall, 1992; Savage, 2015; Savage et al., 2015; Burris, 1986), to shed light on the experiences of migrants who are connected physically, nostalgically, and historically to multilocal contexts.

This article explores the nexus between translocality and class and how their institutional and transnational linkages influence the trajectory of their occupational class conditions and class formation. It answers the question: What processes are involved in shaping the class conditions and class formation of nurses as a microclass category? The article examines the shifts in the class experiences of migrants brough about by their diverse institutional affiliations as they move in between national boundaries (Stock, 2023). Furthermore, it examines the structured class inequalities within and across nations to produce a nuanced picture of the class locations, conditions, and formation of migrant nurses.

The article takes stock of the place of the Philippines in the international division of reproductive labour where the country's labour export policy has transformed the county into a global producer of healthcare workers for the Global North (Guevarra, 2010; Ortiga, 2017). It examines the exploitative occupational class conditions of nurses in the country marked by the "unequal distribution of power, resources, and life chances" (Rye, 2019: 28) that push nurses to migrate to economically advanced destination countries like Ireland. The article further probes the occupational class conditions of nurses in Ireland, noting the differences in the institutional work conditions of nurses, but also notes similarities with the situation of nurses in developing countries, albeit on a different scale and magnitude. The article argues that class formation in the microclass group is facilitated by similarities in the occupational conditions of nurses borne by global capitalist and neoliberal discourses but differentiated in scale by the institutional affiliation and fiscal conditions of the state. It puts them in the contradictory position of being a collectivity, but at the same time riven apart by institutional and transnational inequalities.

Filipino nurse migration and the international division of reproductive labour

Socioeconomic reasons related to the desire for better life chances (Guevarra, 2010; Cases, 2018) and the evasion of exploitative work conditions in the country (Ortiga, 2018) drive Filipino nurses to work overseas, who compromise one of the biggest migrant nursing groups in the world. They are part of the cadre of workers brokered by the Philippine Government to the global labour market as part of its labour export policy (Ortiga, 2017; Guevarra, 2010). Given the shortages of nursing professionals worldwide (Baines, 2023), Filipino nurses serve as an important global labour resource that Global North countries compete to secure (Pauls, 2023). Approximately 316,000 Filipino nurses are deployed as workers in different categories of healthcare facilities all over the world (Beltran, 2023).

The reliance of the Philippine Government on labour export to address its domestic unemployment, underemployment, and underdevelopment problems was initially an alleviatory solution to the deteriorating economic and labour situation of the country in the 1970s. The state then took advantage of the growing demand for international labour to make labour export as part of its cornerstone economic strategy (Studwell, 2013; Canlas et al., 2009), transforming itself into a major labour supplier in the global labour market. A whole "transnational skills regime" emerged in the country composed of "state "and "market-based intermediaries" (Walton-Roberts, 2020: 2324, Guevarra, 2010) that review, certify, and convert nursing credentials (Ronquillo et al., 2011; Lorenzo et al., 2007; Masselink & Lee, 2013) to ensure their alignment with the professional requirements of the global market (Walton-Roberts, 2020).

Migrant nurses are embedded in the global care chains (Hochschild, 2014), a complex transnational web that involves the transfer of care between households from low- and middle-income states to more affluent states or regions that create complex class experiences for the migrants (Parreñas, 2001). The concept has since been extended to involve institution-based care in hospitals, schools, religious organisations, and brothels (Yeates, 2005).

The global care chains illustrate the "profoundly asymmetrical" interstate system marked by "a highly unequal economic geography" (Aguilar, 2014: 53). Affluent states increasingly rely on low to middle income states to produce and supply care labourers to address care labour shortages in the Global North. Care work has become an unappealing and unfulfilling personal and professional prospect for people from the Global North, especially among women, given the increased access to diversified work opportunities (Yeates, 2012). Moreover, although nursing professionals are highly skilled and highly trained workers (Robertson & Roberts, 2022) that

"provide professional patient care" and "perform complex functions and roles" (Marc et al., 2019:13), Global North citizens have a general perception that nursing is a low-paying and low-status job (Wu et al., 2015).

Conceptual and Analytical Framework

A number of influential studies on class over the last 40 years or so have conceptualised and operationalised class structures based on aggregations of occupations (Goldthorpe, 1981; Savage et al., 2015; Penn, 1981; Evans, 1992). The Goldthorpean class schema provided a comparative analysis of differences in workers' "employment and payment conditions and future prospects" (Evans, 1992: 211), which Savage et al (2015) further refined to include workers' possession of economic, social, and cultural capitals. While these are valuable in mapping class structures and understanding class characteristics and hierarchies, these are not fine-tuned to understand the micro experiences of occupational groups for a better appreciation of class processes that generate stratification and inequalities as experienced by the workers themselves, the role of agency in such class processes (Marshall et al., 1988), and how the individuals interpret their experiences.

The article diverges from the study of "institutionalised big classes" (Jonsson, et al., 2009: 982-983; Penn, 1981; Savage, et al., 2015), by focusing on nurses as a microclass group. Microclasses are defined as specific "institutionalised occupations" (Jonsson, et al., 2009: 983) or "granular occupations," that pursue distinct "economic interests" (Gil-Hernandez et al., 2023: 1), but also share similarities with occupations belonging to the same occupational categories (Marshall et al., 1988). Microclasses enable us to study "'real' social groups" and not just "nominal" (Erikson et al., 2012: 211) theoretical groups. Microclasses serve as sites of "production and shape individual values, life chances, and lifestyles" (Erikson et al., 2012: 211). Because microclasses belong to the same professional field, it facilitates a more focused examination of both their shared and divergent interests and life experiences, which provides a more focused understanding of their class situation. Nurses are an ideal case study as a microclass group of reproductive labourers because they do not directly participate in capitalist production, instead play a supporting role in the reproduction of capitalist labour. They are employed in state, corporate, and family owned institutions. And lastly, unlike most care labourers, they are highly skilled, middle-class professional workers.

The article adopts a translocal frame, veering away from a nation-state-bounded class analysis (Goldthorpe and Marshall, 1992; Savage et al., 2015) that have been described disparagingly as methodological nationalism by Wimmer & Glick Schiller (2003). Extant class studies mainly

focus on stratification within the state (Rye, 2019; Weiss, 2005), which serves as an insufficient framework in the face of people's heightened mobility, global labour migration, and the global and transnational integration of capitalism (Robinson, 2005).

There has been an uptick in the number of transnational studies on migrant class over the last 20 years that have examined contradictory class locations (Parreñas, 2001), the performativity of middle-class identities and their divergent lifestyle trajectories (Stock, 2023), the changing economic and cultural capital in migration space (Rye, 2019), the effects of transnationalisation on habitus formation (Carlson and Schneickert, 2021), the dynamic nature of cultural capital in the migration sphere (Erel 2010), and the complex positioning of the material and symbolic aspects of class (Cederberg, 2017). These works have mostly used a Bourdieusian frame of analysis in analysing the transnational class of migrants. This article veers away from this by addressing the occupational conditions (Wright, 1985) of nurses, which is not only linked with the acquisition of economic capital (Savage, 2015) but also structures their work conditions and their life chances (Breen, 2005). Occupational conditions are seldom explored in migration class research, especially in the context of professional workers.

In traditional class analysis, social class refers to "a structural position (and therefore a set of relations) and the processes of structuring such a position vis-à-vis the ownership, control of, or access to productive assets and resources" (Aguilar, 2014: 53). However, Aguilar (2014) also notes that in the material world, the structural position and the processes involved in structuring class position are complex and cannot be neatly compartmentalized; hence, the need to nuance its discussion. One of the potential sources of this complexity are the various institutional and national affiliations of migrant labourers, which structure their experience and how they interpret their experiences.

Position refers to a "location of an individual in a societal division of labour and a stratified structure of wealth" (Kelly, 2012: 156). The article looks at the position and the processes (Kelly, 2012) that undergird the "employment relations" in the "labour markets and work organizations" marked by differences in the distribution of resources, and the possession of assets (Breen, 2005) that create experiences of inequalities and exploitation for workers (Wright, 2005: 3).

Translocality is a key aspect of nurses' class position. Translocality is concerned with "local contexts and the situatedness of mobile actors" and the "interconnectedness between places, institutions and actors" (Greiner & Sakdapolrak, 2013: 374-375). As nurses move across transnational space, class conditions change. Translocality is a variant of "grounded

transnationalism" (Brickell & Datta, 2011: 3), where connections to different "territorial spaces," "national welfare states," and "specific systems" and "organizations" (Weiss 2005: 711-712) and their relationship to each other are considered in the analysis. Cognizance of spatial relationships enables the comparison of "social positions on a world scale," (Weiss, 2005: 712).

The article looks at nurses not simply located in a nation-state but recognises their affiliation to various institutions owned and/or controlled by central or state governments, corporations, or individuals and whose operations come in diverse scales and sizes. Moreover, they exist in a field governed by neoliberalism, a transnational political and economic discourse, that defines the roles of the state, capital, and labour and support through a development model that promotes the idea that competition engenders more competent and productive governance structures (Ganti, 2014; McGregor, 2008).

Process, on the other hand, is broadly concerned with the reproduction and appropriation of surplus labour or work that is beyond necessary to produce a worker's livelihood. Surplus labour creates inequalities and predisposes some workers to exploitation, subordination, or domination (Wright, 2005; Kelly, 2012) as surplus labour is extracted or appropriated from them for redistribution (Gibson-Graham et al., 2000). The principal recipients of profit are traditionally identified as the owners of capital, which does not fully capture the situation of nurses employed by both state and private institutions. Class processes also include the distribution of resources manifested through "sources and levels of income," the "degree of economic security," and chances for the workers to "attain economic advancement," (Breen, 2005: 36) better "standards of living, leisure, [and] material security" (Wright, 2005: 20).

In this article, the central role states play in the management, delivery, and regulation of both public and private healthcare institutions (Yeates, 2012) both as employer and as regulators of healthcare institutions are recognised. With global capitalism, states increasingly subscribe to neoliberal discourses that limit the state's "involvement in service provision," support private sector expansion, or reduce budgets for health care services (Mercille, 2017: 546). All of these are creating heterogeneities that produce discrete, but complex class experiences (Cederberg, 2017) and generate unequal labour outcomes for nurses (Therborn, 2001).

Research Methodology

The data for this article was derived from a larger mixed-methods project, composed of an online survey with 418 Filipino nurses all over Ireland, semi-structured interviews with 61

nurses, and qualitative social network data collected over a period of eight months. Only the in-depth interview data were used for this article given its focus on the qualitative differences in the occupational experiences of migrants. It is also the more apt method in unravelling class making processes.

Interview participants were drawn from surveyed individuals who agreed to be interviewed. They were asked detailed questions on employment, remittances, expenses, lifestyle upgrades, class status perceptions, and future plans, among others, all of which were derived from various conceptual and theoretical discussions on class (Sklair, 2011, Simpson, 1939, Breen, 2005). Data for this research was drawn from questions on employment conditions across different localities.

Interviews were conducted in Filipino, English, or both depending on the research participants' preferences. They were recorded, transcribed, and when necessary, translated. The principal researcher speaks both languages fluently, has native knowledge of cultural nuances of both languages, and has technical knowledge of the topic, which reduced translation issues. The interview data was complemented by field notes, informal conversations, and personal observations.

Transcripts were coded using NVivo with the conceptual and theoretical frameworks as an initial guide. From this, emerging themes related to class making practices and processes were identified. Representative and unique cases were used to illustrate similarities in experiences while distinctive cases were also brought forth. Analysis was carried out by determining and deducing the intended and unintended meanings of the respondents and relating them to social, historical, cultural, and economic contexts to provide explanations for their experiences (Willig, 2014).

The voices of respondents were allowed to emerge to gain access to their thinking processes that reflect or represent social structures, social context, and external reality (Bourdieu & Wacquant, 1992). The research employed reflexivity, which advocates "dialogue" and "intersubjectivity" between participant and the researcher (Burawoy, 1998: 14). Because people do not normally contemplate class, there is a potential disjuncture between one's objective experiences and the subjective interpretation of these experiences, which necessitates the researchers' intervention in the interpretation of these experiences (Eyerman, 1981). Such intervention facilitates connections to be made between individual experiences of the respondents to external structural events.

Lastly, the research proposal and instruments were reviewed and approved by a university-based ethics committee. Any identifying information such as names, places of work, and all other identifying details have also been removed.

Findings and Discussions

This section discusses how the nurses' experience of occupational class and how they interpret these experiences are largely shaped by their translocal connections to the host and home countries, their institutional affiliations, the global economic field and the economic frameworks states subscribe to, and the processes that are inscribed within and across these spaces. This section also discusses the shifts in the class position (Kelly, 2012) of nurses with their move from a middle income country to a high income country. The discussions on class position of nurses and class processes are integrated given the interrelatedness of the concepts (Kelly, 2012).

Disparate positions within classes

The experience of labour exploitation of the nurses in the Philippines is well documented (Ortiga, 2017; Ortiga, 2018; and Ortiga and Macabasag, 2021). What this article contributes is an explication of the situation of migrants based on their occupational conditions mediated by their institutional affiliation and geographical space connections.

The following sections discuss "earnings," "fringe benefits," "unemployment risks," and "work processes," (Williams, 2016: 155) looking both at "similar underlying job characteristics" (Williams, 2016: 153) and distinctions in their situations brought about by the nurses' different institutional affiliations and their movement across transnational space.

Transnational, state, and institutional induced exploitation

Most respondents were thrust into the infamous volunteer programme, a strategy instituted by the Philippine Government to address the periodic nursing surpluses in the years of great nursing demand and to address the resulting unemployment of nurses (Ortiga, 2018; Ortiga, 2017).

The programme was adopted by both public and private hospitals that took advantage of the surplus labour supply especially in the years when there was significant global demand for

nurses. In 2008, for instance, 400,000 licensed Filipino nurses competed for the extremely limited 60,000 nursing positions available in the country (Jaymalin, 2008). Desperate to obtain the necessary experience to find employment abroad, newly graduated nurses were forced to volunteer anywhere between three and 24 months to gain work experience to increase their chances of finding a full-time job in the Philippines or landing a job abroad. In the absence of options, the nurses could not interrogate the deeply exploitative (Kelly, 2012) labour practices that the state and their employers supported.

The volunteer programme conveniently ignored the newly minted nurses' labour rights, who performed unpaid work not just as supernumeraries but took on the workload of full-time nurses. newly graduated nurses, they occupied the lowest rung in the employment hierarchies or position (Kelly, 2012), marred by highly exploitative labour conditions. Because they needed experience for future work, they had little capacity to exercise decisions (Wright, 2005), let alone challenge the unfair system. The state's labour export policy and adherence to neoliberalist paradigms provided the state the impetus to continue encouraging nurse production, while supporting austerity measures that curtailed the creation of additional permanent nursing positions (Philippine Senate, 2015, Ortiga, 2018) to accommodate new graduates. In fact, the state only passed legal measures to stop the programme in 2011 with the issuance of Department of Health Memorandum 2011-0238, abolishing the Nurse Volunteer Programmes and Volunteer Training Programmes for Nurses. However, there are still ongoing reports of the programme's clandestine persistence, especially in the private sphere.

The volunteer programme enabled the government to cut back on manpower costs, while contributing to the profit margins of the private sector. For instance, the small private hospital where Julia worked in Mindanao only provided her free board and lodging in exchange for her services. Living in the facility meant her employers had access to her services 24/7, thrusting her into a position closely resembling the situation of an indentured servant. The minimal expenses of employers who engaged in the volunteer programme enabled the extraction of surplus labour that contributed to the profit gains of the hospital.

Additionally, volunteer nurses shelled out their own money for transportation, food, and sometimes, medical supplies that were used by their indigent patients. The lopsided distribution of resources negated the purpose of work for these young graduates, which is to earn a living and to achieve economic stability. Instead, employers benefited from their free labour, while future employers benefited from the experiences they accrued from work. In some cases, private and public hospitals even profiteered by charging the volunteers training fees in

exchange for practical experience. Thus, the state and private institutions colluded in the unjust distribution of resources (Breen, 2005) that compromised the welfare of many newly graduated nurses.

The tiered resource distribution

The low health expenditure of the Philippine Government in relation to the GDP, resulting from its subscription to neoliberalist paradigms (Paterno, 2013) and the availability of surplus workers, also led to cavalier attitudes towards meaningful reforms in nursing labour force recruitment. In fact, nursing staff shortages are estimated to number to approximately 120,000 to 350,000 nurses (Devereux, 2023) despite the number of unemployed graduates. It was only during the Covid pandemic, when nurses started resigning and emigrating collectively, budget was allocated to hire additional nurses. From 2014 to2020, the Government's health expenditure capita, PPP is €299 based on World Bank data, which indicates the lack of resources and the low priority given by Government to the provision of healthcare.

Nurses who manage to land permanent posts in public facilities receive better salaries and benefits packages, which puts them in a better and more elevated position than those working for the private sector. Interestingly, the shift to neoliberal policies by the Philippine Government has led to the increasing privatisation of healthcare where private hospitals now outnumber public hospitals at 3:2 based on DOH data, which implies more and more nurses now deal with the lower salaries from the private sector.

Neoliberal policies have also led to budgetary cuts for tertiary hospitals, the decentralization of management and fiscal authority, outsourcing services to cut down on the costs of running health services (Paterno, 2013), and the conversion of some public healthcare facilities into government owned and controlled corporations (GOCC). GOCCs are publicly funded but have a commercial, profit-driven component. Interestingly, GOCCs offer higher salaries and benefits for nurses.

The greater latitude for economic and material security (Breen, 2005) for the publicly employed creates discrepancies in the economic class conditions between those in the public and private sectors (Cederberg, 2017). However, with the neoliberal-related fiscal austerity programmes of the state, permanent positions are scarce, which makes application highly competitive and prone to nepotism. In some cases, nurses were compelled to pay for several training programmes to get noticed and hired by GOCC hospitals.

Those granted full time posts in government tertiary hospitals cling to their post for a longer period given the better material security they offer. As of 2023, entry level government nurses receive a €609 monthly salary, while a Nurse VII who has reached the top of the salary scale receives a €1,678/month (Philippine GO, 2023), a relatively decent salary by Philippine standards. However, it takes years to reach that level. Nurses have urged the government to raise the starting salaries of public sector nurses to €832, however, the government (Thomson Reuters Foundation, 2023) often only raise salaries marginally to cover the rising costs of living in the country. While neophyte public sector nurses receive higher salaries than those in the private sector, the salary "wasn't enough for a growing family," according to Tess who worked for a large public hospital in Manila. In other words, despite the wages being higher, it was still inadequate to improve the nurses' standards of living and to achieve material security.

Further complicating the situation of nurses is the devolution of the management of most healthcare facilities to local government units (LGU), which puts nurses in another position of exploitation. With devolution, local governments are authorised to decide on staffing and staff hiring. Budgetary constraints at the local level have generated "spot contracts," typically reserved for "semi-skilled and lower-skilled occupations" whose work responsibilities are output-based and whose positions have no opportunities for career advancement (Williams, 2016: 154). Employment relations-wise(Breen, 2005), LGUs hire nurses as casual workers where their salaries are equivalent to salaries of non-nursing professionals. They also have none of the entitlements of tenured nurses. In other words, nurses nominally occupy posts that are on a work-as-needed-basis such as clerks or street sweepers but work as licensed nurses in LGU-operated hospitals. This undervalues their status as highly trained professionals, thus, downgrading their social class. Because such posts are paid for using reallocated funds, when funding dries up, these nurses are the first to be retrenched. Thus, the relationship between the LGU and the nurse is temporary and resource dependent.

Private hospitals, whose salary schemes and hiring practices are unregulated by the state, on the other hand, offer more contractual positions instead of permanent ones. Nurses are kept on cycles of six-month contracts, after which they are replaced by new nurses, aided by the availability of surplus workers (Barber, 2018). Private employers expropriate their labour (Gibson-Graham, 2000) for a fixed term, which frees the private corporate owners from obligations of providing salary increases and benefits. The deregulation of private corporate salaries has also given these institutions the liberty to determine staff salaries. For instance, province-based private hospital nurses earned less than half the amount received by those working for bigger hospitals in the cities, even though the costs of living are increasingly becoming similar across the country.

Work conditions: Private vs public

The severely limited number of public hospitals in the Philippines (n=721) vis-à-vis its 113.9M population often translates to overly congested public hospital facilities. In the better-funded Philippine General Hospital, Tess dealt with a nurse-to-patient (NPR) ratio of 1:16 in the medical surgical ward (Sharma & Rani, 2020), which are still considered good numbers by public sector standards. Adrian who worked for a public hospital in one of the poorer provinces and Linda who worked for a well-known public maternal hospital in Manila contended with NPRs upwards of 1:50. Thus, while public sector nurses are paid larger salaries, the workload is often heavier and more stressful and dangerous for both patients and nurses. In terms of processes, salaries are higher but surplus labour (Wright, 2005) is extracted from them in the name of fiscal efficiency.

The patient-oriented nature of private hospitals meant lower NPRs as with Lisa, who dealt with a ratio that ranged from 1:6 up to 1:8 in a well-known private hospital in Manila. However, while patient numbers are much lower than the public sector, nurses deal with lower salaries, thus extraction of surplus labour is also operational here (Wright, 2005). Karen, who worked for the intensive care unit (ICU) of well-known private hospital in Metro Manila dealt with a dangerously high NPR of 1:3. Karen explains the conflicting class interests of hospital owners and staff:

> Because it was a private institution, the turnover of nurses was very high because [the hospital was] not interested in keeping nurses permanent. Everybody is offered a six-month contract. When their contract ended, management usually offered to renew their contract [for another six months]. This resulted to [staff shortages]. With fewer nurses, we have accepted we would stay for 16- to 20- hour shifts, without proper compensation and work in dangerous conditions with three patients for each nurse in the ICU.

Interestingly, the unequal distribution of resources and the failure of the state and the private enterprises to promote the national class interests of the nurses have all conspired to fuel the nurses' transnational movement to more developed states.

Occupational conditions in a developed state

The first Filipino nurses in Ireland arrived in 2000 when the Irish Government welcomed foreign trained nurses to work for its healthcare facilities. Overseas recruitment was designed

as a temporary measure to address the nursing shortages when the revision of the nursing curriculum left the country without nursing graduates for a few years; however, the continuing emigration of Irish nurses to other industrialised states and the low numbers of nursing graduates have made this a persisting strategy over the last 20 years (Humphries, Brugha, & McGee, 2012). The diverse occupational opportunities, the lower pay scales for nurses vis-à-vis other professions, and the public perception of nursing as a low status profession (Rodriguez-Perez, et al., 2022) are increasingly dissuading Irish students from taking up nursing. On the other hand, better resource distribution and work conditions in Middle Eastern countries and Australia have encouraged the emigration of younger Irish nurses to these countries.

The initial Filipino recruits were drawn from Middle Eastern hospitals, but soon expanded to include those directly coming from the Philippines. To address the competitive labour market where nurses are lured to work in popular destination states such as the United States, United Kingdom, Australia, Canada, or Singapore, the Irish state instituted more lenient credentialing systems and offered competitive salaries compared to other destination countries such as the Middle East that pay Filipino nurses lower wages than European and North American nurses.

Migration and upward social mobility

As a high-income state with higher standards of living, Filipino nurses expectedly experience an exponential appreciation of their salaries and benefits in Ireland. Asset differences (Breen, 2005) between the two countries reflecting existing hierarchies in the international division of reproductive labour create considerable differences in the working conditions and economic capital of nurses from the developing and developed states. The newfound wealth of Ireland has allowed the country to invest substantially in healthcare. For instance, Ireland spends €5,528 per capita on health, more than the OECD average of €4,558 according to the OECD Health at a Glance 2023 Country Note. This is markedly higher than the health expenditures of the Philippines. The decent investments on healthcare by the Irish Government have translated to improvements in resource distribution (Breen, 2005) giving migrant nurses greater fiscal stability and comparatively better work environments that improve their transnational lifestyles and life chances. The tiered global economic system enables migrant workers to experience significant class mobility and improvements in their work conditions with migration.

An entry-level public sector staff nurse in Ireland receives a €2,766 monthly gross salary, while a senior nurse who has reached the top of the salary scale receives a maximum of €4,440 per month based on the Irish Nurses and Midwives' Organisation (INMO) 2023 nursing salary scale. This is a significant jump in their salaries in the Philippines. The salary scales are applied to all public sector facilities regardless of the location and type of healthcare facility (i.e., hospital, nursing home, residential care, etc.). In addition, nurses receive periodic and merit-based salary increases that change the "class character" of the nurses' job once they are promoted to higher posts (Wright, 2005: 17).

Interestingly, the neoliberal paradigm of the Irish state (Durekelow, 2015) has led to the deregulation of private sector salaries. Ireland has been described as a mix of a developmental state and competition state, which involves an interventionist state that prioritises welfare delivery and a state that promotes "enterprise, innovation, and profitability in both public and private sectors" (Kirby & Murphy, 2010: 23). This has worked to the nurses' advantage as nurse shortages have impelled corporate hospitals and nursing homes to match or sometimes even exceed the public sector rates, opposite to what's happening in the Philippines where the surfeit of nurses has resulted to lower wages for them. They do this to divert public sector applicants to the private sector. However, the caveat is that salary increases are not as regular as the public sector's and they offer fewer benefits, which create resource disparities (Wright, 2005) and life chances between the publicly and privately employed nurses. Moreover, salary increases are also hinged on the company's profitability, on the nurses' productivity and performance, and other market force considerations, which means financial stability is not as guaranteed as with public sector institutions. All these highlight the profit oriented nature of private facilities.

In the early years of nurse migration, larger private sector hospitals offered exceptional benefits. Rex, who arrived in Ireland in 2002, enjoys a 2-3 percent annual salary increment (even for nurses on top of the salary scale), stock options, participation in corporate decision-making, a private pension scheme, private health insurance, and discounted hospital procedures. The favourable market condition pre-2008 economic crisis, plus the need to attract nurses, enabled these hospitals to offer such benefits. However, benefits like these had been dialled back for nurses who arrived post-2008 economic crisis. This is similar with the experiences of public sector nurses who arrived in Ireland pre-2008 and who stand to receive better pension packages than those who arrived post-2008 when considerable fiscal adjustments were implemented by the Irish state. Thus, economic shocks create what Wright (2005: 18) calls the "temporal indeterminacy or uncertainty" in the economic conditions of

workers. Thus, there are also temporal and event-based elements that create instabilities in the occupational class conditions of nurses that result to austerity measures that impact nurses.

Salaries in some family owned and smaller corporate private nursing homes are lower than the HSE published rates. Minda shares her experience in a small town nursing home,

> I worked for a private nursing home that did not follow the standard rates for nurses. Normally, the starting pay should be based on the years of [work] experience. The company did not follow that…I was receiving €18.5 per hour. [Later, I found out from friends that] it should have been something like €21.

And this is not an isolated case as several nurses working for privately owned nursing homes shared similar stories. In a few cases, nursing homes pay nurses daily wages, which means they have no sick day payment schemes that expose these nurses to layers of financial insecurities, especially that the nurses' public medical card in Ireland only entitles them to subsidies for public hospital services but not for GP and primary care fees. Furthermore, some private sector nursing homes only offer two year renewable contracts, which denotes nurses neither have security of tenure nor benefits to look forward to in the future.

The fewer benefits in private facilities both have short- and long-term consequences on nurses' economic welfare. For instance, the deregulation of private facilities means they have no mandate to provide pension schemes leaving to the nurses' discretion to personally take out one. Nurses who have remaining financial obligations to the family left behind forego enrolment at the outset to preserve their net pay because they prioritise the short-term goal of taking care of the family's day-to-day needs over their long-term welfare. Without institutional support, nurses are left to choose options that have negative repercussions on their future financial position. In some cases, the drive is to move to public sector institutions or countries that offer better work conditions.

Thus, like in the Philippines, nurses find themselves in positions fractured by differences in resource distribution (Breen, 2005) based on their institutional affiliation.

The (un)fulfilled promise of improved work conditions

With the better funded Irish hospitals, nurses experience a drastic reduction in their patient ratio where NPR in public sector medical surgical wards range from 1:6 to 1:14, which is similar to NPR of Philippine private hospitals. The NPR not only correlates to the quality of care given to patients, but also determines their workload, welfare, and well-being (Qureshi, et al., 2019). There is no firm agreement on the ideal NPR (Aiken et al., 2014; Spetz, 2004; National Nurses United, 2021). For instance, American medical chain Kaiser Permanente, the Service Employees International Union Nurse Alliance, and the United Nurses Association of California/AFCSME implement a 1:4 NPR in (Greenberg, 2006) medical surgical units to ensure patient safety and the protection and satisfaction of nurses. Respondents who worked for better funded Middle Eastern hospitals cite a 1:5 NPR, while Irish nurses who emigrated to Australia cite a 1:4 ratio (The Journal, 2023). Irish nurse emigres indict the Irish state for allowing dangerous working conditions to persist, which they blame for the continuing emigration of Irish nurses (The Journal, 2023). A nursing faculty from a top Irish university, meanwhile, countered that the acceptable ratio is 1:8 despite studies showing that high patient ratios contribute to burnout, job dissatisfaction, nurse attrition (Shin, Park, & Bei, 2018), and the continuing flight of Irish nurses. This indicates that exploitative conditions also persist in the developed world, albeit in a more benign form, especially in states like |Ireland that is governed by the global neoliberal agenda (Ganti, 2014).

Curiously, the way a migrant nurse weighs in on their experience of occupational class depends on the migrants' dual frame of reference where migrants evaluate their conditions in the host country based on their previous experiences in other geographies (Reese, 2001; Waldinger & Lichter 2003). Lisa who works for a Dublin public hospital but initially worked for a top private hospital in Manila explains:

> I was so surprised…maybe because I was from [name of private hospital]. When I arrived in Ireland, I thought things would be different because you are in [a] first world [country]. I was assuming that staffing would not be an issue. But it is.

Nurses who come from severely understaffed public hospitals in the Philippines, meanwhile, find the NPR in Ireland acceptable. They grumble about their workload, but also justify the volume of work by comparing it to their work conditions back home. Thus, their dual frame of reference as migrants creates blinders over their occupational class conditions as they

disregard the deteriorating NPRs in Ireland since the 2008 economic crisis. In contrast, Filipino nurses who previously worked in the Middle East and who were exposed to ideal patient ratios recognise the workload in Ireland for what it really is. Some nurses who have acquired Irish citizenship, in fact, have moved back or are considering relocating to the Middle East given the lighter workload and the superior salary packages provided to EU citizens by Middle Eastern hospitals.

Interestingly, short staffing was not an issue in the early years of Filipino nurse migration, when the Irish state was still reaping the fruits of the Celtic Tiger years. Qualitative changes in the staffing pool happened post 2008, when the HSE Employment Control Framework of 2009 limited nursing recruitment to the most necessary nursing staff for public hospitals, restricting nurse recruitment to critical public hospital frontline posts. The Framework is a component of the austerity programmes that were formulated as a response to the economic fallout and as part of the structural reform package prescribed by the EU-International Monetary Fund for the public sector, including healthcare (Mercille, 2018). The Framework called for the "optimal use of existing staff" (Nolan et al., 2014) by increasing work hours from 37.5 hours to 39 hours/week. still emigrated to Ireland but on a greatly reduced capacity. Only nurses who perform critical frontline posts were allowed to enter Ireland. Instead of recruiting new nurses, the HSE opted for a redeployment strategy involving the reassignment of nurses to other hospitals with staffing needs within a radius of 45 kilometres (HSE HR Circular 005/2013 Employment Control Framework). However, none of the respondents experienced this. Hiring resumed in 2015 but still has not kept up to the demand (Ryan et al., 2018) while the 37.5 hours/week work hours of public sector nurses was also reinstated in July 2022 (INMO, 2022). Filipino nurses who arrived in Ireland pre-2008 have been in Ireland long enough to feel the qualitative differences in staffing numbers before and after the 2008 economic crisis. In all these we see both global and state forces impact the labour conditions that nurses face with the interests of economic efficiency (Ganti, 2014) taking precedence over the nurses' welfare, even in economically advanced states.

Also contributing to the short staffing was the flight of foreign nurses in the mid-2000s with the employment restriction against spouses of nurses (Irish Examiner, 2004) and the continuing emigration of Irish nurses (The Journal, 2023). The worsening patient numbers is also due, in part to the growing Irish population, brough about by global migration given its strong economic fundamentals, according to an Irish Times report. These have contributed to increased workloads in public hospitals particularly in the medical surgical wards.

The impact of the worsening NPR on nurses is described by Arthur who works for a public hospital in a rural hospital taking care of disorientated, dementia patients. Although the NPR is just 1:6, he shares his reflections on being a sole nurse assisted by one case assistant in taking care of six elderly patients:

> If they become aggressive at the same time, it will require at least two people to calm them down. You cannot turn a bed bound patient by yourself, it's difficult. There are patients who require two people to change their pad, get them to the [toilet] seat, or take them to the commode. On top of that, you need to medicate them. If you need to give antibiotics another [nurse] countersigns this. If you need to give insulin, you also need this signed off. Worse, you have to chase after the nurse to sign off the paperwork, [which means you have to leave the patients by themselves].

Nurses employed by privately owned nursing homes have it even worse in terms of workload. Benjamin, for instance, handles 30 patients in a private nursing home assisted by one care assistant when there should at least be six to support him given the varying mobilities of his patients and the physically demanding and bedside nursing-intensive work of geriatric caregiving. According to Benjamin, staffing numbers were significantly trimmed down to reduce operation costs. The situation in nursing homes also reflects the effects of the ongoing takeover of nursing home services by for-profit institutions in Ireland (Mercille, 2013). While public hospitals (48) continue to outnumber private hospitals (21) based on HSE figures, this is not the same for nursing homes. Around 80 percent of the nursing homes are now owned by private corporations and small family-owned businesses (Department of Health, 2022). This has translated to wage and benefits differentials between nurses in the public and privately owned nursing homes.

Conclusions

The article uncovered complexities in the class formation and class conditions of migrant nurses as a microclass group. It looked at the similarities in their occupational conditions, but also uncovered differences among nurses within and across different institutions and states. It also looked into the processes involved in the forging of their class conditions. Disparities in their occupational conditions across different institutions and states are borne by different things: the disproportions in the resources between the developing and the developed world, the different natures and thrusts of the public and private institutions they work for, as well

as the resources and motives that animate the operations of the healthcare facilities. Thus, the class conditions of nurses are fractured on different levels: at the level of states and at the level of institutions such that those working for public facilities generally have a larger share of resources than those working for private sector facilities.

The similar experiences of neophyte nurses of the exploitative extraction of surplus labour marked by the "unequal distribution of power [and] resources" (Rye, 2019: 28) in a lower middle income country created the initial conditions for the class formation of nurses as a transnational class of reproductive labourers. Nurses take advantage of the opportunity to migrate to economically advanced states, buoyed by the promise of upward social mobility. The initial push for transnational migration is a result of state policies that promote spending cuts, the deregulation of the private sector, and the labour export policy. The existence of the international division of reproductive labour that link low to middle income to high income states in the production and supply of nursing labour has also facilitated such class formation. However, this has also created the conditions and structures by which nurses opt to take individual private solutions to structural issues brought about the neoliberal policies of the state towards healthcare. Through individualisation (Neilson, 2018) of responses, political formation and action are eschewed since a more immediate and practical solution to their experiences of exploitation are structurally available.

The article further probed the occupational class conditions of nurses in Ireland, noting the differences in the institutional work conditions of nurses, but also noted similarities with the situation of nurses in developing countries, albeit on a different scale and magnitude. The article argued that while the work conditions in Ireland improved, the nurses find themselves affected by global capitalist and neoliberal discourses. They disregard this given the marked improvement in their conditions with the better economic fundamentals of Ireland. Even as occupational conditions in Ireland deteriorate with economic downturns and state austerity policies, their comparative conditions back home create myopia towards the vulnerabilities of their occupational conditions. While this has led to the flight of Irish nurses to countries that foster better labour conditions, they are being replaced by nurses from low to middle income states with inadequate labour standards and who are more accepting of the work conditions in Ireland. Thus, the structure itself lends to the misrecognition of their condition of their class under neoliberal regimes. Although they experience similar conditions lending to experiences of exploitation, the marked differences in labour conditions brought about by the differences in the economic fundamentals of both countries obscure chances of solidarity towards transnational political action. This is something that should be further explored in research, particularly comparing the situation of Irish, Filipino, and other overseas trained nurses under neoliberal regimes.

The vertical cleavages in salaries and workload among nurses within and across institutions and states underscore the complexity of class positions and class conditions of nurses as a microclass group. While they have disparate occupational class conditions, structural forces create similarities in their experience of surplus labour extraction and exploitation, which some nurses have curiously addressed through transnational movement. Interestingly, the tiered global system also provides them solutions to the structural issues they face by providing them the avenue to solve their class issues privately through movement across institutions or through migration to states with better labour conditions.

3 Upward mobility and class inequities among Filipino migrant nurses

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Using Bordieusian class analysis, this mixed-methods study examines the nuances in the upward mobility of Filipino nurse migrants in the Republic of Ireland as they move from the Philippines to Ireland. We illustrate how the transnational connections of nurses create cleavages among them as a micro-class category in the host state and argue how the social class position of the family continues to impact on the class conditions of migrants – especially those from lower income backgrounds. In contrast, the financial independence of higher income families leads to better life chances for nurses allowing them to invest in additional economic capital, pursue personal projects, and improve their symbolic capital. This can be described as the social reproduction of inequality on a transnational scale, which has repercussions on the present and future class conditions of migrants. The paper contributes to discussions on class conditions and mobility from a transnational frame.

Keywords: *Filipino nurses, Ireland, middling migrants, class conditions, transnationality.*

CARMEN, A DUBLIN-BASED FILIPINO NURSE works as a manager for a large public hospital in Ireland. In her newly bought Dublin home, her bag and shoe collections are lined up on a wall. Many of them are high-end brands whose prices range from hundreds to thousands of euros. Her closet also contains her collections of luxury apparel one would normally see in magazines or clothes racks of high-end shops. Since she has had no financial obligations to her upper middle-class family back home (her father was a doctor who owned a small private hospital in her home province), she was also able to save up and buy a house with her central Asian husband, who runs a thriving importation business in Dublin. Although her privileged situation is not the norm for all nurses, it illustrates the possibility for substantial upward social mobility for middling migrants abroad. Carmen belongs to a class of migrant professionals from developing countries, who possess the cultural capital to unlock "social and economic capital," pursue "lifestyle experiences" (Robertson and Roberts, 2022: 2-3), and convert their cultural and economic capital to symbolic capital as highly skilled professionals employed in industrialised economies (Bourdieu, 2013).

Migrant nurses are distinct from the archetypal unskilled, low-waged manual labourers from developing countries (Parreñas, 2001; Islam and Cojocaru, 2016) and elite transnational migrants, who possess wealth, privilege, and clout (Sklair, 2000). They are "skilled," "educated," "globally mobile," and relatively well paid non-elite denizens (Smith and Favell, 2006: 6) who belong to a category called middling or middle-class migrants, whose class location rests in the middle of the two aforementioned migrant groups. They share similarities with settled middle-class populations (Wee and Yeoh, 2021), but are set apart by their transnational context that shape their experiences as workers differently.

Traditionally passed over in research due to their heterogeneity, fragmentation, and wavering class allegiances and positions, the middle-classes came into the forefront of research in the 1980s (Burris, 1980; Hamnett, 2003). Estimated to reach two billion by 2030 (Das, 2009), the growth in their numbers has coincided with the improvement in international wealth and living standards in the post war era; the adoption and appropriation of "values, habits, and lifestyles" associated with the West (Lange and Meier, 2009: 2); and labour and lifestyle migration motivated by economic goals, "choice, affluence, and self-actualisation" (Robertson and Roberts, 2022: 2). The growth of the middle-classes has also fuelled consumerist culture (Lopez and Weinstein, 2012; Lury, 1996) that indicate the possession of disposable income to achieve prestige and status. A caveat here is that the middle-class group that is being studied in this research is part of a more specific microclass group, which are migrant nurses. They are not treated in this article as part of the more amorphous middle-class group composed of different groups

of people belonging to different occupational groups who possess similar socioeconomic and lifestyle experiences.

However, despite the surge in their numbers worldwide particularly from the 1950s to the 1980s, the class location of the middle-classes has never been as insecure. While capitalism has brought about an increase of wealth across different groups, the middle-classes from the world over (Kocchar, 2017) have been subject to intermittent economic insecurity (Sassen, 2013). Composed of a wealthier and more disadvantaged groups (Sassen, 2014), the latter group is highly prone to economic shocks. Unlike middle-classes from the Keynesian era who benefited from robust social benefits that buffered their experience of economic shocks, current day middle-classes are increasingly subjected to economic insecurity brought about by diminished state support and government neoliberal discourses. Neoliberal capitalism from the 1980s onwards (Kotz, 2009) and the diminishing role of the welfare state (Schram, 2015; Sassen, 2014) have made them increasingly vulnerable to financial insecurities.

The growing research interest on middling migrants is a more recent phenomenon, a refreshing break from the focus on elite and marginalised migrants in class research (Scott, 2019). Research works on middling migrants re-examine serial migration and locational mobility (Wee and Yeoh, 2021); the depreciation of class identities with migrant movement from developing countries to more prosperous states where migrants occupy low status jobs (Adler, 2022); the assertion of "local middle-class belonging" through the performance of gender and ethnic roles (Takahashi, 2022: 148); and middle-class lifestyle migration to maximise economic capital that allows them to fully express their middle-class habitus (Osbaldiston, 2022). Other works examine the occupational class of migrant nurses and how their institutional affiliation (public vs private) create cleavages in their class conditions of within and across states. This article examines another layer of "complexity" (Erel, 2010: 664) in the migrants' class conditions by probing social mobility processes in a transnational context.

The article answers the question: How are the socioeconomic class conditions of migrant nurses impacted by their transnational context and the various fields they belong to? This article looks at how their transnational existence create divergent and heterogeneous class conditions that create privilege in some, and disadvantage in others. This is important because physical space "indicate the absence or presence of contexts of access and of possibilities of choice," which create complexity in their class experiences (Milanovic, 2016: 452). It examines aspects of the lives of migrant Filipino nurses in the Republic of Ireland (henceforth, Ireland) to illustrate how connections to geographical or physical space and specific fields reinforce or constrain their lifestyle choices, opportunities, and life chances. At the outset, the article argues

Filipino nurse migration as largely a middling migration phenomenon involving middle-class nurses who are driven by aspirations for upward social mobility. However, upward social mobility is not a straightforward process. The "standards of living," "material security," and the choices migrants make (Wright, 2002: 28) are contingent on various factors that create within class differences in their class conditions.

Filipino nurses in Ireland offer a good case study of a micro class category of migrant workers. They are highly skilled migrant healthcare professionals from a middle-income country who pursue social mobility in a high-income country. Around 5,560 Filipino nurses work in Ireland based on the 2020 Nursing and Midwifery Board's records. They augment workforce shortages and address the expanding healthcare needs of the country (Humphries, Brugha, & McGee, 2008). Filipino nurses generally receive better wages in Ireland than in the UK or the Middle East. The country also ranks 13th in the European Union in terms of standards of living related to the consumption of goods and services including health and education services (Taylor, 2021). All these open possibilities for economic advancement for migrants and their families.

Theoretical Framework

The micro-class category refers to specific "institutionalised occupations" that are distinct from "institutionalised big classes" (Jonsson et al., 2009: 982-983). Savage (2015) and Goldthorpe and Marshall (1992) classified the latter into occupational aggregations where professionals occupy mid-level positions different from unskilled manual workers and those occupying high level positions (Savage et al., 2013). Jonsson et al. (2009) note that micro classes (e.g., nurses, doctors, or accountants) serve vital functions in the social reproduction of classes. Micro class groups exhibit processes (e.g., interest formation, class consciousness) and traits (e.g., practices) displayed by big classes (Jonsson et al., 2009), allowing us to study class and its processes on a smaller scale.

Bourdieu holds that class analysis "cannot be reduced to the analysis of economic relations" alone, but also involves the examination of "symbolic relations" that distinguish people's lifestyles and status (Weininger, 2005: 84). It examines the larger constellation of social relations, while looking at class as a process that cannot be separated from individual experience and perspective (Cederberg, 2017). Analysis focuses on actual class making processes in the "symbolic and cultural" and "social or material realms" (Amelina and Schäfer, 2023: 3, Weininger, 2005, Bourdieu, 2013) to uncover class complexities and to avoid viewing "'classes' as 'given entities'" (Amelina and Schäfer, 2023: 3).

Highly skilled workers with globally recognised, institutionalised cultural capital (Weiss, 2005) like nurses acquire economic capital in the migration field associated with the middle-classes (Ho, 2011). This allows nurses to engage in distinctive middle-class lifestyles that provide them symbolic capital (Bourdieu, 1984) to demarcate themselves from other class groups (Weininger, 2005). These can be seen through lifestyles, lifestyle choices, and life chances (Moore, 2008: 110; Oliver & O'Reilly, 2010) that mark their social status (Bourdieu, 2013).

"Economic, cultural and social resources" enables migrants to achieve upward social mobility that leads to improvements in living standards enough to enjoy "leisure, material security, and other things" (Wright, 2002: 28). On the other hand, possession of objective capitals such as land properties, designer clothes, house décor (Bourdieu, 2013), and artefacts imbued with symbolic value (Moore, 2008) become emblems of upward social movement.

Interestingly, Carlson and Schneickert (2021: 1131) assert that the habitus or dispositions of people are forged heterogeneously in the transnational field, which belies the idea of habitus being a "homogenous totality." As a result, migrants develop "multilocal, inconsistent, and instable class identities" (Rye, 2018: 27). Furthermore, the multilocality of class means that migrants are inscribed in different class structures at the same time (Rye, 2018). This paper further unravels such heterogeneities and complexities by looking at class processes involving the transformation of economic and symbolic capitals in plural locational contexts (Cederberg, 2017).

While location in the social hierarchies is socially reproduced (Crossley, 2008; Jonsson, et al., 2009); however, the process and outcomes are neither certain or inevitable (Stock, 2023). Differentiation occurs because human action and interaction occur in different physical spaces (Reed-Danahay, 2020) and different fields that have distinctive rules of the game (Thomson, 2008). Moreover, migrant capital conversion processes occur within an elaborate context that involves the convergence of structural, institutional, and personal factors (Erel, 2010 and Stock, 2023). Stock (2023), for instance, looks at how cultural capital is converted transnationally through adaptation to local contexts. The field consists of "objective, historical relations between positions" (Bourdieu, 2013: 16) that engenders specific normative practices and principles (Weininger, 2005). It is a social space that opens or obstructs possibilities for people to attain "rewards, gains, [or] profits" or experience "sanctions" (Weininger, 2005: 87; Thomson, 2008).

Social mobility processes in the context of the global care chains will be examined in this article. This global network connects low to middle income and high-income states and institutions into a transnational care labour and commodity chains (Yeates, 2004). It connects workers to different concrete locations (Reed-Danahay, 2020) that extend their "reference

frames for their actions (Nowicka, 2013) and structure their experiences. Kim (2018: 279) further underscores how capitals are "constituted and reconstituted" amidst "relational" and "political" processes. In this article we regard the processes to occur within political and economic fields that additionally serve as contexts that actively shape migrant class conditions, creating varying levels of privilege and disadvantage among migrants. The embeddedness of nurses in these physical spaces creates nuances in their class location and their microsociological experience of their class conditions (Robertson and Roberts, 2022). Thus, this article examines the "micro-level" class experiences of migrants and the "macro" (Erel and Ryan, 2019: 259) transnational context and politico-economic fields that impact the class conditions of migrant nurses.

Research Methodology

Data for this article were derived from mixed methods research involving a survey and semi-structured interviews with nurses in Ireland. Mixed methods were deemed appropriate given people's possession of "resources and constraints that exist as 'objective facts'" and their "subjective" class experiences (Breen & Rottman, 1995: 454-455). The survey captured variables like "income, savings and house value," "leisure interests, cultural tastes, social networks, and economic situation" (Savage, et al., 2015), while the semi-structured interviews apprehended the complex connections between macrosocial structures and context-based experiences (Goldthorpe & Marshall, 1992). Research instruments were pretested and revised for clarity, coherence, and aptness. It underwent ethical approval by the Ethics Committee of the School of Social Sciences and Philosophy, Trinity College Dublin.

The 418 survey respondents were recruited through the authors' personal networks and the social media pages of various Filipino groups in Ireland. Non-probability, convenience sampling was utilised given the absence of a sampling frame of Filipino nurses in Ireland. Respondents answered a 20-minute online survey on Survey Monkey.

Purposive sampling criteria consisting of gender (male vs. female), position (junior vs. senior), and location (Dublin vs. non-urban settings) were used to select 61 interviewees from the survey participants. The selection was predicated on predetermined theoretical considerations: the underrepresentation of male nurse experiences in research (Yeates, 2012), the differences in the class locations of managerial and staff workers (Savage, et al., 2015), and the need to understand locality as a mediator of class (Robertson & Roberts, 2022). The criteria considered the intersectional perspectives and experiences of different categories of nurses (Onwuegbuzie

& Collins, 2007).The 61 interview participants were drawn from survey participants who expressed interest in participating in the research further. Lasting from 45 to 180 minutes, the interviews were done through Zoom, Facebook Messenger, or WhatsApp due to the Covid lockdowns.

Survey and interview questions revolved around multi-country work conditions, remittance practices, investment and settlement plans, consumption patterns, lifestyle upgrades, class status perceptions and experiences, discrimination, and future plans, among others. The interviews provided in-depth discursive understanding of the experiences of migrants (Creswell, 2009). Conducted in Tagalog, English, or both, the interviews were all recorded with permission and were transcribed and translated, as necessary, by the principal researcher who is fluent in both languages. Anonymisation and the suppression of identifying details were carried out to protect the respondents.

From the survey, consumption patterns in both Ireland and the Philippines were derived to determine the migration-induced changes in the nurses' economic capital and material properties. Descriptive statistics were derived using Stata.

Interviews, on the other hand, were analysed using NVivo. Initial coding involved using both pre-established (Creswell, 2009) nodes or codes such as socioeconomic situations in the Philippines and Ireland. Emerging themes were then identified from both qualitative and quantitative data. The article looked at how both sets of data corroborated or contradicted each other. Findings were then integrated to provide a better picture of the nurses' transnational class experience.

Findings and Discussions

Filipino nurse migration as a middling migrant phenomenon

Gaining a nursing degree in the Philippines requires considerable economic capital that Filipinos from lower class backgrounds normally have no access to. Nursing school tuition fees range from PhP12,145 or €204 (€0.017=PhP1 based on market exchange rates) per semester for provincial public colleges or universities to PhP130,000 (€2,181) per semester for private nursing schools (Find University, 2022). Additional costs for books, internship fees, uniforms, and other related expenses also have to be shouldered by the family. Alex, who hails from a less fortunate family from a Philippine province explains:

[The public university I went to is] not supposed to be expensive, but then nursing is an expensive course by itself because of requirements such as the affiliation programme [a month-long programme conducted in four consecutive summers in different healthcare work settings]. When we went to Manila, we paid for our hotel, which was expensive. I was lucky to make it to the dean's list, which provided me a full scholarship that spared mom from paying for my travel expenses.

Bigger, publicly owned higher education institutions (HEI) offer cheaper tuition fees (Bautista, et al., 2019) but also offer limited admissions. There are also more private higher education institutions in the Philippines with a total of 1,710 private colleges and universities, while there are only 233 public higher education institutions all over the country based on a British Council report. Selection processes are skewed in favour of students from middle-income families, who can afford private schools that commonly offer better basic education than public schools (Daway-Ducanes et al., 2022). Not surprisingly, 83.2 percent of our respondents went to private nursing schools despite it being pricier, strongly indicating the middle-class location of most of the respondents. Because of limited slots in public universities, most students who want to pursue nursing end up going to private schools. In the end, only those with financial capabilities can enter into a nursing school. This is corroborated by the survey where 82.7% respondents self-identify as "neither rich nor poor" (see Table 1), which indicates that nursing is a middle-class profession.

We used "neither rich nor poor" as a proxy for the middle-class category (Table 3.1) because it closely approximates the vernacular term, "hindi mayaman, hindi mahirap" that pre-test respondents used to refer to their class location. Moreover, 47.5 percent of male and 52.4 percent of female household heads of the nurses were professionals, managers, business owners, and overseas contract workers that places them in middle-class positions in the Philippines. Because parents could put regular food on the table; afford rent, mortgage, or tertiary education fees; and finance conveniences like gadgets or occasional travel, respondents consider themselves to be middle-class. Possession of economic capital distinguishes them from the poor who have little or no means for these.

Table 3.1 Self-Reported Socioeconomic Status of the Family in the Philippines

Self-reported socioeconomic status	Frequency	Percent
Very rich	0	0
Rich	7	1.7
Neither rich nor poor	329	82.7
Poor	57	14.3
Very poor	5	1.3
(N)	398	100

Income (Albert et al., 2018) along with education, employment assets, place of residence, housing tenure, consumption patterns, job stability, and social connections (Never and Albert, 2021) serve as official determinants of socioeconomic class in the Philippines. The middle-classes are subdivided into three different sub-categories based on income (Table 3.2):

Table 3.2 Middle-Class Classification in the Philippines, 2017 (PhP1=€0.016)

Classification	Annual (in PHP)	Annual (in Euros)
Lower Middle Income	PhP228,480 to PhP456,960	€3,756 to €7,512
Middle Middle Income	PhP456,960 to PhP799,680	€7,512 to €13,146
Upper Middle Income	PhP799,680 to PhP2,284,800	€13,146 to €37,560

(Never and Albert, 2021)

These provide an initial comparative reference point not only for class positions of nurses in the Philippines but also to understand differences in lifestyles and life chances of people from developed and developing countries. Filipinos from the upper middle-income bracket can roughly afford similar lifestyles of the middle-classes from the developed world. from upper middle-class backgrounds most likely went to private schools, lived in family homes with similar amenities found in Western households, updated their gadgets regularly, while some travelled internationally within Asia. Nurses from middle to lower middle-income backgrounds, on the

other hand, owned homes in less gentrified parts of the Philippines, some rented houses in informal settlement communities, and had fewer economic and symbolic capitals that those in the upper brackets. Lisa, whose single mother was employed in the sales department of a large mall chain explains their middle income situation:

> My brother and I went to private schools. We were provided with…uhm [lengthy pause]..I cannot say we were spoiled with material things. Like I remember when I was a kid, there were Barbie [dolls]…toys, but not many gadgets. It took a long time for [mom] to buy us a desktop and cell phones. I was already in college when I got my phone. There were like clothes, shoes, lots of gifts during Christmas, nice shoes and bags but the only backside [sic] to that was, she couldn't save up to buy her own house. Until now, mom rents a house.

Even in the Philippines, the nursing degree is skewed towards those from families with economic capital to reproduce and/or deepen their social advantage (Thomson, 2008). Those from less fortunate backgrounds relied on their social capital to pursue nursing education such that 13% of the survey respondents received financial assistance from overseas or well-paid locally employed relatives, while a smaller 10% secured government and private scholarships.

The pursuit of upward social mobility

The out-migration of Filipino nurses has been fuelled by the volatile economy and the cyclical man-made and natural calamity-induced inflation in the Philippines (Asian Development Bank, 2009), exacerbated by stagnant real incomes across many professions. This has dented people's belief in the government's ability to address the inequitable income distribution in the country (The World Bank, 2022).

Many Filipino nurses start out as pro bono volunteers or underpaid professionals. Almost seven in 10 of the survey respondents earned approximately between €2959.64 to €3,946.18 annually (see Table 3.3), which are on the lower end of Philippine salaries. Nurses in private hospitals (39%) received lower wages than those employed in public sector institutions. These problems are partly due to the Philippine Government's sluggish initiatives to improve labour standards and its subscription to neoliberal policies (Bello, 2009). While wage hikes were enacted recently, local nursing unions critiqued these as insufficient to reach their middle-class aspirations, especially considering the global pandemic-induced inflation (Aurelio, 2022).

Table 3.3 Distribution of the Annual Salaries of Respondents prior to Migration

Annual Income of Nurses (PhP1 = €0.016)	Frequency	Percent
Less than PhP60,000 (Less than €987)	48	12.4
PhP60,000 to PhP119,999 (€987 to €1,973)	113	29.2
PhP120,000 to PhP179,999 (€1,973.10 to €2,959.6)	100	25.8
PhP180,000 to PhP239,999 (€2959.64 to €3,946.18)	69	17.8
PhP240,000 to PhP299,999 (€3,946.20 to €4,932.7)	27	7.0
PhP300,000 or more (€4,933 or more)	30	7.8
(N)	387	100

Nurses from lower income brackets usually felt the brunt of the financial strain at the start of their careers as they remained dependent on their economically distressed families. Even with full time wages, the lower rates prevented them from contributing to the family finances and achieving their middle-class aspirations. Expectedly, 51% of the migrants strongly agreed and 27% agreed to the statement "salaries [in the Philippines] were not enough for their needs," regardless of the year they left the country indicating the stagnant wages and labour conditions in the Philippines through time. Emma, whose annual salary was PhP144,000 (€2,377) speaks about her limited life chances:

> I'd say it was just enough for my own needs. I don't (sic) have luxuries; it was sufficient [to pay for rent, food, and transportation]. But I couldn't get my wants. I couldn't help my family. I contributed only when I had extra money.

Nurses from more affluent backgrounds fared a little better with their access to free housing and financial support from parents. Exempt from filial financial obligations, they pursued lifestyle choices that generated symbolic capital that peers from lower income backgrounds did not have.

Inequalities run vertically (within the country) and horizontally (across different countries). Global socioeconomic inequalities create deep cleavages in the standards of living between the Global North and South (Crompton, 1996). The lure of Ireland for nurses is related to higher

salaries that enhances the nurses' capacity to improve their symbolic capital. The annual incomes of junior nurses range from €31,109 to €47,931, while senior staff nurses earn a maximum of €50,211 based on Health Service Executive (HSE) rates in 2021 (Department of Health, 2021). Interestingly, majority started out chasing the "American dream" (Guevarra, 2010: 166); however, the selective and long drawn capital conversion requirements of the US forced many to bring their vision of "material acquisition," and "conspicuous consumption," (Guevarra, 2010: 166) elsewhere like Ireland.

The exponential growth of Ireland's export market driven economy (McQuinn et al., 2021) has contributed greatly to hikes in average real salaries that now surpass average OECD (2020) salaries. This has improved standards of living (Taylor, 2021) allowing people access to status symbols and prestige markers (Atkinson and Brandolini, 2013). Ireland opened its doors to the global migrant labour market to man different industries that its labour force cannot fill. This has attracted numerous migrants who are given access to a "package of employment relations and consumption opportunities" (Jonsson et al., 2009: 980) that improve their lifestyle and life chances. Arthur, who comes from an upper middle-class family and whose dad worked as a cargo ship captain, explains why he chose Ireland, "I want to provide what dad provided us, at least to maintain or even elevate the lifestyle of my future family."

However, upward social mobility is neither a linear process nor an inevitable outcome for all (Crossley, 2008). The latitude of social mobility that migrants achieve vary depending on their transnational ties, the class backgrounds of families left behind, and other variables like politico-economic variables that create divergent trajectories of upward social mobility.

Capital conversion: Greater latitude for consumption and familial obligations

With increased economic capital, nurses can now afford things they couldn't back home. Economic capital is converted to symbolic capital such as luxury items (69%), local (91%) and international travel (90%), leisure activities (89%), and car ownership (54%) in Ireland. Migrants can now purchase luxury items such as branded bags, shoes, or clothes, expensive kitchen appliances, or toy collections such as Star Wars, Lego, or even the pricey Medicom toys, the regularity of which depends on their financial capacities considering their financial obligations back home, their savings, or the presence of a financially stable partner or wife. For instance, a male nurse has a growing Star Wars collection, which he was able to put money on only because his wife is also a nurse. With the decent combined income and shared household expenses, he manages his own finances and is able to buy toys he was not able

to have as a child. Nurses also dine in expensive restaurants, have spa treatments, check-in at hotels for staycations, travel to different European and US cities, engage in hiking activities, go on bar crawls, attend gym or exercise classes, and other similar leisurely activities. However, the level of involvement and the frequency of consumption is contingent upon the level of financial freedom from families, the job position of the nurse, and financial support structure at home such as belonging to a dual income earning household. Nurses who have less financial capacity can also engage in such consumerist behaviour contingent on timing and savings. However, financial freedom also increases as financial obligations to the family back home dissipate, as the nurse gets promoted and their income increases, and as they engage in wealth expanding activities.

The privileged few like Karen, Nadia, and Rex take their expenses a notch higher when they splurge on high end apparel and fly in style to coveted destinations, even flying on business class. A few have also thrown lavish parties for birthdays and wedding anniversaries, where members of the Filipino community are invited. The "assemblage of goods, clothes, practices, experiences, [and] appearance" is their way of putting together a lifestyle (Featherstone, 1991: 86) mainly based on a "consumerist identity" (Never & Albert, 2021: 596) that foregrounds the class location and identity (Corrigan, 1997) they have achieved.

Nurses from humbler backgrounds are more circumspect with their expenses to stretch their resources for their transnational needs. Moreover, those with filial responsibilities send remittances ranging from €200 to €1,500, the frequency of which is dictated by the family's needs. The varying degrees of responsibilities to the left behind is akin to the "different degrees of migrant transnationalism" (Nowicka, 2013: 31). For the less privileged nurses, capital is used, more importantly, to pay for welfare services that the Philippine Government could not provide for their family back home like healthcare services (70%), siblings' education (37%), and affordable housing.

Economic capital that is deployed transnationally are testaments to the significant changes in their economic and symbolic capitals as evidenced by their possession of material goods and the capacity to purchase basic services for their family back home that sets them apart from those who cannot afford. Lury (1996: 90) explains:

> [Bourdieu] describes how individuals struggle to improve their social position by manipulating the cultural representation of their situation in the social field. They accomplish this, in part, by affirming the superiority of their taste and lifestyle with the view to legitimising their own identity as 'what it is right to be.'

Home ownership and inequalities within the micro class group

Six of 10 survey respondents bought, built, or renovated homes for family members in the Philippines. Interviewed nurses from less economically established families who were not homeowners were more likely to purchase a house back in the Philippines as their first initial major expense. Home ownership is an indicator of class location and a visible prestige marker in the Philippines as ownership of one means you have arrived financially, or you can already be distinguished from the less privileged who cannot afford to buy a home. Upward mobility can be measured by the size of the house, the location of the house, the size of the property with the bigger and more expensive ones serving as a symbol of one's wealth. Thus, while it is an economic capital, it also converts into a symbolic capital that distinguishes your location in the social hierarchy. For many, the purchase has been aided by auspicious conditions in the transnational field, such as favourable exchange rates, the comparative affordability of housing in the Philippines, uncertainties in one's retirement or settlement plans, even flaunting their improved social status in their home community. Leandro, who took advantage of the favourable economic fundamentals in the early 2000s, shares his experience:

> The rate of pesos and euros was big, so we have extra…extra money [so] we built a house in the Philippines [sic]. We bought a car in the Philippines and [Ireland]…Because our thinking was, we need to go back to the Philippines, we will invest a lot in the Philippines.

However, the prioritisation of homeownership in the Philippines carries financial setbacks that affect migrant life chances and well-being in Ireland. For instance, unable to save for a housing downpayment due to outstanding loans they incurred from their property acquisitions in the Philippines, Leandro's family continues to rent in the expensive Irish house rental market (The Journal, 2022), like many nurses do. He regrets the decision to invest in the Philippines since his wife and children want to remain in Ireland.

In terms of real numbers, there were more nurses from self-identified middle-class/neither rich nor poor (n=69) and rich (n=2) families in the Philippines who were able to buy their own homes in Ireland (Table 3.4) than nurses from self-identified poor and very poor households (n=14). While the statistical data does not establish correlation, the data from the interviews seem to corroborate the statistical data that the more financially stable family members are back home, the more likely the migrants will have resources to buy

a house in Ireland. Freedom from familial responsibilities, among others, allow these nurses to build their lives in Ireland ahead of the rest. Those from less privileged backgrounds were able to do so due to temporal variables as they bought their houses before the 2008 economic crisis when the purchase of houses was downpayment free and when mortgage was easy to secure.

Table 3.4 Home Ownership in Ireland and the Class Status of the Family in the Philippines

Self-identified class status of family in the Philippines and Homeownership in Ireland	Owns a home	Rents a room, apartment, or house	Lives with partner or parental home	Total
Very Poor	2	3	0	5
Poor	12	44	1	57
Neither rich nor poor	69	252	8	329
Rich	2	5	0	7
Very Rich	0	0	0	0
Total	85	304	9	398

While there is a desire for the majority (63%) to buy a house in Ireland, the housing shortage and rising real estate costs (Hearne, 2022) and unfavourable housing market conditions, especially in the Dublin real estate market, have posed barriers for nurses to owning homes. These have forced many into rental arrangements. House rental is around €2,307/month in Dublin, which eats into the salary of nurses. Unmarried nurses, including a few married ones, find themselves in house sharing arrangements to save on costs. Most of those who bought their homes did so when the Irish economy was much stronger or through the help of a partner.

Migrants who have invested in a home have strategised the mobilisation of economic capital (Erel, 2010) through capital accumulation for their present and future material security. With the upward trajectory of property prices, home buyers are likelier to gain financially compared to renter-migrants. As Karen astutely observes:

> If worse comes to worst, and I need to retire in the Philippines, I can sell the house. The denomination will be in euros. I can also have the house rented, which will earn passive income, also in euros. Compare this to building an apartment in the Philippines, you will not earn there what you will be earning here.

Some migrants also convert their purchase into self-financing ventures as they lease rooms to help defray mortgage costs. Homeowners will also have a home on their retirement, possibly bequeath the property to heirs, or even earn from it with its sale. Thus, homebuyers have higher potential for greater capital accumulation than those who invest in the home country.

Jim, a long time nurse migrant, also astutely observes how home ownership in Ireland is connected to the enjoyment of the middle-class lifestyle:

> [Why would I] buy a house back home that I will put up for rent or have my relatives live in? I won't be able to enjoy [that] until I go back, maybe once a year or after I retire after 35 years? Why do I have to buy a house [there], when I can just buy a house here, enjoy myself, you know?

Nurses from better off backgrounds have also invested in securities, cryptocurrency, and other investments. Barbara established a coffee shop and a start-up information technology business company in her hometown. A few were able to establish skin care clinic, cafés, and a gelateria in Ireland. Without transnational obligations, these nurses have created additional streams of income to grow their wealth further. This underscores how the family's financial independence and elevated class position capacitates migrants to concentrate on personal projects and to decide freely on where to spend their wages, creating better life opportunities for themselves. Thus, we see class reproduction on a transnational scale as privilege is reproduced among nurses who are unfettered by economic responsibilities back home that enables them financial freedom and the attainment of economic advantage over nurses whose families remain dependent on them.

Structural constraints and the volatility of the middle-class condition

Migrant nurses exist in multiple overlapping fields such as the migration, healthcare, and politico-economic fields that impact their conditions as a micro-class group.

For instance, public and private healthcare institutions offer different salary and benefits packages in the Philippines and Ireland. Public sector nurses are generally paid better wages and benefits than the privately employed. In Ireland, some privately owned facilities, particularly nursing homes offer disadvantageous salaries and benefits packages that devalue the nurses' class location. Income differentials such as these create disparities in terms of access to "utility" or "goods and services" that affect their fulfilment, gratification, sense of well-being, capacity for social mobility, and sense of social security (Rycroft, 2018: 6).

Larger politico-economic factors also structure their class conditions. Following the 2008 economic crisis, the Irish Government implemented the Haddington Road Agreement, a cost cutting policy that impacted all public sector employees. These measures involved increased work hours, salary increment freezes, pay reductions among those occupying management positions, the reduction of annual leave entitlements or salary deductions, and pension reduction (Byrne, 2013; Byrne, 2014; Department of Public Expenditure, 2013). These were done in the guise of increasing Government fiscal efficiency. Such neoliberal policies illustrate the volatility and vulnerability of the middle-classes to economic downturns and Government-led austerity measures that compromise their class conditions (Standing, 2011). Although the Irish Government recently enforced three percent salary increases across different public sector positions, Irish nursing unions have condemned the non-prioritisation of nurses, midwives, and other healthcare workers in these public sector salary hikes (Malone, 2022). All these underscore class positional insecurities impacted by the political and economic fields.

Further aggravating their situation are rent and mortgage inflation in the country. The worst housing crisis (Hearne, 2022; Business Plus, 2022) to hit Ireland over the last 16 years has driven rental prices to historic highs (Weston & Mulgrew, 2022) affecting 77% of our respondents who are renters. In addition, mortgage rates have also increased for a total of 46% over a total of "eight straight interest rate hikes" (Burke-Kennedy, 2023). This has been exacerbated by the inflation of goods and services following the Covid crisis, described as an "unprecedented cost-of-living crisis" (Malone, 2022). The high inflation rates are preventing renters from saving for downpayment, while the high mortgage rates are eating into the net

salaries of home buyers. These have made it even harder for nurses to own homes in Ireland and to establish a more secure financial future. This is further aggravated by those who have remaining financial responsibilities in the Philippines.

Conclusions

This paper examined the complex processes involved in capital conversion in the "transnational migration field" (Erel 2010: 647), focusing specifically on the intersections between physical space (Reed-Danahay, 2020) and the political and economic fields, and how all these impinge on the social mobility of middle-class migrant nurses. The article specifically focused on economic capital conversion. These intersecting factors reproduce either advantage or disadvantage among nurses and lead to the achievement or curtailment of life chances available to them.

While economic capital opens the possibility of reaching certain living standards (Das, 2009), their enduring connections to the home country creates hierarchies in living standards and distinctions in their class conditions and class performance (Rosenblatt, 1999). The class location of the family left behind whose lives are equally shaped by physical space and context-related fields continues to impinge on the class conditions of nurse migrants in their host society. The family's class conditions back home create inequalities among them as middle-class migrants. However, apart from these, the transnational politico-economic field and their belongingness to the physical space of the home country, also impact their possession of economic and symbolic capitals creating variances in their class conditions as a microclass group. Migrants who regularly repatriate part of their income to the home country experience delays in or inhibition of the full actualisation of their middle-class position in the host country. This sets them apart from peers from better off backgrounds who possess disposable income to acquire middle-class symbolic capitals and who can engage in wealth generation activities, thus cementing their middle-class status.

The overlapping fields migrants find themselves could create instabilities and insecurities in their class conditions. Middle-class migrants are susceptible to economic shocks in neoliberal capitalism and the policies and strategies that states adopt to adjust to economic upheavals and dislocations. Often, these responses are dictated by prevalent discourses in the political and economic fields. This is echoed by Erel and Ryan (2019: 247) who aver how "socio-political factors" create "opportunities and strategies for social and spatial mobility," which this article

found to create positions of privilege for some and disadvantage for others. Although the effects on the nurse migrants of global economic downturns and the neoliberal strategies adopted by the Irish Government to address the unsavoury effects of the crisis on the State's economic fundamentals have not been in the magnitude described by Sassen (2013); nevertheless, we see a strong indication of the volatility of and inherent insecurities in the class condition of middling migrants. The migrants' wealth can contract, and their class location can degenerate depending on State and market responses to crisis situations as well as the situation of families left behind that affect both their present day and future class conditions and life chances.

Future research on middling migrants should further explore how the presence or absence of state support impact the class conditions of migrant workers and the intersections between occupational class and the performative and cultural aspects of class shape migrant agency and class conditions. Further research could also explore how translocality (situatedness in local settings) impact the class conditions of migrants.

4 Working and living in fringe Irish communities: Occupational conditions and the middle-class aspirations of Filipino migrant nurses

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The is a case study of the intersections between geographic space, social class, and global and national social structures and how such intersections shape the class conditions of migrant nurses. Drawing from the experiences of 34 Filipino migrant nurses who were interviewed for a larger mixed methods project on migrant nurses in the Republic of Ireland, this work looks at the occupational class and the class as life conditions of nurses who live and work in fringe communities. The occupational class conditions of nurses are simultaneously shaped by global, national, and local processes, which contribute to the deterioration of their work conditions. While the nurses' work conditions in fringe communities share similarities with those from highly urbanised cities, there are unique features only found in fringe localities such as the downsizing of services and budgets and the closure of smaller healthcare facilities in rural communities that impact the labour situation of nurses in these communities. Meanwhile, living in fringe communities allows nurses to maximise the attainment of their middle-class aspirations, but also ironically impel nurses to grant active consent to their "exploitation." The article contributes to discussions on the role of local spaces, in shaping the

class conditions of nurses who serve as an important backbone in the global healthcare industry especially in the Global North. It contributes to the understanding of how healthcare facilities in fringe communities are entangled in and affected by larger global and national processes. Lastly, it establishes the connections between occupational and class as life conditions of migrant workers.

Keywords: *Translocality, rural and peri-urban, migrant nurses, class conditions*

THIS ARTICLE EXAMINES how geographic situatedness intersects with the occupational class and the middle-class aspirations of Filipino migrant nurses in the Republic of Ireland (henceforth, Ireland). It examines the occupational class and class as conditions of nurses working in peri-urban and rural spaces in Ireland and how the realisation of some of their middle-class aspirations facilitates a favourable interpretation of their occupational class conditions, in general. This study contributes to the discussions on the relationships between spatiality, the occupational class of highly skilled migrant healthcare professionals, and their possession of capitals in the production of their class conditions.

The transnational turn in migration scholarship in the 1990s led to the growing acknowledgment of transnational spaces as a significant locus where social, economic, and cultural processes, including class processes, should be examined (Ryan, Eve, & Keskiner, 2022; Flot-Fresnoza & Shinozaki, 2017). The transnational turn yielded research on the transnational class formation of elite global executives (Sklair, 2016), the strategies employed by precariat migrants to leverage their class position (Thai, 2014), and the shifting class positions of middling migrants as they cross different national borders (Adler, 2022), among others proving how class relations and complex class hierarchies now exist on a global scale (Weiss, 2005), among others.

While transnational class research remains a viable lens to examine migrant experience, a subtle shift occurred over the last 10 years or so towards examining migrant experience in more localised contexts (Ryan, Eve & Keskiner,& Eve, 2022). Migration and class processes are not just transnationally situated, they simultaneously occur in local and institutional contexts. For instance, the middle-class location of migrants dictates their choice of residence and the lifestyles they adopt in cities where they reside (Maslova and Chiodello, 2018). Studies have also established how economic development, the gentrification of urban neighbourhoods, and the decline of suburban communities, on the other hand, blur social boundaries between poor

migrants and affluent natives (van Gent & Musterd, 2016). While local spaces shape the trajectory of migrant workers' lives, migrants also alter the social relationships in these communities. Relocation to fringe communities open better opportunities for middling migrants to enjoy their class location (Goodwin-Hawkins & Jones, 2022); however, their arrival could incite rent and real estate price increases that create tension between them and the locals (Urry, 1995).

Research on migrants in fringe communities mostly focus on their "class as life conditions" (Sorensen, 2005: 122; Goodwin-Hawkins and Jones, 2022), while leaving out an equally important aspect of migrant life, which is their occupational class conditions. Occupational conditions are a crucial pillar in migrant translocal experience given that work is the principal motivation for migration for many. Studies on the occupational experiences of migrants in peripheral locations focus on the farming, horticultural, and food processing industries (Rye & O'Reilly, 2021), understandably so given the ascendancy of these industries in rural communities. The availability of structures of opportunity enables agricultural workers to achieve their occupational and upward mobility goals (Fratsea & Papadopoulos, 2021), while structural factors contribute to the appalling living conditions of migrants in their agricultural workplace (Brovia & Piro, 2021: 53). For better educated migrants, agricultural work serves as a springboard to access the host state's labour market (Gorny & Kaczmarczyk, 2021). Migrants who fail to find work in cities, in the meantime, move to peri-urban communities to explore other economic options (MacDonald and Winklerprins, 2019). The preponderance of literature on unskilled labourers in the peripheries, create an information gap on the class conditions of highly skilled professional workers like nurses who land jobs or choose to reside in fringe communities. In Ireland alone, 43,280 nurses work in satellite and independent urban and rural communities.

This article is a study on the occupational class and "class as life conditions" or "living conditions" (Sørensen, 2005: 122) of Filipino migrant nurses who live and work in peripheral geographies. The article examines both the occupational class conditions of migrant nurses and the attainment of their middle-class aspirations (Goodwin-Hawkins & Jones, 2022). The research will answer the question: How does the intersection of their spatial location, their occupational class conditions, and class as life conditions shape their modus vivendi? The article establishes the work situation of nurses living or working in fringe communities and the unique occupational challenges they face (Farrelly, Flaherty, & Healy, 2019); examines the relationship between the locality and their attainment of their middle-class aspirations; and establish how these two converge in shaping how migrants assess their class status in these areas. The article will also be discussing how local processes and bigger national and global systems and discourses impact their class conditions (Hurt & Lipschutz, 2016).

Peri-urban, rural, and satellite and independent communities in Ireland

Rural communities were historically treated as vestigial in class research as class research was dominated by urban capitalism (Halfacree, 2004). It was only recently that fringe communities have become increasingly recognised as "integral …settlement systems" (Halfacree, 2004: 695) to many social processes. In Ireland, a number of counties have remained largely rural such as Westmeath, Wicklow, Laois, Cavan, Naas, Wexford, Monaghan, Donegal, and Louth.

The "peri-urban fringe," in the meantime, are "rural settlements" that have been converted into "small to medium-sized" residential communities that (McCarthy, 2008: 131-132) are connected by motorways, train, and public transport networks to urban settlements (Ravetz, et al., 2012). Although considered part of the urban sprawl (McCarthy, 2008), most peri-urban areas still retain their rural character. Thus, these areas are usually marked by middle-class affluence, on the one hand, and privation and social dislocation, on the other (Ravetz, et al., 2012).

Peri-urban communities are a product of urban population growth and the rising need of city workers for affordable housing (McCarthy, 2008). In 2019, the Irish Government reclassified peri-urban communities as satellite and independent urban towns to reflect the ongoing urbanisation of many parts of Ireland and its ongoing project of modernisation and economic development (Department of Housing, Planning, and Local Government, 2019). Satellite and independent urban towns are areas with a population between 1,500 to 49,999 (CSO, 2019). In satellite urban towns, 20 percent or more of its residents work in the nearest city, while less than 20 percent of the population work in the city for independent urban towns (CSO, 2019). This also entailed the identification of four key cities—Cork, Limerick, Galway, and Waterford—that are being primed as alternative economic growth and resettlement areas; however, they have some ways to go to become realistic alternatives to Dublin as cities of international scale (Department of Housing, Planning, and Local Government). These cities serve as nodes to satellite and independent urban towns that were previously considered as peri-urban communities. In this article, the satellite and independent urban towns and rural communities will be collectively referred to as fringe communities for conceptual clarity and simplification.

Economic development and globalisation are connecting these once isolated areas to global economic structures (Gullette, 2014; Hedberg & do Cormo, 2012 Conradson & McKay, 2007) as they become additional sites for business, residential enclaves, tourism, and migration (Williams & Hall, 2000). In Ireland, multinational corporations have opened business ventures in Galway, Louth, Meath, Cork, and Waterford (Holden, 2016). The economic growth of Ireland

is steadily transforming rural towns and adjacent urban towns into more developed and progressive communities. With this, the Irish Government recategorised peri-urban communities into satellite and independent urban towns (Department of Housing, Planning and Local Government, 2019). However, it must be noted that a number of these towns still retain their rural and peri-urban character despite their proximity to major cities. The Irish Government is further encouraging the development of the agricultural, food, tourism, manufacturing and creative industries in rural communities to stimulate economic growth and to halt population decline (Commission for the Economic Development of Rural Areas, 2013). In the healthcare industry, migrant nurses are recruited in these areas to fill job vacancies (Hedberg & do Cormo, 2012), care for the aging population, and replace locals who have emigrated elsewhere.

Filipino nurse migration in Ireland

Filipino nurses were chosen as a case study because they are the most ubiquitous nursing group globally, with 221,344 Filipino nurses deployed in OECD countries, followed by India with 70,471 nurses (Tsujita, 2019). The Philippines has been helping fill the global shortages of nurses, now estimated to be 30.6M nurses (Baines, 2023), in many developed countries for decades.

The long history of Philippine nursing labour exportation began as an exchange program with the United States (US) Government in the 1950s which became a full-fledged labour importation program with the passage of the 1965 US Immigration Act (Choy, 2003). By the 1970s, a temporary labour export policy was laid down by the Marcos Government to solve the unemployment and fiscal difficulties created by the 1973 and 1979 global energy crisis; however, the subsequent governments kept the policy as a permanent economic strategy as it generates sizeable revenues for the Government (Guevarra, 2010).

Non-EU nurses were actively recruited by the Irish state starting in 2000 (Humphries, et al., 2012), with Filipino nurses leading the first batch of recruits. Initially conceived by the Irish Government to temporarily solve staffing shortages, foreign nurse recruitment has persisted for over 20 years now. Ireland has had problems producing enough nursing graduates based on its needs (Humphries, et al., 2012). Younger Irish nurses are also emigrating (Yeates, 2004) driven by adventure, professional growth, the ambition to achieve a stable economic future (Ryan, 2008), and to escape the increasingly problematic working conditions in Ireland (Costa, 2023). Staffing shortages have led to extended work hours, poor nurse-to-patient ratios, insufficient breaks, and physical and emotional burn out, which are pushing Irish nurses to explore their options elsewhere

(Costa, 2023). Currently, 62 percent of the 69,517 total nursing workforce of Ireland work for government-run, voluntary (non-profit institutions subsidised by the state), and private healthcare facilities in both peri-urban and rural settings. These migrant nurses serve as an essential group of workers because of the special challenges in the recruitment and retention of nurses in rural and less urban settings (Smith, Halcomb, Sim and Lapkin, 2021).

The Philippines currently serves as the second largest supplier of nursing labour in Ireland, next to India that supplies nursing staff to both urban and rural settings (Brush, 2008; Guevarra, 2010). Filipino nurses are normally drawn to global capital cities in the US, UK, the Middle East or Australia as their destination of choice because of the prosperous "cosmopolitan" lifestyles and the availability of work opportunities (Guevarra, 2010). Interestingly, many prefer to work in cities over fringe communities given the promise of modern lifestyles and ubiquitous consumption (Guevarra, 2010). However, early Filipino nurse recruits in Ireland were directly sent to Donegal, Westmeath, Mallow, Douglas, and Wicklow by recruitment agencies. Lately, some Filipino nurses are opting to move to fringe communities as well given the rising rental and housing costs in major Irish cities.

Theoretical Framework

This research examines the occupational class and class as life conditions of nurses as a microclass group. The microclass is a conceptual frame that is distinct from "big classes" composed of aggregated occupational groups based on theoretically shared conditions and characteristics (Erikson, Goldthorpe, & Hällsten, 2012; Savage, 2015; Goldthorpe, 2016). Microclasses refer to specific occupational groups (e.g., nurses, social workers) that class analysts argue are deeply institutionalised, belong to the same field, subject to similar experiences, serve as important sources of inequality, and serve as the locus for the development of class interests and class formation (Jonsson et al., 2009: 984).

In Marxist theorisation, the work conditions of the productive forces of society contribute to people's experience of exploitation, which occurs when wages or income do not adequately compensate the labour expended by workers (Roemer, 1985). To understand exploitation, researchers have looked into employment conditions, economic and job security, salary increments, pension rights, and career advancement, among others, to establish people's conditions at work (Breen, 2005). The more productive workers are and "the higher the ratio of their output to their wages" the more exposed they are to exploitative working conditions (Shelley, 2007: 6). More commonly, occupational class studies focus on low socioeconomic status migrant workers who

experience extreme exploitation, including the lack of labour protections (Kumar and Jamil, 2020). However, over time, work conditions improve for some as greater demand for their labour increase and as country policies for migrants change (Unger & Siu, 2018). As a microclass, migrant nurses do not belong to hyper-exploited groups, especially in more developed economies, given their cultural capital and their place in the employment structure.

Nurses are employed in both public and private sector facilities that create a "distinctive kind of class relation" that combine "capitalism" with "statist class relations" (Wright, 2005: 12). They do not belong to productive forces that contribute to capital accumulation through the production of goods. Instead, they play a role in the reproduction of workers through the provision of care for productive forces of capitalist societies.

Even though they do not participate directly in production, they exchange their labour for compensation from their state and private employers. In a global capitalist environment, neoliberal states not only prioritise private employer welfare, but they also adopt the "norms of the private sector, the market, enterprise, and competition" as employers (Hibou, 2016: 60), making state employees equally vulnerable to surplus labour extraction as the state works to maximise and protect its budget and revenues, while private employers protect their profit margins.

State employees exchange their labour for economic capital drawn from state budgets, which are derived by the Irish Government from taxes, non-tax sources, domestic and foreign loans and withdrawals from cash balances according to the Irish Department of Public Expenditure and Reform and the Department of Finance. Austerity measures are applied to public expenditures to control debt and fiscal deficit (Ostry, et al., 2016), which could compromise the working conditions of state workers. There have been documented cases of nurses who work without written contracts, receive lower than minimum salaries, and denied social security and social benefits (Llop-Gironés et al., 2021). Migrant nurses are also very likely to be exposed to negative working conditions as states exert effort to control budget deficits (Pérez, 2012). To reduce overhead costs of the extraction of labour, employers usually "elicit the active consent of the exploited" (Wright, 2005: 29).

Workers in capitalist societies compete for different forms of capital, particularly economic, social, symbolic and cultural capitals to improve one's class location and conditions. Economic capital is linked to occupations, which serve as the source of economic capital that open up avenues to gain other forms of capital. The preponderance of economic capital enables one to achieve a "sense of distinction" through the acquisition of "objects or practices" (Weininger, 2005: 96) that give one profit or prestige. Although occupational class and class as life conditions

are traditionally seen as separate in class analysis, this article proposes that these should be seen as related to each other because the occupational life and the everyday life of workers feed into each other in many ways.

Erel (2010: 647), for instance, talks about the "relation between specific forms of capital and of fields." In this instance, capital derived from the occupational field are utilised to create the life migrants want for themselves through capital conversion into other forms of capital that enable them to gain advantage and prestige. Economic capital also shapes people's dispositions and lifestyles. Thus, the utilisation of economic capital to achieve social mobility, impacts the way migrants relate to and assess the acceptability or the non-acceptability of their occupational class conditions. These are further shaped by geographic fields such that migrants' translocal connections to fringe locations, which serve as specific social, territorial, historical, and temporal spaces (Smith, 2005; Greiner & Sakdapolrak, 2013), intervene in the valuation of capital and one's occupational class conditions.

Methodology

The data used for this article is part of a bigger research project on migrant nurses involving mixed methods research conducted between 2021 and 2022 in Ireland. The project carried out 481 surveys and 61 semi-structured interviews that included qualitative social network analysis questions all over Ireland. The criteria for interviewee selection were based on gender (male vs. female), job position (senior vs. junior), and location (urban vs. rural) and were based on theoretical considerations such as the need to foreground male voices in a female-dominated profession (Wrede, 2010; Yeates, 2012); the need to account for differences between managerial and staff positions (Savage, 2015); and the need to establish differences between urban and non-urban experiences (Gullette, 2014).

The interviews intended to provide a detailed understanding of the world where the migrants live and work (Creswell, 2009). The interviews conducted in English, Tagalog, or a mix of both lasted between 60 and 180 minutes They were recorded with permission, transcribed, and translated, as necessary, by the researcher who is fluent in both languages. Anonymisation and the suppression of identifying details were carried out to protect the respondents.

Of the 61 interviews, 34 interviews were included in the data analysis, which focused on the experiences of interviewees from fringe localities (See Table 4.1). Data analysis revolved around

questions and responses on work conditions, performative aspects of class, plans, and other similar variables. The analysis made sense of the meanings held by the respondents; however, there is also recognition that meanings are forged socially, historically, and contextually (Creswell, 2009). Consequently, meanings are not simply constructed from the experiences of participants, instead, meanings arise in conversation with the interpretive action of the researcher who ties in the respondents' experiences with sociohistorical, contextual, and theoretical information (Schwandt, 1998; Braun & Clarke, 2006). Because class is lived experience that people do not normally reflect on, the researcher interpreted the utterances and located their experiences within class and sociohistorical discourses. The data was coded using NVivo to establish patterns and themes that emerged from the participants' sharing (Lochmiller, 2021).

Table 4.1 Geographic location of participants in Ireland

	Count
Urban (Cork, Dublin, Waterford, Galway)	27
Fringe Localities (satellite urban and independent towns and rural communities)	34
Total	61

Findings and Discussions

The choice to live in fringe localities

Majority of the interviewees from satellite and independent urban towns live in towns adjacent to Dublin and Cork cities, where major public and private hospitals are found. Nurses either commute to their city-based work or they work for hospitals within the fringe community itself.

Several nurses arrived in the early 2000s were specifically recruited to work in rural Ireland to fill in staff shortages in regional and community hospitals and nursing homes. Initially, their intent was to stay temporarily because the rustic and agrarian character of the place contradicted their glamourised visions of working in cosmopolitan cities abroad (Guevarra, 2010). However, many remained for good because of the lower priced rent and mortgage that enabled them to maximise their economic capital in these communities.

Initially, some lived in city centres, but realised it was more practical and economical to live in fringe communities. Public sector nurses are subject to the same salary scales regardless of the urbanity or rurality of their workplace; hence, it made more practical sense for some to live in these communities. In Dublin, half of a junior nurse's salary can easily go to rental payment for a two-bedroom home in the rising rental market. Rental payments create real and lasting effects on the economic capital of migrants. Rent money cannot be converted to other forms of capital. As one respondent explains, "You cannot get your rent money back, unlike when you buy a house. You can sell the house for profit or at least recoup your investments when you decide to sell. When you rent, the money goes into the pocket of your landlord."

The work conditions of nurses from fringe communities

Nurses who live in satellite and independent towns work either for city-based hospitals as the bigger hospitals in Ireland are found in cities or for hospitals within the bounds of the town itself. Thus, the former straddle their lives between two geographic spaces: urban for their work and fringe community for their residence. While their work conditions are shaped by city contexts, they live their lives in fringe settings, creating a duality of experience. In this section, the work conditions of nurses in peripheral settings will be discussed.

Nerio is a surgical theatre nurse for a regional hospital in one of the secondary Irish cities, but lives in a nearby satellite town. Before the pandemic, he assisted in four to five elective surgeries per day. The schedule was hectic and stressful considering that nurses perform tasks, which Nerio believes, are not part of his job description as a nurse:

> Nerio: At the end of the day, we restock the operating room [with supplies], then we prepare the [surgical] sets for the following day. You really cannot sit still. After the surgery, you need to clean and disinfect the operating table, the surgical tools, and other equipment that were used. While porters mop the floor and take out the bin, we need to clean up the rest.
>
> Interviewer: But are those part of your tasks as nurses?
>
> Nerio: Hmmm…that is not part of the job description. The porters know that's their duty. But to speed things up, we do it ourselves. It was worse before the pandemic. We would still be wrapping up a case, but another patient was already being prepared for anaesthesia. So, as soon as the surgery was over, we did a quick clean up, before the next patient was wheeled in.

The onset of the Covid-19 lockdowns resulted to elective surgeries being called off. In that sense, theatre nurses were temporarily freed from work responsibilities; however, when the numbers of Covid patients started to climb, theatre nurses were made to serve in the medical surgical wards. This created difficulties for many because of the different protocols and procedures followed on the floor that they were no longer familiar with.

Emma works for a children's emergency room (ER) in a rural town. She describes their unit as slow moving compared to the children's ER in the Middle East where she was previously employed, which was a high traffic referral hospital that dealt with complex paediatric medical cases. She describes her workload in Ireland as less frenetic, especially before the Covid pandemic when they dealt with simple medical cases. Although a regional hospital that serves as a catchment for nearby towns, it is close enough for parents to bring their children to Dublin hospitals. The onset of the pandemic brought forth two conflicting effects on their work conditions. While Covid restrictions reduced patient numbers in her unit as parents transitioned to online or telephone consultations with GPs, nurses were withdrawn from their unit to assist in the adult ER to address staff shortages, The unfamiliarity with adult ER protocols caused stress to the nurses who had to learn and adjust to new processes and procedures.

Nurses working for medical surgical units usually deal with the greatest number of patients. Don was assigned to a medical surgical ward of a big hospital in a satellite town of Dublin. Initially, the unit was a catchment for different cases; however, somewhere along the way, the ward was converted into a geriatric ward for those with dementia. The nurse-to-patient ratio was at 1:8 prior to 2020. During the pandemic, their ratio was affected further by leave of absences when nurses had to isolate themselves after exposure to the Covid virus. Unfortunately, the hospital seldom engaged bank nurses as relievers for off duty nurses. This is the same situation in a cancer ward of a regional hospital where there is no fixed nurse-to-patient ratio. In the Middle East, Kat dealt with a fixed ratio of 1:5; however, in the Irish county hospital, the NPR was 1:7 or 1:8. In the face of nurses self-isolating at the height of the pandemic, there were times that the ratio ballooned up to 1:16. While there is no agreement on acceptable NPRs, Sharma and Rani (2020) reviewed staffing norms in the UK, USA, Australia, and Canada where the recommended NPRs are 1:4 to 1:5 for medical surgical wards, 1:2 for high dependency wards, and 1:1 for ICUs. Increases in patient numbers could endanger both patients and nurses (Sharma and Rani, 2020).

A problem that small town hospital nurses have specifically encountered is the downgrading of their medical services. In 2010, the ICU unit of the small town hospital where Cely worked was turned into a high dependency unit, upon the recommendation of the regional health

board. The demotion has not only affected patients who are now referred to the nearest model three or four hospital for treatment (O'Cionnaith, 2010), it has also deskilled nurses who no longer perform advanced critical nursing care they were trained for. It has also increased workload for them. Two nurses are usually assigned during the night shift for a five bed high dependency unit. When a patient needs to be transported by ambulance to a nearby hospital, one nurse assists in the transport, while another one is left to deal with five patients some of whom require critical care for up to six hours or half the time of the nursing shift. While the ideal ratio is 1:2 in a high dependency unit, nurses sometimes now deal with up to five patients on their own.

The ICU downgrade was part of a series of downgrades that have been carried out over the years in small town hospitals in different parts of Ireland. In 2003, the 24 hour surgical services of one hospital were discontinued (Brosnan, 2003). Much later, the emergency unit was converted into an urgent care unit (Keogh, 2020) prompting the transfer of emergency care services to a nearby regional hospital. Community members expressed fears that the town-based hospital would be further reduced to a tier two hospital that closes at 5 pm as was done with another rural hospital in another county (Keogh, 2020). The closure of such services has been blamed by the community to the infusion of funds by the HSE to the construction of the huge children's hospital that is being built in Dublin (Keogh, 2020).

In 2010, hundreds of hospital beds were also decommissioned in Sligo, Galway, Letterkenny, Nenagh, and other rural counties, which coincided with Irish Government's imposition of a moratorium in the hiring of nurses and medical staff. This was an austerity measure in response to the 2008 global recession (Independent.ie, 2010) that was precipitated by the overborrowing of banks and investors that could not repay the loans when real estate prices plummeted (Reserve Bank of Australia, 2023). Thus, larger structural factors related to state policies and neoliberalism (Brovia & Piro, 2021) cascade to hospitals in fringe localities, which eventually affect nursing staff.

The HSE describes these changes as necessary to improve patient safety and services and to optimise budgets. A 2013 document from the HSE entitled Securing the Future of Smaller Hospitals: A Framework for Development describes the prioritisation of funding for bigger regional hospitals that absorb the closed services:

> The costs of transferring services must be identified in advance, and a decision taken on how to address these. We will prioritise changes that can be achieved without extra cost. This may occur, for example, where staff (or staff sessions) are

> transferring with a specified volume of service, and the receiving hospital has the capacity to deal with this by a transfer of the corresponding budget. Our priority will be to increase the number of patients treated in smaller hospitals, but this may be done in a number of ways, including with reduced budgets, for example, by reducing staff cover at less busy times for elective work such as at nights and weekends. Where extra costs cannot be avoided, these will be quantified, and an approach to dealing with them identified, e.g. through savings elsewhere.

Budgets were transferred to bigger hospitals that assumed the services of smaller hospitals that were discontinued. While the plan sounds rational budgetary perspective-wise, healthcare staff and patients deal with the brunt of the repercussions. The reorganisation and downsizing of medical services have led to increased patient numbers for nurses. As a catchment for patients from adjacent rural counties, Mateo describes the impact of the reorganisation of medical services in the regional hospital where he works for:

> When I arrived, I think four years back, they've closed a couple of emergency departments around different counties. Basically, it now serves as the basin pool [sic] for all the patients [in surrounding counties]. So, everyone comes here with like, for example, 90% of our cases come from other areas. It just makes the whole job hard because the nurse-to-patient ratio here is quite poor. There is also a huge turnover of nurses. You know, if it isn't the work condition, it is the low paying job, I suppose for them [Irish nurses]. Anyway, so that makes it all hard as well.

These nationally initiated measures have resulted to increases in patient numbers hitting nurses employed in regional hospital directly with heavier workload. These are effects of various interconnected factors such as the government-imposed hiring moratorium for overseas nurses in September 2007 to institute financial savings measures to bring down Ireland's €245 million financial deficit (Caollai, 2008). Cost saving policies were further ramped up following the 2008 financial crisis, which resulted to health service budgetary cuts by "over €4B" from 2009 to 2014 that led to what has been described by the Irish Nurses and Midwives' Organisation (2019: 2) as a "premature contraction of services without viable alternatives." Furthermore, the Haddington Road Agreement called for government wide pay and pension cuts from 2013 to 2015, which led to the increase of work hours from 37 to 39 hours without additional compensation and the reduction of state salaries and pensions (Department of Public Expenditure, 2013). While some of the impositions have already been revoked, such as the restitution of the work week to the pre-2013 levels (Collins, 2022) and the lifting of the hiring

freeze, the INMO (2019) alleges that lasting damage to employment levels have already occurred with the numerous resignations and/or flight of Irish nurses. Finally, the reorganisation of medical services of smaller and nearby regional hospitals including budgetary realignments have also contributed to this.

Aggravating the problem are global nursing shortages estimated at 5.9 million nurses that are making it more difficult for developed nations to recruit nurses from developing states (Jester, 2023). There are also the issues of the rural to urban and the transnational migration of Irish nurses (Pitblado, Medves, & Stewart, 2005) compounded by the difficulty of retaining younger nurses in fringe communities (Carson, Schoo, and Berggren, 2015) and the struggle to attract nursing graduates to practice in their original community (Pitblado, Medves & Stewart, 2005). This has been going on for decades (Ryan, 2008). When the pandemic hit, the situation was further aggravated, highlighting the fragilities in the staffing situation. Cely notes that most student nurses in their hospital express their desire to work elsewhere. This has left Cely's small town hospital with mostly aging nursing staff.

Class as life conditions

The Irish Examiner reports that three quarters of nursing interns have expressed their desire to emigrate with half of them blaming their decision for lower wages in the public sector healthcare facilities, inflation (Costa, 2023), and the substandard workplace conditions (Humphries, McAleese, & Brugha, 2015). However, Filipino nurses who got exposed to exploitative working conditions back home expectedly see their work conditions in a different light. Karen who lives in a satellite town of Cork City shares her discussions with Irish colleagues:

> Actually, we ask our colleagues why Irish nurses are leaving [for Australia or New Zealand]? They said, they just want to travel, and they are also fed up with the system here because they think, the system is broken. They don't know, for Filipino nurses….this [system] works for us.

Considering the Filipino nurses' work conditions in the Philippines, the nurses interpret their work conditions in Ireland as difficult, but bearable given the better working conditions compared to their situation in the Philippines. For Filipino migrants, the deteriorating labour conditions are offset by the economic capital they gain from working in Ireland. Nurses focus on the improvements in their economic and symbolic capitals, instead of workplace issues. In Ireland, nurses gain the financial freedom to engage in consumption behaviours they didn't

have access to back home. They no longer rely on credit or loans to afford consumer goods and to adopt lifestyle practices associated with the middle classes. They can purchase branded items, afford travel within and outside Europe, engage in leisure activities, own cars, and, for a few, even purchase a house in Ireland. Interestingly, living in fringe communities gives migrants greater latitude to indulge more deeply in middleclass lifestyles, given the more affordable rent and mortgage prices, which eat up a major part of the nurses' monthly budget.

Of the 61 nurses interviewed for the whole project, 15 were able to invest in homes, all of which are in satellite and independent urban towns and rural areas. However, with the exponential increase of real estate prices by 126 percent from 2013, the property market has become very restrictive especially for single income earners and for double income households where one partner has a low paying job or is unemployed (Society of Chartered Surveyors Ireland-SCSI, 2023; Bowers, 2023). In a study conducted by the SCSI (2023), a couple should at least have a combined salary of €89K to afford houses in the rural counties of Meath, Cork, and Galway. This means that even senior nurses will not be able to afford a house on a single income. Property prices are highest in Dublin, while the lowest are in remote counties like Donegal, Co. Cork, Monaghan, and Westmeath (Table 4.2).

Table 4.2 Comparative Average Real Estate Prices of Select Irish Cities and Counties, 2023

Location	Average Prices (in euros) of a 3 bedroom, semi
Dublin City	427,167
Cork City	320,000
Monaghan	178,000
Louth	200,000
Westmeath	195,000
Kildare (Naas)	285,000
Wicklow	285,200
Wexford	202,500
Cork Co.	176,000
Laois	198,000
Donegal	100,000

(Real Estate Alliance, 2023)

Lucy, who arrived in the early 2000s, bought a house in a small Westmeath village before the 2008 economic crash. Lucy took advantage of the structures of opportunity (Fratsea & Papadopoulos, 2021) related to lower mortgage prices, the ease of getting loans, and the non-requirement of deposits when she bought the house. Real estate prices are reasonably affordable in rural areas like Westmeath compared to bigger cities. Nerio explains the changed mortgage environment, "It's difficult [to get a mortgage] now. When I show them my bank statement, I don't have enough savings to get a mortgage [given that we are a single earner household]." After the crisis, stricter mortgage policies and a 10 percent deposit that average to about €38,500 had been imposed by banks (SCSI, 2023). Although a few can still secure enough mortgage for a house in the city as dual income earning professionals, these couples still opt to buy in satellite towns and cities given the cost-to-benefit-ratio with the larger houses in fringe communities. Thus, temporal factors coinciding with the onset of sociohistorical events (e.g., economic crisis) and the responses adopted by states and the global community serve as additional structuring factors in the class as life conditions of migrants. The lives of migrants are also contingent on the intersections between the sociohistorical events, state and global responses, and locational variables.

If the housing crisis remains unsolved for years, majority would have to contend with paying lifetime rent in Ireland. In a sense, those living in fringe communities have more economic advantage over those living in the capital city given the relatively cheap rental rates in fringe communities and counties (See Table 4.3). Interestingly, it is cheaper to rent in Cork City (€1,656.43), than a satellite town of Dublin City (€1,863.09) based on the Q1 2023 Rent Index Report of the Residential Tenancies Board, which shows the higher costs of living in capital cities and its surrounding environments. For instance, Gemma only pays €469 per month for her one bedroom flat in a rural town, a price that is unimaginable in Dublin where a one bed, one bath apartment could fetch around €1,780 per month (Residential Tenancies Board, 2023). Nerio, who works for a hospital in a secondary city in Ireland, paid €1,500 euros for their apartment in the city centre, which was immediately raised to €1,560 a year after he and his family arrived in Ireland. With 35 percent of his income going to rent as the sole earner in the family, Nerio looked for a bigger but cheaper alternative in a fringe town. He now pays less than €1,000 per month in a satellite urban town. His case highlights how renters find themselves in an insecure situation due to rent inflation, the high tenant eviction rates in the absence of protection mechanisms, and the sale of properties by homeowners who want to take advantage of the profits they can make from the inflated real estate market (Euronews, 2023). Moreover, rent payments are an economic capital that cannot be recouped or converted into other forms of economic capital several years down the line.

Table 4.3 Irish Counties Index, Standardised Average Rent, Q12023

County	Average Rent (in euros)
Dublin	2,102.49
Cork	1,325.28
Donegal	836.74
Laois	1,082.28
Louth	1,298.69
Monaghan	879.14
Westmeath	1,053.46
Wicklow	1,553.12

(Residential Tenancies Board, 2023)

The lower costs of living in fringe communities have translated to a better enjoyment of their class as they have more leeway to adopt the lifestyles they want. Nurses from these communities also save more if unencumbered by financial responsibilities back home. The very nature of the small town curtails the possibility of the nurses in engaging in consumption patterns associated with major urban centres (Jaffrelot & van der Veer, Peter, 2008). With the absence of easily accessible amenities, migrants live frugal lives by force.

Thus, while they are besieged by deteriorating work conditions, migrants who live in fringe communities dismiss such issues. As Ryan avers, nurses have "learn[ed] to live with it." Ryan arrived in Ireland in the early-2000s so he witnessed the steady deterioration of the work conditions in Ireland:

> It was easier to work [back in] those days, pre-recession days. I've been working here [for] 20 years, so I kind of adapt (sic) to the shortages. [Besides] we're more economically stable now compared to then. There's nothing you can do about it with the staffing, you know? They can say sorry as much as they want, it's very obvious that there's staff shortages. This has been relayed to them (managers) time and again, or millions of times, I suppose. But then, what can you do?

At the end of the day, the economic capital they gain from their work is more important than the less-than-ideal work conditions, especially comparing their situations in Ireland and the Philippines. The nurses' experience in the Philippines coupled with their stronger economic capital in the fringe community create the conditions whereby the migrants provide their "active consent" to their "exploitation" (Wright, 2005: 29). "Exploitation" here is enclosed in quotation marks because the experience of nurses of exploitation is not as clear cut as their experiences of exploitation in the Philippines. But if we use the basic definition of exploitation whereby A exploits B, if A benefits from their interaction with B, then clearly nurses are subjected to exploitation of the structural kind to a certain degree (Zwolinski, Ferguson, & Wertheimer, 2022) as nurses are made to handle more patients than they should be handling.

The state's austerity measures to protect its revenues and stretch its budget are increasing the nurses' workload that can be both dangerous for nurses and patients alike. McKeown (2016) describes structural exploitation as happening when social systems like the state "structure and limit the options of disadvantaged group" in favour of groups that hold power in society, which in this case is the state itself. With the comparatively better wages and the economic latitude they have in fringe communities, the nurses disregard their work situation. Don's acceptance of his situation in Ireland says it all, "what I earned in a year in the Philippines, I earned in a month here. So, it's much better. Imagine the amount of work I did in the Philippines in a year, I am just paid for a month here."

Conclusions

The entry of foreign migrants, the expansion of capitalist business interests, and the imposition of neoliberal economic policies by the state have connected fringe communities to national, regional, and global processes and spaces (Hedberg & do Cormo, 2012). For instance, the global need for nurses result in the flight of local nurses in Global North countries and their replacement by foreign nurses. Global economic processes such as economic downturns and global emergencies that necessitate global and national responses are also impacting healthcare institutions at the local level. While the impact of national responses such as the imposition of austerity measures create similar effects on the nurses' work conditions across urban and fringe geographical spaces, fringe communities also face unique challenges such as the closure of health services in smaller towns and the subsequent transfer of services into bigger facilities in regional districts.

However, the lower standards of living in fringe communties enable nurses to elevate their class as life conditions through the ownership of cheaper but larger homes, the better enjoymnet of middle-class lifestyles, and bigger savings given the financial leeway they gain from living in relatively less expensive communities. While they give up the perks of living and the cosmpolitan culture of bigger cities (Guevarra, 2010), living in fringe communities offer them greater leeway to enjoy their middle-class location.

Interestingly, the migrants' stronger economic position in these localities and their experience of exploitative work conditions back home prime nurses to be more tolerant of the deteriorating work conditions in their locality such that the attainment of economic and symbolic capitals associated with the middle-classes is given more precendence over calling for improvements in their work situation. By focusing on the economic capital over their work conditions, the migrants engage in active consent to the policies of the state that create their deteriorating conditions in the first palce.

While occupational class and class as life conditions are traditionally seen separately in research, this article illustrates how occupational class and class as life conditions are linked to each other especially with how migrants assess and accept their occupational class conditions. This article contributes to the theorisation of the intersections between migrant occupational class and class as life conditions and how these link to "wider geographical histories and processes" (Brickell & Datta, 2011: 3). It establishes how peripheral geographies play out in class processes, while looking at how such class processes are connected to larger national and transnational processes that impact their migrants' class conditions.

5 Familial ties and their impact on the class conditions and life chances of migrant nurses

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Using Filipino nurses in Ireland as a case study, the article examines the intersections between translocal connections, kinship networks, and the class conditions of migrant workers. The data for this qualitative social network analysis research was drawn from 61 semi-structured interviews with migrant nurses, asking among others, social network-specific questions. This article establishes how some kinship networks serve as negative ties that curtail the migrants‘ full enjoyment of their economic capital and limit their financial freedom in Ireland. On, the other hand positive ties help stabilize or enhance their economic conditions, allowing them to enjoy their class location and to gain advantage over others who are encumbered by financial obligations. While some kinship ties can be considered positive ties, some produce negative consequences to the lives of migrants. The intersection of the lives of kin members with social welfare institutions can change the nature of the migrants' relationship with their kin.

Keywords: *Class conditions, personal networks, Filipino nurses, Ireland, migration*

Translocality and the Class Conditions of Filipino Nurse Migrants in the Republic of Ireland

THIS ARTICLE EXAMINES the intersections between the translocal connections of migrants and social class. Specifically, it looks at how the class location and the social networks of migrant nurses, used here as a proxy for people's spatial connections, converge in shaping their class conditions. Using migrant Filipino nurses in the Republic of Ireland (henceforth, Ireland) as a case study, the article contributes to empirical and theoretical discussions of how social ties positively or negatively impact the lifestyles and life chances of transnational migrants.

While class has been conceptualized in a plethora of ways (Wright, 2005, Breen 2005, Savage et al., 2015); this article looks at class for its ability to provide people access to certain valuable assets (Wright, 2005) like economic and social capitals that bestow certain advantages to them (Weininger, 2005, Savage et al., 2015). Belonging to a certain class unlocks opportunities (Breen, 2005) that allows migrants to secure goods, achieve certain positions in life, and attain life satisfaction (Breen, 2005). However, how this potential plays out depends on many factors, which are part of the complexities of class and class conditions that need to be further understood in research. One of the things that is adding layers of complexity to class is spatiality (Savage and Burrows, 2007; Crompton, 2010; Dunn, 2009) and social networks (Pichler & Wallace, 2009).

With the transnational turn, there has been a departure from the methodological nationalist study of class where the nation served as the principal context of class analysis (Savage et al 2013, Goldthorpe, 1981; Savage, Barlow, Dickens, and Fielding, 1992). The rise of transnationals produce "transnational class practices" (Embong, 2000: p. 995) that occur in dual or multiple locational spaces. Early on, Savage and Burrows (2007) already underscored the importance of spatial location as a substitute for different types of sociological information like class. This has been affirmed by transnational research that recognizes the importance of place in diasporic space as a mediating context for the occurrence of class processes (Tan & Yeoh, 2011; Fresnoza-Flot, 2017; Stock, 2023). However, more recent studies, now acknowledge that "flows," "transfer[s]," and exchange of "materials," "remittances," "services," and "goods," (Greiner & Sakdapolrak, 2013: 375-376) do not just happen in transnational space, but also in different locational or translocal spaces.

Translocality is both a frame to describe "empirical phenomena" and to "conceptualize research" looking specifically at how "interactions and connections between places, institutions, actors, and concepts" create complex experiences for people (Freitas & von Oppen, 2010). While translocal connections are often conceptualized as space or as geographical boundedness, their concrete manifestations can be in the form of "marriage ties, work, businesses, leisure, the media and the circulation of people" (Tan & Yeoh, 2011: 41), "home

and family, neighborhoods, and the city" (Greiner and Sakdapolrak, 2013: 378). Thus, one way to understand people's translocal connections is to examine people's personal ties as "spatially situated" subjects (Smith, 2005: 236) in local and national spaces (Tan & Yeoh, 2011: 41). Egocentric networks serve as proxy to understand migrants' connections to different localities (Eve, 2010). home and family (Brickell 2011; Hatfield 2011; Tan and Yeoh 2011) and neighbourhoods (Centner 2011; Datta 2011; Wise 2011) as well as that of the city (Chacko 2011; Christou 2011; Page 2011).

This article is concerned with finding out how migrant translocal connections support or curtail their life chances in Ireland. It uncovers an aspect of class complexity, particularly how people's "experiences" and "choices," are structured by the intersection between their class location, (Wright, 2005: 19), social ties, and spatial connections. It examines how personal networks, particularly familial ties and the nature of their relationship with the migrants, either support or create impediments in the nurses' potential to fully live out their middle-class aspirations in Europe. Personal networks describe the link between people and other people and institutions (Massey & Espana, 1987) that unlock opportunities to improve their life chances. This contributes to unveiling class complexity by devising "sociological explanations" of mechanisms (Eve, 2010: 1245) that shape migrants' class conditions.

The article probes how the Filipino nurses' family networks impact their middle-class aspirations. While nurses possess similar resources as an occupational group (Rose & Harrison, 2007), their transnational connections and spatio-historical contexts intervene to create different lifestyles, life chances, and opportunities for them.

Filipino nurses migrating to Ireland

Filipino nurse migrants are an interesting case study given that they are a highly skilled group of middle-class migrant workers from a middle-income economy. They are among the most ubiquitous migrant healthcare professionals globally (Brush & Sochalski, 2007). An estimated 316,000 Filipino nurses are deployed in different healthcare facilities in various parts of the globe (Beltran, 2023). They represent a class of migrant professionals who have the cultural capital that is highly in demand in the global market.

Nurse migration in Ireland is part of a broader global movement of healthcare professionals (James, 2006: 42). The transnational movement of nurses transpires between low- and middle-income states to high income states (e.g., the Philippines to Ireland) or sometimes between

high income states (e.g., Ireland to Australia). The diasporic transfer is often driven by staffing shortages in many developed economies, the nurses' search for better salaries and work conditions, and the drive to improve one's living conditions and lifestyles. Thus, nurse migration is unquestionably motivated by socioeconomic class considerations (Guevarra, 2005).

Staffing shortages in Ireland driven by population growth, its aging population (Department of Finance, 2021), and Irish nurse emigration have compelled the Irish Government starting in the early 2000s to rely on nursing labor importation to remedy the situation. Filipino nurses were among the first to be recruited in Ireland, many coming from the Middle East. Next to Indians, Filipinos are the second largest contingent of foreign-trained nurses in the Irish healthcare system working as staff, managerial, and even executive-level nurses across different public and private healthcare facilities. Ireland is becoming a popular destination for Filipino nurses because of its simpler credential conversion system, higher salaries, and citizenship acquisition. Nurses in Ireland start out with an annual salary of €33,193 that climb up to €53,280 when they reach the top of the senior nurse salary scale, which is relatively higher than or at par with the salary offerings of other countries. In some cases, senior nurses working for bigger, corporate private healthcare facilities who have reached the top of the salary scale earn close to €60,000. Salaries increase further as they reach managerial and executive positions.

In Philippine Government discourse, Filipino nurses are portrayed as "new aristocrats" (Guevarra, 2010: 156) due to their capacity to generate transnational wealth, improve their economic capital that unlocks potentialities to achieve their middle-class aspirations (Gueverra, 2010), provide for their family's needs, and contribute to nation-building (Guevarra, 2010). However, nurses are subject to economic shocks that compromise their economic welfare (Spiliopoulos & Timmons) and to network effects.

Although nurses possess "buying power and investment potential" (Gueverra, 2010: 156), little is known on how they live out their life chances as middle-class migrants and how this is supported or compromised by their social ties. Ryan (2023: 163), thus, underscores the need to examine the "relationships and resources between specific ties" and how these are shaping their class conditions. The article investigates what goes on in their translocal relationships, existing resource inequalities, and the asymmetries in the type and context of social ties (Ryan, 2023; Wellman, 1988) that create variations in the class conditions of migrant nurses. The article further covers the dynamics involved in the exchange of resources (Lubbers & Molina, 2021) to find out how exactly these generate varying lifestyles and life chances for them.

Conceptualising class, spatiality, and social networks in migration

People's possession of economic (e.g., wealth or income), social (e.g. social networks), and cultural (e.g., education, taste, and leisure interests) capitals (Savage et al, 2013, Crossley, 2005) determine their "objective position in social space" (Crossley, 2005: 88) or their class location in the social structure (Savage et al., 2013). Possession of capital engenders advantage and dominance for some that enables them to demarcate their place in the social hierarchy (Crossley, 2005). Moreover, having these capitals create conditions that enable people to engage in consumption patterns (Abel & Cockerham, 1993), achieve certain "living conditions" (Weininger, 2005: 135), and carve out better life chances that distinguish them from other groups (Crossley, 2005). In Weber's (1978: 927) words class allows people to share "a specific causal component of their life chances" determined by "the possession of goods and opportunities for income" and shaped by the "conditions of the commodity or labour markets."

However, class is not just influenced by labor markets and relations. In an increasingly globalized world, individuals are recognized as "spatially situated subjects" that belong to "locality-based networks" and possess "classed" "bodies" that are situated in "specific social locations" (Smith, 2005: 236). Translocality has been used to refer to people's connections to various geographic spaces and localities (Brickell & Datta, 2011), but has also been used to refer to institutional connections and social ties (Gielis, 2009). Translocality is considered a form of "grounded transnationalism" as other forms of localities are foregrounded in analysis (Brickell & Datta, 2011: 7).

Social ties are always rooted in geographic places and social spaces (Gielies, 2009), which channel the effects of social and economic structures located in these physical and social locations. Furthermore, they shape social interaction and outcomes (Boyd, 1989). In fact, Gielies (2009: 275) describes such "social relations" as "experienced localities." Moreover, migrant social networks are in "spatio- temporal contexts" (Ryan, 2023: 50) such as "national class structures" (Smith, 2005: 242) and localities. "Structural contexts" that "include wider historical factors and patterns in society" and "cultural frames and dominant assumptions" shape the nature of the migrants' relationships to their social ties, their narratives, their "experiences" and "motivations" (Ryan, 2023: 44, 50). Social networks serve as social capital, the absence of which can create structural inequalities between people. For instance, connection to well-placed networks creates advantage over those who don't have the same social ties (Pichler & Wallace, 2009).

Various forms of resources flow through social networks, such as financial support (Bilecen & Cardona, 2017), business information, (Sommer & Gamper, 2018), job information, access to labor markets (Ryan, 2022; Cases, 2018), cooperative exchange (Kornienko, et al., 2018; Bilecen, 2022), and other forms of "practical," "emotional," and "social support" (Ryan, et al., 2008: 678-679, Bilecen & Cardona, 2017). Social networks provide support for migration plans (Ryan, 2011), introduce migrants to support networks (Cachia & Maya Jariego, 2018), facilitate migrant integration in their host society (Ryan, 2008, van Hear, 2014, Ryan et al, 2008), and unlock various opportunities (Cases, 2018). One of the more valuable exchanged resources is economic capital that is convertible into other forms of economic and symbolic capitals (Crossley, 2005). These serve as "major influence[s] in determining [people's] economic life chances" (Chan & Goldthorpe, 2007), "spending power" (Crossley, 2008: 88), capital conversion, and the attainment of privilege and status (Moore, 2008).

Most studies on migrant social networks focus on social ties as stabilizing features in the lives of migrants, often highlighting their beneficial aspects. But as Anthias (2007) argues, social networks do not necessarily serve as social capital you can draw benefits from. A more realistic conception of social networks acknowledges the multidimensional character of personal relationships (Offer, 2021) where some social ties possess destabilizing effects on people. Ryan (2023), for instance, avers that some social ties are unsupportive or unhelpful and may be based on "negative relations" characterized by "dislike, avoidance… conflict" (Everett & Borgatti, 2014: 111), or antagonism (Offer, 2021). These social ties elicit negative emotions, cause stress, and affect people's life satisfaction and well-being (Offer, 2021). While some negative ties are predicated on negative affect; others generate real, adverse consequences on the lives of people.

In the context of migrant class, negative ties can jeopardize the migrants' full enjoyment of their economic capital, limit their capacity to convert it to other forms of capital that will benefit themselves, and undermine their ability to establish financially autonomous lives in the host society. Thus, negative ties pose impediments, limitations, or prompt the loss of access to valuable resources (Chauvac, et al., 2014). However, the article takes exceptional care in the use of the term negative ties by acknowledging that some ties are not necessarily negative relations per se. Most familial ties may be regarded as "positive relations" (Everett & Borgatti, 2014: 111) based on "mutual trust and obligation" (Ryan, Erel, and D'Angelo, 2015: 9) where emotional resources flow, but may produce "negative consequences" (Everett & Borgatti, 2014: 111) in other aspects of the relationship. Social ties that pose negative consequences can erode the migrants' present and future economic stability, quality of life, and life chances (Jackson

& Watts, 2002) or even undermine their middle-class aspirations by stalling their life plans, causing missed opportunities (Ryan, 2023), or compromising the idealized visions of being middle-class. Positive ties, on the other hand, are those that support their generation and maintenance of economic capital and help stabilize or enhance the middle-class lifestyles and life chances of migrants.

While numerous works on migrant remittances have studied the beneficial effects of remittances on the family left behind (Tan, 2006; Levitt & Lamba-Nieves, 2010) and to the economies of the home country (Menjivar, et al., 1998), less emphasis has been given to its impact on the lives of the migrants in the host country. This creates a need to understand how social connections to the home country impact their lifestyles and life chances in the destination country. Few studies provide contrapuntal information on how migrants themselves are negatively affected by their social ties. The available literature tackles how the prioritization of remittances have caused delays among migrants in the acquisition of real estate property in the destination country, have resulted in clashes between financial obligations to the family and the migrants' own needs (Ryan, 2023), and have caused modifications in the consumption patterns of migrants in the destination country based on the needs of the family left behind (Parsons, 2016). Thus, this research explores the multidimensional ways social networks impact people's social mobility (Everett & Borgatti, 2014; Offer, 2021).

Portes and Sensenbrenner (1993: 1323) further elaborate on the motivations of people why they engage with their social ties and how these networks influence people's "economic goals and goal-seeking behaviors." They distinguish four types of social capitals that have bearings on economic exchange between individuals. This article will focus on three types of social capital—value introjection, reciprocity transactions, and enforceable trust—while leaving out the fourth, which is bounded solidarity. The latter category has to do with the formation of group solidarities and resource exchange within these groups. Value introjection refers to relationships that are based on social values that one learns through socialization processes (Portes & Sensenbrenner, 1993). This entails the socialization of people into cultural value systems and practices that shape their motivations for resource exchange. Reciprocity transactions, in the meantime, involve the exchange of "favors, information, approval, and other valued items" (Portes & Sensenbrenner, 1993: 1324). In other words, resource exchange happens because it is a mutually beneficial exercise for the parties involved. Lastly, enforceable trust is also an exchange based on utilitarian principles, however, this is more connected to compliance that generates approval or non-compliance that generates censure from one's group membership.

Methodology

This research is part of a bigger project on the social class of migrant Filipino nurses that used mixed data collection methods involving a non-representative survey of 418 Filipino nurses in Ireland and semi-structured interviews with social network questions integrated in the questionnaire. This article draws from social network data from the semi-structured interviews.

Qualitative social network analysis was chosen as the principal data collection and analysis method because it offers insights into "complex dynamic" relationships to arrive at a "more nuanced understanding of networks" (Ryan, 2023: 53-54). The research seeks to understand how social networks and spatial connections produce complex class conditions for the migrants, that more quantitative approaches will not be able to capture. The interest is to uncover through thick descriptions the "underlying mechanisms" (Luxton & Sbicca, 2020), and the "consequences" or the results of particular social relationships (Ryan, 2023) in the migrants' class conditions. As Luxton and Sbicca (2020: 4) argue, "qualitative SNA can provide a deeper understanding of the network 'story'" as focus is given "on the content of ties and relationships."

The 61 respondents for the interviews were selected based on conceptual assumptions such as gender (male vs. female), position (junior vs. senior nurses), and location in Ireland (urban vs. rural). At the time of the conceptualization of the research, the idea was to foreground male voices in a female-dominated profession (Yeates, 2012; Wrede, 2010); look at the differences in the class conditions between managerial and staff nurses (Wright, 2005), as well as the spatial dimensions of class (Brickell & Datta, 2011).

The SNA questions in particular were designed to elicit individual and institutional egocentric network data (Butts, 2008) that would draw out the migrant social ties (Marin and Wellman, 2011). SNA questions were integrated with the semi-structured interview questions. To elicit egocentric network information, name generator questions (Heath, et al., 2009) were asked such as who they send money to or spend money for, people and institutions that provide them and their family economic support, investments made, people or institutions that facilitated investment making, and people who provide information or opportunities for their economic betterment. Follow-up "name interpreter" questions (Heath, et al., 2009) were then asked to gather thick descriptions of critical details about "the nature of the ties" (Heath, et al., 2009: 650) and contextual information revolving around the meanings, experiences, and views of the participants about their personal networks (Luxton & Sbicca, 2020). The name interpreter questions were also designed to elicit information on "concrete acts, practices, [and] interactions" (Hollstein, 2011: 406).

The determination of a *priori* categories may have limited the data gathered to categories that the principal researcher thought would elicit network information relevant to the research. Regardless of this, the elicited social ties still serve as important data for this exploratory study given the level of discussions it generated (Sommer & Gamper, 2018).

As a qualitative SNA study, the article uses an "interpretive lens" of the participants' narratives and to juxtapose these with "macro-structural" and "meso-relational contexts" (Ryan, 2023: 48, 53). The narratives are reported and interpreted, with the researcher participating in the co-creation of meaning. The article employs a constructivist approach that sees social reality as constructed, contextual, perspectival, dynamic, and negotiated (Hollstein, 2011). It also holds that there is a "mutual constitution of meanings between participants [and] researchers" (Esin, Fathi, and Squire, 2014:204). Egocentric nodes were listed down and matched with narrative summaries drawn from the name interpreter questions. Following Ryan (2023), the principal researcher immersed himself in the narratives of the respondents followed by the inductive identification of themes, the selection of a small number of cases for in-depth discussion, and placement of the "stories in conversation with each other" (Ryan, 2023: 57). The objective is not to create "typologies and comparison" but to create a discourse around the personal networks of the migrants.

The aim of presenting the narratives is to identify the ego networks and the functions (Ryan, 2023) they perform that have impact on the class conditions of the nurse migrants in their host society. This entails detailed descriptions that converse with other data that result in the identification of "analytic patterns at a higher level of abstraction" (Ryan, 2023: 57).

Findings and Discussions

This section focuses on the familial ties of migrant nurses and how such networks shape their class conditions. Literature on migrants from developing countries shows how migrants generally remain materially and/or emotionally connected to their families back home (Semyonov & Gorodzeisky, 2005). Most migrants repatriate part of their income (Baker-Cristales, 2004), thus, dividing their economic resources between two countries. In contrast, sedentary or settled Western European middle-classes will most likely have fewer financial obligations to their families unlike migrants from developing countries and Central and Eastern European states who are tied by economic obligations to the left behind (Reuters, 2015). Younger respondents mention how parents of their Irish colleagues have subsidized their colleagues' weddings or provided them free housing amidst the rental crisis in Ireland, showing how middle-

class families in Ireland may be thriving economically. Post-war prosperity in Western Europe, the reduction of asset and income inequalities, increased access to education, the creation of robust labor markets, the provision of social security and social services, the expansion of income security throughout the life course, and state intervention have all contributed to the stabilization of the middle-classes in large parts of Western Europe (Mau, 2015). These have freed many Western European middle-classes, particularly those from states with strong social welfare programs, from financial obligations to their families.

Positive ties with negative outcomes

Emigration is usually motivated by the necessity to provide financial support to family members, especially among those from poorer families; however, those from more affluent backgrounds are exempt from such obligations (Ryan, 2023). While familial ties are most presumably animated by close emotional bonds and reciprocal social support, for less privileged migrants the relationship is also defined by economic necessity and exchange.

In the Philippines, nursing education is largely a middle-class undertaking given the costs involved in getting the degree. The middle-classes in the Philippines are comprised of a spectrum of people categorized into upper, middle, and lower middle-class households with differing access to economic and symbolic capitals. Those from the upper middle-class brackets most likely own a home in a gated subdivision or a high-rise condominium; can easily pay for the college education of their children; and have extra money for leisure, healthcare, car ownership, and material goods common to Western middle-classes (Never & Albert, 2021). The middle to lower middle-income groups, in contrast, would have varying capabilities to acquire distinction markers associated with the upper middle-classes (Never & Albert, 2021). For instance, the group would most likely be renting a home or occupying land illegally in informal settlement communities. While some may own air conditioning units or have the means to send their children to college, they also do so with comparative difficulty.

Nurses who send remittances to their family are usually those from the intermediate middle income to the lower income brackets. Mateo's father worked in construction overseas when Mateo and his siblings were growing up. This afforded them a decent lower middle-class lifestyle that gave them access to basic necessities but not much on other material goods. As a nursing student, a major portion of Mateo's dad's salary went to his education leaving very little to secure the family's future, let alone buy a home. When Mateo's dad was laid off, the sudden loss of income pushed them to a precarious economic state. This sped up Mateo's plan to work

abroad. As the family's new breadwinner, Mateo supported his parents and two siblings. He apportioned 60 to 70 percent of his monthly income for his siblings' college tuition until they completed their schooling and the family's monthly living expenses. What started out as a positive relationship in terms of the provision of financial support for Mateo, was transformed into a relationship with negative consequences given how Mateo had to take over the role of the family breadwinner.

The motivation to remit money for the family's needs is a combination of value introjection, reciprocity transactions, and enforceable trust. For instance, Filipinos normally learn from early on through socialization, the significance of closely-knit family ties, which is important in a society where it is difficult to rely on the state for provisions like monetary resources, education, healthcare, and other similar needs. Thus, Filipinos are socialized to depend on their familial ties for various forms of needs. Children are also taught the value of reciprocity where the value of filial gratitude is ingrained early on. Hence, migrants would often frame the monetary remittances to the family not only as being borne by economic necessity, but also as an expression of gratitude for parental generosity and care.

Mateo's monthly remittances had negative consequences on his newly found middle-class status, especially in the early years of his migration. Mateo's choice to work in a rural Irish community was dictated by the cheaper rent in the area. This was crucial given the proportion of the remittances he was sending to his family. With his reduced resources, Mateo had to practice frugality. He complains, "if I wanted to do something more than [pay for my bills and my family's] like enjoy travel or whatsoever, I couldn't have done it. I [also] couldn't save." Mateo's divided income forced him to live more modestly than most of his colleagues. His economic capital was just enough for his rent and his monthly expenses, with little or no savings at all. In contrast, colleagues without familial obligations displayed their status through travel, updated gadgets, material consumption, and leisure activities. Interestingly, Karen, who lives in the same community as Mateo, was able to invest in a decently sized new build home because she was not fettered by any financial obligations back home. Unable to engage in distinction practices, Mateo felt less privileged than his colleagues. However, he persisted in providing for the family because of the values he learned from early on.

Sometimes, the experience of catastrophic illnesses of family members left behind can also affect migrants from better off families by activating previously inexistent economic obligations. Martha, who comes from an asset rich, but cash poor family from a northern Philippine province, found herself spending for her mother's seven figure cardiac surgery bill when her mother had a heart attack. The absence of a robust universal healthcare program (Moore, 2019) forces

many to make out of pocket payments for private healthcare services in times of critical illnesses requiring expensive procedures. As the dominant income generator among siblings, the principal responsibility of paying for their mother's medical bills fell on Martha's lap. Resource-wise, Martha has more than her brothers have. Thus, it was expected among siblings that Martha would have the lion's share of their mother's hospitalization bills. Although there was no overt threat of sanctions, strong familial expectations and the fear of offending family members often serves as a threat to conformity, similar to Portes and Sensenbrenner's (1993) concept of enforceable trust. Luckily, because her mother had disposable assets, Martha was spared from having to spend for her mother's medical bills. She shares:

> Mama, if you do not sell your property, we will all suffer. Have pity on us because we will be deep in debt if we pay your bills." I told her, she has several lands. "What will you do with those lands? Me and my children will not go home [sic]. So, I said, if you sell that we can pay for your hospitalization bills.

Previously, Martha did not have any financial commitment to her mother who had a thriving beach resort business. This enabled Martha to buy a home in Ireland, acquire a small business for her then unemployed husband, and to send her children to schools in Europe. However, her mother's life-threatening illness forced her to take out a personal loan and to use some of her savings for her mother's initial treatments. Danchev and Porter (2018) describe "network structure" as "a source of opportunities and constraints." In this case, the financial condition of the alter and the politico-economic conditions of the state produced negative consequences to the class condition of the migrant.

Max's mother was a factory worker, who raised four children in an informal settlement community in Manila. Given his mother and two siblings' unstable financial status, Max still sends regular remittances to the family. Two years earlier, Max took out a €50,000 loan from an Irish cooperative to remove his family from the informal settlement community and move them to better housing facilities that befits Max's status change. Max purchased a small, but fully furnished home in Metro Manila from a famous private property development corporation.

The lower wages, the difficulty of getting collateral-free mortgage, the increasing real estate prices in major Philippine cities, and the absence of a robust state housing subsidy also render the parents of many migrants incapable of purchasing real property for the family in the Philippines. Newly arrived migrants, whose families did not own homes, thus, make home ownership as their initial big investment to secure the family's social status and to provide them

stability. Home ownership is a symbol of status achievement in the Philippines. Thus, it serves both as a convertible economic capital and as a symbolic capital as well. Commonly, the size and location of the house (Never & Albert, 2021) also serve as markers of distinction that set the middle-classes apart from other class groups. Thus, migrants aspire to own homes for their families in gated communities or a condominium unit in a high rise building in Philippine cities. Those who prefer bigger houses, build homes in the provinces to take advantage of cheaper real estate costs, which allow them to build mansion-sized homes like some of the respondents did. As the highest earner in the family, migrant nurses from less privileged families are expected to buy a home for the family. The unavailability of robust economic opportunities for their social ties forces migrants to assume responsibilities like buying a house, normally reserved for parents.

Given his financial obligations and the rising costs in Ireland, Max lives on a very tight budget in Ireland. Similar to Ryan's findings (2023), Max had to postpone his plans to own a home in Dublin to prioritize his family's basic needs. For Max, taking his family out of the shantytown was more important than his own welfare or personal goals. Sadly, the postponement of homeownership has been exacerbated by the Irish housing crisis affecting various sectors of Irish society. The crisis has resulted in difficulties for single earner households to secure adequate housing loans. Moreover, deposits have become higher and more unaffordable with the overpriced housing prices across Ireland.

The advantages of coming from a position of privilege

The small number of nurses from upper middle-class families in the Philippines live financially independent lives in Ireland. The parents of these migrants were employed as professionals, have thriving businesses, or worked overseas that imbued the family with "certain consumption capacities" (Never & Albert., 2021: 597). Economic capital is converted to class-related symbolic capital such as home ownership, attendance to private schools for their children, ownership of household appliances associated with Western households, participation in leisure such as travel, purchase of local and international brands of clothes, and car ownership, among others.

Jomar's father, who works in the USA provided a comfortable middle-class life for his family in the Philippines. Two of Jomar's siblings now live with their father, while his separated mother remains largely self-sufficient in the Philippines. With marginal financial obligations to the family, Jomar keeps most of his salary to himself which he uses to openly display his middle-class location. In the expensive housing rental market, Jomar rents a room in the tony Ballsbridge district of

Dublin, drives his own car, and fills his Instagram account with travel photos in several continents, oftentimes flying in business class. Sometimes, he posts photos of his acquisitions: branded clothes and shoes, including a De Longhi espresso machine. Jomar is also saving for his eventual move to the United States to join his family, lured by higher salaries and the American dream. With his familial ties mainly based on emotional bonds, Jomar is free to exercise his "prodigious buying power" to own and purchase commodities of distinction (Gueverra, 2010: 156).

Karen, in contrast, sends occasional remittances to her parents and her sibling's children. However, she frames the remittance as gifts (Ryan, 2023) for special occasions. She has also paid for the family's overseas travel expenses. These gifts are borne by affective feelings of gratitude, affection, and filial piety. The relationship is largely based on psychological, social, and emotional support (Bilecen & Cardona, 2018, Ryan, 2023), instead of being driven by economic necessity. The gifts are predicated on the idea of reinforcing familial connection and of honoring the debt of gratitude to parents. Thus, while there is no demand or obligation for financial support, the ingrained cultural values create a need in the migrant to provide gifts as homage to their parents (Portes & Sensenbrenner, 1993). However, the gift is dispositional and practical rather than being borne by pressing need.

Some also engage in wealth generation activities. Barbara, for instance, funded the opening of a coffee shop and a startup IT company in the capital city of her province with her brother and college friends as partners. The startup capital has been from her savings given the absence of financial obligations to her family. As Sommer & Gamper (2018) maintain, existing social ties in the home country are activated for entrepreneurial activities, in this case, Barbara tapped her social ties to run the business for her as the startup's CEO and with her social ties as her associates. She decided to invest her money in her hometown because of the favorable currency exchange rate and through the prodding of her social ties. Thus, financial independence from familial ties can open possibilities for wealth generation and to achieve financial stability ahead of others.

The changing nature of sibling ties

There is an implicit expectation, especially for nurses from more disadvantaged backgrounds, to help pay for their siblings' education in exchange for their parents' investments in their nursing degree (Ronquillo et al., 2011). With nursing being an expensive course in the Philippines, a major portion of the family's resources would be channeled to the nursing student's education that strains the family's resources in a major way. The Philippine Government's regressive

spending for higher education (Manasan et al., 2008), the private education oriented education system, and the absence of substantial educational subsidies are forcing families to assume the responsibility of paying for their children's tertiary education. Thus, migrants, especially those who have better financial status often fill in for the state's limited subsidies for "health, education, and social services" (Levitt et al., 2016: 5)

Thus, when Emma graduated, her mother expected her to shoulder the costs of her younger brother's college education. Don the family's economic and social capitals, some migrants may even be expected to pay for all younger siblings' education as Adrian did for the four younger siblings that came after him. In a few cases, the responsibility even extends to siblings' postgraduate education since parents may not have the resources for this to begin with. Since Arthur's dad has retired as a ship captain, the family now relies on his dad's savings for their monthly provisions. In consequence, there is no longer money to pay for the medical education of Arthur's sister. As the family's primary earner, Arthur felt responsible for paying for his sister's tuition fees. Don, on the other hand, co-funded with his mother his younger siblings' nurse bridging program and other emigration expenses in Australia.

Ties with siblings can have negative consequences for the migrants, given how some migrants are left with loans they need to pay for years. Oftentimes, maintaining economic based relationships necessitates lifestyle alterations and the practice of frugality, austerity, or "self-censorship" (Chauvac, 2014) of one's material consumption. Some migrants even take for themselves roles that go beyond parental responsibilities such as shouldering the postgraduate education of siblings. For instance, while Margaret was saving for her own wedding, she was paying for her brother's law school tuition.

However, the negative consequences of paying for their siblings' education are often temporary given the possibility of reaping future dividends emanating from siblings who can eventually share in the family financial burden. It is also often a short-term setback as the support only persists until the siblings complete their education. Such social ties are predicated on "reciprocity of social support" (Bilecen, Gamper & Lubbers, 2018: 2) that could benefit migrants at crucial periods in the future. For instance, while Don had to loan for the expensive bridge program of his brothers, one brother had already partially returned the amount that Don had loaned. Being nurses in Australia, the brothers would have the capacity to share in the financial obligation to their parents in the Philippines. Linda, who paid for her siblings' education and brought one nurse sister to Ireland, received help from her siblings in paying for the medical procedures and prolonged nursing care of their mother who suffered from a stroke.

While support for the siblings' education is temporary; in some cases, siblings persistently cause adverse effects on the migrants' class conditions. Lucy continues to support her brother who cannot afford the private high school and college education of his three children. Lucy takes out loans or dips into her savings for her nephews' needs such as laptops, gadgets, and school supplies. Sometimes, her brother makes demands, which are outside the scope of the help she initially promised, like buying a vehicle for his family. "Familial relationships" in the Philippines are "governed by norms that compel people…to support them" (Offer, 2021: 184). The sense of obligation usually comes from the closely-knit family ties shared by Filipinos where sometimes, the needs of the group or one's parents are placed above one's personal needs (Portes & Sensenbrenner, 1993). Moreover, Lucy feels obligated because she is in a better financial position than her brother and wants her nephews to get better life chances. She also feels guilty over her brother assuming the caregiving role for their father and an adult sibling with neurodevelopmental disorder, which means she wanted to reciprocate her brother's "sacrifice" by helping him financially. The absence of facilities for people with special needs in her hometown means her brother has no choice but to take the caregiving role. Thus, the kinship ties between Lucy and her brother are predicated on the complex exchange of care, financial obligation, and affective bonds. Lucy has saved a little, has incurred loans from the credit union due to her obligations, and has a housing mortgage to pay, which she acquired before the onset of the 2008 economic crisis when deposits were not required, and mortgage was easy to acquire. Her only hope is that once fully paid, she can sell the house for profit on her retirement. When asked if she expects her nephew and nieces to take care of her and her husband on their retirement as a form social reciprocity, she said she had no expectations. Having her own house that she can sell for later means that she would have the means to pay for caregivers. She is also open to the idea of living in an assisted living facility at some point.

The employment status of the spouse

In the early years of non-EU nurse migration to Ireland, spouses were not allowed to work prompting many foreign nurses to re-migrate to other countries like Australia that have friendlier employment policies towards migrant spouses. Policy changes have since been made, but finding a job remains difficult especially if the credentials of the spouses do not fall under the critical skills list of the Department of Enterprise, Trade, and Employment. Martha's husband held a financially rewarding post in the sales department of a multinational pharmaceutical company in the Philippines. When he relocated to the rural town where Martha worked, he found it difficult to find a job that would recognize his work experience. Thus, he remained

unemployed for a while taking care of the children until such time, they were old enough to be let alone. The decision of the male spouse to take care of the children spared Martha from spending for childcare. Because the children were receiving subsidies from the state for childcare, the money was also kept for the family's needs. Later, Martha's husband accepted janitorial and store assistantship jobs to help with the growing family expenses.

Similarly, Felix's wife was a cardiologist in the Philippines. However, restrictive policies of the Irish Medical Council have hampered her from practicing in Ireland. She has passed two of the three expensive qualifying exams to practice in the country. She is still required to do internship rotation to train as a general practitioner (GP) even though she was already a cardiac specialist back home. While already eligible for employment, finding employment has been tough because of what she describes as a discriminatory job market that marginalizes physicians who trained under an American education system. Having professional credentials under the Critical Skills list of the Department of Enterprise, Trade, and Employment also does not guarantee employment. Tony's husband worked in the Middle East as an academic, which falls under Standard Occupational Classification 231 in the Critical Skills list. However, he has remained unemployed for the last two years since his arrival.

With issues like these, married migrant nurses assume most of the financial obligations in Ireland from relocating their spouses and children to Ireland and shouldering the monthly family expenses. While some families survive as single income households as spouses are unable to work, they do so on reduced middle-class capacities, often living on a shoestring and foregoing savings. These families survive as single earner households because of the subsidies from the Irish Government for unemployment, childcare, and basic and higher education. While such subsidies unlock life chances for their children, these families find it more difficult to live their full potential in terms of the lifestyles associated with middle-class European families, especially for migrants with persisting obligations back home. However, with regular salary increases, nurses are better able to manage their households in time. Spouses who do not possess critical skills usually end up experiencing a diminution of their social status as they take blue collar work even as they were previously professionals.

Nurses who occupy senior, managerial, and executive position and those who are married to fellow nurses and other professionals with critical skills enjoy the most financial freedom in Ireland. Often, these nurses are those who can afford homes in the expensive Dublin housing market, travel in style to European and North American destinations, engage in investments, or even send their children to other European universities.

Conclusions

This article contributes to understanding the intersections between "spatial contexts" (Savage, et al., 1992: x), personal networks, and the class conditions of migrant workers, specifically focusing on how the intersections among the three play out in shaping the living conditions and opportunities available for middle-class migrant workers (Abel & Cockerham, 1993).

The article focused on kinship networks both in origin and destination countries as essential ties that shape the class conditions of migrants. In this work, the focus was on both the positive and negative ties of migrants. In the context of class, negative ties were interpreted to limit one's access to resources and/or impede or delay one's ability to experience lifestyles or enjoy the life chances associated with the middle-classes. The research further acknowledges the complexity of migrant social ties such that positive ties based on emotional and psychological bonds can, in fact, produce negative consequences in the migrants' ability to fully enjoy their middle-class lifestyle in Europe or in reaping the class-associated opportunities available to them. Sometimes, family ties become negative ties because of the absence of institutional mechanisms in the home country for social protection and welfare. It also brought into the analysis how types of social capitals create a sense of obligation to the family that make some to forego their own welfare.

The social location of the family ties back home plays a major role in determining the degree of financial obligations of the migrants to their families. Social reproduction happens when the social class of the family back home determines the class conditions of the migrants in the host country. For instance, the need to support less privileged family members impact their ability to fully experience their middle-class location in Ireland. Migrants calibrate their lifestyles and forego life plans to take care of the family's needs.

Offer (2021: 182) says that with "an egocentric perspective, what matters for outcomes is the individual's subjective perception and appraisal of her or his ties;" however, he argues that the evaluation of a "third party or outside observer" is also crucial in helping people "better navigate their social world." Because migrants' family ties are bound by "individualistic and familial motives" (Rapoport & Docquier, 2006: 1135) and often revolve around cultural conceptions of familial obligations, migrants will seldom admit the negative consequences of their family ties to their class conditions. Thus, many migrants from less privileged families in our sample provide for family members back home regardless of the hardship they experience in the destination and modify their lifestyles around the family's needs.

Comparatively, most of the nurses in our sample from more privileged backgrounds thrive in their middle-class status in Europe, more than the nurses from less privileged backgrounds. They plan their individual lives without having to plan it around the lives of those they left behind. While migrants from privileged families plan for a more prosperous future, others are still encumbered by the need to ensure the basic needs of their familial ties. Without financial commitments, the more privileged respondents secure better life chances through capital conversion such as real estate investments, living the good life, and involvement in wealth generation activities. Remittances are not a matter of obligation or pressing need, instead they are borne by personal volition. In other words, migrants exercise the freedom of decision.

The lack of institutional social safety nets and social welfare programs in the home country forces migrants to assume the roles of parents and/or the state in paying for or subsidizing the education and/or medical care of family members. However, as Ryan (2023) notes, "needs and circumstances alter over time and over the life course." Episodic medical needs of social ties can cause sudden but temporary instabilities in the economic conditions of migrants. Education subsidies are more prolonged, but they serve as investments into their future, enabling siblings to share in the burden of supporting the family back home.

Structural variables such as state policies and programs also dictate the nature of the social ties that contribute to whether the social tie would have positive or negative impact on the migrant. State support for childcare, education, or healthcare provides positive consequences on the economic conditions of migrants, while state policies that hinder the employability of spouses create impediments in the lifestyle and life chances of migrants.

The effects of social ties also change over time. For instance, the death of parents or the decision to stop remittances would mean the cessation of financial responsibility for the migrant. The graduation and employment of siblings could transform the relationship from an economic driven bond to a more emotionally driven bond. This could also transform it into a positive tie with the minimization of negative consequences brought about by the reduction of the economic exchange.

Lastly, the article established how some social networks can lead to more stable class conditions for migrants in the host society, while others can set them back, often temporarily, in terms of their individual middle-class aspirations. This determines how much economic and symbolic capital migrants have at their disposal. It also determines how much they can

convert their economic capital into other forms of capital. In terms of future research directions, it is important to get away from a priori assumptions about the personal networks of migrants that impact on their class conditions, instead questions should be designed as to open possibilities of discovering other networks that impact their class conditions. Another future direction would be to examine the personal networks of migrants at work and the different institutions they deal with. While there have been some discussions on the absence and presence of social protection institutions that curtail or create life chances for migrants, a future goal is to write a more in-depth discussion on how social protection institutions (Levitt et al., 2016) in the country of origin and destination state interact with the various personal networks of migrants in creating certain class conditions for them. Finally, it is important to look at migrant social ties that impact their class conditions from a longitudinal perspective, looking at how changes in job positions create changes in their class-related personal networks.

6 Conclusions

This thesis, involving a case study of migrant Filipino nurses in Ireland, analysed class processes that create divergent class conditions for a micro-class category of migrant nurses, which has been influenced by their translocal contexts. This section highlights the most significant findings of the research:

First, migrant nurses deal with critical differences in their class conditions across the different countries where they worked for driven by the unique socioeconomic conditions and state policies of the host and home countries. However, migrants also deal with vertical differences in their class conditions driven by the type of the institutions that employ them and exacerbated by state policies and processes that are imbricated within transnational contexts. How they assess and accept their current work conditions are defined by their previous experiences in other parts of the world (Paper 1).

Second, the lifestyles and life chances of migrants in the host society are defined by the class location and conditions of the families left-behind and other social networks in the home and host countries that recreate privilege in some of the migrant nurses, while creating disadvantage in others in terms of the ability to deploy their economic capital and their capacity to acquire symbolic capital associated with the global middle-classes. Those from more disadvantaged families are set back socioeconomically compared to their counterparts from the host society and their Filipino colleagues who come from financially stable families (Papers 2 and 4).

Third, as part of the global middle-classes, migrant nurses are subject to economic shocks and state neoliberal policies that impact both their occupational and socioeconomic class conditions as migrants. These have real effects on their work conditions, but also their capacity to enjoy their middle-class location in the host society (Papers 1-4).

> Fourth, state policies at home such as the absence of a robust health insurance program and a reliable and affordable socialised housing program create instabilities in the socioeconomic conditions of family members the nurses left behind which, in turn, destabilise their class conditions in the host society (Papers 2 and 4).
>
> Fifth, improvements in the class conditions of nurses and the possibility of transnational movement have contributed to nurses resorting to private solutions to the issues they face in the workplace instead of working as a class for structural solutions to the issues they face as nurses. Lastly, some migrants resort to subterfuges like movement to rural and peri-urban geographies as a strategy to improve their class conditions in the host society. (Paper 3)

Assessment of findings

This dissertation combines macro, meso, and micro structural approaches to class analysis to investigate the class conditions of migrant nurses. However, the principal focus was on microstructures given how it inquired into the class experiences of individual migrants, but looked at how meso and macro structures shaped the microstructural experiences of migrants. The research examined class not as a theoretical construct of classes but as an empirical reality whose components needed to be disentangled to unravel the complexities of class.

This thesis diverges away from earlier influential works on migrant care work (Choy, 2003; Parreñas, 2001; Yeates, 2004) that unveiled various types of transnational processes involved in care work. However, this thesis goes a step further by looking into translocalisation processes in care work, but this time focusing on its intersections with class processes. It unravels how the class conditions of migrants and how they encounter and interpret these experiences are shaped by their connections to various "spaces, places, and scales" (Brickell and Datta, 2011: 6) that are not just confined on the level of the nation and the transnational. Translocality was operationalised in this research as geographic, institutional, and social connections of migrants that conspire to create diverse class conditions for them.

While macrostructural approaches to class analysis are useful in aggregating people into neat categories based on categorical parameters that highlight their similarities in occupations, socioeconomic status, property ownership, and other similar criteria, they fail to tell us about empirical classes and how social class groups experience it far removed from theories and

classifications that assign them into neat social hierarchies. While the structural approach provides us a systematic way of apprehending social divisions, it glosses over many relevant and nuanced understanding of class processes, particularly in shaping migrant class conditions. This research investigates the complexities of class, particularly, the development of class conditions as influenced by the translocal and sociohistorical contexts that serve as a backdrop to migrant experience.

Filipino nurses were chosen for the case study given their ubiquity in labour markets all over the world. Filipino nurses are among the very first labour migrants that filled in the nursing shortages in the Americas, the Middle East, Australia, Europe, and Asia. In Ireland, Filipino nurses are a sizeable micro class group crucial for the Irish healthcare system. They are currently a group that remain under-researched in Ireland. Filipino nurses provide an interesting case study on class because of how they are products of the institutionalisation of labour export by the Philippine Government to solve employment insecurity, individual privation, and national poverty in the country. This migrant group leave for abroad to achieve economic success that, unfortunately, can only be accomplished beyond the national borders (Choy, 2003) given the inefficiencies and limited resources of the Philippine Government. While economic logic largely animates nurse migration, nurses are also driven to relocate by the pursuit of improvements in employment conditions that better-resourced societies can offer. Thus, the migration of Filipino nurses inherently embody class and translocal features, which this research probed.

The focus on a micro class group of workers (i.e., nurses) was for practical purposes, given the inherent limitations associated with PhD projects such as time and funding constraints. While looking at big classes instead of a micro class group would have generated interesting comparative results, the micro class group was chosen for the easier examination of the similarities and differences in salaries, work hours, workload, and institutional belonging, among others, since they belong to the same work field. This would have been more difficult to operationalize had I studied "bigger classes" where the nature of work and industries workers belong to are widely heterogenous.

In this research, I conceptualised and operationalised the study of class conditions from a translocal perspective given that migrants are embedded in various geographical spaces all at once—nation-states, regions, cities, towns, and social institutions (e.g., family, work, etc). They are connected to these geographic spaces and social connections materially, symbolically, and nostalgically, which all have impact on their class conditions. I explored these connections and the various social exchanges and social action and interactions that occur in these spaces and connections.

For some professions like nursing, globalisation has enabled them to achieve exceptional "spatial autonomy," given their "transnationally recognised cultural capital" that provides them access to better jobs and resources in other parts of the world (Weiss, 2005: 708). Workers with in-demand cultural capital fill in labour niches (Ortiga, 2018) worldwide that cannot be filled by the population either because the jobs require highly specialised skills, or the jobs are considered low status jobs that people from more economically advanced nations refuse to take. The latter is usually filled by people from developing countries who make a beeline for the promise of upward socioeconomic mobility. Nursing contains features of these two categories: advances in the fields of medicine and nursing have transformed the nursing profession into a highly specialised field that now require postgraduate training far from its former status as an associate degree, but still retains traditional associations of the job as being low status because it involves "dirty work." However, the professionalization of the industry and the great demand for nursing labour has considerably raised nursing salaries, especially in more developed states that now provide the possibility of upward socioeconomic mobility. Interestingly, migrant movement among nurses do not just represent movement from developing countries to developed states. Like the Irish model, nurses from developed states also move to other developed states where the proverbial pastures are greener like the younger Irish nurses are doing. Movement from one geographical space to another is commonly animated by class considerations or the search for better occupational conditions, salaries, and life chances. While such movements open possibilities for upward social socioeconomic mobility, nurses are not spared from poor working conditions and challenges in achieving lifestyle goals. The nature of employment in global capitalism is such that workers are periodically exposed to economic downturns, which are further exacerbated by contracting state social support and ill-managed state economies. Migrants, not only face this in the host society, but they are also affected by their continuing ties in the home country that pose impediments to their full enjoyment of their newly found global middle-class status. Undeniably, there are real improvements in the socioeconomic situation of migrant workers in their host state; however, this creates the illusion that migration solves their "class-related problems," albeit on a private, personal level.

The transnational movement of nurses can be seen as private solutions to their class woes in the home country. Similarly, the internal movement of migrants from capital cities and major urban areas to peri-urban and rural communities have been taken by some nurses as private solutions to structural issues. With immediate solutions to the housing and rental crises nowhere in sight, some have resorted to movement to peripheral communities as a game plan to increase their economic and symbolic capitals (in some cases even if they prefer to live in capital cities, the financial freedom they gain in peripheral communities compels them to stay

in these communities). Ironically, the rental and housing crises are driven by high economic growth rates, the influx of internal and external migrants, and neoliberalist ideologies such as the financialisation of the housing market. While the translocal nature of migrant employment provides opportunities for social mobility and increased life chances, it glosses over the structural roots of the problems faced by nurses in their field because it merely opens to them the possibility of the individual improvement of their situation.

While socioeconomic class is conventionally discussed separately from occupational class given that they come from different theoretical traditions (Wright, 2005), I treated them as complementary to each other that serve as a potent lens to explain class processes, class conditions, and migrant agency. Workers principally derive from their occupation their economic capital that establishes their position in the socioeconomic hierarchy, which makes occupation a determinant of the migrants' place in the social hierarchy. It opens to them possibilities of upward mobility as it provides them access to symbolic capital associated with the global middle-classes, which the participants of this research articulated as the principal reason for their migration. Second, while occupational class is a potent "source of social and political identity, consciousness, and action" (Crompton, 1996: 58) especially when the workers realise the real state of their work conditions, most are more concerned with the achievement of better economic capital and "life chances" than the improvement of work conditions. Thus, migrants become more tolerant of unideal work conditions with the considerable improvements in their economic situation compared to their former status. The improved access to economic and symbolic capitals in the host society impacts how the nurses view and act on their worsening work conditions. In this case, the economic win trumps the minor losses in work conditions, which to the migrants' minds are still wins given how their current work conditions are still substantially better than the super exploitative work conditions in the home country. However, in principle, the improved socioeconomic conditions and the freedom to move to greener pastures whitewash the structural conditions and issues that frame the worsening work conditions of nurses worldwide.

In traditional Marxism, classes were defined based on social relations between the owners of the means of production and the workers involved in production (Wright, 2005). However, nurses are not involved in productive labour (they are not directly involved in the production of goods for commerce), instead, they are involved in reproductive work that help care for the productive members of society to ensure labour power is constantly reproduced to vitalise capitalist industries. In this research, the diverse work institutions of nurses that are not captured by the simplistic and reductionist dichotomisation of the relations of production between

capitalists as owners of production and workers who own their labour power, were probed. The work foregrounds complexities in the work affiliations of nurses, who are employed by state-funded, private corporate, state-private partnership, and private individual entities that create diverse work conditions and produce layered experiences of exploitation among nurses. While there are considerable variations in their class conditions and disparities in the depth and magnitude of the experience of exploitation, their class conditions, in principle, share fundamental similarities. The similarities are driven by the structural crisis that plague global capitalism. In Ireland, nurses are fielded out to different healthcare institutions, regardless of whether these are private or public sector institutions. However, from the conversations, it appears that a number are placed in nursing homes or geriatric units of hospitals initially when they arrive, regardless of them being specialist nurses (i.e., ICU, ER, or OR, nurses). Geriatric care is not a preferred assignment because it involves mostly bedside care and heavy lifting, which means they experience deskilling and perform more physically labour intensive work. The situation is compounded when the patient has dementia and there are not enough care assistants to help the nurses. However, there are options to move to other assignments after a couple of years. This is something that would be interesting to pursue in future research as potential sources of discrimination through the relegation of non-European or non-Irish nurses to more difficult assignments.

On the other hand, differences in the conditions of nurses from the developing world and the developed states are driven by the macroeconomic situation of the home and host states, the extent of the state's subscription to capitalist and neoliberal discourses and ideologies such as the downsizing of government and the budgetary limitations imposed upon by state institutions, the availability of surplus nursing labour, and state governance inefficiencies. These contribute to their class conditions metamorphose. Depending on the depth of the state's subscription to neoliberal ideologies, the nurses' salary structures, work quality, safety, and satisfaction standards get compromised. While private institutions have the potential to provide better work conditions and better pay and benefits to nurses, this is not a potential that is always realised because labour market forces and the size of the private healthcare institutions dictate the willingness of private healthcare entities to improve the pay, benefits, and work structures of the nurses. With the state's deregulation of wages and benefits structures of private corporations, this could be easily abused by employers to the detriment of nurses.

As mentioned earlier, the living standards of nurses improve with their migration where the level of upgrade is governed by the life conditions and standards of living in the host society. However, persisting familial social ties in the home country, prevents them from living similar middle-class standards of the local Irish nurses or more privileged Filipino colleagues whose

sole economic responsibility is for themselves. Migrants who have persisting financial obligations are building parallel dreams for the family back home and for themselves in the host country that stalls (especially in the early years of migration) or stunts their own social mobility in the host country. Persisting financial responsibilities back home create likely repercussions on their socioeconomic conditions years down the line or compromise their capacity to build their wealth for the future. Taking care of the needs of family members back home and squandering their economic capital on exorbitant rent without any prospect of economic returns for them also jeopardise their ability to cement their financial stability. Those who have invested properties in the home country also face the prospect of enjoying these investments much later in life on their retirement, which amounts to stalled dreams and aspirations. Thus, their geographic location and connections have temporal implications on both their present and future goals, marked by the postponement of gratification or the potential curtailment of their dreams in the future. However, because their families back home experience progress in their socioeconomic status through the increased consumption of symbolic capital, nurses often ignore these postponements and diminution of their potential. As Escobar (2010: 41) states, global capitalism successfully entrenches "individualism and consumption as cultural norms" that veils the structural roots of their problems.

Contributions of the study

Empirically, this dissertation contributes to an understanding of the class experiences of Filipino migrant nurses in the translocal context. The understanding of the experiences of migrant nurses is an important contribution to the literature given the great demand for nursing labour in the global labour market, especially in the developed world that cannot produce enough nurses to oversee their healthcare facilities. Thus, this thesis contributes empirically to fleshing out the experiences of migrant nurses in global capitalist labour market, in general, and Filipino nurses, in particular. It also contributes to comprehending the phenomenon of occupational and socioeconomic mobility as migrants move from a middle-income country plagued by deeply entrenched structural problems that afflict its healthcare industry and their move to a high-income country that also face structural issues but are far less extreme compared to what nurses faced in the home country.

While much has been written on the occupational and socioeconomic conditions of nurses in the Philippines (Ortiga, 2018; Ortiga, 2017; Ortiga & Macabasag, 2020; Guevarra, 2010) and other popular nurse destination countries (Cases, 2018; Guevarra, 2010), the thesis conduces in-depth understanding of the occupational and socioeconomic experiences of nurse migrants

in Ireland. Ireland remains an underexplored terrain in the academic literature on nursing labour despite becoming a popular destination for foreign-trained nurses from the Philippines, India, Eastern Europe, parts of Western Europe, and Africa. Ireland provides an interesting case compared to the more popular destination countries for nurses given the unique sociohistorical and economic conditions framing the Irish experience. Ireland is a relatively new host to migrant workers given how its transformation from a less developed to a developed state only occurred in the 1990s during the Celtic Tiger years. The period from the 1990s to the present has provided the Irish Government a small window period to resolve issues with its healthcare industry such as the lack of bigger hospitals and nursing homes to cater to the growing needs of its burgeoning population. The Irish Government has been slow in enacting reforms that would bring its health care industry at par with the healthcare industries of more progressive European states. This has been exacerbated by the influx of migrants seizing labour opportunities in the country or seeking refuge from war in their own countries. The country is also confronting a housing and rental crisis that has driven real estate and rental prices to historic highs. A few years ago, it also dealt with the 2008 economic crisis associated with the cycles of booms and bust of neoliberalist capitalism that has resulted to the downsizing of expenditures on healthcare professionals that have impacted the nurses' working conditions and the closure of key services in several rural hospitals.

While all these are starting to be addressed; however, the effects on the economic capital and the working conditions of nurses remain palpable. All these has served as interesting backdrops to this study on the class of migrant workers and how their translocal contexts intersect to create unique class conditions for them. Among the things the thesis chronicled are the microsociological impacts of the macro responses of the Irish Government to these issues that have had a hand in shaping their occupational and socioeconomic class situations.

One of the significant contributions of this research is the exploration, at the meso-level, of how migrant translocal social networks directly impact the socioeconomic conditions of migrant workers. Distinctions on the positive and negative effects of migrant social ties on the lives of migrant workers. Whereas in most research, kinship ties are just seen as recipients of remittances that drain the economic capital of migrants, the thesis distinguishes how other kin members intercede to share with the financial burdens of the family, which include kin members who were once financially supported by the nurses in the initial years of their migration and who also achieved stable financial footing in life. The latter type of kinship ties enables migrants to fully enjoy their middle-class location in Ireland. However, the privatisation and decreasing expenditures on healthcare in the home country, could reignite financial responsibilities especially those involving catastrophic illnesses of kinship ties, which becomes especially

burdensome to those who have few or no kinship ties to rely on for economic assistance. Government institutions are key to stabilising the migrants' economy as well, especially when they receive subsidies for children, but obviously does not work for migrant nurses who have no families of their own.

There are also distinctions between kinship ties who come from middle middle-class to lower class families and those who come from upper class families and their real and direct effects on the socioeconomic conditions of the family. The higher and more established the family is in the social hierarchy, the less responsibilities the migrants have of them. This shows the continuing salience of geographic connections on the migrants' socioeconomic conditions in the country.

As a study on translocal class, the thesis also looks at similar contexts in the migrants' home country. It looked at the Government responses to protracted economic troubles that have significantly diminished the quality of the nurses' working conditions in the home country. It also inquired into how the economic policies of the state continue to frame the socioeconomic conditions of the families they left behind, which in turn, have repercussions on the migrants' socioeconomic status in the host country.

In terms of theory, the thesis contributes to the explication of class relations in the healthcare setting, bringing out the complexities of empirical classes (Wright, 2005), particularly, those involved in reproductive labour that perform support functions to capitalist production formations. Unlike other reproductive labourers such as domestic workers and caregivers employed in private households where class relations are between the domestic workers and caregivers and the household employers (Parreñas, 2001; Yeates, 2012), nurses are employed in a host of different institutions that was enumerated in earlier paragraphs. Employment in different facilities generate distinctive class relations, which this thesis foregrounds. The thesis explicates processes involved in these institutions, which contributes to theorising on how employment institutions and geographic spaces create "asset inequalities" under "different systems of exploitation" (Hoff, 1985: 2013-214). While some work conditions in these facilities are similar, others generate peculiar conditions that are unique to the employment institution.

For instance, the class relations in the nursing field are compounded by the State regulation of the healthcare industry regardless of whether the nurses are employed in the public or private sectors. Contemporary states "maintain the [capitalist] relations of production" and "legitimise the institutions built around them" (Hoff, 1985: 208-209). Neoliberalist states play a role in regulating (i.e., state institutions)/deregulating (i.e., private institutions)

compensations and work processes; the distribution and non-distribution of material resources; and legitimating (Hoff, 1985) capitalist and neoliberalist processes in both public and private healthcare institutions. Neoliberalist state processes have affected the working conditions of those employed by state institutions through increased workload that have made nursing work dismal and labour intensive. While state institutions have the resources to make the standards of work acceptable for nurses, states shore up its fiscal standing by adopting policies that are inimical to the welfare of nurses.

In the private sphere, salaries, benefits, and workload have been deregulated by the state, which means market forces determine these. With the autonomy to determine their own policies and practices, salaries and workload of nurses are also affected especially if they are employed in small privately owned facilities. The expansion of the privatisation of healthcare will translate to increasing numbers of nurses working for profit-driven private companies, whose salaries are based on laissez-faire principles. While this could be advantageous to nurses in states with low labour supply, this could still work against the interests of newly arrived nurses who are offered lower than standard rates by privately owned nursing homes. While the customer-focused approach of private healthcare facilities ensures better patient-to-nurse ratios, the distribution of material resources is not always assured. For instance, there are clear divergences in the capacity of privately-owned corporations and family enterprises in terms of their capacity to pay salaries and benefits.

The foregoing discussions teased out the complexity of class relations in the healthcare setting where the simplistic polarisation between capitalists and workers no longer exist. The discussions on different work settings provides a sharper examination of complexities of class relations in translocal settings where varied institutions employ workers. This will have reverberations on how to conceptualise class in global capitalism, especially for workers who do not work for non-capitalist industries. However, because state mechanisms legitimate and support capitalist processes, similar conditions of exploitation with differences in breadth and magnitude, are created across different institutional work contexts.

The thesis also explores the dual class locations of some migrants who invest as stock owners in the stock market, who have been given stock options by their company owners, or in a few cases, have opened their own businesses. Involvement in such activities enable them to grow their economic capital while becoming employers and workers at the same time. They not only improve their income stream and economic capital, but they also improve their status as well.

Bringing in macrosociological, sociohistorical contexts related to particular geographic spaces has allowed the thesis to demonstrate how other important factors come into play in shaping the class conditions of migrant workers. For instance, the Philippines' long-term neglect of its healthcare industry, its deregulated private industries, its focus on labour export, and it's struggling economy have made it difficult for nurses to make a decent middle-class life in the Philippines. However, there are also resonances to what is happening in the Philippines to what is happening in Ireland. While Ireland has been dubbed as one of the richest countries in Europe, cracks in the Irish political and economic systems have affected workers negatively. This have involved policies that restrict categories of spouses from working that undermine the class conditions of the family, the mismanaged housing crisis, and the decrease in public expenditures that have affected public sector salaries and hiring of needed manpower in hospitals. All of these have contributed to creating instabilities in the occupational and socioeconomic class conditions of nurses.

The thesis also contributes to understanding class conditions from both macro and microsociological perspectives (Wright, 2005) in the translocal field looking at it from the context of nations, regions, institutions, and social networks. Breaching different boundaries with migration and having persisting connections to different geographical spaces and social networks create unique class experiences and conditions, which was extensively discussed in this research, thus contributing to the understanding of class from a translocal context. It mapped out and operationalised how migrants are connected to nations, institutions, regions, and social networks physically and symbolically.

Another contribution by the thesis has to do with improving the theorization of middling migrants who straddle two lives, one in the host society and another one back home where they care for the needs of their economically dependent families. The life chances of nurses who exist in this liminal space are stalled or diminished in the host society creating hierarchies and contradictory locations between those saddled by familial financial responsibilities in the country of origin and migrants who are only responsible to their individual financial needs in the host country. In one of the papers, middle-class predilections and practices were also discussed. Discussions were made on the economic and symbolic capitals the nurses' contradictory middle-class location in the Philippines and Ireland would allow them to acquire. While they achieve significant improvements in their economic and symbolic capitals in the host society, impediments to the full realisation of their potentials as members of the global middle-classes were also pointed out. In much of migrant research, the working assumption is always that migrants repatriate their economic capital to the home country for the family's

needs and assumes upward social mobility with the improvement of the class conditions of the family back home. However, what has been ignored is the welfare of the migrants in the host societies, especially if permanent settlement in an available option. The common assumption is that the needs of family take precedence over the needs of the migrants in the host society (Guevarra, 2010), thus glossing over relevant information on how the class conditions of migrants develop in the host society. The thesis, therefore, provides another view of how migrants from developing countries forge their middle-class identities in the host society given their persisting translocal connections.

The final contribution to the literature of this study is on how migrants turn to internal migration to peripheral communities as a strategy to maximise the entitlements of their class location. Living in highly urbanised communities or the centres of commerce come with expensive costs. While living in these cities offer amenities that elevate the lifestyles of people, it shrinks people's disposable incomes. This impacts migrants more given their persisting transnational financial responsibilities. Thus, migrants use residence in peripheral communities as a plan of action to stretch their resources, to afford the comforts of the middle-classes such as housing that they would otherwise not be able to afford in capital cities or major cities. In Dublin, a city that has outstripped other major European cities in terms of costs of living, migrants have to deal not only with high patient numbers especially in congested public hospitals but also have to deal with the economic costs associated with living in the country's centre of commerce. While nurses who move out to peripheral communities are equally subject to deteriorating working conditions, they deal less in terms of high costs of living that serve as an ideal compromise. Thus, this research contributes to the theorisation of how rural and peri-urban spaces are penetrated by the middle-classes who want to exploit fully their economic capital as part of the middle-classes either as a strategy to balance their finances for their own needs in the host society and the needs of their families back home or to make the most of their middle-class location that will allow them to acquire the symbolic capital associated with the middle-classes.

Limitations of the Study

There are two categories of limitations that I encountered in embarking on this study that has to do with data gathering and the other with analysis and write-up of the research results. In terms of data gathering, the initial plan was to get a master list of Filipino nurses from the Irish Nurses and Midwives' Organisation and the Health Service Executive that would be the basis for a representative, non-probability, snowball sampling for the survey. However, the

difficulty of securing such a list forced me to opt for a non-representative sampling frame. While generalisability would have been ideal to make clearer generalizations about place of residence (urban, rural, peri-urban) vis-a-vis home ownership or the distribution of nurses in urban and non-urban settings, the logistics of the research made it impossible for the research to adopt representative sampling. However, the availability of qualitative and social network data has enabled me to triangulate information.

There were also issues with gathering of the social networks data, which was initially visualised as being composed of name generators, name identifiers, and a visual rendition of the networks to measure the strength of the ties. However, the lockdowns during the pandemic made collecting visual data difficult. This also had to do with the lack of access to digital apps that would have allowed me to collect visual social network data. Thus, I made last minute changes to the data collection strategies for the social data. This prevented me from doing conventional social network analysis where personal networks are mapped out and the strength of ties are determined based on the visualisation of the respondents.

Focusing only on Filipino migrant nurses is another potential weakness because it only represents their experiences, but not the experiences of other nurse migrant groups. A study on migrant class would have generated more interesting comparative data if there was access to other migrant nursing groups from India, Eastern Europe, Africa, or even Irish nurses. The contrasting conditions in their geographical origins would have generated interesting contrapuntal data; however, this can be done as part of the future directions of this research. The inclusion of other groups would have also posed unique difficulties to the research given my absence of strong networks with Indian and Eastern European nurses to make initial contact with them. There would have also been potential difficulties in establishing rapport with groups I am not culturally considered part of, and cultural differences I had no instinctive understanding of as a cultural outsider. Being Filipino and having had hospital-based work experience previously allowed me to fully immerse in and understand the experiences of my respondents.

While data collection was designed as a mixed methods study, only three papers used mixed methods analysis, but focusing mostly on descriptive data combined with the qualitative data in a convergent mixed methods approach. Both data were analysed separately and then compared for similarities or differences in findings, especially involving survey and interview questions that were related to each other. The qualitative data were then used to explain the most interesting findings of the quantitative data as regards key variables that would explain the class conditions of the nurse migrant workers. Moreover, the paper on the personal social networks of migrants was designed to gather qualitative data that focused on the narratives of relationships of the

personal networks of the migrants. The papers admittedly lean towards the use of qualitative data more than the quantitative data given that I was more interested to highlight narratives and explanations rather than statistical and correlation data for the topics I chose to write on. The use of correlational analysis would possibly generate more compelling data, but which I aim to accomplish in future research papers.

Future Directions

Numerous future directions can be pursued from this research using my existing data but also collecting new data or building on data that has already been collected. The first is to explore other dominant migrant nurse groups who provide services to the global care chains. This includes nurses from India, Africa, Eastern Europe, and Ireland who are now employed in other developed countries outside Ireland such as the United States, Australia, New Zealand, Canada, and Japan to see how their varying translocal contexts manifest in shaping their class experiences. Research on these various groups of nurses will potentially provide contrasting information to the findings of this research that will revolve around how their different cultural, socioeconomic, sociohistorical, and translocal contexts create comparative experiences among different groups of nurses. One of the potential points of departure for new research would be the examination of the experience of migrant nurses coming from lower middle income (e.g., Nigeria), middle (e.g., India and Eastern Europe), to high income countries (e.g., Ireland and Italy). The research will explore how the movement to "better" locations impact their social standing, the types of familial responsibilities they retain, their perceptions of the attainment of upward social mobility, and issues of global social, racial, cultural, economic, and work inequalities among migrant nurses. The survey instrument and the interview guides developed for this research would be good starting points to embark on global research on migrant nurses to understand their material conditions and other class processes in their migration. The use of Survey Monkey for the research, made me realise how this online tool has the potential to facilitate the easier collection of global data on migrant nurses.

It would be interesting to embark on longitudinal qualitative research with the Filipino nurses who participated in the in-depth interviews. Longitudinal data collection can produce powerful data that chronicles the intersection between temporality, change, and the factors that bring about these changes in terms of the class conditions of nurses. Initial data collection can be carried out five years from now to examine the changes in the nurses' occupational and socioeconomic class conditions and their social networks to see improvements or regression in their conditions over time. The data that was collected for this research would serve as base

data to track empirical changes in their situation. Focus would be given to the shifts related to work promotion, economic capital and savings, retirement and pensions, the attainment or non-attainment of life chances available to them, and sociohistorical variables that would contribute to their shifting class conditions. The research will work to understand how employment in Ireland is allowing them to meet their socioeconomic and professional goals and how shifting state policies also impact them over time.

Another potential research project is the further exploration of transnational class formation of different migrant nurse groups as a class-for-itself, which the current research neglected to investigate in depth. It would have been good to collect more in-depth information on union organising in the Philippines and Ireland and how these flows into transnational class formation. The most I asked from the qualitative interviewees was if they were part of the unions in Ireland. This is an important component of class discussions especially given the less-than-ideal work situations they have and how this impacts their identity and solidarity with other migrant nurses from other parts of the world. Future research projects could entail looking at the emphasis and trajectories of the campaigns and actions of national nursing unions (e.g., how much of it is national, international, or transnational). I will look at nurse participation in union work and the factors that support or impede their participation in the trade union activities, but also in having a more international thrust of union organising. Irish unions are already pushing for the ethical hiring of nurses to ensure that the supply of nurses in developing countries are not compromised given the mass exodus of nurses from developing countries. An interesting angle to pursue includes pushing the transnational union agenda to more international concerns. A potential offshoot of this study is to look at international nursing unions themselves and what is currently being done to address the structural issues surrounding nursing labour. One of the interesting findings of the thesis is the use of Facebook by Filipino nurses in Ireland as an avenue to help compatriots and colleagues in the Philippines or intermediate destination countries to find employment and provide useful information about migration to Ireland. It will be interesting to learn about alternative organising carried out by nurses that show indications of transnational class solidarity. However, it will be more interesting to find out how this can be harnessed not only to facilitate the migration of fellow nurses, but also for the purpose of increasing nurse solidarity and the advancement of nursing labour rights.

On an institutional level, it will be important to further understand the policy environment that frames the occupational and socioeconomic class conditions of nurses, if we want to create lasting improvements in the work conditions of nurses. It will be significant to examine how neoliberal policies can be mitigated to ensure the stability of the occupational and class conditions of nurses.

Future research could usefully examine the class experiences of retired and aging nurses, how much of their migration goals have met, and the extent of the changes in their class conditions on their retirement. While a lot of the respondents said they were banking on retiring in the Philippines because their pension would go a longer way back home, I have heard anecdotal data of how some retired nurses choose to stay in Ireland because they have no family to go back to in the Philippines, but because the pension is not enough with the rising costs of living in Ireland, the aging nurses are forced to take private duty nurse employment where they live with and take care of elderly Irish patients in their patient's home. It will be interesting to find out how much of their lifestyle goals and imaginaries of life chances have they achieved with migration.

Future output could pursue the further combination of qualitative and quantitative data to establish how independent variables such as location in Ireland, number of years of stay in the host country, and the family members that migrants continue to support determine the level of social mobility they have achieved in terms of the acquisition of key economic and symbolic capitals associated with upward social mobility. In terms of occupational class, correlation could be established between the type of institutions they work for (i.e., public, private, or public-private partnership/nursing homes/hospitals) and location in Ireland with dependent variables such as benefits, salaries, and other variables that indicate the quality of their work conditions. This will provide a more statistical understanding of some of the empirical and theoretical points this thesis made. Other research could explore the intersections between occupational class conditions and race in an intermediate destination country such as countries in the Middle East and final destination countries not just in Ireland but other Western countries as well to provide a more macro picture of the class of migrant nurses. This can be further enriched by in-depth research on work policies of the state and private institutions that impact on the class conditions of nurses for a better understanding of the work conditions of nurses from the frame of institutions. More discussions can also be generated on the urban, peri-urban and rural divides to deepen understanding on how these geographical spaces contribute to creating divergent class conditions for the nurses.

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APPENDICES

APPENDIX A

Survey on the Socioeconomic Conditions of Filipino Migrant Nurses in Ireland

Welcome!	Thank you for participating in this research on the social and economic conditions of Filipino nurses in Ireland. This two-part research consists of a survey and an online interview. If you are also interested to participate in the interview, please write your contact details at the end of the survey. Some reminders: 1. Follow instructions carefully. 2. All your personal information will be treated with the highest standards of security and confidentiality. Data will only be used for purposes of research. 3. Your contact details will be deleted at the end of the research. 4. The research has received ethical approval from the Research Ethics Committee of Trinity College Dublin. 5. You may withdraw at any point of the research. 6. For questions or concerns, send an email message to trinidaa@tcd.ie or Prof. Daniel Faas at daniel.faas@tcd.ie. 7. Answering this survey means you have understood the purpose of the research and you agree to share with us your data.
SGD	Arnie Cordero Trinidad

A. Personal Information		
A1	What is your gender?	☐ Male ☐ Female ☐ Prefer not to say ☐ I identify myself as (Please specify)
A2	How old are you?	☐ 20-29 ☐ 30-44 ☐ 45-60 ☐ Over 60
A3	What is your citizenship?	☐ Filipino ☐ Irish ☐ Dual Citizenship ☐ Other (please specify)
A4	What is your civil status?	☐ Single ☐ Married ☐ Co-habiting/Living with a partner ☐ Separated ☐ Divorced ☐ Widowed ☐ Prefer not to answer
A5	What city/town and province in the Philippines are you from?	Please specify
A6	What city/town in Ireland do you live in?	Please specify

A7	Do you own the house/apartment where you currently live?	☐ Yes. Go to Question 11 ☐ No, I rent a house. Go to Question B8 ☐ No, I rent an apartment. Go to Question B8 ☐ No, I rent a room. Go to Question B8 ☐ Others (please specify)
B. Rental Information and Plans to Purchase a House/Apartment		
B8	How much is your rent?	☐ Less than 500 euros ☐ 500 euros to 999 euros ☐ 1,000 euros to 1,499 euros ☐ 1,500 euros to 1,999 euros ☐ 2,000 euros to 2,499 euros ☐ 2,500 euros and over
B9	Do you plan to purchase a house/apartment in Ireland? (Only for those renting a house/apartment/room. All others proceed to Question 11.)	☐ Yes. Go to B11 ☐ No. Go to B10 ☐ Other (please specify) Go to B11
B10	Why haven't you purchased a house or apartment in Ireland? (Check all that apply)	☐ I intend to return to the Philippines on my retirement ☐ I plan to move to another country ☐ My salary is not enough to take out a personal loan enough to buy a house/ apartment

		☐ The combined salary of my spouse/partner and me are not enough to take out a loan ☐ Housing in the city/town where I live is too expensive ☐ It is more practical to rent an apartment/house/room ☐ Others (please specify)
	Questions B11 to B13 only for those who already own houses. SKIP TO C14, if you are renting your house/apartment/room.	
B11	What type of accommodation do you own?	☐ House ☐ Apartment ☐ Other (please specify)
B12	When did you purchase your house/apartment?	Specify YEAR
B13	How much is your monthly mortgage repayment?	☐ I have fully paid the house/apartment ☐ Less than 500 euros ☐ 500 euros to 999 euros ☐ 1,000 euros to 1,499 euros ☐ 1,500 euros to 1,999 euros ☐ 2,000 euros to 2,499 euros ☐ 2,500 euros and over
C. Education		
C14	What year did you graduate from nursing school?	Specify YEAR
C15	What type of nursing school did you go to?	☐ Private ☐ Public ☐ Other (please specify)

C16	Who paid for your education?	☐ Parents ☐ Self-supporting (e.g., working student) ☐ Relatives ☐ Private scholarship (i.e., individual sponsor, NGO, private school scholarship, etc.) ☐ Government scholarship ☐ Other (please specify)
D. Parental and Family Information		
D17	What was your father's occupation when you were in nursing school?	☐ Manager ☐ Professional (e.g., doctor, teacher, engineer, nurse, etc.) ☐ Technician ☐ Clerical ☐ Service and sales worker ☐ Agricultural, fishery, and forestry worker ☐ Craft and related trades worker (e.g., shoemaker, dressmaker, welder, etc.) ☐ Factory worker ☐ Business owner ☐ Unemployed ☐ Other (please specify)

D18	What was your mother's occupation when you were still in nursing school?	☐ Manager ☐ Professional (e.g., doctor, teacher, engineer, nurse, etc.) ☐ Technician ☐ Clerical ☐ Service and sales worker ☐ Agricultural, fishery, and forestry worker ☐ Craft and related trades worker (e.g., shoemaker, dressmaker, welder, etc.) ☐ Factory worker ☐ Business owner ☐ Unemployed ☐ Other (please specify)
D19	How would you describe your family's socioeconomic condition when you were still in nursing school?	☐ Very poor ☐ Poor ☐ Neither rich nor poor ☐ Rich ☐ Very rich ☐ Other (please specify)
E. Spouse/Partner Information		
	Only for respondents with spouses/partners, if not SKIP TO SECTION F.	
E20	Is your spouse/partner living with you in Ireland?	☐ Yes ☐ No (Specify country)

E21	What was your spouse's/partner's occupation before moving to Ireland?	☐ Manager ☐ Professional (e.g., doctor, teacher, engineer, nurse, etc.) ☐ Technician ☐ Clerical ☐ Service and sales worker ☐ Agricultural, fishery, and forestry worker ☐ Craft and related trades worker (e.g., shoemaker, dressmaker, welder, etc.) ☐ Factory worker ☐ Business owner ☐ Unemployed ☐ Other (please specify)
E22	What is your spouse's/partner's occupation current occupation in Ireland?	☐ Manager ☐ Professional (e.g., doctor, teacher, engineer, nurse, etc.) ☐ Technician ☐ Clerical ☐ Service and sales worker ☐ Agricultural, fishery, and forestry worker ☐ Craft and related trades worker (e.g., shoemaker, dressmaker, welder, etc.) ☐ Factory worker ☐ Business owner ☐ Unemployed ☐ Other (please specify)

F. Information on Children		
	If no children, SKIP TO G	
F23	How many children do you have?	☐ None. SKIP to G30 ☐ 1-2. SKIP to F24 ☐ 3 or more. SKIP to F24
F24	How many of your children are 18 years old and above? Specify Number, then go to F24a	
F24a	How many of your children aged 18 years old and above reside with you in Ireland?	Specify Number, then SKIP to F24b. If none, SKIP to F25
F24b	Has any of your children aged 18 years old and above studied in an Irish University/College?	☐ Yes. SKIP to F26c ☐ No. SKIP to F27 ☐ Not applicable. SKIP to F27
F24c	Who paid for their university/college education in Ireland?	☐ I paid for it by myself ☐ My spouse/partner and I paid for it ☐ Government scholarship ☐ Private scholarship ☐ Other (please specify)
F25	How many of your children are under 18 years old?	Please specify number, then PROCEED to F25a. If none, SKIP to G26.
F25a	How many of your children under 18 years old reside with you in Ireland?	

G. Work information in the Philippines and an intermediate country		
G26	When was the last year you worked in the Philippines?	Specify YEAR
G27	Was your last employment in the Philippines in a hospital?	☐ Yes ☐ No (specify the type of industry where you worked, e.g., call center, hotel, business, etc.) SKIP to G28
G27a	What was your position in the Philippine hospital your worked for?	☐ Clinical Nurse Manager ☐ Staff Nurse ☐ Clinical Instructor ☐ Other (please specify)
G27b	What type of hospital did you last work for?	☐ Private ☐ Public ☐ Other (please specify
G28	What city/town in the Philippines was your employer located?	Please specify
G29	What was your monthly salary in your last employment in the Philippines?	☐ Less than PhP5,000 ☐ PhP5,000 – PhP9,999 ☐ PhP10,000 – PhP14,999 ☐ PhP15,000 – PhP19,999 ☐ PhP20,000 – PhP24,999 ☐ PhP25,000 or more
G30	Check the benefits your last employer in the Philippines provided you?	☐ PhilHealth ☐ Free annual medical exam ☐ Private medical insurance ☐ Maternity/Paternity leave ☐ Hospitalization benefits

		☐ Paid vacation leave ☐ Sick leave ☐ Paid bereavement leaves ☐ Retirement benefits ☐ Life insurance ☐ SSS/GSIS/Pag-ibig ☐ Financial support for short training courses ☐ Support for graduate studies (MA/PhD) ☐ None of the above ☐ Others (please specify)
G31	Did your employer provide hospitalization benefits to your immediate family?	☐ Yes ☐ No
G32	Did you work for a foreign hospital prior to working in Ireland?	☐ Yes. Please specify COUNTRY ☐ No

H. Purchasing Capacity in the Philippines

	This refers to your capacity to pay for goods or services while you were working in the Philippines.

H33 Did you spend your SALARY in the PHILIPPINES for the following?	Yes	No	Not applicable (e.g., if you do not have siblings or children)
Purchase land in the Philippines			
Purchase, build or renovate a home in the Philippines			
Buy luxury items (e.g., designer shoes, bags, etc.)			
Education of siblings			

Education of children			
Local travel or tour			
International travel or tour			
Investments (e.g., stocks, jewelry, etc.)			
Out of pocket hospitalization expenses of family members			
Purchase of gadgets and technology			
Purchase of car			
Engage in leisure activities (e.g., shopping, sports, etc.)			

H34	Were you able to save money with your salary and expenses in the Philippines?	☐ Yes ☐ No
H35	Did you find yourself borrowing money in the Philippines because your salary was not enough?	☐ Yes. PROCEED to H35a ☐ No. SKIP to H36
H35a	Who did you borrow money from? (Check all that apply)	☐ Bank ☐ Loan sharks (e.g., 5-6) ☐ Microfinance corporation ☐ Relatives (parents/ siblings/other kinsmen) ☐ Friends ☐ Others (please specify)
H36	Tell us how much you agree to the following statement: There were many things I wanted to buy in the Philippines but couldn't because my salary was not enough.	☐ Strongly Disagree ☐ Disagree ☐ Neither Agree nor Disagree ☐ Agree ☐ Strongly Agree

H37	For those with spouses/partners only, was your and your spouse's combined salary enough for your expenses in the Philippines. If single, SKIP to I38	☐ Yes ☐ No ☐ Not applicable (i.e., you have no spouse/ partner)
I. Work Information in Ireland		
	All questions refer to your work conditions in Ireland.	
I38	What year did you arrive in Ireland?	Please specify YEAR
I39	Why did you choose to work in Ireland? (Check all that apply)	☐ Higher salary ☐ Religious freedom ☐ Possibility of Irish/European citizenship ☐ Possibility of bringing family ☐ Better standard of living ☐ Steppingstone for better opportunity in another country ☐ Better working conditions ☐ Career advancement opportunities ☐ Others (please specify)
I40	What kind of institution do you work for?	☐ HSE-funded hospital ☐ Private hospital ☐ Voluntary hospital ☐ Nursing Home/Caregiving or Intellectual Disability Facility ☐ PDN Agency ☐ Prison Service ☐ Others (please specify)

I41	What is your current job position in Ireland?	☐ Staff Nurse ☐ Senior Staff Nurse ☐ Enhanced/Dual Qualified Nurse ☐ Senior Enhanced/Dual Qualified Nurse ☐ Clinical Nurse Manager 1 ☐ Clinical Nurse Manager 2 ☐ Clinical Nurse Manager 3 ☐ Advanced Nurse Practitioner ☐ Assistant Director of Nursing ☐ Director of Nursing ☐ Private Duty Nurse ☐ Other (please specify)
I42	Please check all the benefits that your current employer provides you.	☐ Government medical insurance ☐ Free medical exam ☐ Private medical insurance ☐ Maternity/Paternity Leave ☐ Hospitalization benefits ☐ Paid vacation Leave ☐ Sick leave ☐ Paid bereavement leave ☐ Retirement benefits ☐ Life insurance ☐ Private pension plan ☐ Financial support for short training courses ☐ Support for graduate studies (MA/PhD) ☐ None of the above ☐ Others (please specify)

I43 Tell us how much you agree to the following statement: My work condition in Ireland is better than my work condition in the Philippines in terms of the following:	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Work hours					
Retirement benefits					
Vacation, sick, and bereavement leaves					
Career advancement opportunities					
Overtime pay					
Salary increases					
Patient to nurse ratio					

I44	Tell us how much you agree to the following statement: My work condition in Ireland is better than my work condition in the other country I worked for.	☐ Strongly Disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree ☐ N/A (if you did not work for a hospital in another country)
I45	Does your current employer provide funding for postgraduate studies in nursing/management?	☐ Yes ☐ No ☐ I don't know

I46	Are you interested to take post graduate studies (Master's or PhD) in nursing/management for career advancement?	☐ Yes. Go to Question 55 ☐ No. Go to Question 54 ☐ I am currently enrolled in a graduate studies course in nursing/management. Go to Question 55 ☐ I have finished a graduate studies course in nursing/management. Go to Question 55
I47	Why are you not interested to take post graduate studies in nursing/management? (Check all that apply)	☐ I am too old to take post graduate studies. ☐ I am not interested to be promoted to a managerial position. ☐ I am happier as a staff nurse. ☐ I have too many responsibilities at work. ☐ I have too many responsibilities at home. ☐ Personal reasons ☐ Other (please specify)

J. Purchasing Capacity in Ireland			
	The questions here refer to your capacity to purchase goods and services in Ireland. The questions are similar to questions asked previously, but please don't skip them.		
J48. Have you spent your SALARY in IRELAND for the following:	Yes	No	Not applicable (e.g., if you do not have siblings or children)
Purchase land in the Philippines			
Purchase, build or renovate a home in the Philippines			
Buy luxury items (e.g., designer shoes, bags, etc.)			
Education of siblings			
Education of children			
Local travel or tour			
International travel or tour (including the Philippines)			
Investments in the Philippines (e.g., stocks, jewelry, etc.)			
Investments in Europe (e.g., stocks, jewelry, etc.)			
Out of pocket hospitalization expenses of family in the Philippines			
Purchase of car			
Engage in leisure activities (e.g., malling, sports, etc.)			

J49	For respondents with partners or spouses living in Ireland only, are your combined salaries enough for your family's needs in Ireland?	☐ Yes ☐ No ☐ Not applicable (i.e., because you are single or your spouse/partner does not contribute to expenses)
J50	Are you able to save money give your salary and expenses in Ireland?	☐ Yes ☐ No
J51	How would you describe your socioeconomic status in Ireland?	☐ Very Poor ☐ Poor ☐ Neither Poor nor Rich ☐ Rich ☐ Very Rich ☐ Other
K. Remittances to the Philippines		
K52	Do you send money to the Philippines?	☐ Yes. Proceed to K52a. ☐ No. SKIP to K53.
K52a	Who do you send money to? (Check all that apply)	☐ Parents ☐ Siblings ☐ Children ☐ Other relatives ☐ Payment for investment ☐ Others (please specify)
K52b	On average, how many times a year do you send money to the Philippines?	☐ 1-2 times ☐ 3-4 times ☐ 5 times or more

K52c	Did you find yourself sending more money to the Philippines to support family members because of the Covid situation?	☐ Yes ☐ No
K52d	Tell us how much you agree to the following statement: In 2019, I found myself not having enough money for my needs in Ireland because of the money I sent to the Philippines.	☐ Strongly disagree ☐ Disagree ☐ Neither agree nor disagree ☐ Agree ☐ Strongly Agree
L. Satisfaction in Current City of Residence		
L53	Do you plan to move to another city/town in Ireland?	☐ No. Go to Question ☐ Yes, Specify where, Proceed to L53a
L53a	Why do you plan to move to that city/town? (Check all that apply)	☐ Lower cost of living ☐ Lower rent ☐ Lower prices of housing ☐ Less crowded ☐ More peaceful neighbourhoods ☐ Friends live there ☐ Others (please specify)

L54	How much do you agree to the following statements?				
	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
The cost of living in the city/town where I currently live is high.					
My financial status is the same as the financial status of my Irish nurse colleagues.					
My financial status is the same as the financial status of my close Filipino friends in the city where I live.					
There is good work-life balance in the city/town I live in.					
I can spend quality time with my family with my current work.					
My financial status is the same as the financial stats of Irish people I know in my neighborhood.					

M. Experiences of Discrimination		
M55	Have you experienced discrimination in the workplace in Ireland?	☐ Yes. Go to M55a ☐ No. Go to M56
M55a	What was the reason for the discrimination you experienced?	☐ Gender ☐ Educational Background ☐ Nationality ☐ Other (please specify)
M56	Have you ever experienced difficulties in asserting yourself in the workplace because of your language skills?	☐ Yes ☐ No
M57	Do you find it difficult to refuse orders in the workplace even if you think the orders of your managers are unreasonable?	☐ Yes ☐ No
M58	Do you feel your Irish colleagues are given preferential treatment at work?	☐ Yes ☐ No
M59	Do you feel you have been given more difficult responsibilities at work during the Covid pandemic compared to your other colleagues?	☐ Yes ☐ No ☐ Not applicable (i.e., your hospital did not treat Covid patients)
M60	Do you feel you have been exposed to Covid patients more than your Irish colleagues?	☐ Yes ☐ No ☐ Not applicable (i.e., your hospital did not treat Covid patients)

M61	Have you ever experienced discrimination in the workplace in the Philippines?	☐ Yes ☐ No
N. Future Plans		
N62	Do you plan to apply for work in another country?	☐ No. SKIP to N63 ☐ Maybe. SKIP to N63 ☐ Yes. Specify where. Proceed to N62a
N62a	Why do you plan to work there?	☐ The salary is higher ☐ Better standards of living ☐ Family members are there ☐ Friends are there ☐ Work conditions are better ☐ Work benefits are better ☐ Others (please specify)
N63	Do you see yourself living for good in Ireland on your retirement?	☐ Yes ☐ No
Consent for Call Back for Personal Interview		
Contact Information	By writing my contact details below, I am giving consent to the researchers to call me back for possible inclusion in the second phase of the research, involving a live online video interview.	
Full Name		
Email Address		
Phone Number		

APPENDIX B

The Socioeconomic Lives of Filipino Nurse Migrants in Ireland Interview Guide

Initial Spiel	Thank you for agreeing to be interviewed for the second phase of my project on The Socioeconomic Lives of Filipino Nurse Migrants in Ireland. I will be asking you several questions on topics ranging from your family background, educational experience, and work experiences, among others. Some questions will require very personal answers. If you are not comfortable in answering them, please tell me. If there are questions you do not understand, please do not hesitate to ask me to rephrase the question. If at any point, you want to opt out of the interview, please feel free to do so. You are not obligated to complete the interview should there be circumstances you feel you should discontinue the interview. The interview will be recorded for transcription purposes. Are you okay with this? You will remain anonymous in the transcripts as well as the write up of the research. All recordings will be kept in a safe digital storage area. Pseudonyms will be used to hide your identity and all identifying details that can potentially dox you will be removed. Do you have any questions? If not, we can now proceed with the interview.
Warm-up questions	1. How long have you been living in Ireland? 2. What is life in Ireland like? a. How different is it from the Philippines?
Family Background and Migration History	3. How was it growing up in the Philippines for you? 4. Tell me about your family's economic situation before your migration to Ireland. 5. What made you decide to work in Ireland? Did you come directly from the Philippines? 6. How much of your decision to work here was for financial reasons?

Work History	7. Tell me about the work conditions in the last hospital you worked for in the Philippines. 8. What is your job/position here in Ireland? 9. Do you like your job here? 10. How would you compare your work conditions in the Irish healthcare facility you work for and the Philippine hospital you last worked for? 11. If you worked for another country, tell me about your work conditions in the last hospital you worked for. 12. How would you compare your work conditions in the Irish hospital you work for and the foreign hospital you last worked for? 13. What made you decide to leave that country and move to Ireland
Workplace Experiences	14. What do you like or not like with the hospital you are working for? a. How do you get on with your colleagues at work? b. What's the work atmosphere like? 15. Do managers treat everyone equally? Promotions? Task allocations? Reviews? 16. How much freedom are you given to make decisions in the workplace? 17. Have you experienced discrimination in the workplace? a. What do you think is the reason for the discrimination? b. Have you experienced discrimination for being male/female? 18. Do you have plans of becoming a manager at some point? Why or why not?
Social and economic situation	19. How would you compare your quality of your life here and the Philippines? With the quality of life in the other country where you worked? 20. Do your Irish colleagues have economic advantage over Filipino nurses? What are these advantages?" 21. Based on your observations and experiences, what are the financial advantages and disadvantages of being single/married here in Ireland?

	22. Have you bought or are you planning to buy a home at some point in Ireland? Why or why not? 23. How has the Covid pandemic affected your financial condition? 24. Do you send money back home? For what purposes are your remittances? a. Tell me about your family's economic situation after you have migrated to Ireland. b. How is sending money affecting your life in Ireland, particularly your finances?
Community Situation	25. What are the things you like and/or don't like about the current city/town you are living in? 26. Are you considering moving to another city or town in Ireland for employment? Why or why not? 27. Have you experienced discrimination at any point here in Ireland? 28. How do you think nurses are viewed in Ireland in general? How would you compare how you are viewed here and in the Philippines? 29. Do you feel at home in Ireland?
Future Plans	30. Where do you see yourself in 10 years' time? 31. Do you intend to stay in Ireland for good?
Social Network Analysis Questions	32. Who do you send remittances to in the Philippines? For what purpose are the remittances? 33. Who are the people you support financially in Ireland? For what purpose/s is the financial support? 34. Who are the people who help you with your financial responsibilities? What forms of support have they given you? 35. List down contacts you have done business with for investment purposes. What kinds of investments are these and how did these contacts get you into investing money? 36. Who are the people you turn to for information on improving your socioeconomic status?