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"I Often Experience a Lack of Trust": Filipino Migrant Nurses' Experiences of Coping with Multiple Conflicting Workplace Demands

RESEARCH

THORA H. CHRISTIANSEN
ERLA S. KRISTJÁNSDÓTTIR
UNNUR DÍS SKAPTADÓTTIR
*Author affiliations can be found in the back matter of this article

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ABSTRACT

The global shortage of nurses highlights the critical role of migrant nurses, who face numerous barriers in host country labor markets despite their qualifications being in demand. This study explores the experiences of nurses from the Philippines working in the Icelandic healthcare sector, a sector facing attrition in the ranks of qualified medical staff, austerity measures, and labor disputes. We examine the processes of interpellation, the pressures and demands that the nurses face, and the options and limitations of their coping mechanisms. Phenomenological analysis of in-depth interviews illuminates how demands and interpellations from supervisors, coworkers, patients, and their relatives compound, conflict, and interact to create a working environment where racialized migrant nurses must navigate contradictions and tensions between conflicting demands and their transnational identity as Filipino nurse professionals. Performing the role of the ideal migrant, ideal worker, and ideal nurse, who works hard and never complains, is in conflict with the demands of the role of the supportive coworker who stands in solidarity with their fellow Icelandic nurses in the fight for improved wages and working conditions.

CORRESPONDING AUTHOR:
Thora H. Christiansen
Faculty of Business Administration, School of Social Sciences, University of Iceland, Reykjavik, Iceland
thc@hi.is

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1 INTRODUCTION

The migration literature has revealed numerous barriers that skilled migrants face in host country labor markets, and Iceland is no exception (Christiansen & Kristjánsdóttir 2020, 2022; Kristjánsdóttir & Christiansen 2017; Loftsdóttir & Skaptadóttir 2020). To deepen our understanding of the experiences of skilled migrants in the labor market, we focus on Filipino nurses, a group of migrants holding degrees and expertise that is in high demand in the global labor market. The global shortage of healthcare workers has intensified the reliance on migrant nurses, particularly from the Global South (Marcus et al. 2014; WHO 2020). Filipino nurses represent the majority of the migrant healthcare workforce in Organization for Economic Cooperation and Development (OECD) countries, and by 2022, they represented two-thirds of the migrant nurses in Iceland (Jónasdóttir et al. 2023).

The Icelandic healthcare sector presents a compelling case due to its interplay of rapid immigration growth, persistent labor shortages, austerity measures, and strong union presence. Iceland's education system cannot supply the number of nurses required to meet the healthcare sector's needs, resulting in migrant nurses constituting more than 25% of new hires at the National Hospital in recent years (Jónasdóttir et al. 2023). Further strain stems from the rapidly growing attrition in the ranks of nurses, who increasingly turn to other professions in response to government austerity measures, such as budget cuts and work intensification, worsening work conditions, dissatisfaction with salaries, and collective bargaining disputes (Sveinsdóttir & Blöndal 2014). Amid these labor market pressures, tensions have grown, with nurses and their union signaling the global demand for their skills, while their employers have countered with media features about the successful recruitment of migrant nurses in the Icelandic healthcare system.

Filipino nurses in Iceland face a demanding labor market, characterized by increased workload and work intensification due to austerity measures, similar to the other Nordic countries (Ågotnes & Storm 2022; Selberg 2013). Moreover, as a racialized minority in Iceland, the intersectionality of race, ethnicity, and gender can influence their experiences in a labor market where whiteness is an invisible norm (Ahmed 2007; Christiansen & Kristjánsdóttir 2022; Crenshaw 1991; Loftsdóttir 2020; Skaptadóttir 2015). In addition to the common barriers faced by migrant nurses, such as immigration regulations, language barriers, discrimination, underutilization of skills, and differences in practices (Montayre et al. 2018; Moyce et al. 2016), the tensions caused by budget cuts and labor conflicts place Filipino nurses at the center of a workforce caught between the needs of the healthcare system and the struggles of local nurses fighting for better conditions.

Using the concept of interpellation, introduced by Althusser (1968, 1971), the study explores how migrant nurses are positioned and affected by the expectations and stereotypes imposed on them. Interpellation highlights the position of employees in relation to the demands and expectations of employers as employers hold stereotypes about the ideal worker that they impose on the employee, who, in turn, responds by willingly performing this role of an ideal worker (Althusser 1968, 1971). Building on McDowell et al. (2007) and Batnitzky and McDowell (2011), who have identified multiple interpellations, this study applies the concept of interpellation in the context of skilled migration and labor disputes, investigating how Filipino nurses cope with the various demands that different organizational stakeholders – supervisors, coworkers, patients, and patients' relatives – place on them and illustrates how migrant nurses

are not only expected to perform as proficiently as local nurses, but also fulfill the roles of the ideal worker, supportive peer, selfless caregiver, and adaptable immigrant.

Furthermore, the study expands the concept to include the transnational dimension of interpellations, exploring how the nurses' social, cultural, and professional backgrounds in their country of origin influence their experiences and coping strategies (Skaptadóttir 2019; Vertovec 1999, 2001). The study applies phenomenological methodology (Martinez 2000) to analyze the nurses' lived experiences and addresses two research questions:

1. How do the nurses experience being migrant nurses working in Icelandic healthcare?
2. How do they cope with the various and often conflicting workplace demands?

By expanding the concept of interpellation to include transnational interpellations, this study contributes a more nuanced understanding of the complex dynamics affecting skilled migrant healthcare workers, particularly in balancing conflicting interpellations across national borders. Highlighting the multiple transnational interpellations and the pressures created by austerity and labor disputes, this research reveals how Filipino nurses in Iceland are faced with the dilemma of coping with the expectations of being the ideal, compliant worker while reconciling this with their professional identity and solidarity with local coworkers.

The article is structured as follows: First, it introduces the concept of interpellation (Althusser 1968, 1971) and situates it within the context of skilled migration and labor market inclusion, drawing on the notion of transnationality (Vertovec 1999, 2001). The next section reviews relevant literature on migrant nurses, focusing on the challenges of exclusion, racism, and discrimination they face in host countries such as Iceland. The core of the study presents the empirical findings on the basis of in-depth interviews with Filipino nurses in Iceland, exploring how they navigate multiple and conflicting workplace demands from various stakeholders. Finally, the discussion examines the implications of these findings for broader labor market inclusion.

2 THEORETICAL FRAMEWORK AND CONTEXT

Having succeeded in finding a position that fits their qualifications, skilled migrants must navigate multiple workplace relationships. The supervisor–subordinate relationship can be understood through the lens of interpellation (Althusser 1971), emphasizing the position of the migrant employees in relation to the demands and expectations of the host country employers. Employers hold stereotypes about the ideal worker that they impose on the employee, and according to the concept, the process of interpellation occurs as the employee responds to the interpellation by performing the ideal role (Althusser 1971). As stated by Althusser (1968), 'the individual *is interpellated as a (free) subject in order that he shall (freely) accept his subjection*, i.e. in order that he shall make the gestures and actions of his subjection "all by himself"' (p. 701, italics and masculine pronouns in original). Employees thus willingly internalize these ideals and respond accordingly to fulfill the stereotypes (McDowell et al. 2007). We argue that viewing the interpellation process of call and response can illuminate the role of the ideal worker imposed by the supervisor and how the subordinate responds, to some extent by internalizing that ideal, but also the extent to which they can deploy their agency to perform and enact their internal avowed identity or cope with the interpellation.

Viewing the case of Filipino migrant nurses through the lens of interpellation is compelling, as the Philippines has a long history of supplying nurses to global labor markets, and they are in high demand due to the country's education system being tailored to international standards (Barber 2008; Marcus et al. 2014; Ortiga 2014). Stereotypes of the ideal Filipino worker, emphasizing traits such as diligence, obedience, loyalty, and competence in English, are promoted by authorities and labor agencies (Polanco 2017). This can create expectations with foreign employers and puts pressure on Filipinos working abroad to live up to the stereotype of the ideal immigrant to satisfy their employer's expectations (Terry 2014).

Previous research has shown how individuals are called into social roles that tend to reproduce existing power structures. Batnitzky and McDowell (2011) demonstrated how workers can be interpellated into specific roles, and their career choices restricted. Their study revealed how the process of interpellation and internalization of inferiority contributed to minority migrant nurses in the UK ending up in the lower strata of a racially or ethnically stratified labor market. Furthermore, for a healthcare setting facing austerity measures and work intensification, Selberg (2013) described how workers responded to an interpellation of the idealized stereotype of hard-working healthcare workers in a Swedish hospital.

Moreover, McDowell et al. (2007) demonstrated how interpellation is an ongoing, situational process that can involve multiple stakeholders besides the employer and employee. The double interpellation of service workers, who must conform to the expectations of both managers and customers, turns into a triple interpellation in the nursing context when nurses must meet the expectations of managers, coworkers, and patients (Batnitzky & McDowell 2011). An additional source of demands was identified by Sloane et al. (2010), who found that migrants working in care services often experience tense relations and disrespect from patients' families. However, research is lacking on how skilled migrants may cope with conflicting interpellations arising from different organizational stakeholders holding incompatible or conflicting ideals of their social roles.

The addition of a transnational perspective on interpellations considers migrants' context beyond the host country. Migrants' lives are not confined within national borders but can exist across multiple spaces simultaneously (Vertovec 2001), potentially giving rise to transnational interpellations and avenues of coping. Vertovec's (1999) concept of transnationality focuses on the multiple and dynamic ways in which migrants maintain connections across national borders. It emphasizes the social, economic, political, and cultural interactions that take place as migrants create and sustain networks that span both their countries of origin and host countries (Skaptadóttir 2019).

Research on migrant nurses and other migrant healthcare workers has revealed numerous exclusionary challenges that they face in the workplace, often on the basis of language barriers or racial and ethnic discrimination (Dahle & Seeberg 2013; Korzeniewska & Erdal 2021; Ryan 2007). Workplace inclusion emphasizes belonging, accepting differences, providing opportunities for full participation, and appreciating diverse contributions at work without requiring employees to give up or conceal what makes them unique (Mor Barak 2015). However, there are indications of an exclusionary and ethnically segmented labor market and racial hierarchies in the healthcare sector in the Nordic countries, with othering of migrant care workers

(Ågotnes & Storm 2022). Dahle and Seeberg (2013) found that Norwegianness appears as an implicit requirement for top-level positions in Norway, evidenced by language fluency and willingness to assimilate adopted by those immigrants who have succeeded. Moreover, they find that immigrants who do not fit the cultural, racial, and language norms of Norwegianness meet what Puwar (2004) refers to as an impassable 'concrete ceiling' of race (Dahle & Seeberg 2013). Similar racial and ethnic prejudice is prevalent in the Icelandic labor market and experienced by many Filipinos at work (Loftsdóttir 2020; Skaptadóttir 2019). They experience racialization but struggle to address the issue, as 'race' is seldom verbalized in the Nordics (Andreassen & Rabo 2014; Christiansen & Kristjánsdóttir 2022). However, when workplaces are inclusive, the experiences of migrant nurses are mainly positive (Munkejord 2017), aided by mutual support among the staff who view it as a collective task to cope with difficult residents and improve the language skills in the unit (Mor Barak 2015; Munkejord & Tingvold 2019).

Ryan's (2007) study of Irish nurses in Britain sheds further light on the interplay of stereotypes and the construction of ethnic identity. Migrant nurses from Ireland face racialization and othering, being viewed as more fit for hands-on training rather than advancement, despite being white and native speakers of the language (Ryan 2007). The Irish nurses experienced that their status as nurses afforded them some immunity from discrimination, but it was contingent on their identity as caring and hard-working (Ryan 2007). A common thread in the experiences of migrant nurses is finding strength in their identities as professionals providing care (Korzeniewska & Erdal 2021).

Filipino nurses in Iceland generally have better prospects for finding work and having their credentials recognized, compared with skilled migrants in other professions (Skaptadóttir 2015, 2019). Migration from the Philippines to Iceland has remained stable and Filipino migrants tend to settle, many employed in care work (Skaptadóttir & Garðarsdóttir 2020). They represent the majority of migrant nurses, and there are nursing homes where most of the nursing staff comes from the Philippines (Ragnarsdóttir 2021). Proficiency in the Icelandic language is required for the nursing license, and most migrant nurses work as caregivers in nursing homes and hospitals along with their language studies for a year before receiving their Icelandic nursing license. Despite their language studies, the Icelandic language often serves as an instrument of workplace exclusion (Skaptadóttir & Ásgeirsdóttir 2014; Skaptadóttir & Innes 2017), and skilled migrants frequently experience being held to unreasonably high standards of proficiency, such as flawless pronunciation and grammar (Christiansen & Kristjánsdóttir 2020; Kristjánsdóttir & Christiansen 2017).

In the case of Filipino nurses in Iceland, working in a healthcare sector characterized by austerity and labor disputes, we draw on the framework of multiple transnational interpellations to explore their experiences of coping with multiple and conflicting demands within the context of a complex labor market. This approach deepens our understanding of the labor market challenges skilled migrants face, particularly in balancing the conflicting interpellations of various stakeholders, both from their home and host countries. As our analysis of the findings below reveals, these nurses, trained to international standards in the Philippines, arrive with a strong sense of professional identity. Their transnational identity, shaped by their experiences both in the Philippines and Iceland, plays a significant role in how they navigate the labor market and cope with exclusionary dynamics in the workplace.

3 METHODOLOGY

To understand the lived experiences of migrant nurses from the Philippines working in Icelandic healthcare, we analyzed in-depth, semi-structured interviews with ten licensed nurses from the Philippines, eight women and two men, who ranged in age from 24 to 51 years and had been living in Iceland from 2 to 19 years. The participants were recruited through purposive and snowball sampling on the basis of the criteria of having lived in Iceland for at least two years, holding a BS degree in nursing from the Philippines, being licensed, and having experience working as a nurse in Iceland. In total, seven worked in nursing homes, and three worked in hospitals, all were working as licensed nurses, and five of them were in supervisory positions. All had taken extensive courses in the Icelandic language as part of the required training to receive nursing licensure in Iceland, and a few had also taken courses at the University in Icelandic as a second language; seven interviews were conducted by the authors, who are native Icelanders, and three were conducted with the assistance of a Filipino research assistant, fluent in Icelandic, English, and Cebuano. The interviews lasted 40–75 minutes and were mostly conducted in English. Answers given in Icelandic or Cebuano were translated into English before analysis. The interviews were recorded and transcribed verbatim. The participants were informed of the purpose of the study and that they could withdraw from the study at any time. They gave their informed consent to the recording of the interviews. To ensure confidentiality, the participants were assigned aliases.

Due to the small size of the Icelandic labor market and the relatively low numbers of employees representing each category, we cannot provide demographic details for each participant. We attempted, however, to find a group of participants representing both men and women, a wide age range, a wide range of years in the country, in both supervisory and non-supervisory positions, and working both in hospitals and in care homes.

We applied phenomenological methodology, as it aims to understand the participants' lived experiences and how they give meaning to those experiences (Martinez 2000). We followed the methods for data processing, thematic analysis, and interpretation described in Lanigan (1988), Nelson (1989), and Orbe (1998), dividing the analysis into three steps – description, reduction, and interpretation. First was *description*, where interviews were conducted and transcribed. We, as researchers, must be aware of our own opinions and attitudes and how they might affect the development of the interviews. We took care to allow the participants to describe their experiences in their own words. Thematic analysis began in the next step, *reduction*, when we read the transcripts and reread them individually in detail by each researcher. It was at this stage that themes started to develop. We kept the primary purpose of the study in focus, that is, to address the problem statement. In the last stage, *interpretation,* we dug even deeper and further consolidated the main themes to gain an even better understanding of the meaning of the experiences. Through an iterative process, we reflected and discussed the emerging themes and compared our individual and shared interpretations and understanding of the meaning of the participants' experiences.

4 FINDINGS

Most of the participants in this study described being generally satisfied with living and working in Iceland. However, when their lived experience at work is examined more closely, it appears that many of them have experienced exclusion and disrespect,

especially for being racialized and identified as a foreigner who is seen as not speaking the language well enough. They tended to downplay the negative experiences, or as Michelle stated: 'I don't mind; I just work.' In total, five themes emerged from the analysis, highlighting the tensions and interactions the participants had with the stakeholders in the workplace: supervisors, coworkers, patients, and patients' relatives.

4.1 "MY BOSS HIRES FOREIGNERS BECAUSE MOST OF US DO NOT COMPLAIN"/SILENCING

Although many participants experienced support from their supervisors, the support felt conditional for others. They felt their supervisors were hiring Filipino nurses primarily because they work hard and do not complain. Most of them tended to trust their supervisors to protect their rights. They felt loyal to their supervisors, but that also meant that it was challenging for many of them to voice disagreements or bring up issues of discrimination or prejudice in the workplace.

Many felt their supervisors were supportive and understanding of the difficulties they faced with the language and relied on their supervisors for support with language difficulties, especially early on in their careers in Iceland. Anita gave an example: 'She always backs me up. When the doctor is there, she is always beside me and, you know, helps me, and then teaches me … she is so supportive.' Most felt that their supervisors appreciated their skills and knowledge and that being promoted was proof of that.

Despite experiencing that their supervisors are supportive and appreciate Filipino nurses, when miscommunication occurred or when they experienced racism and prejudice, none of the participants could describe instances where their supervisors addressed these problems. Some had experienced being silenced, or told to ignore the prejudice that they experienced. Michelle felt that she could not suggest how things might be improved: 'I don't want to open this with the supervisor … it's very hard to speak out if you are from another country.' She felt that with her education and training, she could identify areas of improvement in the practices at her Icelandic workplace, but that her foreigner status impeded her from contributing these insights.

Some felt their supervisors preferred to hire migrant nurses, which could create a problem because it meant more language difficulties and increased workload for the Icelandic nurses having to assist with translations. Michelle explained: 'That's the problem why Icelandic nurses don't want to work here. My boss hires foreigners because most of us do not complain.' The work ethic espoused by Filipino nurses is to work hard, respect authority, trust their supervisor, and not complain. Angela's words demonstrated this attitude: 'I always have high respect for authority, like I always say to my boss, I always have to follow the rules, then I will do it, you just have to tell me.' These comments reveal an awareness of the differences between Filipino and Icelandic nurses. To fully fit in with the Icelandic work culture, they would have to give up this work ethic and discipline that they see as an essential quality.

4.2 "YOUR CAPABILITIES AND KNOWLEDGE WILL BE QUESTIONED, BUT AS FILIPINO NURSES, OUR EDUCATIONAL BACKGROUND IS VERY STRONG"/DEVALUATION

The participants sometimes felt doubted and devalued by their Icelandic colleagues. However, they were proud of the quality of their education in the Philippines and appeared to feel secure about their professional experience and knowledge. Their

education served as a source of strength and confidence. Stephanie continued from her comment above:

> … we have the know-how. But when we get into – like this is Iceland, we need to prove ourselves. Because … you will also be questioned – your skills, your capabilities. You need to prove it to them. You use your knowledge to show them. Back home, we have hard training in school … our education is one of the best compared to other countries.

The participants professed deep respect for the nursing profession, which was a source of pride for them to perform at a high standard. They felt well prepared and capable of demonstrating their competence to their Icelandic coworkers. They referred to the high quality of nursing education in the Philippines and compared the practices favorably with what they experienced in Icelandic workplaces. Michelle highlighted the practical experience of Filipino nurses:

> Nurses' experience in the Philippines is better than here … can I say this? … because in the Philippines, we are very hands-on with everything. But here, I could say that nurses here are not that much experienced, the Icelandic nurses.

The nurses emphasized how nursing education in the Philippines provides more hands-on training and that the Icelandic nurses sometimes ask them for assistance with specific tasks. Elena described: 'They have to ask me sometimes, "Hey, can you put in some IV because she cannot do that?"'. Elena, an assistant nurse manager, was pleased with the appreciation of her hands-on skills. However, some claimed that the Icelandic nurses were not always willing to reciprocate when the Filipino nurses needed their help. Mariel described her experience of the unwillingness of the other Icelandic nurses: 'They call you to help them with their patient, and then they ask you to leave your patient so you can help them, and then when you ask them to help you with your patient then they say "later."'

Many participants also described incidents where their Icelandic coworkers questioned their knowledge and expertise. Elena had, for example, experienced a lack of trust in her competence from a new subordinate who refused to carry out a task because she did not believe that Elena was her supervisor:

> I felt that she didn't trust me … and did not believe in what I was doing … I try not to let it get to me … I often experience a lack of trust … my competence is questioned … they look at me from head to toe …

Although she did not mention race, Elena explained that when the subordinate looked her up and down, the subordinate doubted that someone who did not look Icelandic could be a supervisor and, therefore, resisted following Elena's directions. Other participants had encountered a similar attitude and felt that their subordinates disliked being managed by someone who was not an Icelander. The subordinates might not complain directly, but as Janelle explained, she felt they were showing resistance indirectly, so she had to keep asking them to do things: 'I am a nurse. Whether you like it or not, they are my subordinates.'

Being Filipino is part of the participants' positive identity, and they feel that Filipino nursing qualifications are a strength. However, they experienced distrust and delegitimization of their knowledge and competence when coworkers perceived them

first and foremost as foreigners whose professionalism was not trusted. They were appreciated for their practical skills and helpfulness. Yet, the resistance they faced from subordinates and the unwillingness of Icelandic nurses to reciprocate in assisting with patients indicates to the Filipino nurses that they are not viewed as equals.

4.3 "OUR PRIORITY IS ALWAYS THE PATIENT … THE PRIMARY ISSUE HERE IS ALWAYS THE SALARY"/DIFFERENCE

An essential aspect of the participants' identity as Filipino nurses is their calling; they prioritize caring for the patients and emphasize that nurses should help each other and their subordinates with the work so that the patients are well cared for. The Filipino nurses coped with the dilemma of tense coworker relationships by emphasizing differences and shortcomings in the Icelandic nurses' work ethic. They talked about 'us' and 'them' or 'the other nurses', indicating a clear difference in their minds between nurses from the Philippines and from Iceland. They tended to distinguish themselves as more caring and hard-working than Icelandic nurses. Janelle stated: 'We really take care of our patients … it is more a calling.' In addition to hard work, the Filipino nurses emphasized their willingness to help both the other nurses and the nursing aides, as stated by Angela, for example: 'My strength is that I work hard, I always do my best to help other people, even though it is not already my job, I try to extend my extra help.' However, they felt this helpfulness to nursing aides was not appreciated by Icelandic nurses. The participants experienced that it is not customary in Iceland for nurses to take on the tasks of the nursing aides. Mariel expressed how she experienced this difference in priorities:

> The other nurses are lazy, though, they don't go out of the nurses' station. They just go to give medicine, and they don't help the nursing aides with the cleaning and the feeding and those things. They just sit there at the station. I don't like that. I'm not used to that. Yeah, it's different. We really take care of our patients. We also do the charting, we also give the medicines, and we help the nursing aides. We don't just let them do it themselves, especially because they are understaffed.

The differences in work ethic between the Icelandic and Filipino nurses appeared especially salient to them regarding remuneration issues. Rosa explained her point of view: 'Because I don't usually think about promotion and salary, I just love my job. I just do what I have to do, and the rest just goes behind.' The participants found the Icelandic nurses' focus on salaries incongruent with the calling to be a nurse, emphasizing that they work hard and do not participate in the practice, common in Iceland, of nurses holding a less than full-time position, allowing them to take extra shifts at a higher rate of pay. Janelle felt that Filipino nurses prioritize the patients and care more about patient well-being than how much they are paid: 'We tend to be close with the patient. Filipino nurses are always like that … we always have the heart for the patient … our priority is always the patient … the primary issue here is always the salary.' They described how Filipino nurses are more committed to their patients and see their profession as a calling, not something they do only because they get paid.

Most of them avoided negotiations and just accepted what their supervisors offered. However, when Stephanie found out that she and another coworker were paid less than the Icelandic nurses in the same roles, she took it upon herself to fight for a correction in their remuneration. She described how she experienced solidarity from

the Icelandic nurses when she showed a willingness to fight for a higher salary: 'My fellow Icelandic nurses are also very supportive that I get into this.'

4.4 "I HAVE TO FACE THE RELATIVES"/PREJUDICE

Interactions with patients' relatives were often fraught because the nurses felt they could not react to prejudiced behaviors because that would go against their professional ideal as Filipino nurses. Most of the participants had experienced difficult, sometimes abusive, interactions with patients' relatives. Although some had experienced initial difficulties with the patients, those problems tended to dissipate once the patients had become familiar with the Filipino nurses. They tended to form strong bonds with the patients and residents, who frequently expressed delight in their care.

Many of the nurses had been treated with disrespect by patients' relatives. Family members frequently were quick to assume that the Filipino nurses' language skills were limited, refused to talk to Filipino nurses, and demanded to speak to Icelandic nurses instead. Joshua described such an experience when a patient's relative became frustrated when he could not hear her over a bad phone connection:

> She was shouting at me like that: 'You don't understand me, and you are a nurse?!? I cannot speak to you like that!' I was trying to explain to her that I could not really hear her, and I could understand her after getting a good connection, but she was shouting at me, so I just gave the phone to the Icelandic nurse.

Most of the time, the nurses felt they must comply with those requests, remain calm and respectful, and sometimes bring in an Icelandic nurse. Rosa, an experienced shift manager, explained how she handled a situation with a relative who insisted on speaking with an Icelandic nurse instead: 'I have to face the relatives. They don't trust me, but one doesn't argue with the family members … we are professionals. I don't get angry at work.' As professionals, they felt that they must be calm and show restraint, even when met with prejudice and disrespect. Manolo had similarly faced frequent snubs by relatives: 'When you greet them, and they just say nothing, and you are very courteous, and they just walk away.' Nevertheless, he felt he had to continue being polite and positive. These difficult experiences made the Filipino nurses feel like the family members didn't trust them because they are not Icelandic. Joshua described his feelings: 'It demotivates me … when they make me feel like that, "Why are you a nurse? You don't speak Icelandic very well".'

4.5 "MY SIDE WAS NOT EVEN HEARD"/DISTRUST

Although most of the nurses described having developed positive relationships with their patients, those relationships could also have a darker side. An example of a patient who had become very dependent on their nurse indicated that sometimes patients felt entitled to overstep the nurses' personal boundaries. Janelle felt this dilemma as a patient kept contacting her and asking her to visit him, even after discharge:

> Filipino nurses are always like that. We always have the heart for the patient. It's normal for Filipinos. … he was so dependent on me, emotionally. It's a no-no to my profession … And he was always asking me to visit him. You see how difficult it was for me being a human person and a nurse. Because of my profession, I couldn't go.

Trying to negotiate the dilemma between caring for the patient and keeping a professional distance proved difficult. It was exacerbated by the distrust and disrespect that she experienced from coworkers when they accused her of taking advantage of the patient's unwanted generosity. Janelle described how she felt when supervisors would not listen to her side of the story:

> It was so unfair, you know. I was telling them, is this because I am a foreigner? … I was not even heard, you know. Here I am, taking care of your people. I am not taking care of my people. It's your people that I am taking care of. And then I was accused of being like this … It is so unfair … And I am just like coming here smiling, going to work because I feel like this is my calling from God – to help people. And then I am accused of that … I felt so deceived, betrayed somehow. My side was not even heard. Would this happen to an Icelander, would it be the same?

Janelle felt caught in a bind between her caregiver role, where she, as a Filipino nurse, cares for and attends to the patient, and her professional role as a nurse in Iceland, who is expected to keep a certain distance from a patient. Not only did the patient make excessive demands on her, but her effort to care for this Icelandic patient was utterly unappreciated by her supervisors, and she was distrusted and unfairly accused of behaving unprofessionally. She felt the unfairness of the accusations and the prejudiced undertone and distrust that an Icelandic nurse would never face.

5 DISCUSSION

This study contributes to the migration literature by offering a nuanced understanding of how Filipino nurses in Iceland experience and cope within a labor market marked by racialization, austerity, and labor disputes. Through the lens of Althusser's (1968, 1971) concept of interpellation and the inclusion of a transnational identity framework (Vertovec 1999, 2001), this research provides a deeper understanding of how these nurses respond to the various roles and expectations imposed on them by different organizational stakeholders, including supervisors, coworkers, patients, and their families. By expanding on Batnitzky and McDowell's (2011) exploration of multiple interpellations, this study emphasizes the importance of transnational identity and highlights the central dilemma Filipino nurses face in Iceland: negotiating the expectations of being the ideal, compliant worker while reconciling this with their professional identity and solidarity with local coworkers.

Filipino nurses in Iceland are subject to interpellations from their employers, who frame them as hard-working, diligent, and compliant workers. This portrayal aligns with the stereotype of the ideal immigrant worker as submissive, industrious, and reliable (Barber 2008; Polanco 2017). The nurses respond by embodying the role of the ideal Filipino nurse, a transnational identity forged through cultural and professional norms that emphasize dedication, care, and compliance. While they internalize this stereotype, it also relegates them to a subordinate position within the organizational hierarchy (Batnitzky & McDowell 2011; Dahle & Seeberg 2013), thereby limiting their opportunities for professional growth and diminishing their voice in workplace decision-making. The participants hesitate to assert themselves or contribute ideas for improving patient care, fearing that, as outsiders, their contributions will not be

valued. The result is a deepened sense of exclusion, where their input and expertise are marginalized, and their professional identity as skilled workers is undermined. This suggests that they do not feel fully included as valued and respected professionals in the workplace (Mor Barak 2015), a sign of emergent ethnic and racial hierarchies within workplaces where inclusiveness extends only to the lower strata for racial minorities (Batnitzky & McDowell 2011; Dahle & Seeberg 2013; Ryan 2007).

The Filipino nurses experience interpellation from coworkers conflicting with their transnational identity as highly educated professionals. While local nurses appreciate the Filipino nurses' willingness to assist in daily tasks, this appreciation does not translate into reciprocal support. Instead, it reinforces the nurses' subordinate position within the workplace hierarchy, echoing the dynamics observed in other contexts where migrant labor is valued for its utility but not fully included or appreciated as equal (Ryan 2007). The helpfulness of Filipino nurses, although recognized, does little to challenge their marginalization and instead perpetuates their status as workers who are expected to support others without expecting similar acknowledgment or advancement.

The tension between the Filipino nurses' transnational professional identity and the interpellations from their Icelandic coworkers creates additional conflict. They pride themselves on caring for patients more than for their own working conditions and emphasize the difference between Filipino and Icelandic nurses. While striving to meet employer expectations, they find themselves at odds with local nurses engaged in labor disputes for better wages and working conditions. The expectation of solidarity from local nurses clashes with the Filipino nurses' professional identity and reluctance to disrupt their image as compliant workers. In this way, their hard work and compliance, meant to secure their place within the system, paradoxically undermine labor solidarity, as their reluctance to participate in collective acts of resistance weakens the position of the nurses' union. These conflicting interpellations can exacerbate tensions between migrant and local nurses because, during labor disputes between the state and nurses' union, these two groups have been pitted against each other. Local nurses have threatened to leave the profession, and the state has responded by indicating its intention to recruit foreign-educated nurses to fill the labor gap.

The Filipino nurses also face significant interpellations from patients and their families. On the one hand, patients appreciate their care and dedication, but on the other hand, the nurses face racism and prejudice from both patients and their relatives. Despite these challenges, they tend to refrain from addressing such behavior, invoking their professionalism to justify patience and restraint in the face of discrimination. This response, while reflective of their professional commitment, also silences their experiences of racism, leaving them without the institutional support necessary to address these issues. Such experiences highlight the absence of an inclusive work environment where racialized minorities experience support to openly discuss and address prejudice as was described by Munkejord and Tingvold (2019). Janelle's story illuminates the complexity of this relationship and the vulnerability of migrant nurses as they navigate the demands of their profession while at the same time feeling distrusted and devalued by their coworkers. Moreover, this case illuminates the precarious position of migrant nurses, who lack the social network and necessary language fluency to effectively defend themselves despite their education and credentials. The conflation of Icelandicness with competence, which parallels the

construction of Norwegianness as described by Dahle and Seeberg (2013), puts additional pressure on Filipino nurses to prove their professional worth and is a further example of a lack of support and inclusion in the workplace. It is essential that researchers and practitioners consider how this ethnic and racial stratification within professional high-skilled jobs such as nursing reflects the devaluation of non-Icelandic credentials as well as exclusion on the basis of lack of whiteness, as argued by Ahmed (2007) and Christiansen and Kristjánsdóttir (2022).

6 CONCLUSIONS

Extending the concept of interpellation to a framework of multiple transnational interpellations, this study reveals how skilled migrant nurses experience and cope with conflicting and often irreconcilable demands from various stakeholders. They must navigate the contradictions between these conflicting interpellations and their transnational identity as Filipino nurse professionals. However, due to situational constraints, their coping strategies are often limited, and in some cases, counterproductive.

Despite the small sample size, this study offers an important contribution to the literature on the inclusion and exclusion of skilled migrants by considering how, in times of labor disputes and austerity measures, migrant workers are often positioned as both the solution and the scapegoat for systemic problems. The Icelandic healthcare system's reliance on Filipino nurses is framed as a response to domestic labor shortages, yet through conflicting interpellations, these nurses are simultaneously marginalized and excluded from full participation in collective action for better wages and working conditions. This paradox – where migrant labor is both necessary and devalued – reflects a broader trend in global healthcare systems where migrant healthcare professionals are recruited to meet increasing demand, only to face exclusion and systemic discrimination. Conflicting demands from multiple organizational stakeholders and contextual factors, such as work intensification and labor disputes, can play a significant role in the labor market experiences of skilled migrants and warrant further investigation in migration studies.

The findings of this study underscore the need for healthcare institutions and policymakers to address the systemic exclusion of migrant nurses by promoting more inclusive labor practices (Mor Barak 2015). This includes providing greater support for language acquisition, as Skaptadóttir and Innes (2017) have indicated, and actively addressing racial discrimination and barriers to professional advancement. Migrant nurses' reservations about participation in labor disputes need to be addressed in terms of their position in the labor market, with the nurses' union and professional association as potential allies. Moreover, recognizing the transnational identities of skilled migrants and the strengths they bring from their home countries can help create a more inclusive and supportive work environment. By situating these findings within the broader context of migration and labor studies, this research contributes to our understanding of how skilled migrants cope with the intersecting demands of professional identity, labor solidarity, and racialized exclusion.

COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR AFFILIATIONS

Thora H. Christiansen orcid.org/0000-0002-8060-0676
Faculty of Business Administration, School of Social Sciences, University of Iceland, Reykjavík, Iceland

Erla S. Kristjánsdóttir orcid.org/0000-0002-3849-6553
Faculty of Business Administration, School of Social Sciences, University of Iceland, Reykjavík, Iceland

Unnur Dís Skaptadóttir orcid.org/0000-0002-8350-3898
Faculty of Sociology, Anthropology and Folkloristics, School of Social Sciences, University of Iceland, Reykjavík, Iceland

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