

REVEALING THE PRESENCE OF FILIPINO NURSES DOING DOMESTIC WORK IN B.C

AN ANALYSIS CONDUCTED BY THE FILIPINO NURSES SUPPORT GROUP

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1. BACKGROUND TO THE REPORT

This statistical report is the result of 6 years of community organizing conducted by the Filipino Nurses Support Group (FNSG). FNSG is a community-based initiative that supports the struggle of Filipino nurses doing domestic work to be valued and utilized for their skills and experience as nurses. FNSG has contact with almost 300 Filipino nurses in British Columbia, the vast majority of whom are not practicing their profession. Through the hard work FNSG, as part of the voluntary sector, 40 nurses have been supported to complete the RNABC registration process and become accredited as Registered Nurses (RNs) in British Columbia.

FNSG was conceptualized in 1995 by members of the Philippine Women Centre who saw increasing numbers of Registered Nurses from the Philippines coming to Canada, not as nurses, but as domestic workers under the Live-in Caregiver Program.

The Filipino Nurses Support Group:

- Supports Filipino nurses by facilitating peer-led review classes to prepare for the RNABC registration exam, English tests, and the accreditation process;
- Encourages the personal and professional empowerment and development of Filipino nurses;
- Conducts research and analysis on the experiences and situation of Filipino nurses in B.C. including the major study Filipino nurses doing domestic work in Canada: A stalled development;¹
- Conducts public education on the presence and experience of Filipino nurses doing domestic work; and,
- Works with its members, contacts, and allies to advance the full rights, dignity and welfare of Filipino nurses and other foreign trained nurses doing domestic work in Canada.

The following statistical information has been gathered through questionnaires and telephone interviews with FNSG members and contacts. FNSG would like to thank all the nurses who contributed their personal stories and struggles. Each of the graphs used in this report indicate the exact sample size they rely on. Further data still remains to be gathered in key areas: FNSG will continue its work of documenting the situation of Filipino nurses in B.C.

It is the hope of FNSG that the information contained in this report will be used to expose the presence of hundreds of underemployed and exploited Filipino and other foreign-educated nurses in Canada. These nurses are being denied the right to practice their profession and are marginalized as cheap labour in the scheme to privatize health care. FNSG calls on all levels of government and other relevant institutions like regulatory bodies and trade unions to provide concrete support and action to alleviate the health care crisis and ensure the comprehensive human rights of Filipino nurses are protected – through the facilitation of the accreditation of foreign-trained nurses.

1. Philippine Women Centre of B.C. Filipino nurses doing domestic work in Canada: A stalled development. May 2001.

2. CONTEXTUALIZING THE PRESENCE OF FILIPINO NURSES IN BC

The presence of Filipino nurses in BC must be understood as part of the overall migration of Filipinos from conditions of poverty, unemployment, and chronic political and economic crisis in their homeland. In the present era of globalization, the migration of Filipinos has expanded exponentially as people are forced to migrate to survive. They are commodified as highly skilled, but cheap, labour on the global market. There are currently over eight million Filipino migrant workers in over 186 countries world-wide.¹ Filipino nurses are part of this massive out-migration. In 1989, an estimated 13,000 new nurses graduated from 132 nursing schools in the Philippines. 65% of these new graduates emigrated abroad.²

Many of these Filipino nurses are now in Canada. However, it is difficult to determine just how many Filipino nurses are present here. As no occupational points are granted for nursing under the Immigration Act (although some nurses with operating room experience are slowly being granted occupational points as OR technicians by Citizenship and Immigration Canada (CIC)), Filipino nurses are left with little option but to come to Canada under the Live-in Caregiver Program (LCP). They come, not as nurses, but as 24-hour domestic and home support workers. With the shift in federal policy in 1992, when the Foreign Domestic Movement (FDM) was changed to the Live-in Caregiver Program, nurses and teachers have been able to come in through the LCP without completing an expensive 6-month training period other LCP applicants are required to take. Since then, increasing numbers of foreign-trained professionals have come through the LCP.

In 2000, 1,073 people entered British Columbia through the LCP; 2,780 came to Canada as a whole.³ Over 82% of those entering through the LCP between 1994-1999 were from the Philippines.⁴ It is difficult to assess the exact numbers of nurses who are coming in under the Live-in Caregiver Program because of the characteristics of the program, which isolate the workers inside private homes. Human Resources Development Canada, CIC, and the BC Employment Standards Branch keep statistics on the LCP based on employers and employment authorizations, not on individuals working under the program. Statistics are also gathered when people apply to become landed immigrants after completing LCP requirements. These statistics do not reflect people who are currently under the LCP, and 95% of the applications for landed immigrant status from those coming through the LCP do not contain entries in the area of “intended occupation.”⁵

Despite the lack of exact numerical data, the experience of FNSG and all available data points to there being high numbers of Filipino nurses present here in British Columbia. FNSG currently has contact with 296 Filipino nurses in B.C. At least 2-3 new contacts are made with Filipino nurses seeking accreditation every week. Philippines-trained nurses made up 33% of foreign-trained new registrants with RNABC in 1998.⁷ In another study of foreign-trained nurses, those who had been registered in the Philippines represented 55% of those surveyed (33 / 60 survey responses).⁸ However, whether Filipino nurses have come to Canada through the LCP or as independent immigrants, they still face costly, lengthy and irrelevant RN accreditation barriers.⁹

The data contained in this report must be understood within the context of labour commodification, forced migration, and the de-skilling character of the Live-in Caregiver Program.

¹ MIGRANTE International Alliance of Filipino Migrant Workers and Their Families, *The Philippine government' financial exactions to Overseas Filipino Workers*, Manila: 1998.

² Gonzales 1989 as quoted in Bush, Barbara, “The Rockefeller Agenda for American / Philippines Nursing Relations,” *Western Journal of Nursing*, Oct 1995, Vol.17, Issue 5, p.540.

³ Citizenship and Immigration Canada: BC / Yukon Region. *Key Statistics*. 1999-2000. p7.

⁴ Landed Immigrant Data System as quoted in Rivers and Associates, *Foreign trained nurses in British Columbia: Employment issues & Opportunities: A discussion and background paper*, July 2000, p16.

⁵ *Foreign trained nurses in British Columbia*, p18.

⁶ Philippine Women Centre of B.C. *Filipino nurses doing domestic work in Canada: A stalled development*. May 2001.

⁷ RNABC, *Nursing Statistics*, 1997.

⁸ Circa Enterprises, *Foreign-trained nurses occupational Mobility Research Project Report*, March 2001, p.8.

⁹ *Filipino nurses doing domestic work in Canada: A stalled development*.

3. DEMOGRAPHICS

88% of FNSG members and contacts are female.

The vast majority of the nurses coming to Canada are young and have graduated within the last 10 years. This contrasts with the demographics of nurses in B.C. where the nursing population is aging. If valued and allowed to practice their profession, FNSG contacts and other foreign-trained nurses will be able to contribute to health care system for a long time to come.

While the majority of the nurses are newer graduates, a number of FNSG members have over a decade worth of work experience as nurses. Some have even worked as nursing instructors in colleges and supervising nurses in hospitals in the Philippines and abroad.

4. IMMIGRATION

Because zero occupational points have been offered to nurses through the Canadian Immigration Act since 1993, one of the only ways nurses can come to Canada is through the Live-in Caregiver Program. 78% of FNSG's members and contacts came to Canada through the LCP. Under the LCP, they must complete a 24-month live-in period in their employer's home. Instead of being allowed to practice their profession and help alleviate the nursing shortage, they are forced to do 24-hour / day domestic and home support work.

Many of FNSG's members have come to Canada in the past 6 years, corresponding with the change of the FDM into the LCP. See section 2). The lower numbers of FNSG contacts arriving since 1999 are not the result of changing immigration policy. They may be accounted for by the fact many nurses do not realize (because there is a lack of information provided to them) they can begin the accreditation process at any time. Many do not contact FNSG until they have completed their LCP contract.

While many FNSG members (67%) have achieved some type of permanent status in Canada, this does not mean that they are free to practice their profession. As cited in Filipino nurses doing domestic work in Canada: A stalled development, the long-term results of the LCP -- including de-skilling, stalled development, and legislation into poverty -- combined with lengthy, costly, and irrelevant accreditation barriers mean many remain segregated and underemployed, not in their nursing profession.

5. ACCREDITATION

FNSG contacts

296

Out of 101 respondents:

Opened
RNABC file

89

Verification
papers
submitted

82

Completed
English
requirements

46

Working under
Interim Permit

6

Passed
RN exam

40

Working
as RN

39

Many of the Filipino nurses who are here in BC have yet to open files with RNABC. The primary barriers for these nurses is the cost of the accreditation process (at minimum \$1,000) and the unchallenged belief that while working under the Live-in Caregiver Program they are not allowed to become accredited as Registered Nurses. Nurses working under the LCP are extremely isolated and very little—if any—effort has been made to provide them with correct information about the accreditation process. Some nurses under the LCP have even met with discrimination from the RNABC when attempting to open a file. Several members were not given an application for registration because of her temporary status under the LCP.

Some nurses face difficulties receiving their transcripts and verification of registration as RNs from their schools and the Philippine Regulatory Commission. Those who have difficulty have faced up to one-year waits for the paper work. FNSG has lobbied the Philippine Consulate to address this issue. Other nurses have experienced waiting periods of up to one year in obtaining verification of previous employment, particularly those who were already employed outside the Philippines.

For those nurses who have opened RNABC files, the English requirements pose the greatest barrier. Although Filipino nurses are educated in English from Kindergarten to University and have worked in English-speaking environments in the Philippines, in Canada, and in other countries, they must still take expensive and irrelevant English exams that do not test their ability to communicate about nursing matters. Instead, the English tests prevent many foreign-trained nurses from working as nurses in Canada. Statistical data is currently incomplete regarding how many nurses have yet to complete the English exam requirements and how many nurses have taken the English exams but have been unable to have their English requirements waived.

6 / 7 of the nurses waiting to take their registration exam are currently working as a graduate nurse under Interim Permit. FNSG lobbied to make it possible for foreign-educated nurses to be informed and allowed to work under Interim Permit. However, Interim Permits are only issued for 3-6 months, leaving nurses in a severely precarious position. FNSG has lobbied to have IPs issued for one year to give nurses more stability and security. As well, IPs are issued through an employer letter as opposed to a nurse's status in the accreditation process. Nurses who are still under the LCP contract are unable to work under Interim Permits, as is the case of one FNSG contact.

Filipino nurses have little or no difficulty passing the nursing registration exam. Only one member is currently waiting to rewrite the exam. Filipino nurses make up 33% of foreign-trained nurses who registered with RNABC in 1998.

At least 3 / 40 members of the Filipino Nurses Support Group who passed their RN exams were barred from practicing as nurses even after passing the nursing registration exam. They were trapped in the LCP contract, which locks them into completing a mandatory, 24-months live-in period with their employer. They are even denied the right to access the Provincial Nominee Program to work as a nurse and obtain landed immigrant status. Only the passage of time, no concrete policy change, meant that 2/3 finished their LCP contract and were able to practice as RNs. Currently, one RN is still trapped by the LCP.

ACCREDITATION CONTINUED...

Out of the 296 nurses FNSG has contact with in BC, 40 have achieved status as RNs in British Columbia through the community based support of FNSG. One of the accredited nurses is not able to practice as she is still under the LCP restrictions. Six are currently working under Interim Permits(IP) as Graduate nurses. However, IPs are only available for a short period (3-6 months). FNSG has lobbied for IPs to be issued for one year to provide nurses with more stability.

Over 50% of the unaccredited nurses work as domestic workers. While RNs start at \$21.40/hr, under the LCP nannies and home support workers make only \$7.60/hr. Even after the LCP, nannies continue to make \$7.60/hr, while home support workers make \$14/hr. Due to the economic crisis forcing them to come to Canada, many nurses are forced to make difficult choices. Either they must accept being underemployed and undervalued or pursue the costly and lengthy accreditation process (and risk not be able to support their families).

26% home support, 13% care aide, 3% janitorial, 28% still under LCP, 23% nannies (out of LCP), 8% other

Some nurses have not worked as nurses for such a long period because they worked as domestic workers in other countries before coming to Canada. Others have been unable to surmount the barriers to accreditation in Canada. Given the 2-3 years they are trapped under the LCP, Filipino nurses are virtually stripped of their skills and education.

It can take months or years (2-3 years on average) to become accredited -- far too long, especially given the current nursing shortage. More statistical data still needs to be collected to determine the length of time it took for nurses who have been accredited to complete the process and to determine how long the majority of Filipino and other foreign trained nurses take to complete the accreditation process.

86% of the nurses do not need a refresher course; immediate government support to facilitate their accreditation would help to immediately alleviate the nursing shortage. A small percentage of FNSG contacts have not practiced for more than 5 years. They will need to take a refresher course before they are allowed to practice as RNs in BC. Many cannot afford the refresher courses, which cost \$1,500-\$13,000, plus lost wages.

6. REPORT CONCLUSION

Given the critical state of health care in British Columbia, immediate action is essential in order to resolve the nursing shortage in public hospitals and facilities.

Through the work of the Filipino Nurses Support Group's work, there have already been contacts made with 296 Filipino nurses in B.C. Allowing these nurses to contribute their skills and education to the Canadian health care system is an important, and immediate, solution to the nursing shortage. Therefore, there is an urgent need for policy dialogue between government bodies and the Filipino Nurses Support Group (as a member of the voluntary sector) in order to develop and change current policies in order to facilitate the accreditation of Filipino and other foreign-trained nurses, particularly those who are already here in B.C.

Filipino and other foreign-trained nurses continue to face multiple systemic and institutional barriers to practicing their profession including:

- lack of occupational points given to nurses through the Immigration Act
- exploitative, confining, and de-skilling characteristics of the Live-in Caregiver Program
- the lack of policy support through the Provincial Nominee Program for nurses who are already here in B.C., particularly those under the LCP
- cost and length of the RN accreditation process
- irrelevant and costly English exam requirements
- instability of Interim Permits due to the short time frame they are issued for and the lack of consistent granting of Interim Permits for all nurses who are awaiting the RN exam
- cost and loss of wages for refresher course
- systemic and personal racism from government bodies and relevant institutions

At this initial stage of its work, FNSG has been able to make important inroads into the development of a statistical database identify the critical barriers and the hidden presence of non-practicing Filipino nurses in British Columbia. However, FNSG has already pinpointed areas where further research, analysis, and community support is needed. As such, the continued financial support of pertinent government ministries for FNSG's critical community-based effort is required. We look forward to hearing if this support will be possible.