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Abstract

The international migration – and recruitment- of health professionals has gained momentum in the last fifteen years, becoming a matter of international concern. Work-related issues – i.e. working conditions, integration and retention of foreign-educated health professionals - have emerged along with (old) issues of ethical recruitment. This paper focuses on the recruitment of foreign-educated nurses (FENs) and contributes to the current debate on approaches to international recruitment and labour market integration of health professionals by introducing the concept of 'sustainable recruitment', which binds together ethical recruitment and work-related issues. This study aims to investigate the ways these aspects actually or potentially shape current approaches of international recruitment. A qualitative approach is used to study the case of Finland, which is an emerging destination country of FNEs and that has started to recruit nurses both from within the European Union and in the Philippines. In particular the paper presents and discusses the results of an empirical investigation carried out in Finland in 2015 that was aimed at exploring whether and how private and public health care organizations and private recruitment agencies are responding to issues of 'sustainable recruitment' while recruiting FENs internationally.

Keywords

Foreign-educated nurses; international recruitment; Finland; professional integration; ethical issues.

Introduction

The increasing global shortage and inequitable distribution of health professionals driven by demographic and epidemiologic changes as well as newer technologies in service delivery - along with transformations of social welfare models in some cases - intensifies the need for health workers globally, resulting in higher and more complex internal and international mobility of health professionals. In particular starting from the mid-1990s several high-income countries have intensified global recruitment campaigns – including in low-income countries - to fill shortages. In 2007 there were on average 11 per cent of foreign-educated nurses (FENs) and 18 per cent of foreign-educated doctors (FEDs) working in OECD countries (OECD, 2007).

On the demand side, several developed countries recruit health professionals abroad, with developing countries being an important target. Countries like Australia, USA, Canada and United Kingdom have been particularly active in international recruitment and migration flows of health professionals towards these countries have often followed colonial ties. They have done so to fill domestic shortages mainly stemming from demographic factors such as their aging populations, shortfalls in training new health professionals, but also changes in labour market orientations of native workers. For instance, jobs like nursing are often seen by the domestic workforce as too demanding, poorly paid and occurring within a context of poor working conditions (Connell and Stilwell, 2006). Other countries have emerged as destinations of FENs as well or have started to recruit internationally including in source countries with which they not use to have any particular link. Finland recruiting nurses in Spain and in the Philippines is a case in point. On the supply side, the lack of jobs and career perspectives, low wages and unfavorable working conditions explain why so many health professionals from low-income countries seek to move towards high-income ones. Within this context the scale of international recruitment has grown rapidly, as have the number of recruitment agencies who have played an important role in facilitating international migration.

Concerns about international recruitment of health professionals have emerged. First, there are concerns about causing skill shortages in origin countries. In particular, the migration of professionals and skilled workers from developing countries is perceived to negatively affect the development potentials of the countries of origin. This phenomenon has been referred to as the "brain drain". Second are concerns for the workers themselves, as the global finance and power imbalances between source and destination countries create a dynamic where workers, wanting to find employment overseas, are "willing" to accept migratory – and recruitment - conditions that are below internationally recognized standards, with nurses appearing as to be particularly vulnerable workers to such imbalances.

One response of public actors to these concerns has been the adoption of guidelines – i.e. codes of conduct - aimed at encouraging ethical recruitment approaches and practices that can a) mitigate the negative impact that international recruitment can have on the health systems of sending countries; b) promote rights of workers recruited across different labour jurisdictions and protect them from unscrupulous recruiters. Following international initiatives in this field – i.e. the 2010 World Health Organization (WHO) Global Code of Practice on the International Recruitment of Health Personnel (WHO, 2010) and the 1997 ILO's Private Employment Agencies Convention, No. 181 (ILO, 1997) - several recipient countries of foreign-trained health professionals have now adopted their own codes of conducts (Clark et al. 2006; Merçay, 2014; Cohen, 2013).

Responses have emerged from the side of employer associations as well. For example, the International Confederation of Private Employment Agencies (CIETT) has developed initiatives in order to increase compliance with ethical principles and promote good practices of ethical recruitment among their members – i.e. recruitment agencies. No charging fees to workers for recruitment is a key principle of CIETT along with improving transparency and accountability across all stages of the

recruitment process. The ILO has also undertaken new initiatives. For example, it has recently concluded the project 'Promoting Decent Work Across Borders: A Project for Migrant Health Professionals and Skilled Workers' (2011-2014)[1], which focused on Asian countries with significant outflows of health professionals and skilled workers for foreign employment – e.g. the Philippines and India are the biggest sources of foreign health workers for the OECD countries (OECD, 2007).

Increasing (empirically-grounded) concerns have appeared not only with reference to recruitment approaches but also regarding the work situation of migrant health professionals in the recipient countries – e.g. working conditions and professional integration. A growing number of studies have demonstrated for example that despite the valuable contribution FNEs make to their host societies, they often find themselves over-qualified for the job they hold and often encounter vulnerable employment situations (e.g. Bach, 2010; Meardi et al. 2011; Calenda, 2014). Most recently, issues of retention – i.e. FENs leaving the employers - connected to problems with working conditions have emerged as well. In particular concerns arise when FENs seek re-emigration - towards more welcoming countries – return to their countries of origins or change employer shortly after arriving, reducing the cost-effectiveness of international recruitment.

Within this framework, I contend that a major challenge in international recruitment concerns the capacity of the recruitment industry – along with employers - to develop business-cases of 'sustainable recruitment', which binds together ethical recruitment and work-related issues such as integration and retention of employees. This paper addresses these issues[2] by looking at the experience of international recruitment in Finland and uses a qualitative approach to explore how employers and recruitment agencies are responding to challenges brought by international recruitment of FENs in terms of sustainable recruitment. In particular I present and discuss the results of an explorative fieldwork that I have carried out in in Finland during April 2015, which consisted in semi-structured interviews with representatives of public and private social and health care organizations and recruitment agencies.

The paper is articulated in three sections. The first one offers an overview of the current state of art concerning the debate on ethical recruitment and work-related issues. The second and the third section present the results of the fieldwork in Finland. Some conclusive remarks are provided in the final section.

1. The international recruitment of nurses: an overview of problem areas

Ethical issues

Ethical concerns about causing skill shortages in origin countries were famously highlighted by Nelson Mandela in 1999 when he criticized the recruitment of nurses by British health organizations in South Africa, a country that was deeply affected by HIV/ AIDS, malaria, and other diseases. These issues were addressed during the global dialogue on health and development that led to the Millennium Declaration adopted by the United Nations in 2000. In the high-level meetings organized in the aftermath of the Declaration, "the health worker crisis was – frequently - mentioned as an essential obstacle that had to be tackled in order for the health-related MDGs to be achieved" (Merçay, 2013, 8).

[1] Information is retrievable online at: http://www.ilo.org/eval/Evaluationreports/WCMS_234931/lang--en/index.htm

[2] Gender issues are not specifically addressed in this paper, although the author is aware that international recruitment intersects with gender in a complex manner, as women constitute an increasing proportion of the migrant labour force, especially in the social and healthcare sector (Kigma, 2006). The proliferation of international recruitment practices tends to accentuate gendered patterns of migration. For instance, most of the internationally recruited Filipino nurses are women who migrate alone to support their children and other family members back home (Asis, 2014).

However, it is with the WHO Global Code of Practice on the International Recruitment of Health Personnel - adopted by the World Health Assembly in May 2010 - that critical issues of recruitment were identified more clearly. The Code provides guidance and reference for Member States (of the WHO) in establishing or improving the legal and institutional framework required for the international recruitment of health personnel (WHO, 2010; art. 1).

Protecting developing country health systems is a guiding principle of the WHO Code expressed in Article 3.5. This article reflects the perception that active recruitment in countries experiencing shortages of health professionals is unethical (Cohen, 2014), although the Code recognizes the freedom of health personnel "to migrate to countries that wish to admit and employ them" (WHO, 2010, art. 3.4).

Most relevant for the aspect of ethical recruitment discussed in this paper, are the principles contained in article 4 concerning the protection of health professionals from unscrupulous recruitment practices. Article 4.4 introduces the concept of fair and just recruitment and states that Member States (of the WHO) should "ensure that recruiters and employers observe fair and just recruitment and contractual practices in the employment of migrant health personnel and that migrant health personnel are not subject to illegal or fraudulent conduct"; recruiters and employers should also "provide migrant health personnel with relevant and accurate information about all health personnel positions that they are offered." (WHO, 2010, art. 4.4.)

These principles are particularly relevant since there is evidence that nurses recruited in developing countries are highly exposed to unfair recruitment practices. In particular they are likely to be subject to fees for their recruitment that in extreme circumstances can amount to creating an indentured employment relationship – i.e. withholding of wages and poor/unsafe working conditions, confiscation of documents, changes in conditions of employment when a contract has been signed. Studies have found many more are given inadequate or misleading information about their placements and face unexpected challenges upon arrival in destination countries (e.g. Pittman et al., 2010, 2012; Buchan et al. 2005a; Calenda, 2014).

In recent years, the debate on how governments to implement the Code – i.e. which is voluntary meaning that is not a legal instrument to which countries are bound - has developed along with the increasing importance that the private recruitment sector has been acquiring in supplying health workers globally. In particular, several lines of evidence indicate that patterns of recruitment are progressively shifting from a model with states playing major roles to one where private recruitment companies are increasingly involved in the provision of international labour, including healthcare professionals, contributing to the global commodification of health care work (Salt and Findlay, 1989; Connell and Stilwell, 2006; Ball, 2004; Connell, 2010; Bludau, 2010; Findlay et al. 2013).

On the one hand, such importance acquired by private recruitment agencies amplifies concerns about ethical recruitment practices. On the other hand, it raises concerns about the effectiveness of state regulation - but also international one- in protecting migrant health workers across different labour regulation systems and labour markets. It has been contented for example that recruitment agencies tend to move the geographical focus of their operations in order to avoid impediments – e.g. state regulation - rather than modifying practices (Connell, 2010).

However, improvements in the recruitment sector seem to gradually emerge driven by both law and self-regulation. Findings of a recent study I have conducted for the ILO in two source countries of nurses – India and the Philippines – and one recipient country –United Kingdom – was aimed at documenting good practices of cases of ethical recruitment in the private sector (Calenda, 2015). The study shows that ethical practice can emerge across different stages of the recruitment process even 'exceeding' the minimum standards established by code of conducts and (state) legal provisions required to recruitment agencies to operate within their respective countries. For example recruitment agencies can support FNEs in the post-recruitment stage through addressing social and work

integration aspects, and in some circumstance in the return stage of nurses, by facilitating their professional reintegration in the country of origin (Calenda, 2015).

Work-related issues

Nursing associations have flourished worldwide with an increasing presence in the social media as well, reflecting a professional identity and work ethics that are historically rooted. Thousands of women served as nursing 'sisters' during the World Wars of the 20th century, contributing to shape work ethics and the public imagine of nurses – e.g. in terms of compassion, bravery and dedication, and 'angels of mercy'. Nurse 'heroes' such as Florence Nightingale have inspired nurses across generations and are still today. In 2014 Edith Cavell, the British nurse executed by the Germans during World War One, was featured on a new commemorative £5 coin in the United Kingdom (BBC, 2014).

The public image of nursing, which has been often subject to misconceptions and stereotypes and it continues to do to some extend – has changed over time. An increase emphasis on professional aspects – for example 'career' – in the formation of nurses' public imagine has been noted since the 80s (Kalisch and Kalisch, 1983). Currently, such imagine has acquired an international dimension, reflecting the high volume of international migration of nurses. New information and communication technologies strongly contribute to construct such global imagine as well, along with the idea that in the field of contemporary nursing rules, principles and functions are mostly equivalent in every country. Actually, nursing education and practices have been subject to significant – technological - innovations as well as to internationalization and standardization, reflecting the growing interdependence of health care industries. Recruitment companies operating at local and global scale facilitate the globalization of nursing job also through creating 'successful migrant workers' for the international labour market (Bludau, 2010).

Against this background, one may expect a smooth integration of FENs in recipient countries. Conversely, increasing (empirically-grounded) concerns have appeared. In the migration literature, the term 'integration' is often referred to the relationship between migrants, institutions and society in the receiving society. It is a two-way process in which structural and individual barriers are equally important in shaping the integration process and its outcomes in several aspects of social and work life (Spencer, 2011). Firstly, there are structural factors such as regulations and labor market characteristics of the destination countries that can shape the integration of foreign workers. As far as FENs are concerned, immigration rules intersects with rules imposed by registration and licensing authorities for nursing profession, contributing to influence the ways how FENs professionally integrate in the destination country. In addition the availability – or not - of policies and measures relating to equality and diversity in employment and workplaces are important factors for integration as well.

The literature has demonstrated for example that FENs are likely to experience manifold work-related problems in destination countries, often reflecting hierarchies and patterns of labour market segmentation (Doeringer and Piore, 1971). Frequently, problems concern the recognition of competences and skills that FENs have originally acquired, increasing their vulnerability in the labour market that can translate into worse shifts, professional hurdles and deskilling. Patterns of deskilling, reflecting path dependency in nurses' professional trajectories and segregation between sectors – i.e. the utilization of FENs in the private sector rather than in the more 'secure' public sector' – have been widely reported even in countries with well-developed labour regulation and with long tradition of international recruitment of health professionals such the United Kingdom (Daniel et al., 2001; Allan and Larsen, 2003; Smith et al., 2006; Buchan and Seccombe, 2006; Bach, 2010; Calenda, 2014). But similar patterns have been also noted in newer destination countries of FENs such as Spain (Meardi et al. 2011) and Finland (Kuusio et at., 2014; Nieminen, 2010; Pitkänen, 2011; more details concerning Finland are provided in § 2.2).

Overall, this still represents a grey area of labour migration and much work is still needed to implement the equality principle included in the WHO Code, which states that that migrant health personnel "should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce" (WHO, 2010, art. 4.4). Additional concerns have emerged since it has been observed that many FEDs re-train as nurses and FENs accept lower level positions overseas – i.e. healthcare or nurses assistants – as easier ways to migration. In the example of Indian and Filipino FENs, evidence suggests that these situations represent common strategies among health professionals, as they often constitute the easier and often the only option they have to migration (Lorenzo et al., 2007).

Secondly – and intersected to structural factors - there are issues of professional re-socialization of FENs. Neiterman and Bourgeault (2015) have analyzed the situation of internationally educated health professionals in Canada through the lens of re-socialization, which they refer as to a) aspects of professional work that are modified in transition to a new health care system, b) aspects of professional practice that are learned in the new health environment and c) how foreign workers maintain their professional identity in transition to a new health care system. The authors contend that FENs are likely to experience several problems in these areas, which are often associated to feelings and experiences of unequal treatment - as reported by FNEs (Neiterman and Bourgeault, 2015).

In the United Kingdom, where the situation of FNEs has been more researched than in other countries, qualitative studies have demonstrated that feelings and experiences of unequal treatment of FENs are often caused by poor understanding by employers of issues of cultural diversity and scant consideration of FENs' professional backgrounds and aspirations. Allan and Larsen (2003) found that examples reported by FENs concerning both vertical and horizontal discrimination at the workplace often originated from poor diversity management and thus a poor understanding of integration issues from managers. In the case of FNEs, these problems can intersect with recruitment practices when, for example, FNEs receive from recruitment agencies inaccurate or even misleading information about the employment terms and the work tasks they will find in the destination country; a practice that is considered as unethical by the WHO Code. A clear correlation between unfair recruitment practices and feelings of job disaffection reported by FENs was recently found in a survey among 400 Indian and Filipino FENs working in the UK (Calenda, 2014).

It should be noted that, at least in the EU, work-related problems experienced by FNEs emerge – and are amplified - within a broader pattern of worsening of nurses' working conditions, as demonstrated by recent studies. A recent survey (Aiken et al., 2013) undertaken in 488 general acute care hospitals in 12 European countries shows that a "sizeable fraction of nurses in every country perceive that care has deteriorated over the preceding years" (Aiken et al., 2013: 152). This survey shows that "nurses in hospitals across Europe are rationing care because of high workloads, and have concerns about eroding quality of care and insufficient priority by management on patient safety" (Aiken et al., 2013: 144).

It has been noted that staff turnover (employees leaving the organization) and attrition dynamics - employees leaving the health workforce - among nursing workforce have increased in the last years due to a combination of factors including poor work and organizational quality (Jielf et al., 2014; Buchan, 2015). Concerns about staff turnover and attrition are part and parcel of a broader discussion on sustainability of health workforce, which has become a frequently articulated policy objective in recent years. For example, EU policy- makers have addressed these concerns in recent years with several initiatives that ultimately led to the creation of the (EU) Joint Action on Workforce Planning in 2013.

As it will be explained in the following section, problems in the above-mentioned areas can also provoke unintended consequences on the mobility perspectives of FNEs – i.e. whether to stay or to leave - and thus raise issues of cost-effectiveness of international recruitment. For example FENs may

seek re-emigration towards more welcoming countries, return to their countries of origins or change employer. Eventually, these dynamics can be amplified by political impulses of recipient countries that can translate for example into tougher immigration rules and thus intersect with the working conditions and labour market orientations of foreign workers – e.g. in the UK (Calenda, 2015).

Sustainable recruitment

The concept of 'sustainable recruitment' binds together ethical recruitment and work-related issues such as professional integration and employees' retention, which are likely to impact on cost-effectiveness of recruitment. 'Sustainable recruitment' therefore embeds a concern for delivering cost-effective recruitment while increasing compliance with ethical standards.

Firstly, cost-effective recruitment calls into question the recruitment agency's capacity to select quality and motivated candidates in order to assure not only quality of care but also improve placement and retention rates of FENs after recruitment.

It should be noted that compliance with ethical standards is likely to increase the cost of recruitment for both employers and recruitment agencies. Indeed, according to international guidelines on – ethical – international recruitment, workers should not pay for recruitment. In many receiving countries –including in Finland – national laws also regulate this aspect. Employers should therefore cover the costs of recruitment that can include not only the costs strictly related to the recruitment services provided by the recruitment company but also encompass those costs arising from activities such as additional training (if needed), language courses, adaptation period (in the destination country), migration costs (visa, travel etc.) and eventual costs for providing workers with practical and logistic support during the first months after the arrival – e.g. accommodation.

On the other hand, costs of recruitment are likely to increase since recruitment agencies need to improve transparency, scrutiny, quality and efficiency, which are essential for securing the recruitment process from risks of unfair and unethical practices that may emerge across the different and complex stages of recruitment from source to destination countries. Such improvements may need significant investments.. Additionally, the recruitment agency should guarantee to the employer a new candidate if the one previously recruited decides to quite the job shortly after the arrival. This obligation, although usually applies to the procurement of personnel in general, amplifies concerns of cost-effectiveness in the context of international recruitment.

Following this line of reasoning, motivations of FNEs should be considered more carefully together with work-related issues by both employers and recruitment agencies during and after the recruitment process (Buchan et al. 2005b), in order to improve job satisfaction of workers, increase their willingness to stay with the employer and thus maximize the overall returns of international recruitment[3]. In the next sections these aspects will be discussed with reference to the Finnish context, and in particular by looking at how employers and recruitment agencies are responding to ethical and work-related issues.

[3] Signs of change in this direction – i.e. reforms of approaches to international recruitment and increased partnership between recruitment agencies and employers on work-related issues concerning FNEs - have been recently observed in the UK (Calenda and Gamwell, 2015).

2. The case study

2.1. Methodology

Finland was chosen as case study for several reasons. Firstly, it is a relatively new destination country for health professionals - and for labour migrants in general – and there have been scant investigations on the situation of FNEs and approaches of international recruitment. Secondly, Finnish health care organizations are increasingly active in recruiting nurses from far away, in countries such as the Philippines and Spain that have not historical ties with Finland. This aspect brings new and more complex diversity – and integration - issues into the Finnish health care system. Additionally, recruiting from a developing country like in the case of Philippines arises new and more complex challenges as well, as it will be argued in the next section. Thirdly, a specific challenge for Finland is not only represented by the need to attract FENs, which is likely to became a political priority in the next future, but also the need to keep these workers. The experience of Spanish nurses recruited in the last years who have decided to quit their jobs and leave the country, as it will be explained in the next sections, has contributed to arise issues of retention of FNEs and cost-effectiveness of recruitment. All these aspects make Finland a suitable case study for analyzing 'sustainable recruitment' and in particular whether and how issues of 'sustainable recruitment' are actually faced by stakeholders – i.e. recruitment agencies and employers.

Primary data were collected mostly through a fieldwork work carried out in Finland during April 2015. Existing contacts I have developed with key informants in Finland in the course of an earlier study on good practices of ethical recruitment (see Calenda, 2015) made it easier to gain access to and to discuss sensitive issues with the informants – e.g. to talk about business strategies of recruitment agencies and touch upon delicate issues like the relationship between ethical and commercial aspects. In particular, the existing contacts with managers of recruitment agencies and health care organizations in Finland – they are among the biggest players in their respective markets, representing both the public and the private sector - facilitated in mapping a picture of the on-going recruitment approaches.

In addition to documentary data, semi-structured interviews were carried out in Helsinki with representatives of recruitment agencies and employers. During the fieldwork I also had the opportunity to meet four FENs – see table 1 – in an elderly care home. The interviews were designed in order to allow interviewees reconstructing and talking about the decisions they have taken, their motivations, approaches, problem areas and so on, concerning the recruitment practices and work-related aspects. The interviews were recorded and analysed by combining the method of reflexive close reading with the thematic content analysis (Watson and Wilcox 2000; Silverman 2006). The anonymity of the research participants – including the nationality of nurses - have been preserved, making sure that the paper will not harm the individuals concerned.

Table 1. List of the interviewees

Type of organization	Person interviewed
Recruitment agency (R1)	1. The CEO **2.** Manager in charge of the recruitment operations in the Philippines
Recruitment agency (R2)	1. The CEO
Public hospital (H1) - Helsinki	1. Group interview with: a) Human Resource Director; b) two Human Resource Managers; c) Customer Service Director, two Nursing Directors
Elderly care home (H2) -Helsinki	1. Regional Manager (of the company) 2. Nursing Director (of the structure) 3. Two nurses recruited within the EU 4. Two nurses recruited outside the EU

2.2 The national context[4]

Finland finds itself in a difficult position concerning the population ageing comparing with other EU and OECD countries[5]. It has one of the highest old-age dependency ratio (above 33.1 per cent) and one of the highest shares of the population aged 65 years and over (20 per cent of total). The Average life expectancy has improved especially during the last three decades, reaching 76 years for men and 83 years for women in 2005 (Vuorenkoski, 2008). However – and in part connected to this result - within the EU, Finland – together with Estonia – has the highest share of people reporting long-standing illnesses; the forecast for Finland concerning the social expenditure share of the GDP indicates an increase from 25 percent in 2001 to 30 percent in 2030 (Kunz, 2007).

There are three different health care systems in Finland, which receive public funding: municipal health care, private health care and occupational health care systems. According to a review of the Finnish health system elaborated in 2008 by the European Observatory on Health Systems and Policies (Vuorenkoski, 2008), the largest share of health care services is provided by the municipal health care, reflecting the predominant role of the public sector as well as a decentralization reform started in the 1990s. These services are financed through the tax system and the National Health Insurance (NHI) based on compulsory insurance fees. Traditionally all municipal health services have been delivered by municipally owned organizations, health centres and hospital districts but in 1993 municipalities were given the freedom to purchase services from private providers (Vuorenkoski, 2008, 135), which has opened the health sector to national and international private actors.

Overall, according to the above-mentioned review, the Finnish health care system offers relatively good quality health services for reasonable cost with quite high public satisfaction but the personnel shortages in some municipalities is considered a major problem. In 2012 the density of nurses per 1000 population in Finland was 14.1, which is much higher than the OECD average (9.1). Finland scores well also in terms of nursing graduates - in 2013 they were 68.9 per 100,000 population

[4] Information provided in this section is partially borrowed from Calenda, D., Sippola, A., Pitkänen, P. (2015) Diversity management as a means for smooth-running multicultural social and health care work: The case of Finland. University of Tampere (unpublished manuscript), and in particular from the introduction written by Prof. Pitkänen.

[5] Data reported in this paragraph have been retrieved from Eurostat and in particular from 'Population structure and ageing' and 'Healthcare personnel statistics - nursing and caring professionals' (http://ec.europa.eu/eurostat/); and from OECD Health Statistics 2014 (http://www.oecd.org/els/health-systems/oecd-health-statistics-2014-frequently-requested-data.htm).

comparing with other OECD countries (OECD average: 46). Despite this result, Finland is challenged by current and foretasted shortage of care stuff, especially in the elderly care homes.

For historical and geographical reasons, overall immigration into Finland has been very small in scale. Labour shortages were mainly filled with domestic folk who moved to urban areas from the countryside (Korpela et al., 2014: 81-83.). Nevertheless, after the 1990s, the relative number of foreign newcomers has increased rapidly (Lepola, 2000: 23-24). There has been an increase in the number of foreign citizens from 17,000 in the middle of 1980s to more than 200,000 in 2014. At the end of the year 2012 the population of Finland was 5,426,674. From this number the amount of foreign citizens were 3.6 percent and 5.2 percent were born abroad (Statistics Finland, 2013). It has been estimated that more than 100,000 foreign citizens are currently working in Finland. Such trend is partially explained by the deep-going changes in the neighbouring areas and Finland's accession to the European Union in 1995 (Björklund & Koivukangas, 2008: 3). The trend also reflects a progressive shift in the Finnish policy environment from a mainly humanitarian-based immigration policy to one of enhancing work-related immigration in response to the challenges of an ageing population and workforce shortages. In 2013 for example the Finnish government adopted the document *The Future of Migration 2020 Strategy* aiming at paving the way for a more active and forward-looking migration policy. It highlights that labour migration should be promoted, particularly in "developing estimation of work force needs and readiness for allocated recruiting abroad" (GoF, 2013: 13). It also addresses international recruitment in the social and health care sector, stating that approaches to recruitment and cooperation with sending countries must be developed and modelled.

Reliance on foreign health professionals is still relatively low in Finland compared with other European countries but as the baby boomer generations born after World War II are reaching the age of retirement within the near future demand for labour will increase, which can be met only by work-related migration and international recruitment. Already now, an insufficient workforce is a real problem in many fields, particularly in the social and health care sector.

Finland was the only OECD country with little inflow but high outflow of nurses (Colombo et al., 2011, 175), mostly moving to other Nordic countries. However, the presence of foreign-born and foreign-educated health professionals in Finland has increased. For example, the proportion of foreign-born physicians in Finland increased from 4 per cent of the total number of practicing physicians in 2000 to 8 per cent in 2009 - a total of 1,750 foreign-born physicians (Kuusio et at., 2014). In 2000 the OECD estimated in 0.8 per cent the proportion of foreign-born nurses of the total nurses workforce in Finland (OECD, 2007, 165). According to the figures provided by the Health Care Assistants Expert Network & Database (2005), in 2000 there were 1,450 nurses and 2,285 practical nurses – i.e. healthcare assistants - with foreign background working in Finland; by 2012 the respective numbers increased to 3,442 and 6,602. According to a Finnish data source, at the end of the year 2010, 2.8 percent (n. 2,805) of the nurses in Finland were actually non- native (THL, 2013).

Most of non- native nurses and practical nurses working in Finland come from Estonia, the Baltic countries, and Poland. They moved to Finland on their own, following migration patterns rooted in geographical and historical ties as well as recent institutional developments – i.e. EU enlargements. Facilitated by similar languages, geographical proximity and close ties between medical organizations of their respective countries and the ones in Finland, overall these nurses integrate quite well in Finland and the dynamics of their international mobilityare likely to be similar to those of Finnish nurses. For example, moving from Finland to other Nordic countries for short or long periods is a common practice among nurses – and health professionals in general – and it is mainly motivated by economic factors – e.g. wage differentials (Colombo et al., 2011; Kuusio et al. 2014). Only recently Finnish social and health care organizations have started to recruit from the Philippines and Spain. In particular, around 200 nurses have been recruited from the Philippines since 2008 and about 150 from Spain since 2012.

As far as the position of nurses in the labour market is concerned, in addition to the personnel with basic nursing qualifications, there is in Finland assisting nursing staff - i.e. practical nurses, assistant nurses - working either in hospitals, health centers, schools, day care centers, old people's homes, or institutions for intellectually or physically disabled persons. Similarly to a tendency observed in many recipient countries (e.g. Cangiano et al. 2009), FENs tend to concentrate among assisting nursing staff. Such a trend reflects the prevalent modes of restructuring of long-term care for older people in many developed countries, which has been marked both by the role of the market and by the role of migrant labor, rising implications for divisions of race, ethnicity, and citizenship in the provision of long-term care (e.g. Shutes and Walsh, 2012).

Practical nursing in Finland is equivalent to the one of health care assistant in other countries, but unlike in countries such as the United Kingdom where this profession is unregulated – in Finland this occupation is regulated. For example, a compulsory license and a compulsory educational preparation are requirements to practice[6]. The criteria for licensing depend on where the applicant has received qualifications – a Nordic country, another EU or the European Economic Area (EEA) country, or outside the EU or EEA. The Finnish licensing authority - National Supervisory Authority for Welfare and Health (Valvira).- requires that nurses have adequate knowledge of Finnish or Swedish for performing their duties. However, while a language certificate is not required for EU or EEA citizens in order to process the licensing, nationals from other countries are required to have a certificate of satisfactory Finnish or Swedish language skills[7]. Further compensation measures like extra courses may be required in order of being able to work as an official licensed practical nurse. Compensation measures include an 'aptitude test' and an 'adaptation period'. The aptitude test measures general nursing skills and the adaptation period describes the period of time one need to work under the supervision of a senior nurse, which can be three years at the longest.

According to the information retrieved in country profile prepared by the Health Care Assistants Expert Network & Database (2005), the healthcare sector in Finland offers many workplaces that could be filled by educated practical nurses, although not licenced. Nevertheless, most Finnish employers hire only those who have been authorised by Valvira to use the occupational title of a licenced practical nurses. On the one hand, this approach avoids the multiplication of different levels of nurses that may encourage labour market segmentation. On the other hand, the licensing process appears particularly demanding for non-EU nurses, a situation that may impact negatively on their professional integration and influence their decision whether to stay or move to other countries or return in their home countries. .

A qualitative study carried out by Kuusio et at. (2014) among foreign-born physicians working Finland, found for example that obstacles to licencing and stress caused by high workloads - due to shortages – impact negatively on job satisfaction. These problems tend to concentrate among non-EU/EEA physicians and in primary care. The authors argue that for these problems Finland may not be able in the long run to attract a sufficient number of foreign-trained physicians to alleviate shortage (Kuusio et at., 2014, 9).

The current and expected growth of cultural diversity among Finnish workforces could have pressed the legislator to review and update equality and antidiscrimination policies. A *Non-Discrimination Act* (1325/2014) was recently adopted in Finland with the aim to expand the obligation to promote equality to all employers – not only public employers as it used to be – and to educational providers as well. This development may represent a move towards a more effective approach to promote equality in the workplace. All employers employing at least 30 persons are

[6] Information retrieved online: http://www.hcanetwork.eu/downloads/Country%20Profile%20130620%20UK.pdf [accessed 12 June 2015].

[7] Available at: http://www.valvira.fi/documents/18508/85975/working_as_a_registered_nurse.pdf [accessed 10 Apr. 2015].

nowadays obliged to draw up a plan to promote equality and diversity, which is a new provision for the private sector employers.

Multiculturalism in the health care system was addressed by a previous initiative from the National Advisory Board on Social Welfare and Health Care Ethics. This authority published in 2004 a report entitled "Multiculturalism in the Finnish Health Care" (ETENE, 2004), in which multiculturalism is displayed as part of the strategy aimed at preparing workers and work communities to operate in increasing multicultural working environments. As far as international recruitment is concerned, The Finnish Institute of Occupational Health launched in 2014 the campaign 'Developing fair recruitment practices'[8]. Its objective is to increase awareness of national legislation about EU directives and ILO policies regarding fair recruitment practices. This initiative highlights concept of cultural diversity and encourage approaches to 'sustaining diverse talent' through mentorships, recognition of cultural and values differences, support to career development and training in multicultural communication and management (Dussault et al., 2012).

However, observers have contented that policy-driven equality initiatives have had limited practical effects until now (e.g. Sippola 2007). Concerns appear regarding anti-immigrant sentiments as well, which have growth in the last years due to unfavourable economic situation and unemployment. Such sentiments have gained momentum in last electoral campaign (April 2015), when the - populist and nationalist-oriented - Finns Party (previously known as the True Finns) augmented significantly its parliament sites. It has been observed a scepticism among labor unions toward international recruitment of workers and a broader tendency among unions to support selective solidarity arguments as a way to defend the perceived interests of their members from the 'threat' of labour immigration while, on the other hand, acting as an immigrant-friendly force (Alho, 2013).

Recent studies have brought to light patterns of horizontal and vertical segregation of migrant workers - for example a tendency of placing these workers in the lower segments of the labour market hierarchy (Nieminen, 2010). Advancing to a task that corresponds to one's former education and work experience achieved abroad is difficult for newcomers who suffer from a lack of Finnish (or Swedish[9]) language proficiency and cultural competences needed in the local working life (familiarity with working practices, legislation, e.g.) (Pitkänen, 2011).

In spite of the pre-departure and post-arrival training activities that are usually offered to nurses recruited abroad, many challenges appear in their professional integration after the arrival in Finland. In many cases, FENs start their work as trainees or work as a part of assisting nursing staff and are thus over-qualified for their present tasks (Nieminen, 2010; Pitkänen, 2011). Previous research indicates that the market value of education acquired abroad is generally perceived as rather low in Finland while the qualification attained in Finland is highly valuated among the employers (e.g. Pitkänen, 2007).

Overall, Finland actually has little experience with international recruitment of health workers but it has experience with inflows and outflow health professionals. In the past two decades it has seen health workers moving to Finland from neighbouring countries. These migrant workers professionally integrate quite smoothly. At the same time Finland has experienced outflows of Finnish health workers especially towards other Scandinavian countries. Multilateral agreements between Denmark, Finland, Iceland and Norway are now in place to manage these flows.

The first experience of 'active' international recruitment was made in 2008 within the framework of *Attractive Finland* project (2008-2010), which was developed by the National Institute for Health

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8 More information are avallabile at: http://www.ttl.fi/en/changing_work_life/immigrants_and_work/employment/recruiting_diverse_personnel/pages/default.aspx [accessed 10 June 2015].

9 There are two official languages in Finland: Finnish and Swedish.

and Welfare with the support from the European Social Fund. This project provided a framework for the international recruitment of nurses by the City of Helsinki and by the Helsinki Uusimaa Hospital District (Dussault et al., 2012). In 2008 a EU co-financed programme called 'Mediko - Recruitment of Foreign Health Care Professionals to Finland'[10] was launched as an employment and recruitment support service. The programme is still in place. Spain and the Philippines have been the main countries targeted by recruitment operations developed within this framework[11].

The economic crisis and the consequential cost containments in the health sector pushed Spanish nurses, especially nurses freshly graduated, to emigrate to northern European countries to find a job. Finland has seen Spanish nurses as a good target for recruitment and has signed a bilateral agreement with the Spanish authorities to implement recruitment projects. Concerning the Philippines, recruiting nurses in this country is not considered unethical, as the number of nurses exceeds the internal demand, reflecting a policy of 'production' and the 'export' of nurses (and other service workers) that has been a priority in the Philippines since the late 1970s (Asis, 1992). It is important to note however, that preferences for Filipino nurses are also grounded in the (globally) well established imagine of Filipinos as 'good migrant workers' that has been constructed during the colonial period (Pablico, 1979). Filipino nurses in particular are globally 'appreciated' for their strong dedication, sense of compassion, caring attitudes, respectful of older people and willing to help. Näre and Nordberg highlight for example that "when the recruitment of the first small group of Filipino nurses was initiated in 2007, the media were active partners" by emphasizing " the exceptionally highly skilled and qualified Filipinos, often in comparison with other potential target nations" (Näre and Nordberg, 2015, 21). In their study on the ways in which Filipino nurses were constructed by the Finnish media, Näre and Nordberg contend "the Finnish media constructs Filipino subjects as a global commodity and a colonized subject" (Näre and Nordberg, 2015,24).

3. The views and the experiences of recruitment companies and employers

3.1 Responses to ethical aspects

In Finland, recruiting health workers from countries experiencing shortages and charging fees to workers for recruitment is forbidden and both recruitment agencies and employers are required to operate in compliance with the WHO Code of practices, which has been adopted by the Finnish Ministry of Social Affairs and Health.

A specificity of Finland is that until now international recruitment has been managed only by private recruitment agencies on behalf of both public and private health care organizations. However, international recruitment has developed - and continues to do - in a framework in which public actors influence the behaviours of recruitment agencies. For example, although the presence of private actors in the social care has increased significantly in the last decade, especially in elderly care homes where FENs tend to concentrate – this sector is predominantly controlled by local municipalities as explained in §2.2. This characteristic is likely to represent an additional factor of pressure for compliance with ethical standards.

In addition to respond to public authorities, employers and recruitment companies work in close collaboration with training agencies and local public authorities for the implementation of several activities that are part and parcel of the recruitment process. For example additional training activities and language courses provided to FNEs are often part of initiatives of vocationally-focused training with integrated work experience available for immigrants in Finland. Pre-departure training has been

[10] Information retrieved online at: http://mediko.fi/in-english / [accessed 5 Feb. 2015].

[11] For more detailed information on recruitment projects carried out by Finnish authorities together with employers and recruitment agencies see Näre, 2012.

organised both in the Philippines[12] and Spain as well, the two countries target by Finnish recruitment projects until now. The pilot projects implemented in Finland regarding the recruitment of foreign health personnel are a case in point. For example R1 and The Hospital District of Helsinki and Uusimaa completed in cooperation with Laurea University of Applied Sciences a recruiting project in 2013 through which 20 nurses from Philippines were recruited and were given extensive Finnish language teaching. The collaboration between private recruitment agencies, employers and public authorities in the recipient and sending countries is strongly suggested by the 2010 WHO Code of practice.

The two countries that have been addressed by international recruitment are Spain and the Philippines. Recruiting in the Philippines is easier than recruiting in other developing countries because nurses' skills are high and there is an institutional infrastructure facilitating migration. However, recruiting in this country poses several challenges since workers deployed overseas, including health workers, are often exposed to unfair recruitment practices.

In order to respond to this challenge and overall improve quality of recruitment in the Philippines, R1 cooperates with a local recruitment company, a well-known Filipino recruitment company. The partner company was selected as a case study in a recent ILO-commissioned documentation on promising practices of ethical recruitment (Calenda, 2015). The quality partnership along with a direct control across all stages of the recruitment process, allows R1 to assure high compliance with ethical recruitment standards. The volume of recruitment of nurses has been relatively low until now but in the view of a increase in the demand of nurses in Finland, thus R1 is developing a long-term recruitment strategy in the Philippines. This strategy includes, for example, providing Finnish language courses on a regular basis to perspective migrants and organizing information days during which they explain to nurses what Finland can offer in terms of working and living: "*We are learning how to do international recruitment in the health sector and how to do it in the best 'ethical way', drawing on the best practices in the sector.*" (R1) For example, R1 has developed strong connections with the community of practices in the sector at the European level and regularly participates in international meeting aimed at exchanging good practices.

R2 is also concerned with ethical challenges posed by international recruitment of health professionals. The CEO reported for example concerns about the potential consequences that even a minor 'mistake' in the recruitment process would have for the reputation of the company. R2 – and R1 as well – feel pressure from being exposed to public scrutiny; they have reported several times how recruitment of foreign nurses has attracted significant media attention, reflecting the sensitiveness of Finnish society towards social and health care (Näre and Nordberg, 2015).

Differently from R1, R2 is a little company, and its asset is more based on personal initiative and proximity with the local context in the source country than on corporate governance and partnership with foreign recruitment agencies. R2 opened its Filipino branch in the city where the CEO has family ties. Relying on direct knowledge of the context meant for R2 building trusted collaborations over time with local stakeholders, including public authorities. This aspect is considered as essential by R1; in particular when touching upon ethical aspects during the interview, the CEO argued that what is essential beyond acknowledging state regulation and international codes of conducts is: "*…understanding how things actually work locally and which persons you can trust. In practice, this is the way to avoid that unfair and unethical conducts of single persons can interfere across the recruitment stages. We know for example that there are many recruiters that overcharge fees to nurses*

[12] In the Philippine case, pre-departure training is also offered by public authorities. In particular, the Philippines has developed a multi-stakeholder pre-departure orientation programme for departing nurses and other workers to facilitate their transition in the country of destination (Asis & Agunias, 2012). Such initiative is part and parcel of a well-developed migration system in the Philippines, reflecting and enduring legacy of labour export in that country.

for recruitment in the Philippines[13]. *At the beginning, our main job was to make local stakeholders clearly understand that there is no room in Finland for any kind of bribe and unauthorized payment are seriously investigated and prosecuted*" (R2). The CEO added that he would have never established recruitment operations in another region of the Philippines: "…*because cultures, local institutions and attitudes of people are very diverse and if you don't master such diversity the risk of falling out of line of ethical recruitment standards increases*" (R2).

By 'putting down roots' locally, R2 highlights that positive implications for local development can emerge as well: *"At the moment we hire local personnel and we have built a school where we organize information seminars about the Finnish culture and we teach Finnish language courses. We have contracted a Finnish teacher that stays there on a regular basis […] However, I believe that by bringing Filipinos here and, on the other hand, by making people in the Philippines discovering the opportunities that Finland can offer, in the near future there will be more opportunities for cultural exchanges and economic development for all"* (R2). This aspect would deserve further investigation; promoting exchanges of competences and fostering development projects in source countries are seen by the WHO Code as a good practice in order to compensate for recruiting health professionals in other countries, especially in the case of recruitment from developing countries to developed ones.

The support of R1 and R2 to Filipino nurses goes beyond the recruitment process itself. R2 for example provides logistic and psychological support to recruited nurses after the arrival and help them with administrative procedures required to bring their family in Finland or those required to enrol children in school. These aspects can be considered as part and parcel of ethical recruitment. R2 also reported that they use their networks to help nurses' partners to find a job in Finland if they need: "*We have a free 24 hours help service, which simply means that we give to nurses our personal mobile phone number and they can call us at any time. Most of the time they call us because they need to solve daily life practical problems. My partenr is more involved in providing moral support to woman nurses. She is Filipina and she knows how hard can be living far from the country, so nurses call her when they feel depressed and need to talk with someone*" (R1).

3.2 Responses to work-related issues

Despite internationally recruited nurses are often licenced and have worked as – registered - nurses in their countries of origin, their first occupation in Finland is 'practical nurse'. For some this can represent just an 'entry position' and then progress fast to register as nurses. Nurses recruited within the EU are advantaged in this process compared with nurses recruited from outside the EU as for the latter licencing implies not only acquiring proficiency in Finnish language but also retraining in nursing schools - as their original certificates are not recognized. On the one hand, this situation can generate a sense of frustration among FENs. On the other hand, starting as practical nurses give FENs fewer responsibilities, which can facilitate them in adapting in the new work environment.

During the 'adaptation' period after the arrival FENs are supervised by a senior nurse and are often encouraged to improve language skills through additional training. A good knowledge of domestic language is particularly important in the social and health sector as the patient safety may be at risk if the nursing staff cannot communicate fluently with their colleagues and patients. Under Finnish law, patients must be able to obtain service in their own mother tongue. Finland is officially a bilingual country, and thus nurses in bilingual regions, such as the greater Helsinki area, must be able to speak Finnish and Swedish. Inability to communicate could compromise patient safety. Additionally, in current nursing culture, reading and writing skills in the patient's language are just as important as oral communication. Clearly this aspect represents a challenge for FNEs.

[13] In the Philippines, rrecruitment agencies are prohibited from charging placement fees to workers that exceed one month of their salary abroad.

One aspect that emerged from the fieldwork concerns the fact that lacking of language skills can also limit the possibility for FNEs to make their professional competences recognized by colleagues. Additionally, the ability to actively participate in the life of the organization - such as participating in team meetings during which problem areas are debated and decisions concerning work tasks and schedule are taken - is conditioned to language skills as the nurses interviewed have pointe out. This is also true for getting updated about relevant information concerning tasks and rights.

Two nurses interviewed [recruited from a EU country] reported that their knowledge of Finnish have improved since their arrival and they can now carrying out their caring tasks autonomously and have quite fluid interactions with colleagues. However, they feel they are still not able to communicate with patients in full autonomy and, most importantly, they feel limitation in expressing their professionalism among colleagues. The latter aspect seems to be the origin of a sense of frustration: "*Finnish colleagues and to some extent Estonian nurses as well tend to treat us as if we were in lower professional status, and this just happens because we cannot not fully express ourselves in their own language!*" (Nurse). Such a sense of frustration is amplified by the fact that these nurses are employed in positions and carry out tasks for which they are over-qualified. Interviewees also reported problems in understanding written rules and procedures. A 'sense of exclusion' born form situation in which, for example, FENs don't understand what is written in the documents and communications that often circulate in the workplace: "…*they should at least translated them in English for those like us who are not still able to master technical language*" (Nurse).

Managers and team leaders can be a significant resource of support in a culturally diverse work community. Employers for example can arrange more flexible work schedule in order to allow FNEs attending additional language courses and training. However, as admitted by the employers interviewed, such arrangements are not so easy to achieve not only due to organizational and cost constrains. Additional coordination efforts are indeed needed to mediate 'objective' needs as well as 'subjective' claims that may emerge from colleagues when dealing with these issues. According to interviewees, these aspects have to be considered and mediated carefully in order to avoid that the such a flexibility that may be allowed to FNEs is interpreted as unwarranted privileges by their colleagues. On the other hand, work shifts, family duties in same cases, and extra shifts that some FNEs may be willing – and need - to have in order to increase earnings, leave little time and energy in order to engage in supplementary training, as reported by three out of four nurses interviewed.

The idea that foreign nurses can achieve significant improvements across time just through working practice seem to be deeply embedded in the mind-set of the interviewees (employers). Statements like 'learning by doing is embedded in Finnish culture' and (it is) 'our way to do things' were often reported during the interviews. Such statements are often justified by the belief that Finland has 'one of the best health systems in the world'. Overall, the idea of re-socializaiton of foreign workers to new practices and to the new work environment that emerged from the interviews tends to reflect a one-way integration logic.

Admittedly, one interviewee argued that "…until very recently our workforces have been culturally homogenous and we are still to a large extend so, so we need time to get used to changes" (H1). The interviewee admitted that changes will be needed in the near future such as implementing specific - cultural diversity - initiatives to face challenges brought by international recruitment. However, when I asked what type of initiatives they would suggest, interviewees were not able to provide concrete examples. The only specific theme that emerged concerned the role of the superior of new FNEs, usually a senior nurse: "…the way mentorship of foreign nurses has been carried out until now may need to be rethought with more attention on the multiple challenges that have been emerging since we have recruited FNEs from far away" (H1).

Recruitment agencies seem to be more aware of the challenges brought by international recruitment in terms of cultural diversity at the workplace. Cultural diversity aspects are addressed by both R1 and R2 in the pre-departure orientation training delivered to nurses in the Philippines – and Spain - but

also through the training they use to organize with employers in Finland. In particular R1 explained that these meetings with the employers are becoming more frequent and demanded. The training contents go from general cultural and societal aspects of the source countries to more detailed explanations of the differences in the cultures and practices of care. According to what reported by H1, these initiatives, can help employers to understand why conflicting interpretation of tasks, practices and roles emerge when dealing with FENs. A concrete example of conflicting interpretation of roles as reported in the focus group with H1 and concerned Filipino nurses "….*they are used to wait for commands from their superiors and less likely to take initiatives compared with what with use to do here. Even after few years they have been here, there are still conserving their habitus. It is about culture of cares rooted in social and historical contexts which are not easy to change*" (H1). The representative of the Department of Orthopaedics involved in the focus group reported that in Finland a common goal is to help patients to become as much as independent as possible: "…*this aspect is rather difficult to understand for Filipinos nurses. They treat patients with too much compassion and they do everything for them*" (H1). Interestingly, this characteristic, which is generally valued a lot by managers of elderly care homes, is perceived as a limit to work integration by mangers of hospitals, showing a more articulated picture of challenges faced by both FNEs and employers according to the type of organization and tasks This aspect cannot be discussed further here and deserves additional fieldwork.

3.3 Responses to FNEs retention issues and cost-effectiveness

It has become apparent that many internationally recruited nurses do not settle permanently in Finland. Many Spanish nurses recruited in the last years have decided to quit their jobs and leave the country for reasons including high cost of living, the cold climate, and the difficulty of the Finnish language. Others Spanish nurses who worked in remote areas decided to move to Helsinki. This event has been seen as a failure of recruitment and attracted media attention.[14] Näre reports for example a project that finished in the end of March 2011 in Finland funded with 1.5 million euros by a regional employment office named Gateway, which goal was to recruit 160 health care professionals from Romania and Bulgaria but when the project finished only 4 nurses and 6 dentists were finally recruited. The recruitment of one professional to Finland had cost 150 000 euros (Näre, 2012). Against this background, concerns about retention of foreign nurses and cost-effectiveness of international recruitment have emerged in Finland.

Finland may be less attractive for migrant nurses compared with other countries. The cold climate and a language that is viewed as difficult have also caused Finland not to be particularly attractive destination for migrants. Additionally Finnish pay levels are overall low compared with other North European countries, while housing and living costs are quite high. These aspects increase concerns among employers and recruitment agencies about the actual intentions and motivations of recruited nurses. For example, there are concerns that for non-EU recruited nurses Finland may represent just a 'stepping stone' to other countries in Europe and outside Europe. On the other hand, Finland can offer safety, a clean environment, good social benefits and expertise.

Under the pressure of retention issues, recruitment agencies are giving much more importance to aspects not strictly related to nursing skills while recruiting abroad than used to be. In particular previous migration experiences of candidates, motivations as well as individual and family characteristics are accurately considered in order to assess social skills and readiness of the candidate to adapt and integrate in Finland.

[14] Several articles can be retrieved at: http://yle.fi/uutiset/spanish_nurses_leaving_vaasa/6651272 [accessed 5 Nov. 2015]. See also: http://www.helsinkitimes.fi/themes/themes/working-life/4375-foreign-nurses-in-finland-face-difficulties-2.html [accessed 55 Nov. 2015].

In the views of R1 and R2 soft-skills acquired by nurses through previous migration experiences may facilitate their adaptation in the new context especially when compared with nurses at their first migration experience. Understanding the actual motivations of candidates to migrate is considered a key aspect as well. Recruitment agencies acknowledge the fact that economic factors such unemployment and wage differentials are important driver of labour migration, including the migration of nurses. Reportedly, Filipino nurses are seen as workers that tend to be more interested in sending money back home than in integrating in the host country. Some interviewees said that Filipinos work hard but they are not so interested in learning Finnish and stay in Finland. However, interviewees also reported several cases of Filipino nurses highly motivated to integrate and develop a life project in Finland. At the current stage of this research, it is not possible to clarify to what extend these considerations about of Filipino nurses are rooted in stereotypes or reflect the reality and why some FENs seem to integrate better in Finland than other. What this explorative study suggests is that explanations are more likely to emerge from the investigation of nurses' personal histories and aspects of intersectionality and life course.

Motivations and attitudes are typically screened during the recruitment process through tests and interviews with candidates. However, in the case of Finland, the Finnish language course that R1 and R2 organized overseas that candidates are required to attend is probably the most important moment for recruitment agencies to assess attitudes and motivations and not only cognitive skills. R1 explained that only a minority of nurses successfully go through the language course provided in the Philippines and move forward in the next stages of recruitment: "*…this output cannot be explained only by refereeing to different abilities of candidates, it is also matter of motivation….It tells you how much the candidate is willing to invest in moving and integrating in Finland*" (R1). Overall, R1 and R2 consider themselves quite satisfied of the retention rate of Filipino nurses they have brought to Finland since they have implemented a more 'nuanced' screening approach of candidates' motivations and social skills.

Socio-demographic characteristics such as gender, age and the family situation of candidates are also considered as factors that intersect with the nurse's readiness and willingness to adapt in Finland and stay in the country. The role of family emerges as important in different but also somewhat contradictory ways. On the one hand, "*nurses that have succeeded to bring their family here can relay on an essential emotional support and they are more motivated to stay*" (R1). On the other hand, "*we saw that Filipino nurses that have their families here tend to have more problems in learning Finnish language because they speak Filipino at home, compared to nurses that live here alone*" (R1). The CEO of R2 explained, "*the best integration happens when you have a young single nurse coming here and after a while she/he meets a Finnish person and they engage in a relationship. We have good example of how mixed marriages can help integration. This is the most desirable situation because it not only speeds up the integration process of the nurse but it contributes to make Finland a more open and multicultural society; this is something that we urgently need*" (R1).

4. Conclusion

In this paper I have argued that work-related issues of FENs have progressively emerged along with (old) issues of ethical recruitment. I have introduced the concept of 'sustainable recruitment' that binds together ethical recruitment and work-related issues and applied it to the case of Finland. Sustainable recruitment ultimately aims to deliver cost-effective recruitment while securing the whole recruitment chain, supplying quality and motivated candidates. Under the pressure of cost containment measures employers and recruitment agencies need to consider these issues more cautiously in order to improve placement success and retention rates among recruited nurses and thus maximize the returns. Potentially, such developments can generate positive spillover effects in terms of employment outcomes, for example issues of work integration of FENs may be considered more carefully.

A qualitative approach has been used to explore whether such developments are actually emerging from concrete practices of recruitment and in particular how in Finland employers and recruitment agencies are responding to current issues of sustainable recruitment. Results indicate that while international recruitment practices comply with ethical standards defined by international organizations (e.g. by the World Health Organization), work-related problems that have emerged among FENs – especially from nurses recruited in countries that have not traditional ties with Finland – are still scantly addressed by employers. The fieldwork revealed quite clearly for example that employers have little familiarity with cultural diversity challenges brought by international recruitment and specific initiatives have not been undertaken. Findings suggest that approaches to professional 're-socialization' of FENs to new practices and the new work environment reflect a one-way integration logic, meaning that FENs are expected to adapt to the Finnish system.

On the other hand, recruitment agencies are more concerned than employers about risks – and costs - of having FNEs not fully integrated and not satisfied with their work situation and perspectives, may have on their orientations in the labour market– e.g. they can leave their jobs and the country. Additionally, recruitment agencies consider that overall employers – but also policy makers to some extend – are still resistant to deal with the actual opportunities and challenges brought by multicultural workforces and warn about the impact that such attitude can have on the attractiveness of Finland as a destination of FNEs. The CEO of a recruitment agency interviewed during the fieldwork articulated such concern in the following terms: "*We need to attract skilled foreign workers, especially in the health sector, because we will face significant shortages in the next future. We strongly need political support and most importantly we need changes in attitudes of labour and economic stakeholders towards migrant workers otherwise they will not come here. Finland is a little country, peripheral and may be perceived as less attractive compared with other European countries, but we have a lot to offer such as good education system, peace and a generous welfare. We are in a global competition, I am not sure whether our political and managerial class is fully aware of the challenge we are facing*." (R1)

Despite these considerations are motivated by self-interest (market-driven), recruitment agencies are developing practices that may benefit both workers and employers, contributing to achieve public goals. In particular evidence suggests that while improving compliance with ethical standards in international recruitment, recruitment agencies are developing practices that touch upon work-related issues as well. In particular, recruitment agencies can play a significant role not only in supporting FENs in the post-recruitment stage, when issues of professional re-socialization are likely to emerge, but also in supporting employers in managing the transition towards more – culturally - diverse workforces.

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