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Sending Money Home

A Mixed Methods Study of Remittances sent by Migrant Nurses in Ireland

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ABSTRACT

Background

This paper presents data on the remittances sent by migrant nurses in Ireland to their families 'back home'. It gives voice to the experiences of migrant nurses and illustrates the financial obligations they maintain while working in the Irish health system.

Methods

A mixed methods approach was employed, and the paper draws on data from qualitative in-depth interviews undertaken with 21 migrant nurses in addition to a postal survey of 297 migrant nurses in Ireland.

Results

The survey of migrant nurses in Ireland revealed that 87% (258) of the sample remit on a monthly basis. According to migrant nurse respondents, remittances made a huge difference in the lives of their family members back home, funding education, healthcare and financial benefits in lieu of pension and unemployment benefit. As a result, they were willing to sacrifice to ensure the continuation of their remittance. However, the recession has had an impact on remittance flows - increased demand for remittances coupled with reduced capacity to remit (as a result of increased taxes and reduced availability of overtime) - and this is a cause for concern for Ireland's migrant nurses.

Conclusions

This paper illustrates the role of remittances as both a cause and effect of nurse migration, illustrating the sacrifices made by migrant nurses and their families in order to ensure continuation of the remittance.

INTRODUCTION

'As millions migrate north, billions flow south' [1]. This paper is about remittances, that is the money sent by emigrants to their families 'back home'. Remittance flows are key to understanding how the lives of those who migrate and those who remain at home are altered by migration [2]. The remittance trail connects destination countries with the source countries from which migrant nurses have been recruited, and reminds us of the vast 'disparities in economic and professional opportunities' [3] that exist between them.

The necessity to supplement family incomes provides migrants with a powerful incentive to migrate and in that sense, remittances are a cause as well as an effect of migration [4]. As Harding notes, 'sustaining the remittance, rolling access to foreign income across two generations . . . these are powerful motives for migrants' [5]. The 'transfer home of migrant earnings and savings is generally seen as the most important positive effect of migration for the countries of origin' [6] and yet the money itself is just the starting point in analysing the significance of remittance flows.

'Remittances represent far more than simple financial transactions; they are the outcome of the separation of families, the disruption of national economies and the exodus of creative and hardworking adults from poor to richer countries. These flows deliver high financial benefits – but at a very high human cost' [7].

The social cost to migrant workers and their families can be significant, as Parreñas illustrates: 'instead of the father routinely arriving home to his family at supper time, he comes back from work every ten months'[8]. A UNICEF study 'estimates that one in four children in the Philippines has at least one parent employed abroad' [9]. Despite the disruption to family life that results from migration, the 'commitment to family' [10]

remains central to the decision to migrate (and to remit) and 'in this sense, remittances can be truly characterised as the human face of globalization' [10]. The emigration of young adults from a country also impacts on care for the elderly, who have lost their 'family and social support' [11] to emigration.

This paper gives voice to the experiences of migrant nurses, drawing on qualitative and quantitative data to illustrate the remittance connections maintained by migrant nurses while living and working in Ireland. Remittances loomed large in the lives and discourses of these nurses, most of whom came from India and the Philippines. The difference that remittances made to the lives of those family members 'back home' was a source of tremendous pride to respondent migrant nurses and the certainty that they were making a difference was a comfort to them. The complexities of remittance flows, along with the sacrifices these nurses made to ensure their continuation, are examined in this paper.

METHODS

This paper draws on findings from the Nurse Migration Project, a project that has applied mixed methods to the study of migrant nurses in Ireland. Both qualitative and quantitative methods were used in order to add breadth and depth to the analysis [12]. Ethical approval for the project was granted by the host institution's (Royal College of Surgeons in Ireland) Research Ethics Committee.

The initial fieldwork phase involved qualitative methods and in-depth interviews were conducted with twenty-one migrant nurses working in Ireland in 2007. Respondents were contacted via the Overseas Nurses Section of the main nursing union, the Irish Nurses Organisation, by placing articles in migrant newspapers and via snowball

sampling, i.e. a process of chain referral whereby respondents and gatekeepers are used to refer the researcher onto other potential respondents [13].

Interviews were conducted in non-workplace settings to facilitate a free and open discussion of experiences. Interviews lasted, on average 69 minutes, beginning with a discussion of confidentiality wherein respondents were invited to select a pseudonym to ensure the anonymity of their responses in various research outputs. Interviews progressed to cover topics such as the decision to migrate, the recruitment process, orientation and adaptation programmes, nursing and living in Ireland and future plans. Interviews concluded with an exploration of topics considered more sensitive, such as remittances and the ethical issues raised by overseas nurse recruitment. On completion of the interview, all respondents were presented with a modest gift voucher to thank them for their participation and to cover any costs incurred [14].

Analysis of qualitative data was undertaken on an ongoing basis throughout the data collection phase [15], as the researcher familiarised herself with emerging research themes. Further analysis was conducted via a thorough re-reading of interview transcripts [16] to identify emerging key issues, concepts and themes. Data management and analysis was facilitated by the use of the MaxQDA computer package.

A quantitative survey of migrant nurses was conducted in early 2009. Postal surveys were forwarded to 1536 non-EU migrant nurses registered on the Irish Nursing Register (respondents were identified by nationality). Respondents were asked to return the questionnaires by post to the research team and a pre-paid envelope was provided for the purpose. Incentives were used to increase survey response rates - all of those who completed the survey were invited to take part in a draw for one of three €500 travel

vouchers and a small donation to charity was also made for every completed survey received. A low response rate was anticipated and a 25% response rate was expected, in line with similar research in the Irish context [17]. A response rate of 19% was achieved (N = 297). Quantitative data were input and analysed in SPSS and responses to open-ended survey questions were analysed in MaxQDA.

Throughout the paper, qualitative findings are attributed to respondents via their pseudonyms, whereas responses to open-ended questions within the survey are cited by the number assigned to the completed questionnaire during data input.

RESULTS

I. Pressure to Remit

Ireland's migrant nurses originate primarily from India and the Philippines [18]. Just as the need to remit was a factor in the decision to migrate to Ireland, remittances remained high on their agenda once here, as respondents remained ever conscious of the need to remit to support family members 'back home' [19]. Eighty seven percent (258) of the migrant nurses surveyed reported that they sent remittances home on a monthly basis. Although respondents were glad to be able to help family members, there was no doubting the pressure it placed them under.

'You don't want to lose the job, we have a family back home . . . like me, I have a mother . . . who's sick as well back home, who's awaiting for my salary every month to send her . . . so we can't afford to lose our job being here' (Fatima).

In the Philippines in particular, such pressure (both to migrate and to remit) is commonplace, as between 34 and 54 percent of the Filipino population is sustained by migrant remittances [20]. In Kerala, from where many Indian migrant nurses in Ireland were recruited, remittances make up 10 percent of GDP [6, 21]. Research has found that nurses are particularly good remitters and are more likely than other migrant households to send remittances home [19]. However, sometimes the financial burden of remittances proved too great and migrant nurses over-stretched themselves financially in Ireland in order to send home that much needed assistance.

‘Sometimes maybe people are tempted to get loans because the banks are the ones who are asking you to ask for loans and then families in the Philippines are asking more money as well’ (Carlo).

Companies such as Western Union, whose business it is to facilitate remittance transfers, are quick to reinforce the pressure and to keep remittances in the forefront of migrants’ minds through the use of emotive advertising campaigns (*‘Can love be transferred? Yes’*. Western Union Advertisement Campaign, March 2009). Source countries, too, benefit from remittances and can themselves pressurise migrants to remit. For instance, in 2000, the Government of the Philippines appealed to Filipinos overseas to remit more to help stem the depreciation of the Peso [22]. Other developing countries rely heavily on remittance income, for instance remittances contribute around a sixth of Albania’s GDP [2].

Of those survey respondents who remitted on a monthly basis (N=263), 16% (43) agreed that they struggled financially as a result, and a further 48% (126) agreed that they occasionally struggled. In-depth discussions with migrant nurses revealed that

considerable sacrifices were made to ensure the continuation of the remittance flows. Kingma noted that, although voluntary migrants, some nurses have little choice but to emigrate [23]. Our qualitative research findings indicated that, for similar reasons, migrant nurses sometimes have little choice but to remain overseas.

'So we are only forced to stay because financially we're okay . . . we are forced, because we need the money, we have to send some to the Philippines' (Agatha).

The pressure to remit also caused some respondent migrant nurses to curtail their career plans and others to remain in jobs in which they were unhappy. It appeared that any action that posed a risk (even temporarily) to the remittance flow was avoided, regardless of the personal cost.

'It would really take a lot of money to go to school and I can't afford that at the moment because I'm sending money home' (Fatima).

'In my first few months, I really wanted to go home . . . but then, still keep on going because we came here in Ireland . . . [for] better compensation, a better way of living, but then, on the counter-part, it's just like our heart is kind of crying' (Mary).

The nurses themselves did not appear to consider these actions as a sacrifice, nor their remittances as a burden, although to an outsider their actions appear extraordinarily generous. As one respondent explained, Irish people simply don't understand the obligation to remit.

'My sister who is unemployed with the children and grand daughter with her and most of their expenses comes from me, now nobody will understand that in an Irish point of view' (Lorna).

For those living in a wealthy destination country, it may be difficult to fathom a situation in which state-supports for the vulnerable in society are minimal or non-existent, although it is not long since Ireland relied heavily on remittance income. In many developing countries today, as in Ireland previously, remittances secure the economic future of individuals, families and societies [2, 24]; reduce vulnerability to economic shocks [25] and alleviate poverty [25]. King reports the difference that remittances can make to those who remain: "our families can only survive because we get money from abroad. The living conditions cannot be compared: those with relatives abroad live in houses, the others live in shacks" [2]. The following section details the difference that remittances make to family members back home, as reported by a sample of Ireland's migrant nurses.

II. How much is Remit?

Many of those migrant nurses who participated in the qualitative interviews were sending a considerable proportion of their salaries home in remittances.

'I send almost half, half of my salary. I just leave for my rent, a little bit for myself'

(Alma)

'Oh, my income that I normally send them 80% of my income' (Ivory)

'Maybe around 70%. No, let's say around 60% because now I have to pay, I'm paying for my car . . . and all the expenses in here' (Lorna).

This finding is in line with other research findings that have found that women generally send 'anywhere from half to nearly all of what they earn' [26]. The structured survey of migrant nurses painted a slightly different picture, with only 2% of those who remit on a monthly basis sending above seventy percent of their income and the majority (76%) sending 30% of their income or less. Those whose family members resided with them in Ireland tended to send less money home. This respondent, due her first child at the time of the interview, explains the impact of family formation on her remittance.

'So, I sort of a little bit prepared them already that once I have my own family, that I will cut back my remittances to them' (Francesca).

In general, respondents tended to remit less when their living costs in Ireland began to mount, for instance as their families in Ireland expanded, or as they purchased houses, cars, etc.

'I don't give much to them because we have explained to them that life here's not easy as well – we are paying rent and bills very expensive as well and since I have children and you have to make sure that any problem there, you're ready, like. So they tend to understand' (Carlo)

In reaction to the high costs of living in Ireland, some respondents continued to remit at levels that caused them financial hardship in Ireland.

'Some Filipinos have pressure to send money home because . . . some of their families think that they are abroad and they have lots of money' (Carlo).

Others reduced their remittance to take into account high living-costs in Ireland, while experiencing frustration at their inability to remit more.

'When you're here, you want to help your family as well. . . your cousins, your relatives, send money for them, but if you're not able to do that, like, the satisfaction is less, I should say' (Sheela).

As the survey of migrant nurses was undertaken in February/March 2009, the findings offer an insight into the impact of the recession on migrant nurses and on their remittance flows. The impact of the recession had been felt in a variety of ways – all respondents have seen their take-home salary reduce as a result of increased taxes and income levies and many found that no longer able to supplement their incomes via overtime and agency work (as a result of budgetary constraints), several had also seen their spouses become unemployed. The impact on remittance flows was immediate and stark, *'less overtime means less money to send back home' (226).*

Meanwhile, other respondents found themselves unable to scale back their remittance, despite their reduced incomes.

'Increase demand from family in Phil [Philippines] due to recession there also' (103).

'At this time my parents are sick . . . I need to send money for their maintenance medication which is more than I used to send, with the levy, pay cut on the line plus no more overtime' (261).

The impact of the recession has made it difficult for such migrant nurse households and has left them *'struggling and having hard times'* (46).

III. What a Difference . . . A Remittance Makes

Regardless of how much respondents remitted the impact of these monies back home was felt to be significant, as these respondents explained.

'Oh, it made a great change in my life, in my family. They can eat what they want, they can do what they want, I can buy them what they want . . . you gave us a good future for our family. It's really big difference. I already, I'm building now my house, which is not finished yet, but I cannot do that if I'm working in the Philippines' (Alma)

'Everything comes easier – you can have your house and that, at home, you can buy, you can have so many investments, you can send your, your children to college in a decent, proper universities and then you can help your brothers and sisters, your parents, you know what I mean, like everything. So there's a big, big change, like. So I will say the lifestyle has been changed, it was elevated' (Ivory).

The spending patterns associated with remittances from migrant nurse respondents reflect those highlighted by other researchers [2], with remittances used to fund everything from food and daily living expenses to property and economic investments.

The use of remittances to build housing in the source country can create valuable multiplier effects [19], as locals are engaged to undertake the work, thereby 'leading to changes in poverty and inequality even in households without migrant members' [27]. Survey respondents were asked to indicate *all* of those they supported via remittances (N= 490); 42% (205) supported parents, 21% (101) supported brothers and sisters and 14% (69) supported spouses and/or children. The amount that migrant nurses could remit from Ireland was felt to compare very favourably with the amount they could save while nursing in their home countries, or while working in other countries, such as Saudi Arabia.

'I was seven years back in Saudi Arabia but I have nothing. Going back home, I have nothing except for the fact that I have sent my mom for an operation and given a little bit of some gold and . . . that's it, you know, at the end of the day, I have nothing in my pocket. But now, coming here now, within two years, I was able to build for my mom, a small house for her . . . and, like, I could send her the money that she wanted every month and I'm still helping two of my cousins as well to go to school' (Fatima).

Remittances sent by respondent migrant nurses in Ireland enabled family members back home to pay for their healthcare and education expenses as well as providing support for those who were retired or unemployed. In the Irish context, such expenses would be met by the State, via the taxation system. However, in the context of developing countries, such State assistance was simply not available and remittances were necessary as a result.

'[I was] able to give some sort of a better life to my parents, both of them are retired . . . they don't get any pension or anything' (Francesca).

'When I came here in Ireland, I started to send them to college and now my daughter is a nurse . . . they're all in a decent, they get a decent, proper, university, proper education and a proper career' (Ivory).

'Because my eldest daughter is unemployed, so every time she needs money, I have to send her' (Lorna).

'I'm helping my brother who is at this time, always in the hospital' (Vina).

There is little doubt that the remittances sent by migrant nurses in Ireland alleviate poverty in families from which the nurses have migrated. They also fund a system of support, equivalent in many respects to that which we in the developed world are accustomed to receiving from the State. In this respect, migration and the remittance flow that follows, could be considered to reduce pressure on national governments to provide welfare support services [19]. Individuals migrate and remit to provide 'social protection' [25] for their families. However this means that remittances become a necessary rather than an optional source of additional income.

IV. Remittance driving Further Migration

As remittances become necessary to enable families to meet the costs of education, healthcare, pensions, etc, pressure is placed on school leavers to select a portable profession, one that will enable migration and the continuation of the remittance flow. Respondents noted how remittance-related considerations shaped their own career

paths. Financial necessity, which would lead her to migrate from the Philippines, had also determined a career path for this respondent:

'I didn't want to become a nurse, for God's sake, I didn't want, that's not the kind of career that I wanted to, taking care of the patients. But at the end . . . that's the job that sustains you' (Fatima).

'Being a nurse is the only, the only course, the only profession that you can really help your family with, you know, the poverty at home' (Ivory).

Nursing was considered a profession that would enable emigration and, therefore, ensure a remittance flow to those left behind [9]. Respondents were aware that nursing salaries in their countries of origin were insufficient and that the well-being of their families depended upon their ability (and willingness) to emigrate and to remit.

'So the only way that we could alleviate as well, our own sufferings, is to come over to country as Ireland, United Kingdom and America, you know, to sustain as well, our own family' (Fatima).

'If you have one nurse at home, one nurse in the family, then you are better off because that nurse can go out of the country, can earn more, lets say double, triple the amount that we are earning at home and you can send it home and you can help the whole family' (Ivory).

Financial and practical considerations guided the career choices of these respondents. When their own education costs had been borne by other migrants (aunts, uncles, cousins and more distant 'sponsors' overseas who sometimes funded their education), the importance of a career with migration prospects was heightened. Just as the driving force behind migration is 'to support family members and support their futures at home' [10], career choice was heavily influenced by the need to remit. The increasing privatisation of nurse education [23] may also influence the decision to migrate, as graduates 'seek overseas employment as soon as they gain the basic clinical experience' [3], perhaps to enable them to repay tuition debts.

As migrants from developing countries, these nurses were acutely aware of the poverty and unmet needs that existed in their home countries. In addition to remittances to family members, migrant nurses also made charitable donations to their countries of origin. These charitable donations frequently involved sponsoring a student through college, as these respondents explained.

'I have two scholars . . . my neighbour, because they're very poor, so I just give allowance for high school student . . . And one college [student], he's almost completed. So, at least I'm helping somebody' [Vina].

'So we all give donations . . . we secretly give to them . . . sometimes for the child education, but sometimes they are building the house, they are in short of money, something, so we if we were work here, we give them two thousand euro. It's a big sum for them' (Elena).

Another respondent who was currently sponsoring two students through college was doing so as an indirect form of repayment to those who had sponsored her own nursing education. A positive impact of remittances is the investment in ‘human capital’ for the next generation’ [10].

V. Risks to Remittance Flows

The onset of recession in Ireland has implications for migrant nurses and their ability to remit, an issue frequently mentioned by those surveyed in early 2009, who saw increased taxation and income levies imposed in Ireland, along with fears for the stability of their jobs, as a direct threat to their remittances.

‘I’m scared about the stability of my job which is affecting the quality of my life and my family back home’ (169)

The sharp downturn in the Irish economy had created an air of uncertainty among respondent migrant nurses.

‘I started to ask myself about my stability to live and work in this country’ (52)

It remains to be seen whether the recession will motivate migrant nurses to move from Ireland. However in 2008, verifications were sought on behalf of over 2,000 Indian and Filipino nurses in Ireland [28]. Verifications are sought when a nurse who is registered with the Irish Nursing Board seeks to work in another country, e.g. Australia or Canada and the Nursing Board of that country seeks to verify their Irish registration [18].

Verification figures are an indication that 2,000 migrant nurses in Ireland are actively contemplating onward migration.

'Once recession sets in the economy is down. . .there will be job losses, company losses and people will be dissatisfied and will look for a more greener pastures'

(36)

Despite the recession, the loss of nurses on such a scale could have serious implications for the Irish health services (Ireland currently trains approximately 1880 nurses per annum).

CONCLUSIONS

Migrant nurses in Ireland have sacrificed (and continue to sacrifice) to ensure the continuation of their remittance flow, putting career and education plans on hold and curtailing their own household spending. However, the pressure to remit has influenced their lives as well as their household budgets – driving their migration and in some cases determining their career path.

Their remittances appear to fund an impressive social support system for family members back home, providing them with funds to ensure their continued access to healthcare, education and financial supports in lieu of pensions or unemployment

benefits. Therefore, the recession poses a threat to remittance flows and to the social support systems they fund.

The survey of migrant nurses in early 2009 reveals a population who are struggling to meet their financial obligations in Ireland and back home. Increased taxes and the reduced availability of overtime have hit migrant nurses hard and yet their expenditure remains unchanged. They must continue to meet their financial obligations in Ireland (mortgage or rental payments, utility bills, etc) while also maintaining their support of family members back home. Their obligation to those back home is as much a moral as a financial obligation and is not easily curtailed.

How migrant nurses will square this particular circle is difficult to say, but there is little doubt that, for the time being at least, they will continue to struggle under the double burden of increasing taxation levels in Ireland, alongside the consistent (and increasing) need for their remittance back home.

Although remittances undoubtedly benefit recipient households, the social costs incurred as a result are more difficult to quantify. While 'the household in the home country enjoys higher consumption because of remittances. . . the children . . . grow up without their mother' [25]. A Filipino nurse in Ireland who has worked overseas since 1985 explains the 'personal price' she and her children have paid for living apart, 'she admits there was no closeness between her and her children when they were young. They bonded with her husband while she worked far away to support them and extended family' [29].

Although it is clear from respondents' testimonies that their remittances make a huge difference to the lives of family members 'back home', the question remains as to

whether the inflow of remittance income compensates the sending country for the loss of its health-workers. The OECD highlights the fact that remittances, as private money, cannot compensate sending countries for the damage to its health system caused by health worker migration.

‘Considering international migration of health professionals specifically, it is unlikely that the negative effects due to the departure of health personnel could be compensated, at the macro level, by remittances. The latter remain private money . . . it does not contribute to health systems development, nor compensate for the economic disruption caused by high rates of emigration’ [30].

This paper illustrates the role of remittances as both a cause and effect of nurse migration, illustrating the sacrifices made by migrant nurses and their families in order to ensure continuation of the remittance. Remittances from migrant nurses are made possible through their absence – from their home countries, their families and from the health system which previously employed them. It is difficult to say whether remittance flows can ever compensate for these absences. If it is only by leaving their home countries that migrant nurses command the salaries necessary to support their wider families, what happens when these salary levels drop? What are the implications for those dependent on the remittance flow? Only time will tell.

AUTHORS' CONTRIBUTIONS

NH carried out the data collection, data analysis and drafted the paper. RB and HMG designed the study and provided editorial comment on the draft paper. All authors have read and approved the final manuscript.

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REFERENCES

1. Iglesias, E.V., *Foreword*, in *Beyond Small Change. Making Migrant Remittances Count*, D.F. Terry and S.R. Wilson, Editors. 2005, Inter American Development Bank Washington DC.
2. King, R., M. Dalipaj, and N. Mai, *Gendering Migration and Remittances: Evidence from London and Northern Albania*. *Population, Space and Place*, 2006. **12**.
3. Perrin, M.E., et al., *Nurse Migration and its Implications for Philippine Hospitals*. *International Nursing Review*, 2007.
4. Suro, R., *A Survey of Remittance Senders and Receivers*, in *Beyond Small Change. Making Migrant Remittances Count*, D.F. Terry and S.R. Wilson, Editors. 2005, Inter-American Development Bank: Washington DC.
5. Harding, J., *The Uninvited: Refugees at the Rich Man's Gate*. 2000, London: Profile Books.
6. Castles, S., *Comparing the Experience of Five Major Emigration Countries*. 2007, International Migration Institute: Oxford
7. Orozco, M. and S.R. Wilson, *Making Migrant Remittances Count*, in *Beyond Small Change. Making Migrant Remittances Count*, D.F. Terry and S.R. Wilson, Editors. 2005, Inter-American Development Bank: Washington DC.
8. Parreñas, R.S., *Long Distance Intimacy: Class, Gender and Intergenerational Relations between Mothers and Daughters in Filipino Transnational Families*. *Global Networks*, 2005. **5**(4).
9. Wayman, S., *Home is where the heart is* in *Irish Times*. 2008: Dublin
10. Terry, D.F., *Remittances as a Development Tool*, in *Beyond Small Change. Making Migrant Remittances Count*, D.F. Terry and S.R. Wilson, Editors. 2005, The Inter American Development Bank: Washington DC.
11. King, R., N. Mai, and M. Dalipaj, *Exploding the Migration Myths. Analysis and Recommendations for the European Union, the UK and Albania*. 2003, Oxfam and the Fabian Society: Norwich.
12. Ritchie, J. and J. Lewis, *Qualitative Research Practice. A Guide for Social Science Students and Researchers*. 2007, London: Sage Publications.
13. Atkinson, R. and J. Flint, *Accessing Hidden and Hard-to-Reach Populations: Snowball Research Strategies*, in *Social Research Update*. 2001, Department of Sociology, University of Surrey.
14. Wiles, R., et al., *Informed Consent in Social Research: A Literature Review*, in *NCRM Methods Review Papers NCRM/001*. 2005, ESRC National Centre for Research Methods: Southampton.
15. Pope, C., S. Ziebland, and N. Mays, *Qualitative Research in Health Care: Analysing Qualitative Data*. *British Medical Journal*, 2000. **320**.
16. Greenalgh, T. and R. Taylor, *How to Read a Paper: Papers that go Beyond Numbers (Qualitative Research)*. *British Medical Journal*, 1997. **315**: p. 740-743.
17. McGinnity, et al., *Migrants Experience of Racism and Discrimination in Ireland*. 2006, Economic and Social Research Institute: Dublin
18. Humphries, N., R. Brugha, and H. McGee, *Overseas Nurse Recruitment: Ireland as an illustration of the Dynamic Nature of Nurse Migration*. *Health Policy*, 2008. **87**(2).
19. Connell, J. and R.P.C. Brown, *The Remittances of Migrant Tongan and Samoan Nurses from Australia*. *Human Resources for Health*, 2004. **2**(2).
20. Parreñas, R.S., *The Care Crisis in the Philippines: Children and Transnational Families in the New Global Economy*, in *Global Woman. Nannies, Maids and Sex*

- Workers in the New Economy*, B. Ehrenreich and A. Hochschild, Editors. 2005, Granta: London.
21. Khadria, B., *International Nurse Recruitment in India*. Health Services Research, 2007. **42**(3, Part II.): p. 1429-1436.
 22. Hugo, G., *Asian Experiences with Remittances*, in *Beyond Small Change. Making Migrant Remittances Count*, D.F. Terry and S.R. Wilson, Editors. 2005, Inter-American Development Bank: Washington DC.
 23. Kingma, M., *Nurses on the Move: Migration and the Global Health Care Economy*. 2006, London: ILR Press.
 24. UNDP, *National Human Development Report Albania 2005: Pro-Poor and Pro-Women Policies and Development in Albania*. 2005, UNDP: Tirana.
 25. Kapur, D. and J. McHale, *Give Us Your Best and Brightest: The Global Hunt for Talent and Its Impact on the Developing World*. 2005, Washington: Center for Global Development
 26. Ehrenreich, B. and A. Hochschild, eds. *Global Woman. Nannies, Maids and Sex Workers in the New Economy*. 2005, London: Granta.
 27. Yang, D. and C. Martinez, *Remittances and Poverty in Migrants' Home Areas: Evidence from the Philippines*. The Economic Journal 2005. **11**(8).
 28. Irish Nursing Board, *Unpublished Statistics*.
 29. Wayman, S., *Broken family life is a high price to pay and comes with regrets*, in *Irish Times*. 2008: Dublin
 30. OECD, *The Looming Crisis in the Health Workforce. How Can OECD Countries Respond?* , in *OECD Health Policy Studies*. 2008, OECD: Paris.