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# Moving, Waiting, Racing

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Article abstract

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# Moving, Waiting, Racing

## The Emotional and Temporal Experience of Policy for Nurses on Temporary Work Permits in Canada

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**Keywords:** labour; emotion; policy; nurses; credential recognition; immigration; temporality

**Résumé** : S'appuyant sur un travail de terrain ethnographique effectué entre avril 2015 et août 2016 à Halifax auprès d'infirmières employées dans le secteur de la santé dans la province de Nouvelle-Écosse, au Canada, cette étude contribue aux travaux contemporains sur les formes de temporalité et d'émotionnalité de la migration. À partir de l'analyse des politiques de reconnaissance des titres de compétences des infirmières et de méthodes d'enquête ethnographique, je démontre comment un ensemble complexe de politiques transversales et parfois contradictoires en matière de travail, d'immigration et de soins de santé réglementent les mouvements et l'emploi des infirmières étrangères, y compris leur transition vers le statut de résident permanent au Canada et ultimement de

citoyen canadien, de même que l'expérience vécue de cette réglementation dans le temps et l'espace.

**Mots-clés** : travail ; émotion ; politiques gouvernementales ; infirmières ; reconnaissance des titres de competence ; immigration ; temporalité

## "Movement is Painful. Every Time You Move, You Leave Something Behind."

Saam[1], a nurse in his early thirties, said these words to me. I had met him in Halifax in April 2015, for an interview at my request for this research. He had entered Canada on a study visa in 2012, received a temporary work permit about a year later, and applied for Canadian permanent resident status in 2015. A Registered Nurse (RN) in India, his country of origin, he worked for several years at lower skill levels before he obtained credentials to work as an RN in Canada – a lengthy process over the course of which he applied to five different provincial nursing colleges. His experience of moving to and working in Nova Scotia is typical of most (but not all) of the nurses interviewed[2] for this study, and is consistent with accounts provided in the literature on nurse migrants (Baldacchino and Hood 2010; Jeans et al. 2005; Walton-Roberts 2012; Yeates 2008). Saam describes several types of geographical and work-related movements he undertook to achieve his life goals, both professional and personal. He moved several times within the borders of his home country, crossed international borders, and later moved through several provinces in Canada. He has been employed at different skill levels corresponding to different occupations, moving up and down the career ladder as necessitated by the requirements of his visas and credentials. He has been on the move since he was sixteen, when he moved from his village to a boarding high school in Bangalore, the urban centre of his province in India. His narrative exemplifies the global "hyper-mobility" (Salazar and Smart 2011) associated with in-demand professions such as nursing, where trained professionals scan the policy and labour landscape constantly to make informed, rapid decisions about movement to where their professional knowledge is most likely to be best rewarded.

Yet, he ends our interview expressing a desire for increased stability. The day before our interview, Saam had applied for his Canadian permanent residency, after his employer obtained a Labour Market Opinion[3] and nominated him through the Provincial Nominee Program.[4] He works as an RN, supervising

twenty staff members. His wife, also a nurse from India, travelled from another Canadian province to join him. A few months later, their colleagues held a baby shower for them at their workplace: a typical example of friends from work replacing family and old friends for immigrants and mobile people.

> Shiva: So your story has a happy ending?
> Saam (laughs): Who knows that?
> Shiva: Do you think you'll move again, from Halifax?
> Sam: I don't like to move. Movement is painful. Every time you move, you leave something behind. It's stressful, because you are [moving] out of your comfort zone... I'll probably stay here at [the current place of employment].

During our training, one of his Canadian-born colleagues who was training me as a volunteer at the same workplace remarked that three Farsi-speaking volunteers had left Halifax shortly after being trained, draining precious time and resources from staff. In the context of the difficulty of retaining trained staff and volunteers in healthcare workplaces, she mentioned Saam, "We are so lucky to have him- he is amazing! *We will never let him leave; we are going to keep him here with us*" [emphasis mine].

## Research Overview

My research is contextualized within a theoretical framework that draws on classic scholarship on the bureaucratic relationship between the modern state and the people whom it governs (Weber 1968). It further contributes to contemporary literature on how this relationship produces certain forms of migration temporality and emotionality (Cwerner 2001; Barber and Lem 2018; McNevin and Missbach 2018; Pigg, Erikson and Inglis 2018).

I discuss the complex array of intersecting and sometimes contradictory policy contexts in labour, migration and healthcare that regulate the movement and work of nurses, including their transition to permanent Canadian residents, and ultimately, citizens. I further utilize ethnographic research methods to study the lived experiences and consciousness of this regulation as it extends through time, and the particular forms of emotionality engendered by this consciousness.

I have discussed elsewhere the policy contexts that impact the labour mobility of healthcare workers generally in the province of Nova Scotia (Nourpanah et al. 2018). Here, I show how these policy contexts operate in disjointed, unpredictable, and time-consuming ways, creating "riskiness" and uncertainty for the nurses,

and producing particular forms of migration temporality. The documentation required for navigating policies becomes a manifestation of social power and control, and the passage of migration time, sometimes intense and sped up, sometimes dragged out and lengthy, becomes a source of intense emotionality: anxiety, frustration, hopefulness and despair. The nurses express their decisions regarding movement and work consistently in terms of chance, risk, luck, (mis) fortune and similar idioms, produced by their constant and time-consuming (or, as some interviewees suggest, time-wasting) engagement with the administrative dynamics of policies and the bureaucracies implementing them, the pressure of meeting deadlines, and keeping documents valid. I develop a deeper understanding on how a particular subset of professionals experience the lengthy and complicated bureaucratic labour and migration processes that both mask and reproduce the structural inequality in the workplace and across borders. It presents a vivid portrayal of the "lived experiences of immigration administration" (Griffiths 2014, 1992), with a focus on how the temporality embedded in this administration engenders particular forms of emotionality. This article further contributes to understanding the challenges and complications faced by Internationally-Educated Nurses (IEN) in having their nursing credentials recognized by the appropriate nursing licensing bodies, the lack of systemic knowledge on the migration status, intentions and experiences of IENs, including their experiences of Canadian workplace culture and practices, and the lack of information on the effectiveness of the bridging programs and other resources provided across the country to IENs (Covell, Neiterman and Bourgeault 2014).

Finally, although my research discussed here focuses on the particular forms of migration temporality and emotionality engendered by encounters with state bureaucracy in the context of labour migration, this work complements what I have published elsewhere on the experience of racism and racialization of nurses who move to Canada (Nourpanah 2019b). I have also extensively discussed decision-making processes with regards to the nurses' migration project (Nourpanah 2019c). Taken all together, this body of work provides a powerful, comprehensive ethnographic account of the multiple dimensions of the migration and labour experience of foreign nurses in Canada.

## Research Methods

This study draws on ethnographic fieldwork done between April 2015 and August 2016 in Halifax, Canada, with nurses on temporary work permits employed in the healthcare sector. These nurses entered Canada through

different, non-permanent visa streams between six months to ten years ago, mainly as international students or temporary foreign workers, and all shared the common ground of holding temporary work permits, although some had obtained permanent residency and even citizenship at the time of the interview. I interviewed 29 nurses, mostly from India and the Philippines, and consulted nine experts from Canadian stakeholder agencies involved in regulating their movement and employment. These interviews were semi-structured and open-ended, framed around the nurses' movement to Canada, and then to Halifax, their daily experiences in their workplace, and their future goals and aspirations. The stakeholder agencies included unions, vocational and professional colleges, and the provincial immigration office. I participated in public and invite-only events held by the federal agency Citizenship and Immigration Canada (now Immigration Refugee Citizenship Canada), gathering fieldnotes on the discourse employed by policymakers and authorities. The events reveal the state's vision on worker-migrants and the manner in which they should enter Canada and integrate into the Canadian workforce and communities. I also volunteered for six months at two residential care facilities in Halifax to connect with nurses while observing working conditions. I attended expat events including cultural festivities and local basketball games to gain trust and presence in the community.

Recruitment and access proved challenging. I had no connections with healthcare facilities at the onset of the fieldwork. My first attempts at finding nurses failed. Circulating over a hundred recruitment posters to all care facilities across Nova Scotia led to one respondent, who connected me to several other people. However, this exchange with an interviewee, below, was more typical of my recruitment attempts:

> Shiva: So, do you think you can please introduce me to any more of your colleagues and friends who are in a similar situation as yourself, to do an interview?
> Meran: Actually no, because all my friends are so anxious with their migration and licensing that they do not have time for this kind of thing. (Halifax, 20 May 2015)

Thus, I encountered reluctance connected to anxiety and time, which, as will be discussed, are major themes of this research, embedded in the recruitment and fieldwork. As a volunteer, I attended events at local nursing homes and residential care facilities and assisted residents in tasks such as social visits,

games, and circulating library books. I did not recruit while volunteering, which would have been out of line with both the institutional research ethics' approval of this research and with my own ethical compass regarding respect for professional working hours. In fact, recruitment while volunteering would not have been practically possible, since volunteering duties left me with no time for distractions.

Despite this limitation, volunteering regularly made me a familiar face at these facilities, and eventually more nurses responded to the posters I had put up (with the permission of the local research and ethics committees of the facilities). However, it remained difficult for me to move from obtaining contact information from the nurses I met at these activities to scheduling interviews with them. The number of interviews I eventually conducted represented a fraction of the people who gave me contact information and told me they were willing to participate. Healthcare work demands long hard hours, and precious free time is left for either studying for exams, completing forms, socializing with family overseas, or simply resting. A few interviews were conducted during breaks before or during shifts, which meant our time was necessarily curtailed. Several times I was invited to the homes of the interviewees, and more than once the nurse had fallen asleep and was wakened by my calling. In short, scheduling interviews proved to be more of an issue than access and recruitment, with unexpected challenges.

It took me about fifteen months of concentrated effort, including driving to nursing homes and various events regularly, sending letters, reaching out via other social media such as Facebook, following up on initial promises and connections, constantly juggling my own schedule to accommodate last-minute availability for interviews and so on, to approach the saturation point at which further interviews were no longer yielding significantly new information.

The challenges I experienced are in line with Shanti Robertson's discussion (2015) of the methodological challenges of accounting for temporality in migration studies. It focuses on the challenge of "how we 'do' ethnographic migration research that captures multiplicity in both the temporal and the spatial dimensions" (Robertson 2015, 46). My fieldwork, including regular and multi-sited moves between nursing homes and care facilities, cars, coffee shops, sports events, churches and community halls, and the issues of time-management and scheduling, not to mention the attendant fatigue, haste and stress described above, are all symptomatic of the contemporary ethnography of migration mobilities.

Regarding my social position, as an Iranian immigrant I was aware that I was carrying a bundle of assumptions about the experiences of the nurses as they settled into their new communities, based on my own experiences. I have reflected elsewhere on the assumptions that I bring to my fieldwork (Nourpanah 2014). What caught me by surprise were the assumptions that the nurses brought to interviews. They assumed that as a non-white immigrant I would "know" their experiences. "Well, you know what it is like," was something I heard throughout the interviews. Such utterances reflected an assumption that we would have all experienced the homogeneous sameness known to be the common lot of immigrant ethnic minorities, whether talking about the experiences of homesickness, or struggles to be accepted and included in the workplace, or racism, or cultural misunderstandings, or high air fares to visit "home." Such assumptions generally created an empathetic atmosphere in our interviews, and I found the nurses willing to open up to me during the interview and draw on the sameness of our experiences. However, these assumptions also worked against gleaning specific, individual knowledge regarding their personal experiences of moving to, and working in Canada, as interviewees often returned to the phrase "well, you know what it's like," using it as a shorthand to refer to the assumed sameness of our migrant experience. I had to break through these assumptions made by the interviewees and assure them that I truly did not know about the details of their movements and professional and personal trajectories, and that I was very interested in learning about these specific details.

## Power and Bureaucracy: The Theoretical Framework

My theoretical framework is based on the scholarship of Max Weber (1968), on the role of bureaucracy as a highly significant instrument of the state in general, and modern states in particular. His work is relevant in light of the central theme of bureaucracy and encountering bureaucracy in this research. Bureaucracy provides the infrastructure through which policies are brought to bear upon subjects, and bureaucratic institutions become sites of negotiation and struggle for the nurses who are seeking to move to, and work in, countries other than their country of origin in an orderly, regulated manner.

The transition from an older feudal system to money economy brought about important changes in state organization. Administrative powers became concentrated in the hands of trained, rational experts as opposed to aristocratic nobles. The honorific system of grace and patronage was done away with in favour of a technically superior, more efficient bureaucratic system. In this

system, outcomes are always supposed to be rationally calculable, as it is effectively purged of "purely personal, irrational and emotional elements which escape calculation" (Weber 1968, 350). This feature is the "special virtue" of technical bureaucratic organizations. The withering of the feudal state and the spread of the principles of equality and democracy, where "all are equal before the law" brought about a corresponding demand for formal and objective structures of administration freed from the old systems of patronage (Weber 1968, 350).

Although appreciating the power of bureaucracies, contemporary scholars have noted how bureaucracies are not purely rational machineries. Reviewing the anthropological literature on bureaucracies, Hull (2012) discusses documentation as a key feature of informing bureaucratic ideologies and constructing the reality of social practices where citizens-subjects encounter the state. A rich body of ethnographic work has developed describing how bureaucratic technologies such as forms, documents and temporalities produce emotions and shape our social experiences. In their special edition on documentation, power and accountability, Pigg, Erikson, and Inglis (2018) encourage "attention to ethnographic detail" to the way documentation, and specifically the production of documentation at specific moments become a means for gaining legitimation, and access to benefits and resources. They present diverse scenarios to illustrate particular intertwinings of power, statehood, and identity in processes of documentation. Furthermore, and of particular interest to my research, they note how documentations position temporalities, influencing both past events and future trajectories of those engaged in negotiating complicated bureaucracies (Pigg, Erikson and Inglis 2018, 171).

Bureaucratic processes take time. Migration scholars are increasingly cognizant of the impacts of the bureaucratically-imposed waiting without clear answers on migrants. Cwerner (2001) called for a stronger theorisation of time in migration research, yet a systematic turn towards time has only recently occurred (Griffiths 2014). McNevin and Missbach (2018) build on the literature on the spatial aspect of "migration management" and the Foucauldian concept of governmentality to unpack the temporal aspects in the context of refugees and asylum seekers. While the waiting and limbo experienced by refugees as a result of government delays and bureaucratic processing is a particularly harrowing instance of migration time operating cruelly on hopes and aspirations (Nourpanah 2019a), other migrant groups are also subject to multiple migration temporalities. Barber and Lem (2018) devote their recent volume to the temporality embedded in the migration process. They discuss how time, in various migratory

contexts including that of care work and international students, becomes attenuated and stretched out in some parts of the journey, as migrants hang in a sort of frustrating limbo waiting for documents and dates, while in other parts, it becomes compressed and breathless. The narratives gathered here are a testimony to this phenomenon, as described below.

Ibañez-Tirado (2019) synthesizes the literature concerned with the temporal concept of *waiting* in her study of labour-migrants in Tajikistan, an emergent theme in my interviews. Ironically enough, labour migration is supposed to break the tedium of waiting, associated with idleness and unproductivity. Waiting is thus a symptom of disempowerment, imposed on vulnerable people such as the urban poor (Auyero 2012; Schweizer 2008, in Tirado 2019) by governmental bureaucracies. It is thus interesting to note that the research participants of this project, who are definitely not "the urban poor" and who do not necessarily cast themselves as "vulnerable," experience similar forms of waiting imposed upon them by bureaucracies. Waiting in these contexts are a manifestation of unequal power dynamics, leading to the expressions of frustration and the seemingly arbitrariness of immigration policies discussed extensively in my data analysis, below.

A discussion on the framework of migration temporality and bureaucracy may not be complete without reference to the migration policies dubbed "just-in-time" (Barber 2013; Preibisch 2010). Developing the metaphor from the critical literature on flexible and post-industrial production regimes that replace stable, long-term jobs with part-time, casual, and/or temporary labour, (Leach 1998; Odih 2003; see for examples) just-in-time immigration refers to the ongoing restructuring of Canadian immigration to render it responsive to the demands of the labour market. Barber (2013) provides a detailed exegesis of the contemporary iteration of "just-in-time emigration." Key aspects of this restructuring involve greater flexibility to provinces to set quotas and provincial policies and programs for the attraction and retention of migrants, partnerships with agencies in sending countries, notably the Philippines, to facilitate the selection, preparation and travel of migrant workers, and removal of perceived barriers, including the controversial measure, later revoked, allowing employers to pay lower wages to temporary foreign workers. "Through a strategic series of press releases and officially sponsored online media, the logic of the changes became clearer: The Minister *[of Citizenship and Immigration Canada]* reinforced his determination for a more timely resolution to employer demand for immigrant labor supply" (Barber 2013, 387).

It is important to note that such rapid changes of policy are an inherent design feature of the migration policy regime. These policies are meant to be sensitive to labour market demands. In fact, it could be said that the ability to make quick changes to policy has become a government policy itself. This conceptualization of migration policy as something that needs to be constantly changed, tweaked, updated, and upgraded complements the ideology of a "just-in-time" labour force, where labour is provided only on a precarious, casual basis.

My data analysis below unpacks the lived experiences and the emotional toll on nurses as they encounter these shifting policies, that, as discussed, are not designed for their benefit, but rather for that of the employer.

## Nursing Credential Recognition

Credential recognition policies impact the livelihood and migration experience of nurses. The bureaucracy governing credential recognition is set up with Weberian principles to implement scientific, fair, and objective assessments. However, in practice, nurses experience the credential recognition policies as an intricate web of social power and domination, through which a group of elite, state-backed gate-keepers control access to valuable resources. Although not technically state institutions, professional licensing colleges for self-regulating professions such as nursing are a conduit of state authority and power. These institutions are legislatively mandated by the government to discharge their duties in the public interest, and aspiring professionals who do not follow their regulations may not practice and risk state prosecution. These institutions are furthermore perceived as "the government" by the subject on whom their policies are enacted, including the nurses I interviewed for this research.

The connection between credential recognition for foreigners, labour market outcomes, and immigration is the subject of extensive research (Sweetman, McDonald and Hawthorne 2015, see for review), showing that immigrant earnings decline substantially after migration to Canada.

> [T]his decline is commonly attributed to problems in recognizing valid and equivalent foreign qualifications…At the juncture of occupational regulation and immigrant integration is a perception that the cost of FQR [Foreign Qualification Recognition] and occupational (re-)entry following migration is excessive for regulated professions and that this is hindering the labour market integration of new immigrants. (Sweetman, McDonald and Hawthorne 2015, S2-S4)

Thus, the experience of foreign-trained nurses undergoing credential recognition requires close unpacking.

In Canada, those who wish to practice as nurses must be licenced by the appropriate regulatory bodies. Each province has its own regulatory agency which issues licences to nurses based on its own set of requirements, and follows specific provincial legislation in the form of various Health Acts which mandate these regulatory bodies. The relevant professional designations in this project are LPN (Licensed Practical Nurses) and RN (Registered Nurses).

The nurse credentialing system in Canada is known to be confusing. In a comprehensive national report on credentialing for Internationally-Educated Nurses in Canada, the words "confusing" and "confusion" are repeated ten times, three of which are part of the phrase "a confusing array of options," and "complex" / "complicated" nine times. The word "maze," as a description of the policies or the information that IEN applicants face is repeated four times, and once, the authors resort to the term "thicket," The authors trace this confusion to the setting up of the provincial credentialing system in the Canadian Constitution in 1867, when regulation of healthcare professionals was ceded to the provinces. That was a time of few nurses and limited nurse mobility. By 2005, Canada had 25 regulatory bodies in charge of 30,000 nurses (Jeans et al. 2005).

Prior to August 2014, IENs applied directly to the provincial regulatory body of their choosing for assessment of their eligibility to write the licencing national examinations. Many choose to apply in several provinces, leading to discrepant results whereby they may become licensed to practice in one province, but not in another, leading to criticisms regarding the lack of consistency and standardization across the provinces. Theoretically, IENs are determined to be eligible once it is established that their education and training is equivalent to that of a Canadian nursing graduate. The regulatory bodies conducted this eligibility assessment based on the following factors, all of which are relevant and discussed in my interviews, with significant variations across all provinces

- Documentation. Obtaining all the documentation required, sometimes in original, was reported as a frustrating, lengthy, and costly process. Nursing school curricula was considered particularly difficult. Incomplete documentation was specified as one of the two most common reasons for failed applications.

- Education. Regulators use a combination of external assessment through third parties and internal assessment to evaluate the qualifications of IENs. The mix of theory and practice required was variable, with some provinces measuring by months, others by weeks, and still other by hours. The challenges of reading and evaluating transcripts is "tremendous" (Jeans et al. 2005, 28).

- Competencies. The Canadian Nursing Association recommends taking prior experience and learning into account; however there are no standard or consistent measures to do so. Provinces use a variety of techniques, such as clinical exams or external assessments to conduct competency assessments. This seems to be an ill-defined concept, since employers reported that "even though IENs had successfully completed examinations and refresher courses, not all were judged to be competent in many of the nursing skills required to work in Canada" (Jeans et al. 2005, 40).

- Practice requirement. All regulatory bodies had some sort of minimum required clinical practice time in the three to five years prior to application. The challenges of keeping practice time current for IENs undergoing this lengthy application is described in a heartfelt manner by my participants. Not meeting the practice requirement results in having to take costly refresher courses.

- Language proficiency. All IENs from non-English and French countries need to take a language proficiency test, although some exemptions from this, based on the discretion of the assessment officers, has been observed. Some nurses described how they gained exemption from the IELTS as they were able to satisfy the regulatory body regarding their English skills. Conversely, many employers expressed dissatisfaction with the communication skills of IENs from non-English-speaking countries.

Once these factors are all reviewed, an applicant may be eligible to write the exam. Success rates vary from province to province. Expensive exam-prep courses seemed to have a major impact on success rates, raising the question on whether the exams measure nursing ability or simply the ability to pass the exam (Jeans et al. 2005, 43). This report estimates that approximately two-thirds of IENs in Canada fail to become licenced, resulting in a mass of underemployed/unemployed IENs, a human resource waste, as well as exacerbating the nursing shortage described above. At the time of writing the report, many IEN focus groups also reported being "shocked" by the complexity of the bureaucratic process, and also by the fact that although federal immigration programs

recognized their education as a valid means of scoring migration "points," this did not translate to their qualifications being recognized once in Canada. Misinformation, confusion, and wasted resources resulted from this non-recognition. While acknowledging that not every single IEN applicant should be necessarily licenced to practice in Canada, the report concludes that the system for evaluating foreign credential policies in 2005 was "fragmented." The lack of clear communication and consistency among key stakeholders is concerning, as the numbers of IENs in Canada is projected to rise.

In August 2014, the National Nursing Assessment Service (NNAS) was launched, bringing together some, but not all of the recommendations found in this and similar reports, both scholarly (Kingma 2007) and policy (Jeans et al. 2005). The NNAS is funded by the Canadian government as well as all nursing regulatory bodies and other relevant organizations, while also charging a fee from IEN applicants. All IENs must register with the NNAS before applying to provincial regulatory bodies. Once they register and submit the required documentation, they will receive an Advisory Report which they can then forward to the regulatory body/bodies of their choice, in order to be considered for licensing. The final decision for eligibility to write the national nursing examinations and to obtain licencing rests with provincial bodies.

Only the last few interviewees of this project had gone through the NNAS system. It remains to be seen whether the creation of this organization has effectively improved the evaluation and licensing procedures for IENs, or whether it has become an additional step in the already-cumbersome process. And while the financial and economic toll of these policies on immigrants has been documented, and linked to broader issues of discrimination and workplace racism and exclusion (Buhr 2010; Li 2000; Reitz 2007), this research focuses on the lived experience of the policies.

### *"I Am a Little Bit Frustrated:"* Deadlines and Timelines, Expiries and Renewals

As Saam and his peers recounted their stories to me, I noticed how their voices would fluctuate, sometimes becoming high-pitched and rapid, other times becoming warm and mellow. Saam describes the notorious International English Language Testing System (IELTS), which he had to take twice, as "his worst nightmare." Meran is an experienced nurse who had travelled from India as an international student, leaving behind a young family with whom she was trying to reunite. When she talked about her frustrations with the credential

system, in particular the bridging courses she was assigned, she became agitated, and when she described her good relationships with her colleagues and employers, she visibly relaxed and beamed. Our interviews were charged with strong currents of emotion, as the nurses described their tense, anxiety-ridden races against time, struggling to meet deadlines while keeping a sharp eye on the expiry dates of permits, visas, tests, and licenses, set against a backdrop of waiting and hoping. The maelstrom of emotions arising from the entanglements with different bureaucracies, concretely manifested through arduous chores of paperwork, evaluations, and documentations, was enacted and embodied throughout our interviews. Anxious attention to time and to documents, which were often only valid for certain periods, became a central theme of the interviews, unpacked below. Keeping documents valid required a certain amount of luck, as well as effort and hard work, and many viewed these difficulties as "unfairness" that they experienced because of bad luck and bad timing.

Amur, a nurse from India, described the juggle of providing all her papers again and again, while keeping her IELTS valid, alongside taking bridging courses and also keeping her Registered Nurse safe practice hours up-to-date:

> "...but for RN it is a lot, I am a little bit frustrated, since I got my LPN (Licensed Practical Nurse) they know I have all my papers, [but they ask for] the same papers submit to them also. They need my birth certificate with my name and everything. Like I have my passport for my identification, but they don't want that. It is funny."
>
> Shiva: So will you have to take more bridging courses?
>
> Amur: Basically I have my safe practice for four more years, so it should be ... I have to get approval and write the RN exam. But if they are delaying my process... then I might have to take some more bridging courses.
>
> Shiva: And do you apply directly to the college?
>
> Amur: I called the NNAS. They do it first, then I have to apply to the college. They told me I have to get proof of identification... so I'm just staying... thinking whether I should do or cancel my application.
>
> Shiva: And do you have to take an IELTS again?
>
> Amur: If they delay the process so much then I have to take [it] again, because the IELTS is only valid for two years.

Nurses describe their migration in terms of "luck" and "fairness" and "unfairness". Their ability to move to Canada and succeed in Canada is attributed to good or bad timing with regards to various policies, which sometimes work in their favour and sometimes against them. Policies are thus represented by the

participants as reactionary tools deployed in an arbitrary or irrational manner by "the government," which may make or break their migration experience, and that are becoming progressively more harsh and more complex. Ruby, who moved from the Philippines, described her migration using a curiously passive voice, emphasizing the luck and arbitrariness of her journey:

> It was something that accidentally happened to me because I was doing [the] IELTS training program, my aim was to come as student. But accidentally I got some info [in] May 2014 [that] the Skilled Worker Program has opened, so soon after that, I applied – in August – for the program, so that way, then I got selected.

Another nurse, describing her interview with an immigration official when applying for her permanent resident status, recalled the apparent arbitrariness of the application process:

> The immigration officer asked me about community involvement – and I panicked. I thought what do I say now? Then I remembered, just lucky, my employer had asked us to do a run for a charity, a fundraiser. So I mentioned that, and the interviewer was happy, and he accepted that as community involvement. I had no idea – it was only luck that I had done that run!

The perceived arbitrariness, mutability and complexity of policies cause frustration, anxiety, and ambivalence. Joseph, a nurse from India, said:

> It is challenging. Rules can be changed at any time. So you take a chance and apply, thinking everything will be positive and you go for it. Here in Nova Scotia, rules change all of a sudden. Things can be upside down the next day, they do not give us beforehand notice, so we can have time. That was tough you know, I had to wait for one year [before applying for provincial Nominee Program]. And then after I apply, they change rules again to six months. If the rule hadn't changed, if it had been six months, I would have been a permanent resident seven to eight months back.

He then breaks down all the steps he had to undertake before he could practice as an RN in Nova Scotia, which involved some internal movement in Canada to circumvent the requirement for bridging courses, as well as an entanglement with the Nova Scotia Office of Immigration (NSOI):

…they will send you for a competency assessment and …no matter how well you perform, they will give you minimum three to four courses. Whoever has gone, even though they have [a] Masters or even [a] PhD in nursing, still gets courses. It's all about money-making, you know they get money for courses, when we take all the courses… So, I applied from here to the college of nurses in PEI… and they didn't ask me for competency assessment. And I got the eligibility, and the processing there is much quicker, compared to here, Nova Scotia. Here it takes forever, like six months to hear back for your eligibility. There, it took three days. After I had all my documents, my education and qualification – which was verified by [the] World Education Service. After I got my eligibility I appeared for the exam after 28 days, cleared the exam. And I got my license in PEI. Then I transferred to Nova Scotia.

Shiva: So was the transfer easy?

Joseph: No! Even though I was an RN in PEI, Nova Scotia still wanted all my documents from India! so that took another month. Even though I had my family, getting all the documents all over again – it takes time. I had to find somebody to go to the college where I studied… Once I got all my documents, and they verified my license from PEI. It was about July or August 2014.

Shiva: And now you had the license, were you able to start work immediately?

Joseph: No, I had to get work permit for LPN, right, September, November, October, I had to wait for new work permit, even though I had a new license, I had to wait about four months before I could practice. This was also upsetting and painful for me, to work as an LPN, even though I had the licence and qualifications to work as an RN. I was able to get a new work permit after I got my PNP, because I wrote to [Joseph] saying I am a RN now, I have the necessary papers to practice as an RN in Nova Scotia, I can work here, I submitted all the proofs to immigration, I want to change from LPN to RN. It took four months.

These words illustrate the emotional toll of navigating these complicated and time-consuming bureaucracies and the resultant anxieties and frustrations. As Meran said:

Only if you have the strength and mental capacity. If you can make it to RN, then it is very rewarding, but you need to be very strong. Because you might break up at any time…because you have nothing. I even

heard someone killed themselves it is so hard. I don't know where, just a rumour. People don't understand the struggles and limitations. Many come with loans, with lot of hopes, and if they can't make it… There should be something to assess the mental strength of people. They are not supported- there should be some way to support these people, and the stress they are under. Do not make it so difficult…I feel half of your skill will be gone in this long waiting.

## Discussion: The Emotional Vicissitudes Produced by Policies

In April 2017, several months after completing fieldwork and almost two years after my first interview, I ran into Saam again while volunteering at the care facility where he works. He asked me about the progress of my research, and I told him I was in the write-up stage. "So," he asked, "if you could tell me in seven words what you have learned from this research, what would you say?"

> I paused, panicking slightly.
> I guess… as an immigrant myself, I always feel I am on a race track, you know? Running towards the point where I feel I have made it, I am at home, settled. But for you, and others who have arrived on temporary permits, I realise you are running a parallel track. You are running two races at once. You have the work and study piece, which we all have… But you have the residence piece too, you are chasing after permanent residence – so there is this double project, double race… .

He started laughing, "Double race! Yes, that is it, we are all running double races! I will use this, if you don't mind! It is a good image!"

Analysis of this data reveals the centrality of *documentation* and *time* to the nurses' experiences of traversing labyrinthine bureaucratic procedures to obtain both their license to practice at their skill level, and also their permanent resident status. Documents such as their safe practice or IELTS or work permits are valid for certain periods of time, which means the nurses must undergo multiple simultaneous procedures to ensure they remain valid. Temporality and documentation merge, creating the complicated emotional vicissitudes that are the central theme of this research.

The nurses recall the tedious and burdensome processes of collecting, preparing, submitting, and receiving documentation with agitation and frustration. Nevertheless, they undergo these processes willingly, since these documents

grant them access to valued and valuable statuses: permanent resident, credential recognition, and professional, stable, and well-paid jobs in a first world country. In other words:

> People operating according to a gatekeeping frame treat documents as valued badges of legitimacy and as vehicles that carry one's interests forward into power-saturated distributional systems in which they desire to be included (Pigg, Erikson and Inglis 2018, 168.)

These encounters with, and navigation of the different Canadian policy regimes regulating the conditions of work and movement systematically produce emotional states in the nurses. The passage of time, in conjunction with costly and time-consuming delays experienced by the nurses, who have their careers and future on hold, contribute to this sense of turbulence and anxiety.

Across all my interviews, women and men talked about these feelings of frustration, and no clear gender variations were noted. However, it became clear that feelings of anxiety and stress are relational to other goals and trajectories. Some nurses interviewed had no intention of undergoing professional credential recognition and regaining the status of a Registered Nurse in Canada. They expressed satisfaction with their current job as a healthcare worker at a lower skill level, stating that it was relaxing compared to the hectic pace of life as a nurse in the hospital wards of their home country. Several used the term "boring" when comparing their present social and professional life, mostly in senior care in a small city, to the busy crowded life they had known, working in large hospitals in big cities. Tahmina captures this feeling, while linking it to the downskilling of her qualifications:

> I don't think I have much problems here, working as a PSW [Personal Support Worker] here, because you don't have much responsibility compared to nurses. They are the responsible ones, more responsible for the patients. PSWs are, every time there is something to take care of [about the] residents, I can say that we are not responsible. [laughs]… when I was working as an RN [Registered Nurse] I had to, I used to, I was working in a hospital, not a nursing home, I was taking care of eight to ten patients, in hospitals really busy, so I had to do everything for the residents. Now I'm totally relaxed. The work is totally relaxing.

Others did not intend to stay in Nova Scotia, planning to move to where they felt they had a better chance at gaining permanent residency, or better employment prospects, or to re-unite with family members. Kaia, for example, told me that

she only intended to stay at her current healthcare job in Halifax for a few months, as she was preparing to migrate to Europe to reunite with her fiancé. Therefore, she was unbothered by stress and anxiety related to planning to get permanent documents or credential recognition in Canada, and viewed her current position as a stepping stone to realizing her long-term aspirations. For those intending to stay in Nova Scotia, feelings of anxiety are more pronounced during their migration process, compared to others who are less committed to staying. Familial status, the presence of children and/or partners, age, and individual characteristics and ambition also play into the complex and nuanced matrices of feelings experienced and expressed. It is not as simple as declaring that the migration and career trajectory for all nurses is unambiguously and decidedly stressful. Furthermore, recent research shows that these experiences of emotionality and temporality are not just confined to the country of migration, but start taking place much earlier in the process in the country of origin. Ortiga (2018) discusses how, in the Filipino context, perceived labour demands start shaping career and migration trajectories quite early – a point also raised by the nurses I interviewed. But Ortiga's research also shows how long-term planning may clash with short-term migration policy reversals, the "just-in-time" policies described above. This clash between long-term and short-term creates what Ortiga calls "the migration trap" (2018), leaving educated and aspiring young nurses in a labour vacuum, unable to fulfill their desired outcomes. I further contrast the emotional states of the nurses with the representation of policy by policy-makers and their descriptions of regulation and control. During consultations by Immigration Refugee Citizenship Canada with academics, employers and government agents, immigration officials consistently used the terminology of "adjusting" or "tweaking" policies in order to enhance the "productivity" and "efficiency" of the immigration system. The impression received was that policies are envisaged as a smoothly operating piece of machinery where temporary foreign workers go in at one end, and Canadian citizens working as high-skilled professional nurses come out at the other.

The tangled, knotty nature of the frustrations and anxieties resulting from the sheer complexity and intransigence of the bureaucracies is a direct result of the unequal power balance between nurse migrants and their employers, immigration officers, licensing officials, and the various agents of state and state-backed institutions involved in their movement and work. This inequality is a cause of deep frustration, nowhere so much as with the credential recognition

system. In the case of foreign-trained nurses moving to Canada from the Philippines and India, state-sponsored institutions must ratify their professional education and experience before they are legally allowed to practice as professionals. From a theoretical perspective, the creation of an elite group of experts through extensive credentialing and education systems is an instance where status, prestige and power are channelled through modern societies. These procedures are themselves maintained and reproduced by increasingly complex and opaque bureaucracies. Professional gatekeepers in the form of nursing licensing colleges are seen to hold valuable knowledge and access to credential recognition in Canada and thus can be considered at the apex of the process of gaining qualifications. Meanwhile, nurses with aspirations to stay permanently in Canada conduct the arduous double race of transitioning from their temporary status into citizens.

The transition takes place both subjectively in terms of their emotions of attachment and belonging, and also politically, in terms of obtaining the legal status of citizenship and all the rights and responsibilities it entails. Both these transitional processes are closely monitored and controlled by several state and state-backed agencies. Furthermore, these transitions take place through space, as the nurses move around in search of better, more effective policies and opportunities, and temporally, as the time of the process lengthens and contracts. In their quest to transition from temporary workers employed in low-skill jobs to permanent residents and ultimately citizens with high-skill jobs, foreign nurses are exposed to a particular set of dominant values and beliefs propagated and upheld by state institutions, informing their actions, choices, and decisions. These refrains are evident and clearly expressed through the websites of the state and state-backed agencies with which they deal, and are echoed throughout the interviews. The ideology of meritocratic individualism, marked by a relentless discourse revolving around "hard work," "secure jobs," "pleasing the employer," "integrating into the labour market," "passing licencing exams," "getting high IELTS scores," and so on, appears throughout in the interviews, policy documents, and events analysed for this research. Such phrasing places the onus on individuals to succeed in their risky endeavours and fails to address the structural barriers and shortfalls in the migration and healthcare labour policy systems. It also completely overlooks the emotional toll borne by the migrant-workers.

## Conclusion

Saam initiated my fieldwork with his descriptions of moving and waiting, and our final exchange evoked racing and running. The linkage of movement and time in these narratives constitutes a powerful representation of the lived experience of migration temporality, and of the emotionality engendered by entanglement with immigration administration. The nurses describe a frantic preparation and submission of documents when deadlines and expiry dates loom close, and a drawn-out, lengthy and anxiety-inducing waiting process at other points, where they are not sure whether or not all their hard work and effort will be rewarded. Crucial documents are rendered valid or invalid with the passage of time as well as the submission (or inability to submit) of further documentation. The holistic subjective experience of this process is expressed in fraught terms, problematizing the Weberian values of bureaucratic fairness, rationality and objectivity.

Here, I have documented encounters with immigration policies, professional licensing bodies, and credential recognition agencies. In pursuing their respective mandates, all such agencies, as part of the Weberian model of modern statehood described above, would claim to operate by principles such as rationality, fairness, formality, and objectivity. Tensions and struggles develop when something claimed to be rational or objective by one institution may be considered as overtly demanding, unreasonable, and unfair by the individual who has to negotiate with that institution. Even amongst the institutions themselves, there may not always exist harmony and agreement on what exactly constitutes rational and objective. Immigration policy might not always be aligned with professional recognition procedures or may be fractured along provincial and federal lines. Rapid changes in policy, with the aim of aligning it to local labour needs as closely as possible, creates further havoc with migrant plans.

Meanwhile, the passage of time and more importantly, the nurses' perception of the passage of time add an important layer to understanding their emotional experience. The theoretical framework above unpacked the concept of waiting as a particular form of migration temporality imposed by state power via bureaucracy on aspiring migrants. This research further theorizes the multiple modes of temporality experienced by migrants even after they have arrived at the desired destination. The frantic efforts to meet deadlines and expiry dates exist in parallel to long tedious periods of uncertain waiting, all with the aim of achieving a permanent political and professional state of being. The sense

of being in a race against time is evident from the nurses' narratives, complicating the theoretical lens of migration temporality discussed above that emphasizes the imposition of bureaucratic waiting, through complicated documentation, upon migrants. My research reveals the nuanced manifold ways in which temporality may be experienced in specific migratory contexts, while exploring the intense emotions which result or accompany these experiences.

Policies need to be developed with a deeper sensitivity to the turbulence caused by their requirements, and an acknowledgement of the power imbalance they contain, as well as the time and resources they swallow. From the point of view of the state, such turbulence, confusion, and time-costliness are an invisible consequence of the apparatus. Indeed, the confusion may be considered purposeful by the state, since the state masks structural inequality and lays the blame for "failing" to navigate bureaucracy at the door of the individual worker. My research thus leads to a deeper understanding of the experience of engaging with bureaucracies and policies that, at their heart, are not designed with the benefit and interest of workers. Such experiences of emotions and temporality lead us to wonder whether it is indeed possible, given the current realities of structural global inequality, to create worker-friendly policies for migrants in these specific contexts.

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## Notes

1  This is a pseudonym. No real names are used in this article accordance with permission from the Research Ethics Board from Dalhousie University to conduct this research. All names used in interviews are pseudonyms.

2  Subsequent references to the nurses in the paper refer to all the nurses interviewed for this study.

3  Labour Market Opinions, now replaced by the Labour Market Impact Assessment, is a document that Canadian employers may be required to obtain from Service Canada before hiring foreign workers. This document is intended to show that the employer has tried but has not been able to find Canadian workers for the position for which they are hiring foreigners. See http://www.cic.gc.ca/english/helpcentre/ answer.asp?qnum=163&top=17

4  Although immigration is federally regulated and the federal government makes the final decision on all immigration applications, provincial governments may nominate their own candidates for immigration and permanent residence in their province via the Provincial Nominee Program. See: https://www.canada.ca/en/immigration-refugees-citizenship/services/immigrate-canada/provincial-nominees.html

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