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Article abstract

My research explores the labour conditions experienced by foreign nurses employed in health care in the province of Nova Scotia, Canada, on temporary permits. I draw on ethnographic interviews to understand the nuanced ways in which foreign nurses feel welcomed in their local communities and workplaces, yet simultaneously remain subject to hostile racialized scrutiny. Nova Scotia is one of the least ethnically diverse provinces in Canada and one of the most economically impoverished. It faces a shortage of healthcare workers, exacerbated by the ongoing restructuring of the healthcare sector. These contextual factors contribute to the complicated push-pull matrix discussed by the temporary foreign nurses, who feel needed, but not wanted. This matrix cannot be dismissed as simply the racism and “backwardness” of local communities. Rather, it must be understood through a political economy focus on temporary foreign workers, restructured health care, and the normalization of a precarious labour landscape in which racialized foreign and local workers are pitted against each other.

RESEARCH NOTE / NOTE DE RECHERCHE

"Maybe We Shouldn't Laugh So Loud": The Hostility and Welcome Experienced by Foreign Nurses on Temporary Work Permits in Nova Scotia, Canada

Shiva Nourpanah

FOREIGN NURSES IN NOVA SCOTIA are needed, but not always wanted. My research explores the contradictory labour experiences of nurses, and their consciousness of these experiences, drawing on original ethnographic interviews with foreign nurses who had entered Canada on temporary work permits and with officials from stakeholder agencies.¹ From these interviews, I develop an understanding of the complex, nuanced ways in which foreign nurses feel welcomed in their local communities and workplaces, and yet simultaneously remain subject to hostile racialized scrutiny.

This understanding is contextualized within a deeper study of the political economy of contemporary temporary migration and nursing labour, as well as the racialized ideology that has marked the historic development of Canada as a modern state, where people of particular ethnicities and foreign "races" have been recruited in exploitative circumstances for labour deemed undesirable

1. Fifteen months over 2015–16 was devoted to fieldwork and interviewing. I conducted 29 in-depth interviews with foreign nurses and 8 interviews with officials from stakeholder institutions, including unions, professional and vocational colleges, and employers. I further participated in relevant events held by Immigration, Refugees and Citizenship Canada (formerly Citizenship and Immigration Canada), expat associations, and employers such as residential care homes to gain connections and recruitment. All steps were approved by the Research Ethics Board of Dalhousie University.

and unwanted by local white people.² Nova Scotia, the site of this study, is one of the least ethnically diverse Canadian provinces, one of the most economically impoverished, and, further, faces the challenges of caring for an aging population while dealing with a shortage of healthcare workers. This shortage is exacerbated – or, as some scholars argue, created – by the ongoing “restructuring” of the healthcare sector since the 1970s. Restructuring processes are shown to create a precarious, divisive labour landscape. The temporary foreign work regime is considered a problematic employment practice that further deepens the racialized divide between local, Canadian-born, and foreign workers and intensifies the precarity of labour conditions. These contextual factors contribute to the development of a complicated push-pull matrix, which the temporary foreign nurses discuss in their interviews. Officials and employers may dismissively attribute their experiences to the racism and “backwardness” of local communities; however, I argue that they must be understood through a political economy focus on the immigration and healthcare context, both factors in shaping a precarious labour landscape in which racialized foreign workers are pitted against local, Canadian-born workers.

Methodological Framework

STORIES OF MIGRANTS, gleaned through ethnographic research and oral history interviews, offer a way of developing an understanding of the complex, multi-faceted dimensions of the interaction of migration and labour experiences. Such stories are valuable for understanding the construction of a sense of home and belonging as migrants travel to and settle into Canadian society, while offering a counternarrative to nation-centred accounts of history that focus on the contribution of immigrants to the development of nation-states.³ This is a key trope in the policy discourse surrounding Canadian immigration and, in particular, temporary foreign workers, discussed further below. Personal stories have also been used to explore the inextricable links between social and economic integration of first-generation immigrants and to observe the “material conditions and social relations of power” in their livelihoods.⁴ Labour ethnographies are considered particularly suitable for capturing the “fragmented” experiences of labour under modern capitalism, and the shifts and precarity that mark contemporary neoliberalized labour landscapes,

2. Myer Siemiatycki, “Marginalizing Migrants: Canada’s Rising Reliance on Temporary Foreign Workers,” *Canadian Issues/Thèmes Canadiens* (Spring 2010): 60.

3. Alexander Freund, “Transnationalizing Home in Winnipeg: Refugees’ Stories of the Places between the ‘Here-and-There,’” *Canadian Ethnic Studies* 47, 1 (2015): 61, doi:10.1353/ces.2015.0006.

4. Gillian Creese, Isabel Dyck & Arlene Tigar McLaren, “The ‘Flexible’ Immigrant? Human Capital Discourse, the Family Household and Labour Market Strategies,” *Journal of International Migration and Integration/Revue de l’intégration et de la migration internationale* 9, 3 (2008): 269, <https://doi.org/10.1007/s12134-008-0061-0>.

including that of nursing.⁵ In the words of one of the nurses interviewed for this research, "This is the story ... for a number of us ... a large community of us."⁶

Although modern workplaces such as the nursing sector claim to be race- and gender-blind,⁷ my research contributes to the scholarship demonstrating that the lived experiences of immigrant and ethnic minority nurses is patterned throughout their career by racialization and differential treatment.⁸ Racism has in fact been shown to be integral to how the profession has been structured in modern times, as discussed by Das Gupta.⁹ Her research demonstrates the interwoven racialized, gendered, and occupational hierarchy of healthcare labour, with black nurses subordinate to white nurses, themselves subordinate to doctors. My research further explores the experiences of racialized labour, grounding these experiences in a particular time and place, born out of a particular historical evolution and political-economical governance. Furthermore, through the analysis of the nurses' narratives about their experiences, I show how daily and structural racism is negotiated, navigated, and balanced against considerations of long-term career development, residential prospects, and family goals. Similar to research that uses oral history to explore experiences of negotiating racism in the workplace,¹⁰ my work reveals patterns of subtle individual resistance. I utilize similar methods to explore the experiences of foreign nurses on temporary work permits in Nova Scotian communities, examining labour and migration precarity.

My interviews were framed around workers' movement to Nova Scotia, focusing on their labour experiences in this province, including interactions with clients, patients, unions, colleagues, and employers, as well as career aspirations and trajectories. Forty-six per cent of the nurses interviewed originated from India, and another 36 per cent were from the Philippines. A few came from countries in Europe and Africa. Twenty-one per cent were men, and the rest were women. All but three or four had entered Canada on a

5. Geert De Neve, Massimiliano Mollona & Jonathan P. Parry, *Industrial Work and Life: An Anthropological Reader*, English ed. (Oxford: London School of Economics Monographs on Social Anthropology, 2009); Doris Grinspun, "Part-Time and Casual Nursing Work: The Perils of Healthcare Restructuring," *International Journal of Sociology and Social Policy* 23, 8/9 (2003): 54, <https://doi.org/10.1108/01443330310790642>.

6. Anonymous, interview by author, 15 April 2015, Halifax.

7. Agnes Calliste, "Antiracism Organizing and Resistance in Nursing: African Canadian Women," *Canadian Review of Sociology/Revue canadienne de sociologie* 33, 3 (1996): 361–390, <https://doi.org/10.1111/j.1755-618X.1996.tb02457.x>.

8. Natsuko Ryosho, "Experiences of Racism by Female Minority and Immigrant Nursing Assistants," *Affilia* 26, 1 (2011): 59.

9. Tania Das Gupta, *Real Nurses and Others: Racism in Nursing* (Halifax: Fernwood, 2009).

10. Pamela Sugiman, "Privilege and Oppression: The Configuration of Race, Gender, and Class in Southern Ontario Auto Plants, 1939 to 1949," *Labour/Le Travail* 47 (Spring 2001): 83.

temporary permit: 36 per cent had entered through the Temporary Foreign Worker Program, having been recruited by a prospective employer in Canada to work as a care assistant while still in their home country; 53 per cent had entered Canada with a study permit to complete a nursing course at a vocational college (in Ontario or Alberta) and then, upon completion of the course (usually eight to twelve months in duration), transferred to an open temporary work permit. At the time of the interviews, all of these temporary workers had either applied for permanent residency under the Nova Scotia Provincial Nominee Program or had already obtained permanent residence. Though all had initially travelled to Canada without their family, those who had spouses and/or children had since brought them over or planned to become reunited with them as soon as the conditions of their permit and finances allowed them to do so. None intended to return permanently to their country of origin, and for all of them, the temporary work permit was a means of obtaining permanent residence in Canada via various Provincial Nominee or other bridging programs put in place by the federal government in order to allow higher-skilled workers to transition from temporary to permanent migration.

I use the term “foreign nurses” to designate my research group, because that is what they are. All the foreign nurses interviewed for this study had Registered Nurse (RN) qualification in their home country outside Canada (with one exception, whose professional trajectory was slightly different from the rest). All had at least one year (and in most cases many more) of experience working professionally as a nurse. Once in Canada, they worked in different capacities in the healthcare sector, often starting in the occupation of care assistant, categorized as “lower skill” in the National Occupation Classification, while struggling to re-obtain their RN designation through the Canadian credentialing process.

Race, Labour, and the Political Economy of Temporary Foreign Nurses

IN SEPTEMBER 2015, I attended a public event held by one of the Filipino associations in Halifax and talked to the director of the association, asking his help in the recruitment of interview participants. He was enthusiastic and, impromptu, took the stage, introduced me to the audience, and declared, “This issue of Filipino nurses we hear so much, our Filipino nurses not being paid [enough], not being able to work at the level they trained for. *I don’t like to say racism, but why?* Why are our nurses discriminated [against]? I am glad somebody is studying this important issue” (emphasis mine).

His question must be contextualized within the changing political economy both of the nursing sector and of immigration policy, in order to understand how and why a particular subset of workers, with valuable and much-needed skills, are subject to racialized discrimination, and, as importantly, why foreign nurses don’t like to “say racism.” This understanding goes deeper than remarks

by policymakers, media, or employers that Nova Scotia is inherently and simply "racist" or "backward," which I examine below. I adopt the theoretical perspective that racism is not just a separate ideology, adhered to by ignorant and backward provincial folk, but rather a "social relation of oppression" leading from profitability, imperialism, and "the efforts of members of dominant groups to preserve their advantages relative to the racially oppressed."¹¹ All these dimensions are relevant to the experience of foreign nurses, given the fact that India and the Philippines, the two major countries of origin of these nurses, are both former colonies, and the study of the colonial history of nursing in these countries clearly shows the export of migrant nurses to developed countries to be deeply embedded in colonial consciousness and practices.¹² Examining the temporary foreign work programs as a particular sort of labour migration policy relevant to the nursing sector further demonstrates its profitability and capacity to uphold the privileges of socially dominant classes while exacerbating fissures among racialized foreign workers and local, Canadian-born workers, to the detriment of worker solidarity.

It has been argued that the near-constant flow of foreign workers from the Global South to the North, and their tense juxtaposition with the local workforce, creates a "reserve army of workers" whose presence keeps wages down.¹³ By giving local, Canadian-born workers access to certain privileges and rights denied to foreign workers, the divide between workers is maintained along racialized and nationalistic lines, even though both immigrant and non-immigrant workers have essentially the same relationship of exclusion from ownership and control of the means of production and the labour and commodity markets. However, local and non-foreign workers may see immigrant workers as "alien intruders who pose an economic and social threat."¹⁴ I would add to this analysis that the presence of foreign workers in the labour market also works as a control mechanism of the Canadian-born workforce. The "threat" of takeover of local jobs by foreigners (a fear fanned by recent controversies surrounding temporary foreign work programs in Canada) inevitably creates a more insecure local workforce. Although immigrant and local workers have historically had a fraught relationship, this has not prevented them from working together and creating working solidarity and resistance

11. David Camfield, "Elements of a Historical-Materialist Theory of Racism," *Historical Materialism* 24, 1 (2016): 32–33, doi:10.1163/1569206X-12341453.

12. On India, see Margaret Walton-Roberts, "Contextualizing the Global Nursing Care Chain: International Migration and the Status of Nursing in Kerala, India," *Global Networks* 12, 2 (2012): 175–194, <https://doi.org/10.1111/j.1471-0374.2012.00346.x>; on the Philippines, see Catherine Ceniza Choy, "Nurses across Borders: Foregrounding International Migration in Nursing History," *Nursing History Review* 18 (2010): 12–28.

13. Stephen Castles, *Ethnicity and Globalization.: From Migrant Worker to Transnational Citizen* (London and Thousand Oaks, California: SAGE, 2000).

14. Castles, *Ethnicity and Globalization*, 38.

to exploitative employer practices at key moments in labour history.¹⁵ Such instances illustrate the destructive, divisive quality of the construct of “race” in labour relations, while vividly depicting our human capacity to rise beyond it and achieve solid results for workers both foreign and local.

In the Canadian context, the “making” of migrant workers has been a key aspect of public policy. The increasing presence of temporary foreign workers in Canadian labour markets is more than the manifestation of the relationship between the “labour aristocracy” and the “industrial reserve army,” in Marxist terms. Rather, it is a specific instance of Canadian public policy that legitimates and strengthens nationalistic practices and discourses. The situation of migrant workers as “unfree,” as opposed to the “freedom” afforded to citizens, and the acceptance of such “unfree” employment practices by a supposedly liberal society such as Canada, is based on rendering the lived experiences of migrant workers “invisible” through practices of nationalism, racism, and sexism.¹⁶

In the nursing sector, the hiring of temporary foreign workers has been called a “band-aid” to cover the damage done to nursing labour by the neo-liberal restructuring which has been ongoing for four decades.¹⁷ Temporary foreign nurses are considered “superexploited.”¹⁸ That is, they are exploited because of their profession, which is already devalued, defunded, and casualized, and they are further exploited because of their temporary status and the attendant challenges associated with that particular form of precarity.

In this precarious health and migration landscape, the “push-and-pull” experiences of foreign nurses on temporary permits in their new communities should be theorized in a more complex light and not just dismissed simplistically as the backward reactions of local Nova Scotians, characterized as “lazy,” “poor,” and “racist” by some journalists and policymakers.¹⁹ This “laziness” in turn “justifies” the turn to temporary foreign workers. Rather, these experiences should be studied as symptoms of a political economy regime governing temporary migration and restructured health care in a racialized manner that fosters local hostilities and job rivalries, negatively affecting worker solidarity

15. Jason Foster, “Solidarity on the TransCanada: The Role of Immigrant Activism and Innovative Union Tactics in the 2005 Lakeside Packers Strike,” *Labour/Le Travail* 78 (Fall 2016): 197–218.

16. Nandita Rani Sharma, *Home Economics: Nationalism and the Making of “Migrant Workers” in Canada* (Toronto: University of Toronto Press, 2006), 6.

17. Grinspun, “Part-Time and Casual Nursing Work.”

18. Salimah Valiani, *Rethinking Unequal Exchange: The Global Integration of Nursing Labour Markets* (Toronto: University of Toronto Press, 2012), 91.

19. John Ivison, “Don’t Blame Foreign Workers When the Problem Is Locals Who Prefer EI over Working,” *National Post*, 5 April 2017, <https://nationalpost.com/opinion/john-ivison-dont-blame-foreign-workers-when-the-problem-is-locals-who-prefer-ei-over-working/>; policy analyst at Nova Scotia Office of Immigration, interview by author, August 2016, Halifax.

and the development of a healthy workplace. The particular characteristics of Nova Scotia as a province gives an edge to this, as discussed below.

Contextual Factors: Foreigners and Health Care in Nova Scotia

I'm desperate for a full-time RN. We have one who visits us [on an hourly basis], but it's not enough. We haven't had [a] full-time [RN] for a long time now.

— manager of a residential care facility in rural Nova Scotia

NOVA SCOTIA, A PROVINCE on the East Coast of Canada, faces the challenges of a dwindling and aging population. Historically it has been one of Canada's most impoverished and rural provinces, and currently it faces an ongoing demographic decline – all factors affecting its healthcare workforce.²⁰ This poverty dates back to the late 19th century and the investments of the federal government in manufacturing in central and western Canada, followed by systematic de-industrialization of the eastern provinces through the 20th century, a manifest illustration of the uneven development of capitalism in a developed and technologically advanced country. These processes continue to mark Nova Scotian communities up to the present day.²¹

Policymakers and academics consider migration as a solution to current and foreseen labour shortages.²² The recently launched Atlantic Immigration Pilot Program is an example of a policy initiative, promising to process 2,000 applications for immigration to the region. Such initiatives have contributed to a generally increasing amount of immigration (both temporary and permanent) to the province over the past decades, and the Nova Scotia Office of Immigration (NSOI) acknowledges that immigration is the biggest factor in the modest increase in population over 2016–17. Temporary migration, which is the focus of this article, has also been steadily on the rise, with 2017 witnessing a record high of 19,119 non-permanent immigrants residing in the province.²³ However, Nova Scotia has found both the attraction and the retention of immigrants challenging in the recent years, and while various government

20. Shiva Nourpanah, Ivy Bourgeault, Lois Jackson, Sheri Price, Pauline Gardiner Barber & Michael P. Leiter, "Intersecting Policy Contexts of Employment-Related Geographical Mobility of Healthcare Workers: The Case of Nova Scotia, Canada," *Healthcare Policy* 14, 2 (November 2018): 12–21, doi:10.12927/hcpol.2018.25690.

21. Evangelia Tastsoglou, Barbara Cottrell & Alexandra Z. Dobrowolsky, *The Warmth of the Welcome: Is Atlantic Canada a Home Away from Home for Immigrants?* (Sydney: Cape Breton University Press, 2015).

22. A. Marguerite Cassin, "Immigration, Integration and Settlement in Nova Scotia: Provincial Perspectives," in John Biles, Meyer Burstein, James Frideres, Erin Tolley & Rob Vineberg, eds., *Integration and inclusion of newcomers and minorities across Canada* (Montréal and Kingston: McGill-Queen's University Press, 2011), 301–323.

23. Nova Scotia Office of Immigration, Nova Scotia Population Estimates as of July 1, 2017, (July 1, 2017).

initiatives have succeeded in boosting immigration numbers, keeping immigrants in the province is a different matter.²⁴

The struggles of immigrants and newcomers to find acceptance and belonging in the region has been discussed extensively.²⁵ Foreign students in Nova Scotia report that they have experienced racism, further exacerbating challenges around retention and integration of newcomers.²⁶ An official from the NSOI acknowledged that their office receives many letters and complaints from people who feel frustrated by what they see as an extended government welcome to immigrants in an economic climate where native-born Nova Scotians are struggling with poverty and unemployment.²⁷

The nurses interviewed for this project describe racially charged interactions and their tactics for dealing with them in some detail, vividly depicting what they experience as a contradictory push-and-pull. On the one hand, they are needed and, once here, are absorbed into the workforce with little difficulty, albeit not at their desired skill level. On the other, they continue to be treated with hostility and suspicion. The quote below, from a manager of a nursing home in rural Nova Scotia, typifies some of these tensions:

We've stopped hiring foreign nurses. They use us as a stepping stone to the cities, once they've been here for a while and get their papers. They can't really settle in here. We've made an agreement with NSCC [Nova Scotia Community College] so they [are going to] come out and train 40 CCAs [Continuing Care Assistants] locally, there's a lot of interest, and I hope that will work better.

Bitter, Old-Fashioned, or Simply Racist?

THE CONTEMPORARY POLITICAL economy of migration and health care is thus shaped through, and profits from, the mutual sense of unease or even horror that may exist between foreigners and their host society, described eloquently by scholars such as Julia Kristeva and Zygmunt Bauman.²⁸ Systematic and institutionalized racism may exacerbate, or be exacerbated by, such

24. Aly Thomson, "More Immigrants Coming to Atlantic Canada, But Retention Rates Low: Report," *CBC News*, 13 January 2017, <https://www.cbc.ca/news/canada/nova-scotia/atlantic-canada-immigration-report-1.3933947>.

25. Tastsoglou, Cottrell & Dobrowolsky, *Warmth of the Welcome*.

26. Michael Lightstone, "Nova Scotia Still Far Too White," *The Coast*, 12 November 2015, <https://www.thecoast.ca/halifax/nova-scotia-still-far-too-white/Content?oid=5046312>.

27. Remarks made at "Express Entry at One Year," public event hosted by the Atlantic Research Group on Economics of Immigration, Aging and Diversity, Saint Mary's University, Halifax, 29 March 2016.

28. Julia Kristeva, *Strangers to Ourselves* (New York: Columbia University Press, 1991); Zygmunt Bauman, "Modernity and Ambivalence," *Theory, Culture & Society* 7, 2/3 (1990): 143–169.

feelings. "Saam,"²⁹ a male nurse interviewed in April 2015 in Halifax, recounted a brilliant vignette perfectly encapsulating this sense of unease:

We were at a shop – a group of us, all Indians, and we made some joke and we were laughing – and then I saw the cashier's face. She looked really uncomfortable, and I had to tell her, you know, reassure her, look, we are not laughing at you! It just some, insider joke, you know! Because from the look on her face, it looked as if she felt we were laughing at her! I just had to explain to her! And I was thinking, maybe we shouldn't laugh so loudly, in our own language, of course that would make them uncomfortable.

"Robert" was once a temporary foreign nurse in Nova Scotia, but a few years ago, realizing the opportunities and demand for foreign nurses in the province, he started his own home care and healthcare worker recruiting agency. He established links with a nursing college and the department of labour in Jamaica, flying there personally to conduct interviews with applicants and select successful candidates. He oversaw the migration papers of selected nurses and assisted with their arrival and accommodation in Halifax. Once he placed them successfully in full-time healthcare jobs, either in his own home care company or elsewhere, he continued with the regular recruitment and employment of foreign nurses. Soon he realized that temporary foreign workers from the Philippines would be easier to recruit and employ, because of the constant racism encountered by Jamaican nurses. He has encountered clients who specifically request no black nurses.

Robert also claimed personal experience of ethnic discrimination. As a successful white male entrepreneur, and of the European ethnic origin commonly associated with settling in Nova Scotia historically, he would not be usually considered as the member of target groups on the receiving end of discriminatory comments. Nevertheless, he confirmed that "almost every day" he has to deal with some reminder that he does not belong to Nova Scotian communities and he is a "come from away": "I actually thought of trademarking that phrase and printing it on T-shirts – I would definitely wear one proudly! But somebody beat me to it. The phrase is already trademarked." He continued, "The most annoying thing is, I just open my mouth and talk to people, in professional settings, people I've never met and don't know, and they immediately start mimicking my accent back to me and laughing! I find it highly disrespectful." The term "come from away" has indeed attracted a fair amount of controversy in the region, where – along with the phrase "Who's your father?" – it became shorthand to reflect the "clannishness" of Atlantic Canada, and Nova Scotians in particular, with one somewhat short-sighted, though presumably well-intentioned local politician actually suggesting "banning" the term from local vocabulary.³⁰

29. Pseudonyms are used for foreign nurses throughout the article.

30. Jesara Sinclair, "Should the Term 'Come from Away' Be Banned? Here's What You Think," *CBC News*, 8 July 2016, <https://www.cbc.ca/news/canada/prince-edward-island/pei-come-from-away-offensive-1.3670888>.

Robert became an RN in his birth country, attracted by the prospect of international travel offered by this profession. He worked in the nursing profession in more than eight countries before choosing to settle in Nova Scotia, for family reasons and to be close to his country of origin. His experience of entering the profession in the province thus has a comparative aspect, and it recalls the comments made above about Nova Scotia's problematic history with racism and diversity:

The paperwork for Canada was the most complex. ... In general, the process for moving to Nova Scotia and becoming recognized as an RN is the most expensive, the most laborious, and the most difficult to achieve. I can only conclude that despite the rhetoric, Canada and Nova Scotia in particular don't really welcome immigrants.

Robert did not attribute the complexity and difficulty of gaining residence and professional recognition in Canada to "unfairness" or inequality, as did the nurses interviewed who originated from the Global South, but as an iteration of exclusivity, traditionalism, and almost simple dislike of foreigners. He considers Nova Scotia to be "bitter," conservative, clinging to "old-fashioned ways," and averse to change and to foreigners. In his interview, in October 2015, he went on to compare the racism he encountered elsewhere with what he tolerated here:

I believe there is a unique form of racism here, which is quite different from what I have seen, for example, in the Middle East. While in Saudi Arabia, health care is also largely occupied by foreign workers, due to lack of local skills, yet locals see themselves as a distinct social class, and do not really interact with the foreign workers in the same way as in NS. Here, there is a bitterness to the interactions with foreign workers, as the locals somehow believe the foreigners are "taking their jobs away."

Robert's experience of local mockery is not to be compared with the systemic racism endured by black nurses. His experiences have not prevented him from establishing and running a successful healthcare business, thus placing him in a position of power and privilege vis-à-vis the foreign nurses he employs. The overall point, however, resonates: Nova Scotians may act "bitterly" toward outsiders.

The complexity and intransigence of the procedures that the nurses have to follow in order to become licensed to work at the skill level they had trained for in their countries of origin, together with the demands of keeping their residence and work permits valid, represents a further dimension of hostility and "un"-welcome experienced by the foreign nurses. "Meran" was an RN in her country of origin, with a master's degree in nursing and many years of nursing experience. She is frustrated by the variety of seemingly unreasonable and arbitrary bureaucratic requirements she has to meet before she can practice as an RN. Her International English Language Testing System (IELTS) fell short of the required score by 0.5, and she was also told to re-take the IELTS. She did so, complaining that "they tell me it is to support the public, I respect that, but I don't understand. I can converse with a family, with residents. I don't think

the 0.5 will make a difference. I don't understand why they are so inflexible." In wrapping up her story, Meran echoes other interviewees:

All these struggles that I have ... I can see they have a shortage here. Nova Scotia is experiencing a shortage for nurses and there are a lot of people back home who want to work, to enter. But why make it so difficult? All these documentations, all this back and forth. Something has to be done with all these policies. I don't think it is done fairly [with] all these courses.

In the words of "Ava," a nurse from the Philippines: "My concern is about nursing, it is very hard. Why all the changes? When there is a lot of nurses [in the Philippines] why would you make it harder [for us] when you need us?" "Naim," a male nurse from India, articulates similar feelings – in much stronger terms – regarding what is seen as a mismatch between the need for nurses and the way they are treated:

If they really want [us], if Nova Scotia really wants [nurses], if they really have shortage, look, there are so many people around you, they are not asking for much, just to be here. Why is there such a big deal? Just recently, my friends had to return [to India] because the employer would not support them [for the Provincial Nominee Program]. Just recently, I told my family members do not come here. Your skills, your education will be worthless, your qualifications like a piece of garbage. It is self-degrading.

There is an articulated feeling that all these hoops through which the foreign nurses have to jump before they can practice – the IELTS and the professional recognition system, with all the assessments and bridging courses – are simply "money-making machines," a term used by several nurses in their interviews. Or maybe they are just discrimination against foreigners.

From the point of view of most of the nurses, instances of "direct racism" are not common. Asked point blank whether she has experienced racism, "Tahmina," a nurse from India, shook her head vehemently:

Tahmina: No, this place is lovely [*laughs*]. [I have] never experienced these things here.

Author: And how about outside of the workplace, in town – on the streets, for example, or shops?

Tahmina: Not in Halifax, [I have] never experienced things like that here.

This was a typical reaction. In fact, the nurses often emphasized that their colleagues and peers are generally "lovely." Even though some patients can be "difficult" sometimes, the nurses state clearly that this should not be considered racism, but rather put down to ill health, dementia, or other individual disturbances.

I recounted part of Meran's story above. When narrating the challenges and frustrations she had to face while dealing with the various agencies and bureaucracies, Meran's voice became agitated and noticeably emotional, sometimes high-pitched. Then I asked her about her working relationship with her colleagues and employer. Immediately the tone of her voice became lower

pitched, she visibly relaxed, and she smiled and began to speak in a genuinely warm, affectionate manner:

Meran: Yes, [the employer] really helped me, I have a lot of regard you know for the Human Resources there and all the people who helped me. They supported me, that is how I could get my family here. I was separated from my family for three years you know, and they helped me...

Author: And your colleagues, how would you describe your relationship with them?

Meran: Really good, I really like working there. Of course, when I started there was a little bit of problem [*trails off*].

Author: And how about patients and their families?

Meran: Very good too.

Author: Have you ever felt discriminated against?

Meran: I feel like if I am dealing with 100 people, maybe 20 don't like working with the Indian nurses, and the others accept us. I think now there are so many of us. Last year there were only one or two Indians, now there are 30 or 40.

Meran noticed a similar development in the suburban community where she lives with her husband and children:

[There is an] inflow of East Indians – [a] lot – everybody in health care because they found this place more favourable to immigration. In [our suburb] lots of families are settling – just in my building four or five families arrived recently. Since December we have had five parties, weddings, birthdays. The community life is really increasing here, our culture [is more visible].

Saam's description of his residential community was similar:

[There is] that feeling of belonging, community – [there are] a number of us from [province of origin in India] – you come out to the community – you can mingle with people from your own place. You get to know those people from church, friends of friends ... even games, if I wanted to, I have that option to go and play cricket on the weekends!

The sense of community extends to the workplace, but barely. Saam struggled to put his finger on what he feels exactly is going on when asked about racial discrimination. Unlike Tahmina, he did not deny that "it" exists, but found it was hard to describe:

Saam: Nothing major, you know. The only time ... [*pauses*] I have a lot of patience, and I can tolerate, I have pretty good relationships, overall.

Author: So how would you describe these relationships?

Saam: Umm. You are always a foreigner. And you are always somebody with a stupid accent, who is funny. Who is, like, what you say, not like the others. Because you come from India. The land of elephants and jungles and you are uncivilized. Some people think like that, not everybody. A considerable number of people think that way, and although they don't say it to your face you can feel it from time to time. From everybody – doesn't matter. Sometimes from staff. Sometimes from families. Because they don't see you. ... There are people who respect you, who look at your qualifications, who don't think about your ethnicity or background or accent or anything like that. But there are people who don't take directions very

well from you. Although you are the boss, they think they are local, and so what do you have to do with us – you are an immigrant.

He is describing a tense hierarchy: he is the RN and head of a "floor," directly supervising all those who work on that floor. But because he is a foreigner, he finds that locals who are his subordinates in both the professional and the administrative hierarchy are reluctant to take direction from him. Later in the interview, I asked him if he would leave Halifax. He sighed and said, "Yes, to a place where there is no racism, and no winter, and low taxes." He laughed. "Such a place doesn't exist, right?" A place without racism is construed as a fairy tale – racism being as natural and unavoidable as winter, or high taxes.

"Camilla" noticed a similar dynamic with her peers as that described by Saam: "Some of them act like a boss – explaining things [to me]. Look, I know how to do my job, OK. You are not my supervisor. You do your work, I'll do mine, if you need my help, I'll help you." She observes that patients seem to react to a certain negative stereotype of the Philippines:

Some say to me: You come from Philippines? And then they hold their fingers up, pretends to shoot bang bang bang [*mimes shooting motion with her hand*]. But with patients – it's often dementia.

In a similar vein, "Calumpang" said, "Not racism, but, maybe some kind of racial discrimination? Especially when you are new and it feels like they are not quite comfortable with you. But I am seeing clients who I was seeing from the beginning I came here, and you know, they adjust to you." As mentioned, the nurses interviewed were generally able to rationalize direct racism from patients as dementia or ill health, and they "deal with it." As Meran said, "[We] talk to them, [we] don't take it personally, they are old-aged. You have to take it as dementia." "Amur" thought that "some people just don't like foreigners," but other than that, he said, "it's all good." "Ruby" denied that this is racism at all:

Some residents are not really racist, but [use] abusive, abusive language. For example, some people don't like brown skin, they use bad words. The only thing is to just avoid. Just avoiding what they are saying. Not avoiding themselves, but what they are saying.

Ruby noticed similar aversions in families of patients, but again, markedly refrained from calling it racism. Instead, she displayed empathy:

Sometimes, the families would rather talk to a white person. They prefer that. I don't blame them. If I go to my home, and there are foreigners there, I want to talk to people from my place.

Naim develops a vivid metaphor, reminiscent of colonialism, in his articulation of racial discrimination:

My experience, as a foreigner, is good. I am more of a team worker, rather than a foreigner. On that basis it's good. But there are problems, as a foreigner. Not always, sometimes. Maybe most times? It's like, you see, there is an island. And there is somebody on the island, who says, this island belongs to me. And then ten years pass, and another guy comes along and says, this island belongs to me too! So basically this is the situation. It's nobody's island. It's alright.

Naim humorously remarked that he finds “people of colour to be the most racist, honestly!” He went on to explain:

White people make more effort to be sensitive, you can see the pressure on them! But for people of colour, there is no such pressure! White people are so worried about racism, they cannot say the colour of a dog! If you say a black dog, they say this is racism! *[laughs]*

Naim does not want to spend his free time with expat associations, explaining that he feels the activity organized by these associations “isolates us more,” and he makes a point of stating that he likes to mingle with local people or non-immigrants. He notices a significant difference in how he is treated at work and outside:

And then you see, maybe 3 percent? Really racist people. You see it when you go outside. ... But outside work – I socialize. We go to a bar, and they say – there you are my [n-word]. And I’m like yup. You just said that. I’m Indian!!

Overt racism and racial discrimination is, of course, against the law, and the nurses describe attending workshops held by management intended to promote and embrace diversity and multiculturalism. In the Halifax nursing home where I volunteered, artfully designed posters celebrating a diverse workforce hung on many walls. I assisted residents in attending a “multiculturalism event” there, at which residents, their families, and nurses performed elaborate cultural dances, poetry reading, and music to great acclaim. All nurses interviewed told me they were aware of their workplace policies that were meant to combat racism. They all agreed such policies were good and necessary, and yet, as “Nina” said, “There are policies [multiculturalism, anti-racism] but the thing about discrimination, ahhh, [it] doesn’t look like very obvious. How can they take that policy to action? If it is clearly [a] hundred percent obvious, I can document it, but when it is not, what can I do?”

As Pamela Sugiman notes, in her history of race relations in an Ontario auto plant in the late 1930s and 1940s, “It is impossible ... for a ‘visible minority’ to achieve invisibility or complete assimilation.”³¹ The individual strategies deployed by black workers to maintain dignity against a consistent flow of covert and overt racism both inside and outside the workplace, and their attempts at deflection through camaraderie and humorous embracing of stereotypes and slurs, taking place against a backdrop of labour fluctuations and unease, are similar to what is described by the nurses interviewed here. Although the point made above about the specificity of time, place, and sector remains, the narratives of ethnic minorities, foreigners, and immigrants make it possible to trace the broader ways in which racialized dynamics play out in workers’ consciousness in a labour-unfriendly context.

31. Sugiman, “Privilege and Oppression,” 112.

Conclusion

MY RESEARCH PROVIDES insight into the evolving diversity of the nursing sector, in that it gradually moves away from the stereotype of a feminized occupation mostly populated by white middle-class women and showcases insights from female and male nurses from different ethnic and national backgrounds.³² I further elaborate on the racialized attitudes faced by foreign nurses, which can be attributed to a complex mixture of factors: the historical marginalization of the province resulting in widespread relative impoverishment and labour shortage; everyday and systemic racism; and a precarious and divisive workplace resulting from inequitable policies. These policies, informed by an overarching adherence to the ideology of neoliberalism and the attendant restructuring of public services, have manufactured labour shortages in the healthcare sector through the casualizing and defunding of previously stable positions. The construction of a racialized group of temporary foreign workers within the working class who are denied access to certain rights and privileges of the citizenry is a manifestation of a changing immigration policy that is tailored to the demands of this political economy.

In this precarious labour landscape, local communities welcome foreign nurses with an uneasy mixture of suspicion, discrimination, and need. My research reveals the fractures between foreign and local or Canadian-born workers in health care; each group is treated differentially, with different structural relations with employers. The fact that employers are able to import a raft of foreign workers on temporary permits, who are subsequently beholden to them in a variety of structurally imposed ways and are scared, or at best reluctant, to engage in labour action, does not just affect the labour relations and workplace environment for the foreign workers. It also has a subtle disciplining effect on the local Canadian-born workforce, who are liable to express misplaced "bitterness" toward foreign employees, considered more pliable, more willing, and more hard-working. Despite the federal process in place that is supposed to ensure that no Canadian workers (either citizens or permanent residents) are available for jobs for which foreign workers are hired (a process strongly resisted and complained about by the employers),³³ temporary foreign work programs are perceived by some as "foreigners taking the jobs of Canadians."³⁴ In workplaces where foreign and local workers encounter each other, the differential treatment described above makes the possibility

32. Rita Carty, "The Changing Face of Nursing," *Journal of Professional Nursing* 18, 3 (2002): 117.

33. Observation made by author during "Reforms to Express Entry Consultations," an event hosted by Citizenship and Immigration Canada, 26 July 2016, with the participation of employers from across the country.

34. Alberta Federation of Labour, "Temporary Foreign Worker Program Displacing Canadians," n.d., http://www.afl.org/temporary_foreign_worker_program_displacing_canadians.

of developing amicable, tension-free relations low. Despite the official stance of promoting diversity and multiculturalism in the workplace, the management shows little inclination to tackle the pattern of covert racism constantly encountered by foreign nurses. The obstacles against developing strong labour solidarity and healthy collegial relations in such a workplace are considerable. Incidents of “everyday” racism in the workplace add to the sense of divisiveness, which is not alleviated either by the disinclination of management and the local, Canadian-born workers to confront racism or by the understandable willingness of foreign nurses to maintain a smooth and conflict-free relationship with their employer. The policies governing the conditions of their work and residence in Canada render temporary foreign workers beholden to their employers for their residence, in a manner that local workers are not, and creates this willingness to avoid conflict and confrontation with their employer.

The bitterness and hostility fostered by these divisive policies are not applicable just to this particular workforce. Rather, they are an example of the broader processes of global political economy, which pits people against each other in an insecure and racialized labour climate to the advantage of those in positions of power and privilege. In the words of Nina Glick Schiller, these are processes that affect “the quality of life of natives and migrants alike.”³⁵ As states restrict their services and rights for their citizenry, recasting citizens as consumers “enmeshed in cultures of consumption rather than forms of social cohesion,” it becomes increasingly convenient to frame foreigners as the source of disruption.³⁶

Applying simplistic labels of racism, traditionalism, backwardness, and laziness to marginalized and impoverished local communities to characterize their dealings with temporary foreign workers does no favours to either local or foreign workers. These labels divert attention from the problematic increase of socioeconomic inequality and labour precarity, and they mask the real issue: not the hostility of local workers toward foreign workers, but the hostility of the overarching political economy regime toward the human security, welfare, and dignity of all workers.

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35. Nina Glick Schiller, “Migration and Development without Methodological Nationalism: Towards Global Perspectives on Migration,” in Pauline Gardiner Barber & Winnie Lem, eds., *Migration in the 21st Century: Political Economy and Ethnography* (New York: Routledge), 38–63.

36. Glick Schiller, “Migration and Development,” 55–54.