

# Creating a transnational labor chain between Eastern Europe and the Middle East

A case study in healthcare<sup>1</sup>

*Heidi Bludau*

## Introduction

With healthcare worker shortages increasing globally, a need for a migratory healthcare workforce has arisen (Buchan 2006; Kingma 2006; Ross, Polsky, and Sochalski 2005; Zulauf 2001). Countries such as India and the Philippines have long been involved in this practice and even operate state-run employment services to place nurses in countries such as the United States, the United Kingdom, and Saudi Arabia. In the last decade, healthcare workers from Central and Eastern Europe have also been recruited for this work, and are increasingly discovering the opportunities available to them as in-demand, mobile professionals. Since 2000, Czech recruiters have created a niche for themselves built upon interdependencies with the clients in their migration chain. This particular chain connects Czech recruiters and healthcare workers and Middle Eastern healthcare facilities. Currently, two Czech firms, Care4U and Nursematch, operate in this chain.<sup>2</sup>

---

1 This paper is part of a larger ethnographic project funded by a Fulbright-Hays Doctoral Dissertation Research Abroad grant, as well as small research grants from Indiana University.

2 Care4U and Nursematch are pseudonyms as are the names of all individuals.

This article uses Care4U and Nursematch as case studies to examine the role of recruiters in healthcare labor migration. Looking at the development and maintenance of the firms as migration channels, I argue that patterns of global labor migration are not merely random networks of »global circuits of labor« (Guevarra 2010, 89), but negotiated chains of transnational labor capital that recruitment firms create, manage, and maintain. I define recruiters as culture brokers who create, foster, and preserve migration chains that provide them with lucrative business opportunities. The migration chains they create are transnational, anchored both in the origin and in the receiving countries, and are dependent upon the cultural-political projects of each nation (Kearney 1995). Using ethnographic data, I illustrate how recruiters influence migration trends in three primary ways: First, they create the migration chain, then they create the desire to be part of that chain, and, thirdly, they facilitate movement along the chain. Each stage is brokered and negotiated through the use of first and second order resources.

### **Recruiters: Migration channels and culture brokers**

Recruiters are literally and figuratively at the center of healthcare migration. Although most international migrants depend on some type of intermediary (e.g., recruiter, family member or trafficker) to help them find employment and housing abroad (Findlay and Li 1998, 682), in the past few decades, for-profit mediation has become the main channel of healthcare migration (Ball 2004). However, fully functioning migration chains do not simply appear. Recruiters generate them through a series of activities that involve creating the chain, creating the desire to be part of this chain and facilitating movement along the chain. Every step of the way, a variety of resources are continually brokered and negotiated. Moreover, recruiters shape the flow of international migration. They not only introduce the idea of migration to potential migrants, but also affect how and where they go. For example, when European markets are unavailable to Czech nurses, recruiters direct migrants to the Middle East.

Acting as channels, recruitment firms construct and shape a number of elements, including information systems between source and destination countries, entry points to foreign labor markets, and even motivations (Findlay and Li 1998, 685). Migration channels are social institutions that not only reflect the existence of a system of migration processes, but are responsible for structuring and defining that system (Guevarra 2010; Findlay and Li 1998).<sup>3</sup>

These firms are the key to »seeming paradoxes« regarding timing and routes of migration (Piore 1979, 24)—such as why Czech nurses go to Saudi Arabia. Channels operate selectively, as each affects specific regions of origin and destinations (Findlay and Li 1998, 683). Using Umut Erel’s concept of migration-specific cultural capital (Erel 2010), I suggest that recruitment firms are a form of migration-specific *social* capital that is articulated transnationally through the creation and maintenance of migration chains.

Recruiters create and manipulate migration chains by brokering cultural, social, and financial capital between migrants and foreign employers, offering themselves as intermediaries. As channels, recruitment firms do not merely connect two ends, or points, of a system, but often serve as central hubs connecting multiple points to one another, and aim to convince each side that they have common interests (Bailey 1969, 167). Healthcare brokering reproduces the gendered and racialized processes embedded within it by shaping and creating a competitive advantage for a particular migrant population (Guevarra 2010), whereby producing care workers for a specific locale (Bludau 2011). Each migration channel operates according to different cultural meanings, which vary depending on destination and desired job. These meanings are both reflected in company recruitment and deployment policies, as well as in the individual ways in which migrants use these channels (Findlay and Li 1998, 700; Constable 2007).

---

3 While the channels in this study are private recruitment firms, other channels include family or social networks, traffickers, and general employment agencies.

Recruitment firms are the primary gateways for individuals who want to work in the international healthcare market. Because healthcare workers must be skilled and licensed, their recruitment is more complex and orderly than that of their unskilled counterparts. Recruitment firms serve as initial clearinghouses for hospitals by verifying that candidates meet the minimum requirements of employment. This process involves a variety of steps, including certifying educational and professional licenses, training candidates to become »global nurses,« and coordinating interviews between candidates and employers. Each hospital system has specific hiring procedures that firms learn to navigate. Once procedures for processing a candidate for one hospital are in place, they are easily replicated with only slight adjustments for each hospital system, making it more cost efficient for hospitals to work through recruitment firms and pay finders' fees rather than work with thousands of individuals. Recruitment firms negotiate placement fees and supplement their income by selling other services necessary for candidate preparation.

Through the activities described above, the recruiters' roles as culture brokers and for-profit intermediaries intersect, and are constantly re/negotiated in their firm's best interest. Culture brokers are intermediaries who control resources while communicating the values of two different societies to members of both. This definition holds true whether the migration process is informal, as in trafficking or personal networks, or official, as in recruitment firms. In migration, cultural knowledge aids in both the pre-migration and integration processes. Recruiters help actors on opposing ends of the channel negotiate divergent meanings and behaviors. For instance, firms may offer interview training, including mock interviews that both evaluate the candidate's readiness and provide an opportunity to practice and more fully understand culturally appropriate behavior.

Culture brokering is based on typical patronage relationships that negotiate the allocation of resources. The roles of broker and patron can be united in one individual or firm. One example is the »ethnic entrepreneur« who accentuates shared ethnic symbolism in order to bolster his or

her position (Brettell 2003, 128). Recruiters act as patrons by directly controlling first-order resources such as jobs, money, and specialized knowledge. They act as brokers when dispensing second-order resources or strategic contacts with patrons (Boissevain 1974, 147). While there is no archetype of a recruiter, successful recruiters are good salespeople and have some sort of global experience. Recruiters are primarily entrepreneurs who build and manage »an enterprise for the pursuit of profit« (Boissevain 1974, 147). In the course of this pursuit, they must be innovative and take risks in order to stay ahead of the competition. Similar to recruiters, consultants and teachers at recruitment firms are also brokers of sorts. »Recruitment agencies typically hire brokers with overseas work experience as a way of connecting with prospective applicants and responding to myriad concerns that can be best addressed by those who share similar experiences (Guevarra 2010, 116).«

Embedded in this process are three basic conditions that must be met if recruitment brokering is to be financially feasible as a career and as a business: centrality, time, and power (Boissevain 1974). The centrality of the broker is fundamental to creating, and maintaining, a migration chain. Migration depends upon dynamic social networks in which recruiters hold a fixed position and therefore act as a central node of transaction. In healthcare migration, the chain can be relatively short with only three nodes—migrants and employers at either end and recruiters in the middle. However, migration is not a linear process. Positioned in the center, recruiters control resources that move in multiple directions. Their power arises from their ability to manipulate various networks and maintain their positions at the center of migration activity. In the pursuit of power and prestige, individuals must employ social capital to achieve objectives, which in turn creates new (or strengthens previous) coalitions (Boissevain 1974, 8). Recruiters must also have the time to devote themselves to the management of social relations and of the other resources under their control. Having more time to spend on these activities enables a recruiter to increase his or her assets. Therefore, we can define recruitment brokerage as the acquisition of power, pres-

tige, and wealth by means of transactions and the exchange of resources between various parties.

As intermediaries, recruiters are in a vulnerable position, dependent on both sides of the supply and demand chain. They have to ensure that their »products«—the migrants—are of sufficient quality to satisfy the demands of the foreign employers. Findlay and Li's (1998) migration channel framework allows us to define the roles of recruiters: their motivations and practices, how their firms operate and function as migration channels, and why they are necessary to the operation thereof. This can help us to understand how recruiters influence the migration chain through their multiple positions in the migration process and through their maintenance of those positions as legitimate members of the migration chain. Their tremendous influence on and power over migrants' movements has been a popular subject of migration scholarship and policy (Guevarra 2010; Buchan, Parkin, and Sochaiski 2003; Findlay and International Labour Organization 2002; Abella 2004; Xiang 2006).

### **Methodology**

This article emerged from a larger project that focused on the ways in which migration activities of female Czech healthcare professionals foster respect and professional belonging. I used ethnographic methods, chiefly interviews and participant observation, including electronic correspondence, to collect the majority of data. Data collection took place during fieldwork I conducted in Prague, Czech Republic from 2008 to 2009, with a follow-up period in 2011. During the span of my fieldwork, I met and interviewed nurses at different phases of their migration cycles. I stayed in contact with those I met prior to migration via email and on-line chats. I also maintained communication with key informants, who continue to inform my research. The primary project included 55 individuals who represent a range of migration roles; including first-time migrants, return migrants, repeat migrants, recruiters, and educators.

Participant observation provided the bulk of data for this article. For nine months, I worked as the Education Coordinator at Care4U, preparing rooms for presentations, training, and interviews, and the necessary materials for each. Although I was unable to observe the operations of Nursematch, I was able to confirm that general operating procedures are the same at both companies through interviews with Nursematch staff and migrants. In addition, I conducted a media analysis of both firms' websites. As an employee at Care4U, I observed daily activities and routines, as well as interactions among staff and between staff and clients. During my year in the field, I also observed office interactions at monthly information sessions and trainings. I helped conduct mock interviews, evaluating migrant readiness for employment, and observed hospital recruitment visits during which employer representatives interviewed potential employees at the firm. In addition to attending all activities related to recruitment and training, I was able to observe the organizational strategies utilized by recruiters in practice at weekly staff meetings and in daily interactions with migrant clients. I also had the privilege of seeing Care4U develop from its early stages. I attended its first infosession in 2006, and conducted research in their offices for the six weeks following. Observing the business develop from a fledgling firm to a successful enterprise provided me with unique insight on which to base my analysis.

### **Research context**

The phenomenon of nurse migrants from the Czech Republic provides a useful site of inquiry into transnational labor migration and recruitment for a number of reasons. First is the recent emergence of emigrant opportunities. Almost two decades after the fall of communism, a new generation of East Europeans are now able to imagine migration as a temporary and autonomous state (Morokvasic 2004), and to envision and recognize themselves as possessing global possibilities. Kofman (2005, 152) has shown how skilled women often depend on their social and cultural capital in order to enter the labor market. Yet, despite the real or perceived gender equity achieved during and after socialism, post-

socialist women often still lack the transnational social capital necessary for participation in a global market. This capital was absent in the Soviet bloc during and immediately following communism (Berdahl 1999; Ghodsee 2005) and is still a barrier to migration for many. At the same time, with the spread of technologies and increasingly open borders, both virtual and physical, individuals who formerly lived in limited landscapes controlled by socialist governments now increasingly act within and are acted upon by multiple and interrelated flows of people, images, and ideas. Recruiters are among those actors who capitalize on these freedoms.

Second, nurses are one of the largest groups of migrant professionals worldwide. Saudi Arabia, as one of the world's biggest recruiters of healthcare professionals, provides a rich case study for research on labor recruitment. Understanding how healthcare recruitment works can give us insight into other forms of professional labor recruitment, on which there is limited research. Additionally, exploring practices of professional labor migration out of rather than into Europe also challenges assumptions about the directional flow of migration. Finally, comparison of newly emerging recruitment chains and established channels in such places as the Philippines indicates that the theory driving recruitment is not unique, but operates in the form of global assemblages in which employers, recruiters, and migrants create meaning and significance within the infrastructure of migration (Ong and Collier 2005).

Finally, feminization of the labor market not only means an increase in women in that market, but also the increased commodification of reproductive labor (Parrenas 2012). The globalization of labor, specifically wage and reproductive labor, has given rise to a »global care chain« (Hochschild 2000). Yeates (2004) has suggested that we expand this analysis to recognize the broader context of care work. We need to examine a variety of skill and occupational levels if we are to reflect upon the increase in skilled care migration. Not all care migrants are mothers, the focus of Hochschild's research, and were consequently left out of the original framework of the global care chain. Newer analysis must include

a wider range of spheres of care, as well as more historical context. Most research on the global care chain to date has focused on domestic settings and should be widened to include institutional venues. Nursing is a fitting candidate for this endeavor.

### **Czech firms**

Healthcare recruitment firms were first founded in the Czech Republic in 2000. Previously, Czechs healthcare workers who wanted to go abroad used non-specialized placement firms such as Student Agency, or foreign companies such as East-West, formerly based in Germany. Czech firms quickly learned to provide competitive innovations. Care4U and Nursematch can communicate with their candidates in Czech, widening the population with whom they can work—potential migrants do not need to have a minimum level of English to start the migration process.<sup>4</sup> Czech migrants who have access to channels to other parts of Europe are typically more successful in their search for some sort of employment there, although using a migration channel cannot always overcome barriers such as language or discrimination. Understanding this, recruiters like Nursematch develop chains that work within the system by placing nurses as care assistants in the UK in order to develop English skills before sending them to Saudi Arabia. Care4U and Nursematch also offer specialized medical and cultural training courses that other agencies do not.

On the other end of the chain, Care4U and Nursematch work to build a professional reputation for Czech nurses in the Middle East to increase their attractiveness compared to nurses from other regions. To do so, they work to produce migrants who will meet the needs of the destination (Bludau 2011). For example, Saudi Arabian hospitals seek flexible, hardworking employees docile enough to follow the country's strict rules. Filipino recruitment firms, as well as the migrants themselves, perpetuate the perception of Filipinos as inherently docile and hardwork-

---

4 English is the common language used in Saudi healthcare.

ing (Guevarra 2010). In contrast, Czech firms try to build confidence in their candidates in order to ensure their success abroad. The opposite of docile, Czech recruiters market their candidates on professional strengths such as flexibility and adaptability.

During the time in which I collected data, Care4U had a large staff, including three directors (one of whom is an American and one of whom had lived in the USA) and three to five consultants who had spent time in such places as Germany, Finland, Central America or Ireland. Their instructors had also worked abroad, often in the Middle East, and were usually former clients. The director of Nursematch lived in the United States for over a year. Their experiences abroad demonstrate the success of Czech migrants in a variety of places, helping to alleviate feelings of global isolation.

### **Creating the chain**

Recruitment firms create a transnational chain by building connections between the source population and foreign employers. During this initial period, they must focus on the employers and follow market demands. Currently, Saudi Arabia, like much of the Middle East, imports almost 80% of its nursing workforce (Aldossary, While, and Barriball 2008). Not an obvious partner for the Czech Republic, Saudi Arabia has a high demand for workers. In order to facilitate the ease of movement between the two countries, the Saudi Ministry of Health has approved recognition of Czech nursing licenses. While following market demand, recruiters must also take supply into consideration. When Care4U was starting up in 2006, their original goal was to send nurses to the USA. They soon discovered that few Czech nurses had the English skills and ability to pass the NCLEX, the exam required for a US license. With only one or two viable candidates at most per year, Care4U had difficulty finding hospitals that would contract with them. US visa restrictions added further difficulties. Nursematch had been sending Czech nurses to the Middle East since 2000. Care4U followed their lead, changed markets, and started building their own connections to the Middle East.

To help solidify their central position, recruiters offer first-order resources including specialized knowledge and documentation processing. Candidates pay recruiters for access to these resources. Care4U charges for documentation and legalization, and requires training and visa processing payments totalling a minimum of Kč 11,900 (approximately €465).<sup>5</sup> Although Care4U only has a small profit margin on these services, since they must pay translators, instructors, and documentation fees, offering access to these resources is vital to the operation of recruitment firms. Not only does it further legitimize their positions as central members of the migration chain by demonstrating their specialized knowledge, it also increases the recruiters' power over candidates and unites the two more closely, strengthening the chain. Care4U candidates must pay an initial installment of Kč 2,900 (€113) before they can attend their first training class. An additional Kč 3,000 (€117) is due before the last course. All of this takes place before a nurse is even offered to an employer. At this point, she is deeply invested in the process and has spent the equivalent of approximately one quarter of one month's salary. The final installment (Kč 6,000) can be deferred (for an additional 10%) until after the nurse receives her first foreign paycheck.

One of the more important ways that recruiters broker their cultural knowledge is through training sessions such as Medical English. In these courses, specialized knowledge regarding hospital practices and interview skills are just as important as actual lessons in medical terminology. During this course, Care4U provides a two-page interview preparation handout. This document instructs candidates to learn as much as they can about the position and the hospital with which they are interviewing, as well as to »know themselves,« meaning their résumé. They are instructed to dress conservatively, avoiding flashy jewelry and heavy makeup. The handout also instructs the reader on body posture and language, as well as on how to greet the employer. Self-presentation is a dominant component of the handout. For some candidates, these instructions call for a relatively drastic change from their normal attire. I

---

5      €1 EUR = Kč 25; based on recruitment firm rates in 2008–2009.

have found, both as a mock interview participant and as an interview observer, that following these instructions can make the difference between a successful or a failed interview.

Vilem, a director at Care4U, further uses the centrality of the firm to cultivate social capital and constantly recreate his chains. He understands the importance of being well-connected to the Saudi embassy in Prague. As each new ambassador takes over the post, the envoy who is leaving introduces his incoming counterpart to Vilem, describing him as »the man to go to« for any needs. Vilem views these relationships not merely as business, but as friendships. He described how he had been in a position to help on a number of occasions, especially when the embassy needed health-related services. On the other side, when Vilem needs quick approval of a visa or other paperwork, he can call on his »friend,« the current ambassador, and more easily secure the necessary authorization.

Cultivating these relationships takes time. Since Care4U has a staff of consultants who work with candidates on a daily basis, directors have more time available to develop relationships with individuals or organizations that control necessary resources. Vilem makes regular trips to the Middle East to visit current clients and to acquire new hospitals and clinics as clients. He has the flexibility to arrange his trips to meet the clients' schedules, because the firm can hold events and work with candidates while he is gone.

Creating a migration chain is not a one-time activity. Recruiters and hospitals must continually recreate the social relationships that are the links of the chain through continued actions of trust and legitimacy. Power over first-order resources helps to legitimize brokers (recruiters) in their strategic relationships with patrons (employers). Understanding how Care4U prepares their candidates in specialized classes gives Care4U legitimacy in the eyes of their hospital partners. By dispensing their specialized knowledge, hospitals can trust that Care4U is producing migrants who have a good chance of being successful in their workplaces. The social relationship of the migration chain is then

strengthened through continued successful transactions. Trust is enhanced when recruiters act in the expected manner and deliver the goods they have promised (Boissevain 1974). Care4U is so well-known and trusted to supply suitable job candidates that one of its clients does not even interview their candidates—they merely hire them based on a résumé and the firm's evaluation of the candidate's English. For example, Helena has over 20 years of experience and a master's degree in the much sought-after field of midwifery, but she was not immediately successful on the job market due to poor English skills. However, she benefited from the power that her recruitment firm wields because of their trust-based relationship with this hospital. She arrived in Riyadh in autumn 2010 without interviewing for the position.

### Creating desire

Recruitment firms must also create the desire to be part of their migration chain by spending time using the power of their centrality to influence actions. Even nurses who are considering other migration options may need to be convinced that Saudi Arabia is the right destination for them. In their advertising, recruitment firms frame their services as an opportunity for participants. Care4U asserts that healthcare migrants can become millionaires in one year abroad.<sup>6</sup> They advertise in trade journals and books on life abroad (Ryšlinková 2009). The general public might even read about recruitment activities in newspapers and popular magazines. In May 2011, *Sedm Plus* (*Seven Plus*), a women's magazine, ran a six-page article about the opportunities for Czech nurses in Saudi Arabia, calling it a »gold mine.« A Care4U flyer describes their »wide selection of vacant positions at prestigious hospitals in attractive royal destinations—Saudi Arabia, Bahrain, and Qatar—where many teams are already using Czech and Slovak healthcare workers.«<sup>7</sup> Adjectives such as »prestigious,« »attractive,« and even »royal« induce positive perceptions about locations

---

6 Kč 1,000,000 = € 39,149.

7 All translations by the author.

that may at first evoke negative reactions. Hospital partners are »carefully selected« implying a sense of exclusivity and high quality.

Using a variety of media and other marketing techniques, recruiters must begin selling the destination before they even meet their candidates. Infosessions pick up where advertising leaves off, creating spaces in which candidates can envision themselves in Saudi Arabia, Bahrain, etc. The following vignette illustrates how this process begins:

Jana, a Czech nurse, arrives at Care4U a few minutes after noon. She notices a brightly colored flyer on the window declaring HEALTHCARE-MILLIONAIRE IN 1 YEAR.<sup>8</sup> As she enters, she is greeted and her name is checked off a list of registrants. She proceeds to a modern classroom with long tables and chairs all neatly aligned. Across one side of the room is a row of tables holding refreshments and books on topics such as medical English and NCLEX preparation, a copy of the Koran and photography and travel books about life in the Middle East.<sup>9</sup> A large poster depicting scenes from Saudi Arabia is propped on an easel. On a small table near the door are stacks of *Sestra (Nurse)*, a Czech nursing magazine and partner of the recruitment firm. She is instructed to help herself to refreshments and to take a seat. At 12:30, Jana and the others start a one-hour written English diagnostic exam. After the hour is up, more people start to arrive. A young woman brings Jana some literature—a CD advertising a hospital in Saudi Arabia and a coupon for a discounted subscription to *Sestra*. She looks around and takes note of the other potential candidates. Some are viewing the ongoing slideshow of pictures from hospital visits to Saudi Arabia. Frank Sinatra's Greatest Hits waft from the speakers attached to the laptop at the front of the room. No one seems to notice when his cover of *O Come All Ye Faithful* plays in the middle of July. Instead, they are reading the magazines, flipping through books, talking to each other, and view-

---

8 Original text capitalized.

9 NCLEX is the national licensing exam for nursing in the United States, although Care4U does not currently send nurses to the USA.

ing the slideshow. As Frank sings »come fly away with me,« pictures of hospital units, living accommodations, leisure activities, eating establishments, and multicultural hospital staff flash on the screen for a few seconds, one after another. At 2:00 pm, the directors of the firm enter the room and switch to a PowerPoint presentation, and the informational session truly begins.

The infosession setting can be a very powerful element of creating desire for a destination or lifestyle. Now a nurse is no longer an individual interested in migration, but a member of a community interested in migration. Czech hospitality is extended to candidates through an array of refreshments. Medical texts and books about Saudi Arabia demonstrate connections to a non-Czech environment. The partnership with *Sestra (Nurse)*, a leading trade journal, adds legitimacy to the firm. More importantly, before the infosession even starts, potential candidates are inundated with imagery that reflects a future reality. Photos of real, live Czech nurses living and working in Saudi Arabia, of actual living accommodations, and of tangible work environments compel potential candidates to picture themselves in those very scenes. Even the typically American soundtrack subtly creates a global atmosphere. Simply by attending the infosession, not only their professional careers, but they, themselves, have suddenly become part of something greater.

Without the pull factors mentioned above, few foreign nurses, Czech or otherwise, would venture to the Middle East. However, convinced by recruiters, they decide to try. Recruiters direct candidates to locations they would not have thought of on their own, planting the seed of appealing destinations through their marketing campaigns. Saudi Arabia is a tough sell for recruiters in any country. Religious differences and gender norms and practices make Saudi Arabia an undesirable destination (Guevarra 2010, 109). I observed that in most infosessions with either Care4U or hospital recruiters, candidates who were planning to work in Saudi Arabia often asked about laws or cultural norms that impose mandates on women's appearance and restrictions on their public conduct. Informants often stated that their parents were worried about

the dangers of Saudi Arabia, referencing terrorism and a particular public discourse as regards to the region.

In order to get past personal obstacles to migration, recruiters must use their centrality as cultural brokers and manipulate the rhetoric of migration. Primarily, they use their »ethnic« knowledge of nurse motivations and anxieties, and the local context, to legitimize an atypical act for Czechs—labor migration. Their advertisements speak to the motivations of economic wealth and adventure, stating that migrants can earn a million Czech crowns by working in an exotic location for only one year, in legitimate employment. However, Czechs do not have a large diaspora on which to draw, nor are they known for having a culture of migration such as that witnessed in other national groups, for example the neighboring Poles or Ukrainians, or other careworker populations, such as Filipinos. According to a 2005 Eurobarometer survey on labor mobility in Europe, Czechs ranked lowest for intention to migrate to another country, EU or otherwise (Fourage and Ester 2008). I often asked whether working abroad is typical for Czechs. Most respondents answered that it is not. Sandra's answer is representative:

Most Czechs like to stay here. Many people travel for holidays but they come back and I think ordinary, normal, typical people don't like to change their place for work and maybe it's a problem especially in smaller towns. They don't have work and they don't move to where there is work.

Many added that working abroad is becoming more common in the younger generation. Contracts for Czech workers reflect this characteristic. Vilem explained that they were able to get their hospital clients to agree to one-year contracts for nurses instead of the standard two. He claimed that their nurses do not want to go for two years and would not be willing to accept employment for such a long period. Consequently, recruiters have learned which tactics work best.

More problematic for recruiters is the long history of migration within Czech nationalist discourse. Grounded in the notion of motherland, emigration has often been framed as a moral issue—as a betrayal or as

abandonment of one's nation and consequently one's family (Holy 1996, 65–66).<sup>10</sup> Jarka emigrated in the 1970s, essentially escaping the »gray world« of communism. She returned to stay in 1996, but her reintegration did not go smoothly. She says, »I always feel like I am from the outside. They lived here, their lives, and I lived my life somewhere else and there is a gap in between which you cannot fill. And you can't fill it. It's just the way it is.« She often implied that her family and friends resented her for leaving them and living a different life. At the same time, she constantly criticized »the Czechs,« excluding herself from that identity in an attempt to convince herself that she was justified in her act of »betrayal.« Better known is the heroes' welcome given emigrants who returned soon after the end of communism. However, those who chose loyalty to their adopted countries or criticized Czech attitudes and practices became suspect in their national pride and shunned (Holy 1996, 68).

Reflecting this discourse, recruiters use their cultural knowledge to frame the act of migration as benefitting, rather than abandoning, the nation. Once they have the attention of a potential migrant, Czech recruiters de-emphasize the financial benefits of migration and use another approach—they expand the profits to include the larger national arena. Care4U starts their infosessions by outlining the benefits to the nurses as both individuals and as members of a profession. Their vision is to »increase the competitiveness of [Czech] health professionals in the international market« and to increase »the attractiveness and prestige of the medical profession in our region through foreign work sojourns and applying lessons learned abroad at home.« Using this rhetoric, recruiters place the nurse into a position to help her entire professional field and nation. Working abroad is no longer merely an individual action, but part of a communal action that will make their nation a better place. This notion not only bridges the moral ambivalence between the human right to emigrate and betrayal of the motherland (Holy 1996, 66), but also sup-

---

10 For a more in-depth explanation of the Czech nationalism movement and cultural value; see Holy (1996).

ports neoliberal ideology in which the individual makes the greatest contribution to the general welfare through pursuing her usefulness (Vecerník 1996). Empowering nurses to see themselves as helpers of the whole nation, not merely individuals seeking personal fulfillment, is not only about creating a »specific type of worker and citizen« (Guevarra 2010, 56), but also helps to instill confidence in the candidate.

### **Facilitating the chain**

Recruiters influence migration chains by providing the mechanisms that makes them happen (Guevarra 2010, 89). Firms make it easy to migrate, removing the burden of time and effort needed to research potential employers and destinations. They also guide candidates through complicated application and documentation processes, often providing translations and obtaining stamps of certification from governmental bodies. Finally, they provide instruments of training through which a Czech nurse transforms herself into a »global nurse.«

Power over first-order resources is not only necessary for the re/creation of the migration chain on a daily basis, but is also fundamental to facilitation of the chain. Czech recruitment firms act as links to jobs and hospitals, but they also provide loans and specialized knowledge about success on the global market. Care4U makes a direct offer of delayed payment for expensive items, such as computers or the final payment of processing fees, adding an additional 10% to the total, and indirectly provides contact to foreign employers. As brokers, Czech firms attract clients by establishing themselves as companies able to both sway influential individuals and exploit strategic contacts such as foreign employers (Brettell 2003; Boissevain 1974).

### **Why migrants use firms**

Potential migrants have a number of reasons for using a recruitment firm. Olina, a physical therapist and instructor at Care4U, believes that recruitment firms are beneficial because

they do a lot of work for you. You don't have to look for the hospital, because I had to do quite a lot of work when I wanted to go to Ireland. I had to search for all of the information and so they do this for you. And they also cooperate with the hospitals. I think they cooperate with the good ones with these JCI accredited [facilities].<sup>11</sup> That's a good thing.

Although the firm's advertisement may be what first prompts a nurse to consider herself as a potential migrant, the centrality of the recruitment firm is the prime reason candidates employ them. Recruiters offer their clients a kind of one-stop shopping. In one place, a potential migrant can not only learn about foreign jobs and their requirements, but also gain the skills necessary to make her a viable candidate on the job market, all while having her administrative paperwork organized for her. This information and the services are part of the for-profit component of the recruitment business that necessitates time and a central position.

Document processing is the big draw for candidates. Many tell me that doing all of the paperwork takes too much time and that they would rather pay the firm to do it for them. Even some who have been abroad before are happy to pay someone to do this type of work for them. Others complain that they could have saved the money and done the paperwork on their own, but admit that using a firm does ease the process of going to a place like Saudi Arabia. The role of culture broker is essential to meeting this need of the candidates. In addition to saving them the time and confusion of document processing, recruiters hold a wealth of information about the migration process and destination that most individuals do not have; many nurses commented on the cultural knowledge that recruiters were able to share with them. Recruiters gain this information from a variety of sources, including their own experiences and those of their former candidates. Not only does this information help migrants integrate into the new workplace, real knowledge

---

11 JCI is the international arm of the Joint Commission, an independent, not-for-profit organization that accredits and certifies health care organizations and programs in the USA (Joint Commission 2011).

of and experiences in the foreign destination further legitimize the recruiters. Pavlína discussed how first-person knowledge of the Saudi employers helped her choose between Care4U and Nursematch. She believed that Nursematch was wrong for her because

they are not going to the hospital and checking it, seeing how it looks there and speaking with the manager [...] so I think that is not professional. I like [Care4U] because they know about the hospital, they show photos, and communicate with you when you leave and when you are there and give you help if you need [it].

When I asked nurses whether or not they would still try to go abroad if recruitment firms did not exist, the most common answer was an adamant »no.« This response indicates that they employ recruiters because they are afraid to attempt migration alone. This fear demonstrates a marked lack of transnational social capital due to a deficiency in knowledge of the system or other types of knowledge necessary for going abroad.

Czech healthcare migration patterns demonstrate another reason why recruiters represent a form of social capital essential to full participation in the global migration market. Healthcare workers, especially nurses, have fewer opportunities to develop the social and cultural capital needed to navigate the international labor market while in school. A typical summer activity for young Czech adults is to spend summer holidays working abroad, on brigades or in international camps. Nursing and physiotherapy students must spend their summer holidays in clinical practicums, leaving only a few weeks of break. Olina chose not to use an employment agency when she went to Ireland because she felt comfortable going on her own. During summer holidays as a biology student, before she studied physiotherapy, Olina spent considerable time abroad working in such places as Norway, Germany, and Spain. During this time, she dealt with a variety of experiences that gave her confidence in herself. Individuals who do not have the opportunities to go abroad during summer holidays have fewer opportunities to develop travel acumen

that might help them navigate a foreign market during their professional careers or gain the confidence needed.

### **Why hospitals use firms**

Hospitals worldwide have adopted short-term measures to address shortages (Buchan and Sochalski 2004). Instead of focusing on retention, although Saudi hospitals do offer substantial bonuses for staying, hospitals have put equal if not greater effort into recruiting new employees. They need so many workers, they must be efficient. Candidates from a firm must come to a hospital fully formed, so to speak: their paperwork is in order, minimum requirements are vetted, and they have the recommendation of a recruiter. The hospitals save an enormous amount of time dealing with dozens of recruiters rather than thousands of individuals.

Recruitment firms also help nurses gain the skills needed to more quickly adapt to new environments. Not only must migrants negotiate a bureaucratic system that is new to them, this system is embedded in a different cultural framework and often in a different language. Recruiters, as culture brokers, help their candidates navigate the cultural aspects of the process as well. If recruiters can prepare a nurse for the cultural component of her new job in some way, it aids her adaptation to the new workplace and makes her transition easier, also helping the hospital. She then becomes a good investment for the hospital and has a better chance of completing and possibly extending her contract.

### **Conclusion**

The role of Saudi Arabia as a central destination in the global care chain is key to the specific migration channel discussed in this case. It is not a predictable partner for the Czech Republic, but one that has been cultivated because it is a destination with a labor demand. My research on this chain reveals that transnational labor migration chains and channels do not appear randomly or naturally, but are part of managed strategies for taking advantage of transnational labor capital. Recruitment firms

create particular opportunities for migrants and for themselves as part of these strategies.

In the case at hand, newfound mobility and EU membership planted the seed for potential labor opportunities in foreign countries. However, nurses who seek work in Western Europe often meet obstacles such as language barriers, licensing problems, high costs of living or discrimination, inhibiting their ability to find full employment. Standards for working in Western Europe push nurses out of the market and into another employment landscape (Guevarra 2010; Dunn 2005, 184). Czech nurses read advertisements and magazine articles about working in the Middle East, but see very little about working in other parts of Europe.<sup>12</sup> Instead of entering the informal underemployment market, nurses who want to work as professionals seek another destination, »one that is more ready to consume their labor and better equipped to accommodate their financial, professional, and personal aspirations« (Guevarra 2010, 106).<sup>13</sup> Saudi Arabia has become both the symbol of acceptance and its reality. It is not difficult to see why Czech nurses, if they have an interest in working abroad, are choosing to explore options in non-European destinations.

Recruiters recognize and manipulate these realities through their roles as brokers by creating new transnational chains and markets. Czech recruitment firms advertise job opportunities in the Middle East that contrast with the limited EU markets. They specifically build upon their cultural knowledge to strongly influence the migration chain by first creating it, then building the desire to be a part of it, and finally by facilitating movement along it. Each stage relies on recruiters who spend time maintaining centrality through power over resources.

---

12 Based on a media analysis of advertisements in *Sestra (Nurse)* magazine from November 2008 to October 2009.

13 Underemployment is employment in areas that do not reflect their skills or experience. Nurses who work as care assistants are underemployed.

### References

- Abella, Manolo. 2004. »The Recruiter's Share in Labour Migration.« In *International Migration : Prospects and Policies in a Global Market*, edited by Douglas S. Massey and J. Edward Taylor, 201–11. Oxford: Oxford University Press.
- Aldossary, Ameera, Alison While, and Louise Barriball. 2008. »Health Care and Nursing in Saudi Arabia.« *International Nursing Review* 55: 125–28.
- Bailey, F. G. 1969. *Stratagems and Spoils: A Social Anthropology of Politics*. The Pavilion series: Social anthropology. New York: Schocken Books.
- Ball, Rochelle E. 2004. »Divergent Development, Racialised Rights: Globalised Labour Markets and the Trade of Nurses; The Case of the Philippines.« *Women's Studies International Forum* 27 (2): 119–33.
- Berdahl, Daphne. 1999. *Where the World Ended: Re-unification and Identity in the German Borderland*. Berkeley: University of California Press.
- Bludau, Heidi. 2011. »Producing Transnational Nurses: Agency and Subjectivity in Global Health Care Labor Migration Recruitment Practices.« In »Health and Care Work in Postsocialist Eastern Europe and the Former Soviet Union.« Special issue, *Anthropology of East Europe Review* 29 (1): 94–108.
- Boissevain, Jeremy. 1974. *Friends of Friends: Networks, Manipulators and Coalitions*. New York: St. Martin's Press.
- Brettell, Caroline. 2003. *Anthropology and Migration: Essays on Transnationalism, Ethnicity, and Identity*. Walnut Creek: Altamira Press.
- Buchan, James. 2006. *Health Worker Migration in the European Region: Country Case Studies and Policy Implications*. Copenhagen: World Health Organization.
- Buchan, James, and Julie Sochalski. 2004. »The Migration of Nurses: Trends and Policies.« *Bulletin of the World Health Organisation* 82 (8): 587–94.
- Buchan, James, Tina Parkin, and Julie Sochalski. 2003. *International Nurse Mobility: Trends and Policy Implications*. Geneva: World Health Organization.

- Constable, Nicole. 2007. *Maid to Order in Hong Kong: Stories of Migrant Workers*. Ithica: Cornell University Press.
- Dunn, Elizabeth C. 2005. »Standards and Person-Making in East Central Europe.« In *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*, edited by Aihwa Ong and Stephen J. Collier, 173–93. Oxford: Blackwell.
- Erel, Umut. 2010. »Migrating Cultural Capital: Bourdieu in Migration Studies.« *Sociology* 44 (4): 642–60. doi: 10.1177/0038038510369363.
- Findlay, Allan M., and F. L. N. Li. 1998. »A Migration Channels Approach to the Study of Professionals Moving to and from Hong Kong.« *International Migration Review* 32 (3): 682–703.
- Findlay, Allan M., and International Labour Organization. 2002. »From Brain Exchange to Brain Gain: Policy Implications for the United Kingdom of Recent Trends in Skilled Migration from Developing Countries.« International Migration Papers 43. Geneva: ILO.
- Fourage, Didier, and Peter Ester. 2008. »How Willing are Europeans to Migrate? A Comparison of Migration Intentions in Western and Eastern Europe.« In *Innovating European Labour Markets : Dynamics and Perspectives*, edited by Peter Ester, Ruud Muffels, Joop Schippers, and Ton Wilthagen, 49–72. Cheltenham: Edward Elgar.
- Ghodsee, Kristen Rogheh. 2005. *The Red Riviera: Gender, Tourism, and Postsocialism on the Black Sea, Next wave*. Durham, NC: Duke University Press.
- Guevarra, Anna Romina. 2010. *Marketing Dreams, Manufacturing Heroes: The Transnational Labor Brokering of Filipino Workers*. New Brunswick: Rutgers University Press.
- Hochschild, Arlie Russell. 2000. »Global Care Chains and Emotional Surplus Value.« In *On the Edge: Living with Global Capitalism*, edited by Anthony Giddens and Will Hutton, 130–46. London: Jonathan Cape.
- Holy, Ladislav. 1996. *The Little Czech and the Great Czech Nation: National Identity and the Post-communist Transformation of Society*. Cambridge Studies in Social and Cultural Anthropology 103. Cambridge: Cambridge University Press.

- The Joint Commission. 2011. »About Joint Commission International.« The Joint Commission. Accessed August 18, 2011. <http://www.jointcommissioninternational.org/About-JCI/>.
- Kearney, M. 1995. »The Local and the Global: The Anthropology of Globalization and Transnationalism.« *Annual Review of Anthropology* 24 (1): 547–65.
- Kingma, Mireille. 2006. *Nurses on the Move: Migration and the Global Health Care Economy, The Culture and Politics of Health Care Work*. Ithaca, N.Y.: Cornell University Press.
- Kofman, Eleonore. 2005. »Editorial Board.« *Geoforum* 36 (2): CO2.
- Morokvasic, Mirjana. 2004. »Settled in Mobility: Engendering Post-wall Migration in Europe.« *Feminist Review* (77): 7–25.
- Ong, Aihwa, and Stephen J. Collier. 2005. *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*. Oxford: Blackwell.
- Parrenas, Rhacel Salazar. 2012. »The Reproductive Labour of Migrant Workers.« *Global Networks* 12 (2): 269–75. doi: 10.1111/j.1471-0374.2012.00351.x.
- Piore, Michael J. 1979. *Birds of Passage: Migrant Labor and Industrial Societies*. Cambridge: Cambridge University Press.
- Ross, Sara J., Daniel Polsky, and Julie Sochalski. 2005. »Nursing Shortages and International Nurse Migration.« *International Nursing Review* 52 (4): 253–62.
- Ryslínková, Markéta. 2009. *Česká Sestra v Arabském Světě: Multikulturní Ošetrvatelství v Praxi [Czech Nurses in the Arab World: Multicultural Nursing in Practice]*. Praha: Grada.
- Vecerník, Jirí. 1996. *Markets and People: The Czech Reform Experience in a Comparative Perspective*. Aldershot, Hants, UK: Avebury.
- Xiang, Biao. 2006. *Global »Body Shopping«: An Indian Labor System in the Information Technology Industry*. In-formation series. Princeton, N.J.: Woodstock.
- Yeates, Nicola. 2004. »A Dialogue with »Global Care Chain« Analysis: Nurse Migration in the Irish Context.« *Feminist Review* 77: 79–95.

Bludau, Creating a transnational labor chain

InterDisciplines 1 (2015)

Zulauf, Monika. 2001. *Migrant Women Professionals in the European Union*.  
Basingstoke, Hampshire, UK: Palgrave.

\*\*\*

Heidi Bludau, PhD, Lecturer for Applied Anthropology, Department of  
History and Anthropology, Monmouth University.