

Temporary migrant nurses in Australia: Sites and sources of precariousness

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Abstract

Temporary migrant workers are widely regarded as a precarious group of workers. This precariousness is often traced back to the sphere of employment, though recent research also points to the implications of the limited rights entailed by temporary migrant status. This article draws on empirical work among registered nurses who have participated in the Australian 457 visa scheme – the major programme for temporary migrant workers in Australia. Using a range of empirical sources, including in-depth interviews with 26 temporary migrant nurses, we examine whether these nurses experience precariousness and locate the sites and sources of precariousness. The article draws attention to the importance of the regulatory context that defines different pathways from the country of departure to employment in the Australian healthcare system. We suggest that, although temporary migrant nurses are well integrated within the healthcare workforce in terms of formal wages and conditions, other stages in their migration pathways can be associated with precariousness. This in turn has significant impact on experiences at work and outside the workplace.

JEL Codes: J15, J48, J61

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Keywords

Migrant workers, migration, migration pathways, nurse migration, precarious migrant status, precarious work, s457 visa, temporary skilled migration

Introduction

Temporary migrant workers, understood as ‘persons who live in a host country without a right of long-term residence and who undertake paid work during their stay’, are an increasingly important part of the workforce in many industrialised societies, including Australia (Castles, 2006; Martin, 2007). These workers are widely regarded as precarious, generally in the sense that their employment relations and work conditions are poor and insecure (Vosko, 2010). The extent and nature of precariousness among temporary migrant workers have received increasing research and policy attention, with some recent studies reaching out to consider precariousness outside as well as inside the workplace (Anderson, 2010; Fudge, 2012).

This article aims to extend the analysis of temporary migrant workers and precariousness to Australia. It examines a group of participants in the Business Long-Stay (subclass 457) visa scheme (hereafter just ‘457 visa scheme’). Since its inception in 1996, this scheme has been the major programme in Australia devoted to temporary migration for the purpose of paid work, and though controversial, it has expanded steadily in numbers and significance to a point where it now rivals the permanent migration programme (Mares, 2012).¹

The article looks in particular at registered nurses, an occupational group that is prominent within the 457 visa programme.² It focuses on two main questions: (a) do temporary migrant nurses face precarious conditions? and (b) what are the sites and sources of this precariousness? The first section of the article briefly reviews recent literature on temporary migrant workers and precariousness, including the discussion of precarious employment and precarious migrant status. We then outline the 457 visa programme, seeking to describe the configuration of rights and precariousness associated with this migrant status. The third section introduces our qualitative study, which centres on in-depth interviews with temporary migrant nurses. The fourth section presents findings, starting with a contextualisation of temporary migrant status as only one stage in a complex set of migration pathways, and followed by an analysis of experiences of precariousness in the different stages of these pathways. Based on these findings, we argue in the fifth section that precarious conditions, at least for 457 nurses, are found primarily in the course of the visa application and the transitions between different stages rather than in the workplace itself. The conclusion underlines the contribution of the study and identifies some avenues of future research.

Temporary migrant workers and precariousness

Temporary migration for the purpose of paid work is not the only type of migration, but it is a significant category, or set of categories, which is increasing in importance in many countries. European ‘guestworker’ schemes, designed to overcome skill shortages in the period of the economic boom up until the 1970s, were early examples of official

temporary migrant worker programmes, whereby persons entered the host country under an arrangement for temporary residence and were expected to engage in full-time paid work during the period of their stay (Castles, 2006: 742–744; Castles and Miller, 2009). Although guestworker schemes were wound back in the wake of the recessions of the mid-1970s and early 1980s, revised schemes have sprung up again in many countries over the last 10–20 years (Castles, 2006; Martin, 2007).

Temporary migrant workers, like migrant workers in general, are frequently regarded as a precarious group. Indeed, they are sometimes seen as particularly precarious because their ability to remain in the host country is often dependent on maintaining the goodwill of an employer and staying in a job.

Precariousness (or ‘precarity’) remains a contested term, with a variety of meanings, but the most common understanding links it to a notion of heightened insecurity, relative to conventional social standards (Standing, 2011). Following the views of the mainstream of scholars, and consistent with a structuration approach, we are primarily interested in precariousness in the sense of objective conditions of heightened insecurity, as these are produced through both legal regulation and social practice (Kalleberg, 2012; Vosko et al., 2009). Precariousness in this sense can be distinguished from *individual experiences* of precarious conditions, which may be influenced by other social factors and can vary widely, and from the *perceptions and feelings* of precariousness or insecurity that may arise out of these experiences, which can similarly vary.

Although terms such as precariousness (or cognate terms such as vulnerability) are freely applied to migrant workers, the extent and nature of the precariousness are disputed and unclear. Much attention in the research literature has been on the work environment as the main site of precariousness, encompassing both the legal form of work, which is often non-standard, for example, temporary waged work or some form of marginal self-employment, and the substantive conditions in the workplace, such as wages, hours, leave entitlements and health and safety conditions. The main source of precariousness is seen as employer labour-use strategies. Research here draws on the rich literature on precarious work, which is used as a framework to examine changing work conditions for many workers, both migrant and non-migrant (Barbier, 2011; Kalleberg, 2009, 2012; Vosko, 2010; Vosko et al., 2009). In this research, the work undertaken by many migrant workers is carefully examined and often labelled as precarious (e.g. Porthé et al., 2010).

Attention to the work environment is apt, reflecting the central importance of paid work and the employer in the life of migrant workers. Nevertheless, a strict focus on the work environment risks neglecting other distinctive features of the lives of migrant workers. In particular, it risks overlooking the implications of another site of precariousness – *migrant status*, that is, the specific configuration of immigration rules that govern the terms of entry of migrant workers and the conditions of their residence and work. These rules, especially in the case of temporary migrant workers, generally limit the rights of the worker, compared with a worker with permanent residency (PR) or citizenship rights. Researchers suggest that immigration rules can have a substantial effect on the work environment, exacerbating experiences of precariousness at work, and they can act as a separate source for the precariousness experienced by many migrant workers outside the workplace (Anderson, 2010; Fudge, 2012; Goldring et al., 2009).

The binary opposition of regular/irregular workers (legal/illegal, documented/undocumented) draws attention to one way in which immigration rules structure labour markets. But it is increasingly recognised that the impact of migrant status is further differentiated in contemporary global labour markets according to factors such as skill and wealth (Castles, 2011). Thus, even within the broad category of ‘regular’ migrant workers, different visa regimes represent a differentiation in barriers to entry, which in turn underpins a differentiation in labour rights. Migration for skilled workers may be relatively easy, as a result of the strong competition for skilled workers among high-income countries, but less skilled workers often face more formidable barriers. At the bottom end of the spectrum, workers can be so constrained that they appear to fulfil the dreams of employers for highly flexible or highly commodified labour (Rosewarne, 2010; Waldinger and Lichter, 2003).

Researchers have recently explored the role of immigration rules and migrant status in shaping aspects of labour market practice (Anderson, 2010; Fudge, 2012; Goldring et al., 2009). In the United Kingdom, Anderson (2010) highlights the ‘creation of categories of entrant, the imposition of employment relations and the construction of institutionalised uncertainty’ through which ‘immigration controls work to form types of labour with particular relations to employers and to labour markets’ (p. 301). In Canada, which closely resembles Australia in its supplementation of permanent migration with official temporary migrant labour programmes, Goldring et al. (2009; see also Goldring and Landolt, 2011) advocate a concept of ‘precarious migratory status’ or ‘precarious legal status’. Migrant status can be labelled as precarious if it lacks certain basic standards of security such as work authorisation, the right to remain permanently in the country (residence permit), not having to depend on a third party for one’s right to be in Canada (e.g. in the case of a sponsoring spouse or employer), public goods available to permanent residents (such as public education, public health and benefits considered as parts of the social safety net) and the right to sponsor family members within policy parameters available to citizens and permanent residents, such as family reunification (Goldring et al., 2009: 50–51). Building on previous approaches, Fudge (2012) develops a useful list of indicators of precariousness in relation to migrant status, subsumed under three categories: conditions of entry, employment relations and institutional insecurity.

This article aims to build on the recent literature concerning migrant status. Following Fudge, we treat precariousness in temporary migrant status as a question of degree, so that migrant status is judged more or less precarious according to the precise nature and extent of the deficit in rights (Fudge, 2012). Moreover, we analyse precariousness in terms of practice rather than just in terms of legal status.

Temporary migrant workers in Australia: the 457 visa

Temporary migration has become more significant in Australia in recent years, supplementing and now starting to overshadow the traditional orientation to permanent migration (Australian Bureau of Statistics (ABS), 2010; Birrell and Healey, 2010; Hugo, 2006a, 2006b; Mares, 2009, 2012; Markus et al., 2009). Temporary migration, especially in conjunction with paid work, takes varied forms (Mares, 2012), but this article focuses on just one category of temporary entrant – persons in Australia under the terms of a 457

visa. Introduced in 1996, the 457 programme is oriented to skilled workers and is the main migration programme that allows temporary entry for the specific purpose of employment. In order to successfully apply for a visa, a worker needs to be sponsored by an approved employer. The visas can last from 1 day to 4 years and can be renewed several times. Workers with 457 visa, known as 'primary visa holders', are entitled to bring members of the immediate family ('secondary visa holders'). They can transfer employers provided that the new employer meets the relevant migration requirements (Tham and Campbell, 2011).

The 457 scheme is substantial (Mares, 2012; Phillips and Spinks, 2012), and it has sparked some research, for example, a large project sponsored by the Department of Immigration and Citizenship (DIAC) (Khoo et al., 2007a, 2007b, 2008), occasional smaller projects (e.g. Bahn et al., 2012; Toh and Quinlan, 2009) and some commentaries on the changing regulations (Howe, 2010; Tham and Campbell, 2011). The 457 scheme is confined to workers with occupational skills, but it has attracted controversy first because of concern about its value as a remedy for skill shortages (Toner and Woolley, 2008) and second because of concern about the risk of poor wages and employment conditions (Bissett and Landau, 2008; Campbell, 2010; Kinnaird, 2006; Toh and Quinlan, 2009; Williams, 2007). The latter concern led to a major review in 2008–2009 (the Deegan Review – see Visa Subclass 457 Integrity Review, 2008) and subsequent reforms by the federal Labor government (Howe, 2010; Tham and Campbell, 2011). Blake (2010) cites several cases of abuse of temporary migrant nurses in the period prior to 2008, including extraction of high fees by agents for poor quality and dead-end training and employment on inferior wages and conditions through individually-negotiated Australian Workplace Agreements (AWAs). Concern about exploitation erupted once again in early 2013, leading to additional adjustments in the regulation of the scheme (Hugo, 2013).

Although framed as a temporary migrant worker scheme, drawing (skilled) workers from overseas for a temporary stay in Australia, the scheme has two aspects that suggest a more complex picture. First, applications for the 457 visa can be onshore or offshore. According to Mares (2012: 40–41), almost half of recent applications are onshore, which suggests that workers are either moving onto this visa after holding other visas, such as student and working holiday-maker visas, or applying for a second 457 visa. Second, a 457 visa can lead to an application for PR. It seems that many 457 visa workers are oriented to this goal (Khoo et al., 2008), and many are succeeding in converting their temporary status to PR. According to Mares, the 'number of 457 visa holders becoming permanent residents can be as high as half the number of new 457 visas issued any given year' (Mares, 2012: 39–40). These two points suggest that migrant pathways in the case of 457 visa holders are more complicated than the notion of a temporary visa suggests.

Concern about exploitation of 457 workers figures prominently in the public discussion, but no research has yet sought to identify any underlying structures of precariousness, whether inside or outside the workplace. We can begin by asking about the level of rights associated with the 457 visa. In other words, how precarious is the migrant status of 457 visa holders? We use the framework outlined above (Goldring et al., 2009) to provide tentative answers.

Work authorisation for 457 visa holders is relatively unconstrained. Some constraints are placed on the employer to safeguard against poor wages and conditions, and these

were strengthened in the wake of the Deegan Review through, for example, the Temporary Skilled Migration Income Threshold (TSMIT). Because it is a temporary migrant work scheme, workers have no official *right to remain permanently*. However, in practice, the 457 visa can be used as a step towards PR. *Dependence on a third party*, in this case primarily the employer, is strong, first of all in the sense that the 457 visa is linked to employment with a specific employer. However, employees are able to leave a job and change employer, so long as the new employer is also an approved employer. The Deegan review sought to reduce dependence on the initial employer and increase opportunities for mobility by extending to 28 days the time allowed for finding another employer in the event of job loss. *Public goods* available to 457 visa holders are limited in important ways – (a) lack of access to Medicare (except for citizens from a country with which the Australian Government has signed Reciprocal Health Care Agreements, such as the United Kingdom, Ireland, New Zealand and some European countries), (b) limited access to free public school education for children in certain states (e.g. New South Wales (NSW)) and (c) lack of access to Family Assistance or social security payments. The *right to sponsor family members* is relatively generous, in the sense that workers can bring partners, who are classified as secondary visa holders with rights to work, and children.

In short, 457 visas are associated with a deficit of rights. This stands in contrast to the traditions of labour market integration for permanent migrants in Australia (Lever-Tracy and Quinlan, 1988), though in comparison with other temporary migrant worker schemes, both in Australia and elsewhere, the deficit is certainly not extreme. The weakest points seem to be in connection with dependence on an employer and limited access to public goods.

The discussion so far focuses on the deficit in formal rights associated with temporary migrant status. The extent to which and the way in which this deficit is expressed in practice will depend on factors such as the nature of the occupation, the employment sector, the workplace and the employer.

457 nurses

This study focuses on a single occupational group – registered nurses. This is one of the largest occupational categories covered by the 457 scheme, reflecting its prominence in global migration flows (Hawthorne, 2001, 2012; Yeates, 2010). Registered nurses differ in several important ways from other occupational categories. The overwhelming majority are female. The skills are in substantial global demand. The employers are broadly divided into those in the hospital sector and those in aged care. In the former case, which is the centre of our research, they are predominantly large employers, often in the public sector, and partly as a result of these background factors, nursing workplaces in Australia are more likely to be well organised, governed by collective agreements and represented by an effective trade union (in this case, the Australian Nursing Federation (ANF)).

Recent research draws attention to skill shortages in nursing and a strong demand by employers both in hospitals and in aged-care facilities for registered nurses, which has in turn fuelled an aggressive search for overseas-trained nurses (Simoens et al., 2005). Supply of overseas-trained nurses can be obtained through either the permanent or the

temporary migration programme, with the latter becoming more and more important in numbers.³ Although nursing as an occupation in Australia is well researched, the literature on temporary migrant nurses is only just developing. Most attention has been on the numbers (see Hawthorne, 2012), but some useful points on working conditions from the union perspective are made in Blake (2010). There is some valuable qualitative research on migrant nurses, which points to the importance of integration programmes in hospitals, but this research generally fails to specify visa status (e.g. Brunero et al., 2008; Smith et al., 2011). A recent study of migrant healthcare workers in Australia, which draws on questionnaire responses from 478 workers, the majority of whom are registered nurses, successfully identifies several key issues such as unequal access to rights and services, lack of information and difficulties in registration procedures (Pillinger, 2012).

Methods

This article stems from a mixed-method research project examining temporary migrant nurses in Australia and social justice (see 'Acknowledgements' section). The research methods included examination of statistical sources and legal documents, interviews with 21 key informants and interviews with 26 migrants who have worked as registered nurses in Australia while holding a 457 visa. The key informant interviews were crucial for uncovering the complex regulatory regimes that underpin the immigration, registration and employment of overseas nurses, and interviewees included officials from different government departments, key professional bodies in the health sector, the union and employer representatives.

A central part of the research, used prominently in this article, consisted of 26 in-depth qualitative interviews with registered nurses currently or previously on 457 visas. The interviews were conducted by phone between March and July 2012 and followed a semi-structured interview schedule that covered pre-arrival education and employment, migration motives and expectations, the recruitment, visa application and nurse registration process and employment experiences in Australia as well as the more general settlement experience.⁴ The interviews revealed rich experiences of precariousness. This article draws on these experiences to help cast light on different sites and sources of precariousness associated with temporary migration pathways.⁵

The interviewed nurses came from 12 source countries, including the United States (3), Canada (1), the United Kingdom (4), Ireland (2), South Africa (3), Zimbabwe (3), India (3), the Philippines (3), China (2), Japan (1) and 'Central Asia' (1) (see Table 1).⁶ A total of 10 were from the main English-speaking countries (MESOC), the United States, Canada, the United Kingdom and Ireland, and 16 were from other countries (that we call non-main English-speaking countries (NMESOC)). The sample included 5 men and 21 women. Most of those with immediate family were accompanied by their families, though some (five) left family members behind.

The recruitment of interviewees proved more difficult than expected. No list that could be used as a sampling frame was available. Since most nurses are union members, it was decided to invite potential participants through a brief notice in the February 2012 issue of the *Australian Nursing Journal*, a monthly ANF publication. The initial call for nurses from India on a 457 visa attracted a disappointing response. After extending our

Table 1. Pathways.

| Pseudonym | Country of origin | Recruitment/ migration agent | 457 visa application | | (Pathway to) PR |
|-----------|-------------------|---------------------------------|----------------------|----------|-----------------|
| | | | Onshore | Offshore | |
| Mandy | United States | – | | • | No |
| Valerie | United States | – | | • | PR 2011 |
| Sandra | United States | | • | | No |
| Naomi | Canada | Yes | | • | Married |
| Beatrice | United Kingdom | Yes | | • | PR 2008 |
| Merle | United Kingdom | Yes | | • | Yes |
| Claire | United Kingdom | – | | • | PR 2007 |
| Michael | United Kingdom | – | | • | PR 2011 |
| Janine | Ireland | Yes | | • | Yes |
| Rebecca | Ireland | | | • | PR 2012 |
| Victoria | South Africa | Yes | | • | Married |
| Jonathan | South Africa | Yes | | • | Yes |
| Josephine | South Africa | Yes | | • | PR 2008 |
| Daya | Zimbabwe | Yes | | • | Yes |
| Samantha | Zimbabwe | – | | • | PR 2004 |
| Emmanuel | Zimbabwe | Yes | | • | Unsure |
| Meera | India | Yes | • | | Unsure |
| Osman | India | Yes | • | | PR 2010 |
| Padma | India | Yes | | • | Possibly |
| Julia | Philippines | | • | | Yes |
| Gloria | Philippines | Yes | • | | PR 2012 |
| Amor | Philippines | | • | | Yes |
| Henry | China | | • | | Yes |
| Li | China | Yes | • | | PR 2011 |
| Yumi | Japan | | • | | Yes |
| Afsana | Central Asia | | • | | PR 2009 |

PR: permanent residency.

call to all countries of origin in the June 2012 issue of the same journal, the response rate improved. It is difficult to estimate biases in the achieved sample of interviewees. Using the union journal to recruit participants may have imparted a bias, though we can note that union density is high and the journal is widely available at the workplace, even to non-members. One reason for the muted response to our initial invitation might be the reluctance, especially among nurses from NMESC, to speak out for fear of jeopardising their employment or chances of achieving PR. It may be therefore that our sample is biased either to those with positive experiences or to those with negative experiences that have subsequently been overcome. However, there remains substantial diversity in the interviewees⁷ and in the experiences recounted.

Qualitative methods are appropriate to the study's primary purpose, which is to apply the analysis of precariousness to temporary migrant workers in Australia. In-depth

interviews allow us to extend the discussion of a deficit in formal rights into an analysis of specific experiences of precariousness in practice. This in turn allows insight into the objective conditions that structure these experiences. Our sample is undoubtedly a special group, even within the parameters of a study of 457 nurses. Nevertheless, their experiences can contribute to an understanding of 457 workers in general and temporary migrant workers in general.

Research findings

The findings are framed first in terms of migration pathways used by temporary migrant nurses and then in terms of experiences of precariousness in the course of the different stages of these pathways.

Migrant nurse pathways

The period spent on a 457 visa is best seen as one stage of an often complex set of pathways. Figure 1 provides an overview of these pathways and the main hurdles in transitioning from one to the next stage. The paths into a 457 visa for an internationally qualified nurse are structured by the country of qualification or professional practice. To work as a registered nurse in Australia is conditional upon registration through the Australian Health Practitioner Registration Authority (AHPRA).⁸ Registered nurses from New Zealand are governed by regulations providing for mutual recognition. For nurses qualified in other countries, the response of AHPRA – and its predecessor bodies – to requests for registration rests on the judgment of the National Office of Overseas Skills Recognition (NOOSR) concerning the country of initial qualification and/or recent professional practice. Registration of nurses with qualifications or professional experience from a small set of countries, including the MESC (the United States, Canada, the United Kingdom and Ireland), Singapore and Hong Kong, tends to be relatively straightforward, and the same is also true for a second-tier group comprising countries of the European Union in general. However, the process is generally slow and filled with hurdles for nurses from any other country. In the latter case, nurses need to pass an English-language test and usually complete either a bridging course or a BA of Nursing Conversion in Australia. As a result, most nurses from outside the MESC have to enter Australia first with a different temporary visa, before applying onshore for a job and a 457 visa. Information on this distinction is not widely available and appears to resemble an informally agreed standard or practice.

A pattern of differential treatment related to country of qualification or professional practice is true of the nurses in our sample, as can be seen from the information in Table 1. Almost all (9) of the 10 nurses from the four MESC in the sample came to Australia to work by means of an offshore application, whether this was with the assistance of a recruitment agency (4) or through direct contact with employers in Australia (5). However, most (9) of the 16 nurses in the sample from NMESC initially came to Australia on student visas, before applying onshore for a 457 visa on completion of their studies, in most cases, a bridging course. The minority of NMESC nurses who applied offshore (7) tended to be those who had worked and/or studied in countries such as the United

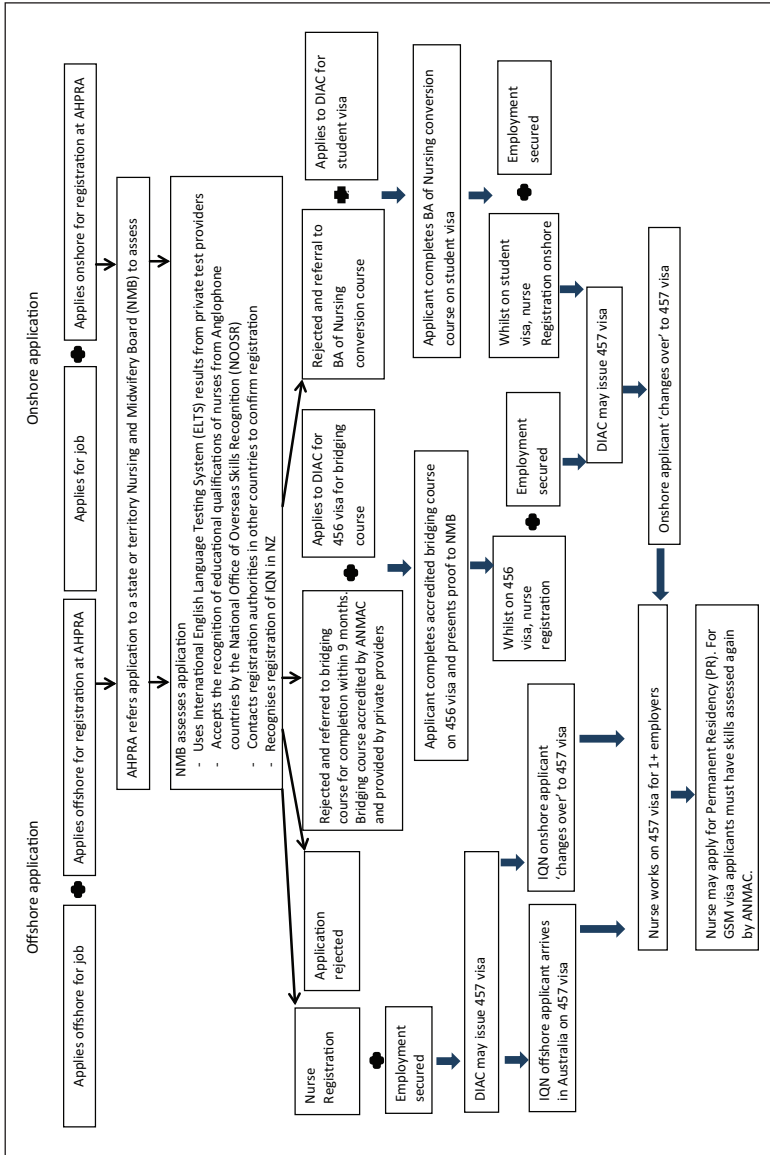


Figure 1. Overview of migration pathways including 457 visa. DIAC: Department of Immigration and Citizenship; AHPRA: Australian Health Practitioner Registration Authority; ANMAC: Australian Nursing and Midwifery Accreditation Council; NMB: Nursing and Midwifery Board.

Kingdom and South Africa. For example, Padma was originally from India, but her circumstances more closely resembled the UK nurses than other Indian nurses; she had completed a master's degree and worked for many years as a nurse in the United Kingdom, and indeed had already secured registration from Australia before arriving.⁹

Experiences of precariousness

This section draws heavily on the research participants' experiences of precariousness or vulnerability at different stages of their pathways. Although primarily interested in what these experiences suggest concerning objective or structural sites of precariousness, we also refer to perceptions and feelings of precariousness in the analysis. We organise the discussion in eight main sub-sections, corresponding to eight main stages in migration pathways. As noted above, however, we recognise that the pathway and the order of the stages are not the same for all nurses, and that the stage of *settlement* evolves alongside other stages.

Decision to work in Australia. The decision to seek work in Australia is the start of most migrant pathways. For some nurses in the sample, the decision to seek work as a temporary migrant was framed by a conscious desire to seek PR and perhaps citizenship in Australia in the longer term. For a few, temporary work was always intended as just a temporary interlude, while others arrived without committing to seeking PR in Australia or returning to the host country.

As could be expected, respondents started on the migration pathway with varying levels of knowledge about Australian society and costs of living, local practices of nursing and the regulatory processes governing migration. Moreover, the information was obtained from varied sources. Nurses who approached an employer directly generally had some background knowledge, obtained from the Internet or friends or other sources. However, those who were recruited through an agency often relied exclusively on the agency for information. This reliance on a third party constituted some degree of vulnerability to misinformation, which will be further explored below.

Nurse registration. Registration, as noted above, is the basis for a major division among nurses, which in turn affects the sequence of stages as well as the intensity of experiences of precariousness. The nurse interview participants with either qualifications from or work experience in the handful of MESC described the registration process as quick and largely sorted out at the same time as offshore recruitment and application for their 457 visa. Most of the others had to delay their registration to a later point, following the completion of onshore courses and a subsequent application for employment. For the latter group, beyond the insecurity regarding the outcome of the registration application and related costs, a long waiting period for the processing of the registration often added an additional dimension of precariousness. Several nurses in the sample raised the long waiting as a problem, because it extended the period spent in limbo and, when the applicant is onshore, without income. The issue of lengthy processing times was also raised in interviews with key informants from the policy sphere. The registration phase of the migrant nurse trajectory thus emerges as a major site of precariousness, at least for some nurses, affecting several other stages of migrant pathways.

Recruitment. The encounter between the worker and the approved employer who is offering a job under the terms of a 457 visa takes place in different ways. The majority of our interviewees (14) acquired a job offer through the activities of a recruitment agent¹⁰ (or a migration agent who also offered recruitment services). The division around registration shapes both whether a recruitment agent is involved and what the role of any recruitment agent is. We will focus here on the experiences of a group of nurses from NMESC and non-European countries (Osman, Meera, Gloria and Amor) whose involvement with recruitment agents proved to be an important site of precariousness. Although they constituted only a minority in our sample, their experiences are indicative of critical risks of the temporary migrant experience.

The problems for the nurses started with the high costs of the agent. Osman received a full package of services from an agent, including recruitment to a job with a private aged-care provider after completion of the course, but he reported paying ‘close to \$24,000’ to the agent. According to Osman, this covered ‘everything’, including a 456 visa,¹¹ the bridging course (around AUD10,000), accommodation and AUD100 a week living expenses during the course. Meera cited a similar experience, again leading to a job in a nursing home, claiming a cost of around AUD23,000 that she had to outlay up front. In both cases, the nurses lasted a year in the aged-care sector, but then, after bad experiences, left for a job elsewhere. Even where there was no full package, workers had to pay exorbitant fees for a recruitment function. For example, Gloria stated that she had to pay AUD9,000 to her agent to obtain a job with a good chance of PR in an aged-care facility. Similarly, Amor reported having to pay USD4,500 out of her first 3 months’ salary to a recruitment agent in the Philippines in order to secure an aged-care job in Australia. The existence of such substantial debt, which can only be repaid by continuous and lengthy employment, intensifies feelings of insecurity.

Another major problem involved misinformation. Respondents often relied on recruitment agents (and migration agents) as the principal sources of pre-arrival information, and the recruitment agents continued to play an important advisory role after arrival in Australia. But the information and advice was not always reliable. It was either wrong or clearly biased to employer interests, for example, by suggesting that workers were not allowed to leave their job and would be fined if they did. Gloria, who had been recruited to an aged-care facility and had run into problems with a bullying manager, protested about the role of her agent. He had relayed complaints from the employer and

... came to my house and said: ‘oh, you are going to lose your visa if you are going to pursue with ANF, your children will be going back to the Philippines’.

Significant experiences of precariousness in the recruitment stage emerged hence from recruitment agents who exploited the vulnerability of some MESC nurses by serving the interests of education providers and employers.

Bridging courses and degree courses. The bridging courses that many nurses from NMESC are required to do in order to secure registration are offered by providers attached to hospitals, private or public. The accredited courses generally last 12 weeks, but there is no guarantee of employment, and they vary widely, both in cost and quality.

Cost is a major issue for nurses and the major source of complaint. Many of our interviewees were funnelled by agents into high fee-paying courses. Irrespective of the cost of the course, nurses generally have to spend additional money for accommodation and other support during the period of study. A nursing degree involves an even higher cost. Afsana, from Central Asia, did not complain about the overall cost of her degree, but she was angry that after completing her course, she had to delay her onshore application for a 457 visa and spend AUD8,000 on three additional university subjects, as recommended, unnecessarily as it turned out later, by the international student adviser at the university.

The quality of the bridging courses varies widely, partly as a legacy of different state-based standards. The poor reputation of particular private providers seems to be an open secret among hospital employers. But even the public providers can be deficient. One key informant from the recruitment firm suggested that migrant nurses were often funnelled towards bridging courses attached to small hospitals, sometimes in remote locations, where the students are less likely to acquire skills and experience. Our interviewees voiced few complaints about the quality of the bridging course, though some expressed resentment at being taught information that they felt they knew already.

The lack of an employment guarantee causes substantial problems. In some cases, as noted above, recruitment agents offer a package that includes the promise of a job. But in other cases, nurses graduating from the course must find a job quickly, within the limited time allowed by a 456 visa. Amor managed to organise the 456 visa, the bridging course and registration by herself, but was stuck in finding a job after completing the course:

I did [the bridging course] for about three months, and then I wait for my registration for another month, and so after my registration I tried applying for [jobs], at least like every day. But the problem was my visa was very short. It only allowed me three months of stay, so I had to go back [to the Philippines] literally like two times because I really found it hard to find a job. Yeah, it's very expensive and financially draining.

Precariousness in this stage emerges from poor transparency in combination with the considerable financial costs, the risk of a poor quality provider and the difficulty of reconciling the 456 visa with the search for a job. The experiences of the interviewed nurses suggest that the involvement of a recruitment or migration agent can exacerbate the precariousness, through additional costs with no guarantees of better outcomes.

Visa application. For migrant nurses who have to obtain additional qualifications in Australia to allow them to apply for a 457 visa, obtaining the initial student visa can be a difficult process. Similarly, some nurses had trying experiences with other visas, such as the tourist or working holiday-maker visas. However, we are primarily interested here in the actual application for a 457 visa.

The 457 visa is linked to an offer of a job from an approved employer. It is touted by the government as a quick and flexible visa process, designed to help employers find skilled labour as quickly as possible. While this was true for most cases in our sample, a major challenge consisted in meeting the requirement of finding a job with an approved

employer. Especially several nurses who had done a bridging course or a degree in Australia without the promise of employment at the end of the course encountered difficulties. We refer above to Gloria's experience, which led her to pay money to an agent to secure a nursing home job. Similarly, Afsana reported on her difficulties in obtaining nursing work on a 457 visa in the Northern Territory, where she had completed her degree. She felt obliged to uproot her new family and move to another state in order to finally obtain a job. Precariousness in this stage primarily affected the onshore applicants from NMESC.

Employment. There was little evidence of precarious employment, in the sense of work under inferior terms and conditions. Many participants specifically denied that they had encountered any instances of unequal treatment at work.

Nevertheless, some difficulties did emerge. Several interviewees noted the initial shock of entering an unfamiliar workplace, with different practices and different ways of relating to patients and other nurses. The shock was greatest for those who took up a job fresh off the plane, for they were frequently thrown into the job with only minimal induction, often not even 'buddied up' with a more experienced colleague. A bridging course could be expected to soften the shock, but many of the nurses involved in bridging courses came from work environments dramatically different to those in Australia, and many reported similar feelings of anxiety as they sought to come to terms with new workplace practices.

One source of complaint concerned disregard for an employee's skills by managers. Another common irritant concerned rostering, and the sense of being given bad or unpopular shifts. This was not always attributed to discrimination, but some nurses did detect discrimination and unfair treatment behind poor rosters. For example, Victoria, a South African nurse, complained,

I had to work weekends, school holidays, night shift, afternoon shift, morning shift. They played around with my roster just the way they wanted to ... I was just told. I didn't have a choice. If I was told that you can't come in this afternoon, you have to come in on night shift, I didn't have a say in the matter, whereas they wouldn't have treated one of the Australian nurses like that, because they would have stood up for themselves.

Although rare, there were reports of a few extreme cases of workplace problems involving bullying, harassment and racism. Victoria had a particularly bad time in her first job in a metropolitan hospital, being given no support at the start and treated 'like an idiot' because she was unfamiliar with some Australian practices and bits of equipment. She felt subject not only to careless treatment by colleagues and poor rosters but also to persecution by a bullying manager. Although Victoria's case concerned a hospital, most workplace problems seemed to centre on the aged-care sector. The four nurses who had paid recruitment agents to secure them jobs all complained of subsequent workplace problems in these jobs, all in the aged-care sector. Meera, for example, spoke of unequal treatment in her first workplace, a nursing home, which she attributed to racism. She complained that she was not given enough hours (and therefore enough income) and not paid for higher duties when she worked in the office. Gloria had such difficulties with a bullying manager in a nursing home that she

resigned, and overcome by feelings of shame at the prospect of returning to the Philippines, thought,

[S]hould I put myself in front of a train or something?

The shock of a new workplace could be expected to fade over time. We can also note that the nurses who encountered major problems were able to resolve the workplace problems in the medium term, sometimes through a strategy of voice, calling on the assistance of the union, but more often by a strategy of exit, leaving the job and finding another.

Perhaps the strongest theme in the discussion of vulnerability at the workplace concerned dependence on the employer and the way in which feelings of dependence often led to an inability or reluctance to resist mistreatment. This was a widespread assessment, which was generally attributed directly to the 457 visa status. For example, Daya specifically denied that she had ever been treated unequally but immediately added,

[B]ut the thing is, if you're on a 457 visa, you're scared of saying things, because you're worried that they might say: 'Unfortunately we're terminating your contract'. That means that you kind of keep so many stuff to yourself ... You're still worried that if I lose this job I'm only given a month to get another job or else I'll pack my stuff and leave.

Jonathan, however, expressed a strong perception of unequal treatment at work, citing his resentment at being given the most complex and difficult patients (whereas Sandra regarded complex and difficult patients as a privilege). He also described the pressures to be compliant in the face of risking his job and residency right in Australia:

[T]his is just a cloud that hangs over anyone on a 457 visa ... You always think that if my job come to an end within 28 days ... I'm very, very conscious of that, and that preoccupies me subconsciously at work ... Personally I won't complain. I won't do anything that I feel would jeopardize my visa. So I might end up having to put up with things which I feel are not really things I should be tolerating, because I sort of feel: okay, if this relationship breaks down at any time I'm in trouble.

Many of the interviewees mentioned this point, indicating a key dimension of subjective feelings of precariousness in the workplace. They argued that, though others can complain about and resolve cases of unfair treatment, someone on a 457 visa cannot or should not protest. They should not consult the union or perhaps, as Afsana argued, even join the union. This sense of dependence on the employer was sometimes based on an accurate understanding of the rights involved in the 457 visa, but sometimes linked to a lack of understanding of workplace rights. In some cases, as noted above in the discussion of recruitment agents, the sense of dependence was linked to misleading information, for example, concerning the (im)possibility of changing employer, the existence of fines for changing employers and the dire consequences of claiming workplace rights. It was apparent in this context that objective conditions of precariousness related to migrant status can influence experiences at the workplace and that perceptions or feelings of precariousness in the workplace can be inflated beyond what would seem to be justified by the objective conditions.

Settlement. The experience of settling in Australia varied among the nurses. Most seemed to adjust to cultural differences after a relatively short period of time, though one South African nurse (Josephine) suffered from a persistent sense of isolation:

Even now that I've been here for nearly six years I'm still being teased about my accent, or the words that I use ... Just recently I said to someone: 'if I knew then what I know now I would never have moved here'. They said 'why not?' I said because it's too hard. It's too lonely, it's too isolating. You're left [in] a country where you don't even know where to buy your bread and butter ... Most of my colleagues have never moved out of Melbourne, so they don't know. There's no concept of it. They don't know what it's like to have a child living in another country.

The most widespread and enduring sense of exclusion arose, however, out of the restricted access to public goods. Almost all our interviewees drew attention to the fact that as a result of their temporary migrant status, they had to pay for expensive and often inadequate private health insurance, and several complained of high school fees for their children's education. Most readily identified this as a case of unequal treatment. Some felt it was unfair, when they were paying taxes in Australia, though others seemed to accept it as a necessary part of the temporary migrant experience. These costs had a significant financial impact and could also affect general health and well-being as well as their sense of belonging and inclusion (Goldring et al., 2009: 252). As Julia explained,

I found it, what do you call this, it's stressful because like my kids were here, and if you are not a permanent resident you pay for the education and then the medical expenses.

The financial cost could in turn amplify the sense of dependence on the job and the employer, and thus exacerbate the experience of precariousness, as Emmanuel from Zimbabwe noted,

You are afraid to be sick, you are afraid to ... even if you're going through stress, you just want to keep going to work because you don't want to be without an income.

According to an HR representative from the public hospital sector, many overseas nurses let their private health insurance lapse because they felt that they could not afford to keep up the payments, leaving them exposed to heightened risk in the event of injury or poor health.

Transition to PR. Pathways out of the 457 visa are diverse, but the dominant pathway leads to PR. To achieve PR, nurses must enter one of the streams of the permanent migration programme. Most commonly, they use employer sponsorship, either via the Employer Nomination Scheme (ENS) or via the Regional Skilled Migration Scheme (RSMS). An alternative pathway would be via an independent skilled visa, which does not require employer sponsorship. Processing times for the latter option are, however, significantly longer, and the applicant runs the risk of having to acquire additional local qualifications, which renders this option far less attractive than the employer-sponsored variant.

Most of the interviewees saw themselves as on a pathway to PR. Indeed, at the time of the interview, 11 had already obtained PR and a further two had acquired PR status by marrying an Australian. Others were currently applying or perhaps thinking of applying. Only two nurses, both from the United States, declared that they were not interested in applying for PR (see Table 1).

Interviewees suggested that the transition to PR is a contingent process, filled with uncertainty. In some cases, the employer raised the expectation of possible future sponsorship as early as the first job interview. In other cases, employers proved reluctant to commit to sponsoring or pulled back from earlier commitments. This could exacerbate feelings of disempowerment. Julia from the Philippines was caught up in a sudden employment freeze at her (public sector) workplace, which prevented the realisation of her sponsorship. As a result, she felt a lack of control over her future:

[B]ut my concern at that time was I didn't know how to, where to ... It's so difficult to have no extra knowledge. When I asked my manager she said she didn't know, and when we asked the Human Resources Department she said she didn't know as well. But we wanted to know: Until when would be the employment freeze? When are we going to have a permanent residency sponsorship? Are they still going to sponsor us or not?

If sponsorship is not available, nurses committed to obtaining PR can look for an alternative job with better prospects of sponsorship. This was common among the interviewees.

It was argued above that the pathways *into* a 457 visa are patterned according to the source country of the nurse. This is less true of the pathway *out of* the 457 visa and towards PR; here, everyone seemed to be in the same boat, subject to the contingency of the process and the goodwill of the employer.

The desire to obtain employer sponsorship for PR clearly places the worker in an extended position of dependency. While waiting for the sponsorship, temporary migrants have a vested interest in complying and possibly enduring difficult working conditions to avoid jeopardizing the pathway to PR (see also Cully, 2011). One interview participant described the 457 visa in the context of a 'slavery visa'.

However, it is important to note that dependency on the employer has a clear finishing date, which can reverberate back on any feelings of precariousness. One interviewee from India (Meera) complained of unfair treatment, but then replied negatively to the question on feeling vulnerable both on her own behalf and more generally:

[M]ost of the migrant nurses, they survive here very well because they get their residency, then they're not attached to any legal boundaries of the working visa. Most of them become permanent residents in one year, so this visa will be a short-term thing for most of the nurses. So it's okay.

A similar point was made by a Zimbabwean nurse (Samantha), who replied to the question of feeling vulnerable:

Not really, I just knew that I couldn't mess up in any way 'cause then I'd be out of here, but I saw it as a stepping stone to better things.

Discussion

Current, or recent, experience of employment as a registered nurse under a 457 visa was the key criterion for participation in the interview. But our research soon confirmed that this was just one, generally transient, phase in a complex maze of pathways leading through different stages from the country of origin to work in the Australian hospital sector and leading from temporary residency either to departure or to PR and citizenship.

The findings from these in-depth interviews support the suggestion that temporary migrant nurses often experience precariousness. The sites of this precariousness are varied. The workplace is important, but the interview analysis suggests that each stage of the migration pathway can be a site of precariousness for at least some nurses.

The interviews are particularly informative on the sources of precariousness. There is little evidence of a disparity of objective employment conditions at the workplace compared with local workers. Except for a few cases, predominantly in aged care, temporary migrant nurses did not seem exposed to direct mistreatment from employers as a source of precariousness. This can perhaps be explained by the relatively well-regulated nature of healthcare workplaces and the more limited opportunities in the wake of the *Fair Work Act* and the Deegan reforms for employers to place temporary migrant nurses on inferior wages and conditions.

However, consistent with the recent literature (Anderson, 2010; Fudge, 2012; Goldring et al., 2009), temporary migrant status appears very important as a source of precariousness. The two aspects most commonly cited were the heightened dependence on the employer as a result of the terms of the 457 visa and the limited access to certain public goods such as health insurance and free school education for dependants. Both elements can be seen to have effects within the workplace, though in complex ways, shaping worker behaviour and fostering problems for temporary migrant nurses.

The results can thus be seen as supporting the usefulness of recent approaches that stress the implications of migrant status, but they also add three new elements to existing scholarship. First, the interviews suggest that the impact of legal migrant status on precariousness partly depends on the workers' awareness of the precise configuration of rights associated with their status. Lack of information (and misinformation) can increase precariousness, whether objectively or in the migrant worker's subjective experience. Some workers, like Victoria, held the mistaken belief that 457 visa holders 'did not have any rights; you were like a guest in Australia, you do as they say'. As a result, the perceptions or feelings of precariousness could exceed the objective precariousness implied by the legal status.

Second, the accounts of misinformation draw attention to the role played by untrustworthy recruitment agents, linked in with poor employers, generally in the aged-care sector. In some cases, workers felt dependence not only on the employer but also on a recruitment agent to whom they had paid large sums of money. Recruitment agents clearly emerged as a source of precariousness in several stages.

Third, the research shows that temporary migrant status should not be seen as a fixed and isolated state; instead, it needs to be considered in the context of dominant migrant pathways. The nature of the trajectory through the different stages, patterned by factors such as the rules around registration (and the broad distinction nurses from

MESC and nurses from other countries), is in turn a major influence on workers' experiences of precariousness, though this can work in opposite ways. For example, in the case of temporary migrant nurses from NMESC, who are obliged to follow the indirect path of a bridging course or degree in order to obtain registration before applying for a job and a 457 visa, the pathway can exacerbate precariousness. The most intense experiences of precariousness were confined to the four nurses from India and the Philippines whose pathway involved recruitment agents. However, the fact that most pathways are seen as leading towards PR acts to mitigate feelings of precariousness and sometimes leads to acceptance of precariousness as a mere stage on the way to achieving the goal of PR.

Conclusion

This study takes up the challenge of analysing the situation of temporary migrant workers in Australia in terms of precariousness. The analysis prioritises objective conditions of precariousness, both in the sense of a deficit in formal rights and in the sense of specific social practices that generate experiences of precariousness. Consistent with recent research, the study suggests that experiences of precariousness are not confined to the workplace but are tied up with broader social conditions, especially the rules around migrant status. Moreover, experiences of precariousness were not confined to the period of holding a 457 visa but were often concentrated in the initial phase of acquiring a visa, particularly for those who were organised by a recruitment agency, and in the transitions between stages. One important conclusion is the need to expand any analysis of the regulatory context to take account of such trajectories and their constituent stages. Migrant status in the sense of the rules governing the 457 visa was only one element of the regulatory context. Also important were the rules governing registration and the rules, often informal, accompanying recruitment, especially when this was organised through recruitment agents or assisted by migration agents.

This study offers a contribution to the literature on temporary migrant workers in Australia. The sample is distinctive, and the results cannot be generalised to all 457 workers, much less all temporary migrant workers. It seems unlikely that other temporary migrant workers would benefit to the same extent from workplace regulation that ensures temporary migrant nurses are well integrated within the healthcare workforce in terms of formal wages and conditions. Establishing the situation for temporary migrant workers in other sectors is an important task for future research.

Nevertheless, the results are suggestive and confirm that the emerging literature on precariousness, including the literature that uses the concept of migrant status, is relevant to Australia and promises powerful insights. At the same time, the study also offers a contribution to the international literature on precariousness. The concept of migrant status is a useful supplement to the traditional focus on the work environment, but we argue that the analytical framework should be extended, first by extending the focus on legal conditions of precariousness to a concern with practice, including the perceptions and feelings of precariousness by temporary migrants, and second by extending the associated analysis of the regulatory context to include a concern with the context of migration pathways unfolding over time.

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Notes

1. A total of 82,280 applications were granted in 2011–2012 (Department of Immigration and Citizenship (DIAC), 2012) and a stock of 88,490 workers was on 457 visas as primary applicants in February 2012 (DIAC, 2012). Mares (2012) provides a useful account that situates the 457 programme in relation to both permanent migration and to the broader flows of all temporary migrant labour, including international students and working holiday makers.
2. Registered nurses can be seen as the professional stream of nursing, distinct from enrolled nurses and nursing aides. According to DIAC figures for 2011/12, there were 3,118 primary 457 visa grants to registered nurses (ANF 2013).
3. Blake (2010) notes that 'in 2008–2009 3850 registered nurses were granted 457 temporary worker visas and 3355 permanent visas were granted to registered nurses through Australia's skilled permanent migration program' (p. 20). It should be noted, however, that these are not necessarily separate streams, since many of the latter groups will have initially been on a 457 visa. For details on health workforce migration to Australia, see Hawthorne (2012).
4. The interviews were audio-recorded, transcribed and analysed using qualitative data software (NVivo). In this article, interviewees are given pseudonyms to preserve anonymity.
5. Because 'precariousness' is not a familiar term in everyday English, we couched our questions in terms of the more easily understandable synonym of 'vulnerability' and in terms of the notion of 'problems'. In the following discussion, we use 'precariousness' and 'vulnerability' interchangeably.
6. Source country or country of origin is treated here as country of birth. In most cases, this is also the country of initial nurse training (though one exception is Henry, who came here as a secondary school student and then did a nursing degree in Australia, before applying for a 457 visa in order to secure employment as a nurse).
7. The profile of our interviewees can be compared with DIAC data for 'midwifery and nursing professionals' (ANZSCO 254) who were 457 primary visa holders in Australia at the end of January 2011 (DIAC, 2011). According to these data, 16.6% of 457 nurses were male and 83.4% female. The United Kingdom was the main country of citizenship (almost 30%), followed by India (21.6%), the Philippines (10.7%), Republic of Ireland (7.9%), Zimbabwe (5.1%), Peoples Republic of China (4.2%), South Africa (4.2%), Canada (2%) and the United States (2%). This comparison suggests that our sample is reasonably representative in terms of sex and source country, though with some underrepresentation of nurses from the United Kingdom and India.

8. In 2009–2010, the registration process was transferred from state-based bodies to the new national body. Although most of our interviewees secured registration under the old state-based system, the processes were much the same as described here and in Figure 1.
9. This pattern of movement, first to a country such as the United Kingdom and then onward to Australia, appears reasonably common in nursing migration flows. Our interviewee from a major recruitment agency explained that the agency recruited around 100 nurses per year from the United Kingdom and Ireland, but the majority of the candidates have been nurses trained in India or the Philippines, who had done a bridging course (called an ‘adaptation course’) in the United Kingdom and then worked in UK hospitals for 5 or 10 years. Apart from any other reasons, she suggests that this is economic for the Filipino and Indian nurses because the United Kingdom offers free adaptation courses linked to the offer of a job in a hospital.
10. A recruitment agent can be defined as someone who acts for the employer in finding suitable applicants for vacant positions, in this case nursing positions.
11. The 456 visa is called a Business Short Stay visa. Now closed for new applications since March 2013, this visa allowed a visit of up to 3 months for a business purpose.

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