

Istoryahan

Counter-storytelling of Filipina Nurses in the Time of Covid19 in New Zealand

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Abstract: This paper was borne out of the need to tell the stories of how the five Filipina nurses who are working mothers and active members of the communities in New Zealand survived and thrive during the first year of the Covid 19 pandemic. In their stories, three major themes emerged: First, the Filipina nurses' struggles at work and home during the lockdown in which they narrated what plans they have put in place to ensure that they do not bring the virus home. They also talked about their feelings regarding the increasing racist attacks and anti-Asian sentiments. The second theme is how their culture and identity as hard workers and their inclination to progress make them valuable to the country's health sector. The Filipina nurses' strong belief in God helped them overcome the struggles and fears that they have during the lockdown. The last theme is about Filipina nurses' guilt and feeling of not being able to be with their families and kababayans in the Philippines during the pandemic. They should not feel guilty as the overseas Filipino workers are the economic saviours of the Philippine economy. The experiences of the Filipina nurses presented in this paper are their stories of highs and lows and are important to enable us to determine what the next step should be.

The time of COVID-19 is the time of storytelling—stories of chaos, loss, and despair, but also of victories large and small, acts of kindness, and deep connections.

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There is a need to hear the stories of Filipino nurses especially the women during the first year of the Covid 19 pandemic. The Organisation for Economic Co-operation and Development (OECD) in its research paper released online on April 2020 said that:

“The COVID-19 pandemic is harming health, social and economic wellbeing worldwide, with women at the centre. First and foremost, women are leading the health response: women make up almost 70% of the health care workforce, exposing them to a greater risk of infection. At the same time, women are also shouldering much of the burden at home, given school and childcare facility closures and longstanding gender inequalities in unpaid work. Women also face high risks of job and income loss, and face increased risks of violence, exploitation, abuse or harassment during times of crisis and quarantine.”

The Philippine Statistics Authority (PSA) claimed that 56% of the applications processed by the Philippine Overseas Employment

1. INTRODUCTION

COVID-19 forced us to think not only about the pandemic but also about the struggles and the experiences of the real heroes - the healthcare workers, especially the nurses who are the ones that carry out the most difficult tasks and most of the workload.

Worldwide, we have read poignant stories of immigrant Filipino nurses during pandemics. In the National Nurses United report released in September 2020, about 30% of nurses who have died of Covid-19 in America were Filipinos even though they make up only 4% of the nursing population nationwide.

In New Zealand, Filipino nurses helped beat Covid 19 as the nation's confirmed cases gradually fell to zero in May 2020. Families and friends hugged and kissed loved ones when Covid19 restrictions were lifted in New Zealand in June 2020. The Filipina nurses, however, find it hard to celebrate. They were worried and scared for their family and kababayans back home as they read the reports that about 50 to 100 Filipinos die of Covid-19 per day in the Philippines.

Administration (POEA) are from women. And thousands of Filipino women migrate for other reasons that are not included in the POEA's record. Since the 1980s, many Filipinas have left as tourists, students, and others – but stayed in their countries of destination.

(<https://www.statista.com> 2020)

The health care sector especially the nursing field has always been dominated by women. The Overseas Filipino workers, mostly women have been hailed as bagong bayani (modern-day heroes) for saving the country's economy through remittances.

The Philippine Statistics Authority recounted that cash remittances from Overseas Filipino Workers (OFW) totalled USD 29.9 billion in 2020. (<https://www.statista.com> 2020). Tens of thousands of new nurses graduate every year in the Philippines to become overseas Filipino workers as its government actively promotes cheap labour export to the West.

There are about 80,000 nurses who graduate each year in the Philippines. And out of these 80,000, about 19,000 are obligated to migrate and leave their families, their kababayan and their home country. The Filipino nurses' stories of migration started when America set up nursing schools to colonize our educational system. The US scheme of focusing on education was a "new kind of colonisation" that is still deep-seated today even after 125 years. (Ortiga 2018) During World War II these nursing schools helped the US as there was a shortage of nurses then. The US set up a "non-migration" programme that gave Filipino nurses temporary rights to be in the US. However, many of them opted and applied for residence or citizenship to stay. (Danny, 2019) There were other reasons why Filipino nurses continued to leave the Philippines after the war, one of which was Ferdinand Marcos's declaration of Martial back in 1972. The Philippines under Ferdinand Marcos's dictatorship suffered more than 3257 extrajudicial killings and thousand of tortures (McCoy, 2009). Ibon Foundation reported that in 1965 the government's foreign debt was US \$599 million and by the time Marcos was ousted in 1986, it had ballooned to \$28.3 billion. The unemployment rate increased from 7.1 per cent in 1965 to 12.6 per cent in 1985. The official poverty incidence is 49 per cent in 1985. Corruption, cronyism and debt greatly contributed to the country's economic problems which caused the increased number of overseas Filipino workers. Marcos institutionalized the cheap labour export via Presidential Decree 442 or the 1974 Labor Code and started a recruitment and placement program to deploy Filipino workers to overseas labour markets.

Monina Hernandez, clinical nurse specialist, Massey University lecturer and head of the Filipino Nurses Association of New Zealand claimed that the Philippine government from the time of Marcos until now promotes the country as the number one producer of healthcare workers in the world. Filipino nurses started arriving in New Zealand after the US began to close its doors to migrant nurses. New Zealand is one of the countries in receipt of a growing number of Filipino nurses and caregivers. Even before the pandemic, migrating to New Zealand was easy for nurses as they were always on the essential skill shortage list. And now with Covid-19, all migration routes changed as nurses are now sought after.

Skilled Filipino migrants and students with scholarships started migrating to New Zealand during the 1980s. There were only about 400 Filipinos in New Zealand; most of them were wives of New Zealanders and students who came here under the Colombo Plan, a Commonwealth scholarship scheme. It's difficult for some of the women migrants who came here during the early 1990s as they thought they were "rescued" by their princes. In New Zealand, the government's Te Ara Encyclopedia reported that some of the Kiwi-Filipino marriages did not last; issues such as sending money to relatives in the Philippines caused tension. For Filipinos, not helping their families in the Philippines is like a crime and it is unfathomable.

There were some trepidations with the employment agencies when nurses started to arrive in New Zealand in the late 1990s. This was reported on the Te Ara website

<https://teara.govt.nz/en/filipinos/page-2>

From 1998 Filipino nurses began to arrive in growing numbers, but many were exploited by agents, who charged exorbitant fees and gave misleading information about New Zealand registration and employment. Often migrant nurses ended up as caregivers in rest homes, working long hours to pay back their agents. In addition, some employers offered lower wages and less favourable conditions than New Zealand-born nurses received. Awareness of this exploitation led to the establishment of support groups and improved information for Filipino nurses intending to come to New Zealand. In 2007 a ground-breaking agreement was reached between the Philippine government and the Counties Manukau District Health Board to recruit Filipino nurses directly, bypassing agencies. In 2015, of the 52,729 nurses practising in

New Zealand, 3,688 indicated Filipino as their ethnicity, and 3,273 were trained in the Philippines. They represented around 9% of people of Filipino ethnicity in New Zealand.

Filipinos migrating to New Zealand from the 2010s onwards are known to be highly educated, and the immigration rules, which favoured skilled migrants, made it easier for them to settle. Statistics NZ reported that among Asian ethnic groups, Filipinos have the lowest unemployment rate and the highest average income. However, there are still many professional doctors, teachers, and nurses among others who struggle to get their qualifications recognized and often had to undertake further study and/or work in menial jobs. I do not want to sound like an ungrateful bitch although I sometimes think I am, I do not feel fortunate. I feel that misery wakes me up every morning - thinking of the things that I am about to do. And guilt sleeps with me at night - thinking of the things that I could and should have done to earn more, to be more.

(Tauro 2010)

Let's take for example the case of Filipino nurses working as caregivers while waiting for the approval of applications for their annual practising certificate (APC). In New Zealand Filipino nurses are paid less than other registered nurses at the workplace, they receive no penal payments and are constantly rostered on those shifts notoriously difficult to fill, i.e., weekend, afternoon, and night shifts. The Filipino nurses' contracts state they are to work in any of the provider's facilities throughout the country.

New Zealand belongs to the top 10 countries where Filipinos prefer to live permanently according to the Commission on Filipinos overseas 2013 report. Aside from financial and free healthcare, there are other reasons why Filipinos are migrating to Aotearoa. In the study of Rebecca Townsend (PhD) entitled *Making a Community: Filipinos in Wellington* she said Filipinos are a vital part of New Zealand's dairy, healthcare, construction, nursing, aged care, IT and agricultural sectors. Townsend's paper which was published online by the Asia New Zealand Foundation opined that Filipinos are the third-largest Asian ethnic group and that "most Filipinos are not Overseas Filipino Workers (OFW) as they bring their families and help boost social and community ties."

2. METHODOLOGY

Istoryahan is a Hiligaynon word that is commonly translated in English as an act of telling a story. But istoryahan means more than that. Hiligaynon which is known as the sweetest Filipino language and istoryahan is used when

you are talking to someone close to you. The interviewees and interviewer are all women, and they have known each other for more than two years.

The initial objective of this study is to give voices to the Filipina nurses working in New Zealand as they tell their stories during the first year of the Covid19 pandemic. This paper made use of an explorative design consisting of qualitative interviews with five Filipino women nurses. The Filipino nurses were purposively selected and were invited to participate in the study via an email sent to them. They have accepted the invitation to participate in the interview. These Filipino women nurses who graduated in the Philippines are specialist nurses, leaders of their communities and mothers. All participants have obtained citizenship and permanent residence in New Zealand and have lived here for more than 5 years. To ensure the confidentiality of the participants the researcher used a pseudonym

The five participants are:

1. Nina is a clinical nurse specialist who covers six of the 18 Auckland-based Managed Isolation and Quarantine facilities/hotels on an advisory, consultancy, policy, and clinical management basis. She is a mother with two kids.
2. She is a registered nurse working in the surgical unit of the Nelson Hospital, a mother of two kids and the wife of a Pastor and entrepreneur
3. Jean is a specialist in the Nelson Hospital and a mother of two kids. She is also the president of the Nelson Tasman Filipino Community Inc. with about 200 members.
4. Tonia is a mother of two kids, a registered nurse working in Wellington Hospital and she is also completing her degree of Bachelors in IT.
5. Zan is a registered nurse at Ernest Rutherford Retirement Village which is one of the largest retirement villages in New Zealand.

The interviews were conducted individually during the first two months of 2022. A semistructured interview guide was developed based on the following questions:

1. What are your struggles as you continue to work during the first year of the Covid 19 pandemic?
2. What are your toils at work and home during the first year of the pandemic?

3. Did you or other Filipino women nurses you know experience racial attacks during the first year of the pandemic? Did your children experience any racial taunts? Did you prepare your children on how to deal with racist taunts and or attacks?
4. Do you have families and friends in the Philippines that have Covid19? What did you feel during the time that there were about a hundred daily deaths due to Covid 19 in the Philippines?
5. How did the Filipino consciousness, culture and religious beliefs help the Filipina nurses thrive during the pandemic?
6. What are the lessons that we can learn from the stories of the Filipina nurses during the first lockdown? This paper was borne out of the need to tell the stories of Filipino women nurses in New Zealand during the time of Covid. Counterstorytelling is an essential feature of this paper that employed a critical race theory (CRT) as a framework. Solorzano & Yosso (2002) define counter-storytelling as “a method of telling the stories of those people whose experiences are not often told,” including people of colour, women, gay, and the poor.” Counter-storytelling is a tool that CRT researchers employ to oppose the racist characterization of social life. Critical Race Theory originated during the mid-1970s as a response to the failure of Critical Legal Studies (CLS) to adequately address the effects of race and racism in U.S. jurisprudence. As an essential tenet of CRT, counter storytelling according to Matsuda is a “powerful means for creating meaning as well as challenging myths.” Delgado (1989) claimed that there are three genres of counter-stories documented by CRT scholars: personal stories, other people’s stories or narratives, and composite stories. Personal stories comprise direct reports of experiences of persons of colour and how they experience racial discrimination, insult, injury or disadvantage. Other people’s stories hold the power to move and when they are re-told they take on a ‘larger than life quality. Composite stories or narratives represent an accumulation, a gathering together, and a synthesis of numerous individual stories. What begins as a

particular, individual experience gains validation through the act of retelling and this is what the paper hopes to accomplish.

3. RESULTS AND DISCUSSIONS

During and after the interview it became apparent from the answers and stories of the five Filipina nurses that three major themes are emerging:

1. The Filipina nurses struggle as they continue to work during the pandemic.
2. The Filipino culture and religious beliefs helped them thrive during the pandemic.
3. The Filipina nurses’ guilt feeling of not being able to be with their families and kababayans during the pandemic

The first theme is about the Filipina nurses’ struggles at work and at home during the pandemic in which they narrated the plans they have put in place to ensure that they do not bring the virus home. They have also a plan in place if they become positive for Covid 19. Jean narrated that since both she and her husband work in the hospital they have a spare room if one of them gets the virus. It was also liberating to hear these mothers opine that they do not see childcare and housekeeping as their sole responsibility. They have made it clear to their husbands, Filipinos and Kiwis that they must equally share the load even before the pandemic. It was, therefore, easier during the pandemic to schedule the care during weekdays and weekends, the pick-up from school and the household chores. They also expressed gratitude that New Zealand is a family-friendly country, and their working hours are flexible because they have kids.

The five Filipina nurses admitted that although they have not experienced racist attacks, they are aware that it can happen to them and their kids. Aside from teaching their kids how to defend themselves from the virus Covid 19 they also have to teach them how to defend themselves from racist attacks. The respondents, however, claimed that they have experienced incidents that they consider covert racism or modern racism. For instance, Tonia and Jean fought for the need to use a face mask when the pandemic started amidst refusal from their managers with disparaging comments that it's only practised by Asians in Asian countries.

It's evident from the Filipina nurses’ stories that they are more focussed on their agility and not the problems that they have endured. The Filipina nurses’ stories showed their ways of giving sense to what they experience and claiming lessons from what they have learnt and taught. Here are the Filipina nurses’ stories of struggles as they continue to work during lockdown

Nina: When I'm asked about the healthcare workers' struggles during the pandemic, the first thing that I think of is the safety of the Filipina nurses who are putting themselves at risk every day. And thankfully we have no death of healthcare workers in New Zealand.

I did not experience racial attacks during the lockdown, but I know that racist attacks against Filipina nurses are one of the struggles that we need to overcome. I've heard of stories in Auckland that some Filipina nurses especially the Chinese-looking ones were told to go home while riding the bus on their way to work. Sha: I remembered watching television and seeing how bad it was when COVID19 first hit the hospitals in the Philippines, the USA, and all around the world. My first reaction was to pray. I think that if it spreads in NZ, the hospitals will not be able to cope with the effects of this virus. Thankfully, the number of cases admitted in the hospital I work at was minimal, and since I work in a surgical unit, we do not admit patients with positive COVID-19. We, our family believe that there is still a high risk for me to get this virus so we made a plan that when I come home from work, I must immediately remove my uniform, wash it then go for a hot shower before I can touch anything and anyone inside the house. We even have an extra room in case one of us needs to isolate. But it's harder for Filipina nurses who have kids, there are other safety measures that we must put in place. My husband and I are both essential workers, so we still need to go to work during the lockdown. We were fortunate as my mother was in NZ during the first lockdown, she was the one looking after our children when we went to work. During the second lockdown, when the first Delta case came to NZ, I was on annual leave for a month as we moved to our new house. "So, I looked after our children and it worked well for us. If ever there will be another hard lockdown, like other Filipina nurses we must plan our schedules with our children as schools will still be open to essential workers. So, we can just juggle our time who can bring and pick up the kids to school.

Jean: It was hard during the first lockdown since I and my husband both

work at the hospital. We sent our youngest son to live with his grandparents, in case we get the Covid 19 Virus. We also had to sleep in different rooms. If I get it, since I worked in the covid ward my husband won't get it too and it was like this for 12 weeks when I was working in an isolation unit at the hospital. We're grateful that New Zealand is a family-friendly country, and our working hours are flexible.

Tonia: I remembered feeling anxious when the whole country went into lockdown and the healthcare workers were not allowed to wear facemasks. When Covid19 was declared a pandemic, I believe that wearing masks should be the main source of protection aside from the usual handwashing. The vaccines and covid pills were not available yet back then. It was like going into a battle without arms or a bulletproof vest. But my employer initially said that wearing masks should not be required as it was only practised in Asian countries. It seems that my employer was insinuating that Asians are inferior and that their belief in the need to use facemasks during pandemics should not be taken seriously. At the end, when a facemask was required, he sort of admitted that the issue was the limited mask supply. The primary school and preschool were closed during the first lockdown, so my husband had to work from home and keep the kids entertained. I believe that kids are very resilient, and it felt good that we have more time with the kids. But still, we were worried, and we must put in place processes to ensure that I don't bring the virus home. My husband had asthma and we lived with an older couple back then, so I had to be extra careful not to take the virus home. I disinfect every step of the way. We have moved into our new house after the lockdown, but we still follow the processes to ensure that we are all safe. Most young Filipina nurses are aware that they must equally share the workload of childcare and housekeeping even before the pandemic. It was, therefore, easier during lockdown to schedule childcare during weekdays and weekends, the pickup from school and the household chores. Zan: I would consider the lockdowns and different policies of the

govt as a struggle at first. Also, the different covid policies at work change now and then. But was able to adapt to these changes as time goes on. Haven't personally experienced any racial attacks. Filipinos are known for their resiliency. I believed this trait has helped Filipinos all over the world to succeed in their fight against this pandemic. Filipinos, also being family-oriented and religious have helped nurses with the support system they needed for this pandemic.

The second theme of their stories revolves around the Filipino culture and identity that helped them survive and thrive during the first year of the Covid 19 pandemic. The Filipina nurses talked about their work ethics and their confidence to take whatever challenge hurled at them making them valuable to the country's health sector. The Auckland District Health Board invited Hernandez to take the job as an infection nurse specialist when she was teaching nursing and completing her PhD at Massey University. Hernandez said that she knows that other Filipina nurses are also invited to jobs or asked to step up into new roles during the first year of the Covid19 pandemic. Most of these nurses grew up in the community, in a country where resilience is a must to survive and giving up is far from their minds.

Aside from the Filipino culture and identity as hard workers, their strong belief in God also helped them survive and thrive during the first years of the Covid19 pandemic. Here are what they said about the Filipino values, culture, and religious beliefs that enabled them to go through the lockdown.

Nina: The Filipinos value hard work and this helped Filipina nurses thrive during the lockdown. In New Zealand, Filipino nurses are in specialised areas of care such as critical and emergency nursing because of their willingness to upskill. The way Filipinos value hard work and their willingness to progress make Filipina nurses valuable. Even before the pandemic, Filipina nurses are known to work endless shifts from making up the beds of patients, to performing therapies, taking tests, and filling in documents. The Auckland District Health Board invited Hernandez to take the job as infection nurse specialist said that she knows a lot of nurses stepping up into new roles during the pandemic

Sha: Our strong belief in God and prayers helped us thrive during the lockdown. Looking at the news from other countries, we saw some health care workers who committed suicide during lockdown because they lost hope. But for Filipinos, in general, our faith in God gave us all hope that we can survive this pandemic and we have strong faith that this too shall end.

Jean: My colleagues respect me, and I had to work hard to prove myself. I think it comes with the job that as Filipino, we must work hard, and be resilient and tough. It's part of our values, it's who we are.

Tonia: I must admit that it was a very challenging time. Although compared to other countries, we probably did not experience as much hardship here in NZ. The number of cases was still manageable during the first lockdown. Through this, I learned to keep on trusting in the Lord no matter what happened.

The last theme is about Filipina nurses' guilt and feeling of not being able to be with their families and kababayans during the lockdown. They are aware that they should not feel guilty about not being in their home country as they are the not only of their home country's economy but also of their families back home.

Even if they are not in the Philippines, they still find ways to help like in the story of Sha in which she initiated fundraising for the nurses' protective gear in the Philippine Heart Center where she used to work

Nina: It was just unbelievable seeing what was happening in my home country from afar. And hearing news that 200 plus Filipinos die per day because of COVID broke my heart. The only thing I can do was to pray and pray especially for my family that they won't get the virus. It was just heartbreaking. There were days that I feel guilty that we are safe here and we are taking good care of the Kiwis but back home our kababayans are dying and we are not there to take care of them. There was this time that you no longer want to look at Facebook as every day someone you know passed away due to Covid. Sha: I have relatives who had COVID-19 but suffered only mild symptoms. But I have friends, two Filipino nurses working here that had to go home as their parents passed away due to Covid19. Since their parents' bodies

had to be cremated, they did not see their parents for the last time. It was a tough time for them and as a friend, I saw how they cried, wept, and mourned their loss. They spent time with their families and relatives but had to come back to NZ to work. Life goes on for my two amazing friends and I admire how they can cope with their loss. I think it's their faith in God that helped them stay strong. When the surge of this pandemic happened, I felt devastated for my colleagues who work at the Philippine Heart Center (PHC). "I worked in PHC for 5 years before I came to NZ. I saw in their social media posts how they had to wear heavy protective gear when they work. It was not easy to wear those PPEs. And there were times when the supply of the PPEs was insufficient, so they had to be resourceful. It's not only PHC who had limited supply but all hospitals in the Philippines. My friends and I had to raise money just to donate some N-95 masks for PHC. Some of my former colleagues were even hospitalized and isolated and after they recovered, they must go back to work again. They must go back to the same battlefield.

Jean: I have families and friends who had Covid19, and some passed away because of this virus. I cried when I go to bed as I reflected on what happened in those days. Hamilton's had an uncle and an aunt who died of Covid. She also had relatives taken to intensive care and they must chip in to help with the huge hospital bills.

My mother, brother and sister had covid but just with mild symptoms for weeks as they were all fully vaccinated. But I

appreciated it that my colleagues and patients were also concerned about my family back in the Philippines when they heard the news of how bad COVID-19 hit my country.

Tonia: My mother had the virus, and her symptoms mother had the virus and her symptoms lasted for months. It was hard to be away. I worry about her every night. On my husband's side of the family, three of his uncles passed away. There were also previous co-workers, and nurses in the Philippines who died of covid. It is distressing to read the social media posts of family and friends dying of Covid19 especially

because only those who have money can afford healthcare in the Philippines.

Zan: Have known some friends and acquaintances who had Covid and some even had hospitalization and some have died as well. I felt worried for the safety and health of our families back in the Philippines. Would always remind them to stay at home, be vigilant and keep safe.

4. CONCLUSION

#ListenToWomen This is the title of the first chapter of Kari Nixon's book entitled "Quarantine Life from Cholera to COVID-19: What Pandemics

Teach Us About Parenting, Work, Life, and Communities from the 1700s to Today." This chapter tells the tale of Lady Mary Wortley Montagu, a caring mother, wife of an English Ambassador and a brilliant writer and her struggle to bring smallpox inoculation to Western medicine after seeing it in Turkey in 1721.

Time and time again we have heard stories about the need to listen to women, especially during troubled times. Their stories captured the feelings and the context within which the Filipina nurses as storytellers expressed their struggles and anxieties, joy, and victories during the first year of the Covid19 pandemic. In the stories of these five Filipina nurses, they have passed on their experiences and knowledge to their friends, families and the people in our home country.

This paper might have a simple objective and that is to tell the stories of five Filipino women, nurses and mothers during the time of Covid but by telling their stories we have given them a voice. This voice ensures that life continues through the promotion of the minority's identity and culture. There are two points that the Researcher would like to raise from the istoryahan. First is the issue of racism.

A 2010 Human Rights Commission report suggested that one in two New Zealanders feel that the arrival of Asian migrants is changing the country in undesirable ways!

Filipino mothers working overseas like other Asian working mothers are experiencing greater exhaustion from protecting their children from Covid and their identities in the face of anti-Asian racism worldwide. As Covid-19 started in Wuhan China, the virus sparked a rise in racial and xenophobic abuse targeting Asians globally. In New Zealand, Asians become targets of racial discrimination. Two months after Covid 19 hit New Zealand, the Human Rights Commission reported that there was an increase in the complaints involving experiences of racism towards Asians — regardless of restrictions on

social interaction during that period. Last May 4, 2020, several newspapers reported that there was a rise in the number of parents taking their kids out of school for fear of being bullied.

The prevailing attitude seems to be that society has done away with the problem of racism through legislation. However, every time we are almost convinced that the world is rising above the muck of racism, we hear the news of racist attacks which reminds us of how little headway we have made.

The istoryahan like counter-storytelling ensures that their voices are heard. Living in a Covid world has brought more racism to the surface for Asians in New Zealand, but these Filipino women nurses are not willing to stand by and take the abuse. They have a warning they are prepared.

The second point is about the Filipino consciousness or kamalayang Pilipino.

Filipinos are known as hard workers not only in New Zealand but worldwide. The Filipinos overseas have to work harder than the people who have lived in that country they are in because they do not look like them, they do not speak like them therefore they have to work harder than them.

Each istorya shows how Filipino nurses navigate the struggles of working mothers during the pandemic in New Zealand. It's evident from the Filipina nurses' stories that they are more focussed on their agility and not the problems that they have endured. The Filipina nurses' stories showed their ways of giving sense to what they experience and claiming lessons from what they have learnt and taught.

The istoryahan highlighted the Filipino nurses' great work ethics. The Auckland District Health Board invited Hernandez to take the job as an infection nurse specialist when she was teaching nursing and completing her PhD. Hernandez said that she knows that other Filipina nurses are also invited to jobs or asked to step up into new roles during the first year of the Covid19 pandemic. But as they work harder in a foreign country, they also feel guilty for not being able to serve and take care of their own families, and kababayans.

The two pillars of Filipino virtue ethics are in two Filipino words loob and kapwa. These virtues of 'shared self', 'shared identity, or 'self-in-the other. are the reasons why these Filipino women nurses felt guilty about not being with their kababayans during the pandemic. (Reyes 2015). We have heard stories of Filipina nurses that their decision to become a nurse is a collective decision. Their decisions were mainly based on their family's financial ability to pay for the expensive tuition fees and the need to have someone in the

family travel and work overseas and send money home. (Dahl et al 2021). The Filipina nurses working overseas believe that they are part of a collective makes it hard for them to be away from that collective, from family, from kababayans, especially during the time that they feel they are more needed. The Philippines will always be home to the Filipinos. That is why we always say uwi ako instead of saying magbabakasyon ako.

The experiences of the Filipina nurses presented in this paper are their stories of highs and lows and are important to enable us to determine what the next step should be. These stories are important to help foster the energy and drive to enable us to determine what is the next step, especially for those in the service of human beings.

It's been said that women face increased risks of violence, exploitation, abuse, or harassment during times of crisis. The Filipina nurses' stories revealed that they are no longer the silent invisible minority who grew up in a culture of keeping quiet and working hard. Their stories showed their bravery as they acknowledged that the pandemic is a threat to their children's lives. Their voices should be heard and heeded.

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