Response strategies of Filipino nursing organizations in the US and UK under the VUCA conditions of the COVID-19 pandemic

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Abstract

The COVID-19 pandemic put immense pressure on healthcare systems globally, including those of highly developed countries like the United States and United Kingdom. During the pandemic, professional nursing organizations were the first to call attention to the disproportionate pandemic-related deaths among Filipino nurses. These organizations played a central role in addressing the various crises Filipino nurses faced due to their vulnerabilities as frontliners, ethnic minorities, and migrants in their host countries. Using the *Volatile, Uncertain, Complexity, and Ambiguous* (VUCA) framework, this monograph assesses the pandemic-response actions and strategies of PNAA and PNAUK, two Filipino nursing associations in the US and UK. The major themes suggest that the two organizations are multifunctional entities with the capacity to act as lobbyists, research organizations, and decision-makers when adapting, strategizing, and coping with VUCA conditions. These findings corroborate previous findings on the potentiality of diasporic nursing organizations in addressing the gaps in government

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support for migrant workers in the healthcare industry.

Introduction

The COVID-19 pandemic reinvigorated the discourse on bilateral migrant labor agreements between OECD countries and the Philippines, which remains the largest exporter of nurses worldwide (Buchan 2020). As of 2020, the International Council of Nurses reported around 240,000 Philippine-born and trained nurses working in OECD countries. The international economic context of these working arrangements have been broadly discussed, particularly in the mutual benefits of Western recruitment of skilled healthcare professionals from the Global South. In the past decade, scholars have warned of the potential risks of these arrangements on migrant workers as ethnic minorities in their receiving countries (De Castro et al. 2008; Vestal and Kautz 2009; Ortiga 2018). The pandemic exposed and, arguably, exacerbated the vulnerabilities of migrant workers in host countries where migrant labor in the healthcare sector is racialized (Nourpanah 2019; Vilog and Piocos 2021). This paper investigates the crucial role of professional organizations in responding to the Volatile, Uncertain, Complexity, and Ambiguous (VUCA) conditions faced by Filipino health workers in their host countries as frontline workers and ethnic minority migrants. Particularly, this paper will assess the pandemic-response actions and strategies of ethnic professional associations in the United Kingdom and United States from the second to fourth quarters of 2020.

The following analysis explores how two Filipino nursing organizations in

the US and UK are addressing the challenges faced by their respective communities during the COVID-19 pandemic. The primary sources used were written and released by the organization leaders in 2020, which may not necessarily reflect the views of all of its members, let alone non-members. One organization is not necessarily representative of all Filipino migrant nurses' interests and agendas in that host country. Hence, the following sections do not encompass a full ethnographic picture of how Filipino diaspora organizations are experienced, nor does it attempt to explain how effective they are at engaging individual migrants. Rather, the main objective of this paper is to identify the response strategies of organizations in addressing the VUCA characteristics of the pandemic in their respective contexts.

Background and Significance

The pandemic put immense pressure on healthcare systems globally, including those of highly developed countries like the United States and United Kingdom. The grueling challenges of high mortality rates and overwhelmed hospitals were compounded by labor shortages in these countries' respective national workforces (Charlesworth 2021). Prior to the pandemic, the excessive reliance of these high-income destination countries on nurses from the Global South has already been criticized vis-à-vis the ethics and risks of migrant labor (Buchan 2020; Fernandez 2020). The United States remains the top destination country for Philippine-trained nurses, of which 150,000 were reportedly deployed to the US as of 2020 (Buchan 2020). Filipino nursing organizations in America were forged in response to the continued legacy of imperialism in the modern American workplace (Choy

2003), as evidenced by the exploitative conditions of temporary migrant labor and the xenophobia faced by Filipino nurses from American colleagues (Capucao 2020; Jan 2020; Sreenivasan 2020). Most of these organizations have regional and state-level chapters to represent and mobilize Filipino and Filipino-American nurses across the United States. City and community chapters at the municipal level have also formed within states like California where one out of five nurses are of Filipino descent (Constante 2021).

Filipino migrant activism has also emerged in countries which lack the deep colonial ties that the US has with the Philippines. The UK in particular, is predicted to become more reliant on foreign-trained nurses from the Philippines to fill these gaps (Buchan 2020). As of March 2021, Filipinos comprised the second highest number of non-British registered nurses at the National Health Service as the UK faced the combined challenges of the pandemic and post-Brexit policies (Baker 2021). In 2020, the Philippine Department of Labor and Employment imposed an annual limit on outbound Filipino nurses to ensure that the Philippines will have a sufficient nursing workforce during the pandemic (POEA 2020). However, the UK later applied for exemption to this rule which was later approved by the Philippine Inter-Agency Task Force on Emerging Infectious Diseases (Depasupil 2021).

During the COVID-19 pandemic, professional nursing organizations were the first to call attention to the disproportionate pandemic-related deaths among Filipino nurses. Although Filipino nurses are recruited in high volumes in other countries, Filipino nursing organizations and their leaders

were particularly vocal and explicit in addressing the issues faced by Filipinos as ethnic minorities in the US and UK during the pandemic (Braw 2021). Nursing organizations in both countries highlighted how these problems may be linked to sociocultural factors, particularly the "culture of silence" among Filipino nurses abroad (Constante 2021; Kendall-Raynor 2020). Among the popular destination countries for Filipino nurses, the US and UK have the most active and, arguably, well-structured Filipino nursing organizations who explicitly raised the issues faced by their communities during the pandemic. In this vein, the case studies selected for this paper are two Philippine nursing associations that formed COVID-19 task forces to cater to the needs of Filipino migrant workers in the US and UK, respectively.

Research Question and Objectives

In line with existing literature on Filipino diaspora organizations and VUCA, the following research question will be explored: *How do ethnic professional organizations led by Filipino nurses in the US and UK cope with the VUCA conditions of the COVID-19 pandemic?*

This paper will investigate how US- and UK-based Filipino nursing organizations addressed the four concepts of the VUCA framework during the COVID-19 pandemic. The initiatives of Filipino nursing organizations in the US and UK are contingent on country-specific policies and challenges that shape conditions for Filipino migrants in their respective contexts.

For instance, US-based Filipino organizations play a crucial role in filling the research gaps in workplace equity in the American health sector, since Filipino nurses are more likely to do the "dirty work" characterized by increased exposure to high-risk wards and facilities (Ortiga and Rivero 2019). This was highlighted during the COVID-19 pandemic when it was found that 31.5% of all nurses in America who died of pandemic-related complications were of Filipino descent even though they only comprise 4% of total nurses in the US (Ramirez et al. 2021).

In the same vein, Black, Asian, and Minority Ethnic individuals (BAMEs) in the UK were reportedly more vulnerable to the disease, both within the healthcare industry and in the general public (Razai et al. 2021). Given the post-Brexit context, this is also embedded in the new perceived threat or external shock presented by the COVID-19 virus which increased anti-immigrant sentiments and animosity towards BAMEs, especially those of Asian descent (Pickup et al. 2021). Hence, the emerging activism of Filipino nursing organizations in the UK should not only be understood as the result of temporary migrants acting on urgent public health concerns during the pandemic. It should also be analyzed as the growing Filipino nursing community's assertion of its place in contemporary British society. Similar to their American counterparts, Filipino migrant organizations in the UK have begun to exhibit distinct agendas from Philippine-based nursing organizations.

Filipino nursing organizations in the US and UK

The long history of diaspora organization among Filipino nurses in the US was a product of migrant labor policies as much as it was shaped by the agency of the migrants themselves. On the one hand, this phenomenon stems from the structures created by the centuries-long colonial history of the Philippines and the US. As Choy (2003) argued, this niche pathway of recruitment traces back to the "train for export" Americanized model of educating and preparing Philippine-trained nurses to fill the labor shortages in the US. On the other hand, this era also saw a significant number of Philippine-born nurses opting to become a "more permanent part of the American nursing labor force" (59) rather than returning to the Philippines. This trend of permanent assimilation among Filipino nurses in the US has persisted since the 1960s (Lorenzo et al. 2007; Jose 2008).

Both these structural and human-driven factors are linked to the creation of Filipino nurse organizations in the US (Capucao 2020; Choy 2020). Moreover, it is important to note that their transnational, albeit diverse, interests eventually became rather "distinct from those of nursing organizations in the Philippines" (Choy 2020, 167). Migrant nurses forged new social identities from their transnational roles as a Filipino national and a member of the American workforce (Aguilar, 1996) as well as their sociocultural associations with the Filipino-American community. In this sense, the permanent presence of Filipino nurses in America is also embedded in the postcolonial context which underpins the longstanding ties of the Filipino people with the US (Choy 2003).

In the case of the UK, aspects of the train-for-export American model of nurse recruitment were replicated through credentialing and worker recruitment networks, creating temporary pathways from the Philippines to fill British labor shortages (Redfoot and Houser 2008; Calenda 2016). As Alonso-Garbayo and Maben (2009) found, Filipino nurses who opted to work in the UK rather than the US cited the former's contractual arrangements and looser pre-requirements as important factors. However, temporary arrangements do not necessarily discourage Filipino migrant groups from participating in political or social activism in their receiving country. For instance, Filipino migrant activists in non-traditional receiving countries such as the Netherlands may even leverage this lack of previous social, political, and cultural ties to their advantage. In the absence of preexisting connections with host society environments, migrant groups have the capacity for effective claim-making and democratic mobilization in the public sphere (Quinsaat 2015).

The Philippine Nurses Association of United Kingdom (PNAUK)

The Philippine Nurses Association of United Kingdom is a nonprofit organization led by Filipino nurses based in the UK. It was first established in 2004 as an international chapter of the Philippine Nurses Association. As mentioned by its interim chairman, the disproportionate pandemic-related deaths of Black, Asian, and Minority Ethnic individuals in the UK reinvigorated the organization's purpose. In response to these challenges, an Interim Committee was formed in 2020 with the mission of "shaping the future of

Philippine Nurses and nursing in the UK" (PNAUK 2020, 12). For its first official order, the committee decided to make PNAUK an independent, autonomous organization, citing its status as a chapter of the Association as an "encumbrance to its interests" (13). The rationale behind this decision is to allow the PNAUK to act upon its own agendas as a community of Filipinos who are "bound by the most recent Laws and Regulations of the UK" (12). Among the issues addressed by the PNAUK so far are the British Public Health Workers Pay Rise and the Philippine Healthcare Workers Deployment Ban. As of December 2020, PNAUK has 214 registered members.

The Philippine Nurses Association of America (PNAA)

The Philippine Nurses Association of America is a nonprofit organization established in 1979 for Filipino nurses based in the US. It currently has 55 chapters and more than 5,000 members in total. In 2001, the PNAA Foundation was established as the philanthropic arm of the PNAA aimed at providing support for the professional development of Philippine American nurses. Throughout the recent history of Filipino-American migrant labor, the PNAA was forged in response to the needs of US-based Filipino nurses across different political regimes and crises (PNAA 2016). As PNAA's incumbent president put it, the COVID-19 pandemic is set in a VUCA environment which challenged the ability of Filipino nurses in the US to adapt and cope (Garcia-Dia 2021). Similar to PNAUK, the PNAA sought to address the disparity of pandemic-related deaths among Filipino nurses as an urgent concern. PNAA formed a COVID-19 Task Force committee on April 4, 2020 to provide immediate relief for the Filipino and Fil-Am community

and propose long-term solutions for the healthcare industry. For the latter, PNAA collaborates with the National Coalition of Ethnic Minority Nurses Association on identifying the best methods for "culturally competent care for COVID-19 in minority populations" (3).

The COVID-19 Pandemic as a VUCA Phenomenon

The acronym Volatility, Uncertainty, Complexity and Ambiguity (VUCA) was first coined by Warren Bennis and Burt Nanus (1985) in their book entitled *Leaders: The Strategies for Taking Charge*. In 1987, the term was used by the United States Army War College in order to characterize the unstable geopolitical conditions that leadership strategies ought to address when the Cold War came to an end (Kan 2018). Since then, the four concepts of VUCA have been widely used across different disciplines in business and the social sciences.

Recently, Hoddy and Gray (2020) proposed the application of the VUCA framework to "distinguish between the different types of external challenges" (18) faced by human rights organizations during the COVID-19 pandemic. This was also supported by Murugan et al. (2020) who provided the following basic definitions of the four key characteristics of VUCA phenomena: *Volatility* is characterized by "rapid and significant change occurring over a period of time" (11). *Uncertain* situations or events are unclear or novel phenomena to which one has very little information on. *Complexity* results from multiple, interdependent decisions and factors. *Ambiguity* is characterized by a lack of clarity on what actions ought to be

taken. To understand how these concepts could be used to characterize the COVID-19 pandemic, Murugan et al. (2020) and Lehrner (2021) referred to the following diagram originally published by the Harvard Business Review:

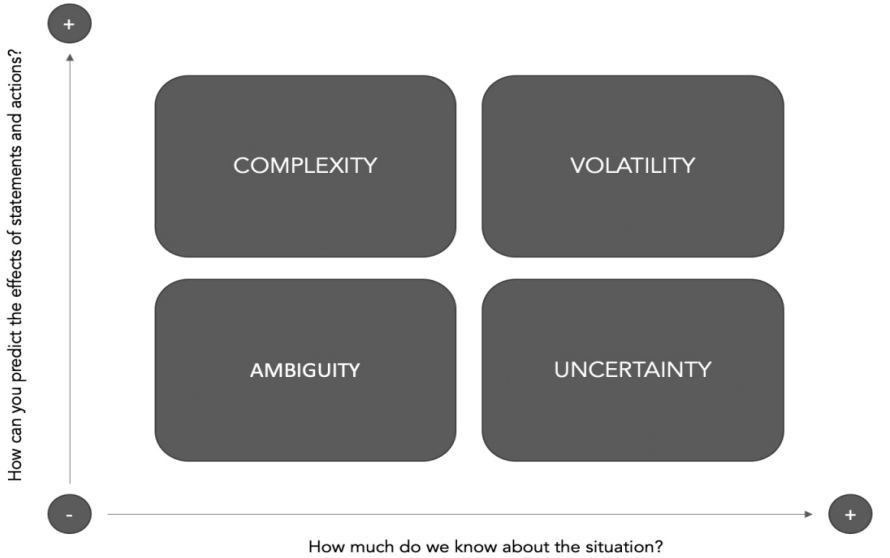

Figure 1. The VUCA framework with two axes and four quadrants. Diagram from Lehrner, Stefan. 2021. "Visegrad Countries and COVID-19: Is the Coronavirus Pandemic a VUCA Phenomenon?" *Przegląd Europejski* 2021 (1): 99–115. doi:10.31338/1641-2478pe.1.21.6.

This framework is organized along two axes and divided into four quadrants corresponding to each characteristic of the VUCA. The horizontal

axis refers to how much information is known about the situation or event, whereas the horizontal axis corresponds to how accurately one can predict the results of statements or actions taken (Murugan et al. 2020). Lehrner (2021) also adopted this framework to assess and compare the COVID-19 measures taken by the governments of Hungary, Slovakia, Poland, and Czechia from March to April 2020. Discourse analyses were conducted on the official COVID-19 policy statements released by the respective governments by classifying elements of every statement and close-reading them according to each of the quadrants.

In *Leaders Make the Future: Ten New Leadership Skills for an Uncertain World*, Bob Johansen (2012) proposed that leaders can effectively navigate VUCA phenomena in an increasingly turbulent world if they have the skill sets to "make sense out of volatility," "make concise what is uncertain," "make clear what is complex," and "make common cause with ambiguity" (215). Using the same acronym, Johansen summarized what leaders should exhibit to counter each of the four VUCA characteristics, respectively: *Vision*, *Understanding*, *Clarity*, and *Agility.* He argued that leaders can counter volatility with *vision*, in that they should lead organizations in their decisive pursuit of well-articulated goals during turbulent times. Uncertainty can be mitigated by the leader's ability to listen and engage their members in productive dialogue about crucial issues to improve the *understanding* of the problem. Complexity can be addressed through *clarity*, or the leader's capacity to see through messes and contradictions, know "what it is you don't know" about the situation (44), and produce a clearer direction for the organization. Finally, Johansen argued that ambiguity yields to *agility* or the

ability to respond and recover one's balance in new settings and conditions.

Drawing from the findings by Murugan et al. (2020) and Lehrner (2021) and Johansen's (2012) response framework, the following table summarizes the specific VUCA conditions of the COVID-19 pandemic as well as the corresponding attempts at mitigating these conditions:

Table 1. Characteristics of the VUCA framework and applications in the COVID-19 pandemic

Problem: **Complexity** ● Low knowledge about situation [a] ● Reasonable prediction of results of actions for factors that are known [a] Initial understandings of the symptoms and transmission of the virus were found to be contingent on several other factors. Blanket decision-making is based on general predictions and available data, but not all relevant factors. *Response:* **Clarity** ● Task forces with different functions should be formed involving various communities and groups to have a better grasp of these complex factors. [b] ● Reduce complexity by simplifying the information and statements communicated to certain communities for more effective mobilization. [c]	*Problem:* **Volatility** ● Reasonable knowledge about situation [a] ● Reasonable prediction of results of actions for factors that are known [a] New prediction models and basic knowledge on the virus are available but it is evolving rapidly, as evidenced by new variants. *Response:* **Vision** ● Use the available data and insights to create a decision-making process. [b] ● Supply and demand of standard personal protective equipment (PPEs) should be regulated to prioritize those most vulnerable to new variants.[c]
Problem: **Ambiguity** ● Low knowledge about situation [a] ● Low predictability of results of actions [a] Countries faced dilemmas as to whether they should impose a complete or partial lockdown. Causal relationships cannot be established since very little was still known about the virus and its patterns of transmission. *Response:* **Agility** ● Experimentation should be done as necessary with the intention of updating and revising guidelines based on new information. [b] ● Evaluation of measures should be done gradually. Effectiveness of existing measures should be evaluated before revising or adding new ones. [c]	*Problem:* **Uncertainty** ● Reasonable knowledge about situation [a] ● Low predictability of results of actions [a] There is some basic knowledge on the virus but transmission models failed in predicting its spread. More nuanced information is needed. *Response:* **Understanding** ● Government should be urged to communicate basic measures clearly to the general public and prioritize protecting those who are more vulnerable. [b] ● Collection of data from the grassroots level to better understand how the virus spreads (i.e.) who it affects) to determine future strategies and courses of action. [c]

[a] See page 11 of Murugan et al.; [b] See pages 103-108 of Lehrner; [c] See pages 12-13 of Murugan et al.

Sources: Lehrner, Stefan. 2021. "Visegrad Countries and COVID-19: Is the Coronavirus Pandemic a VUCA Phenomenon?" *Przegląd Europejski* 2021 (1): 99–115; Murugan, Sathiabalan, Saranya Rajavel, Arun Kumar Aggarwal, and Amarjeet Singh. 2020. "View of Volatility, Uncertainty, Complexity and Ambiguity (VUCA) in Context of the COVID-19 Pandemic: Challenges and Way Forward." *International Journal of Health Systems and Implementation Research*.

For this analysis, a similar approach will be employed. Reports and newsletters released by PNAA and PNAUK will be used to identify the organizations' projects and initiatives in response to the pandemic in the US and UK. The sources will be close-read and statements pertaining to the organization's pandemic-related activities will be categorized according to the four VUCA conditions and the four corresponding responses summarized in Table 1. The following sections cover ambiguous/agility, complex/clarity, uncertainty/understanding, and volatile/vision, respectively.

Agility in ambiguous times: New aims and approaches

In the US, the pandemic-response initiatives of Filipino nursing associations should be contextualized within their long-established roles at mobilizing the Filipino community at the regional and local levels. Two ambiguous scenarios were especially pertinent to the Filipino and Filipino-American communities in the US when the pandemic unfolded.

The first occurred on the onset of the global outbreak during the first quarter

of 2020. Most nation-states became cognizant of the novel SARS-CoV-2 virus as early as January but "evolving and, at times, ambiguous and contradictory messages" were circulated on its mode and rate of transmission (Singh et al. 2021, 5). Hence, many governments were initially not compelled to impose emergency lockdowns because of ambiguous and limited knowledge on the virus. This tendency of nation-states to implement containment measures only after "substantial intra-country spread was evident" proved detrimental to the overall global health system (13). For instance, when the Centers for Disease Control identified America's "Patient Zero" in January 2020 who was promptly isolated and treated, the authorities assumed that the virus had been contained (Solinas-Saunders 2020). However, it was discovered that the situation was not under control when cases rose among patients with no prior contact with Patient Zero or recent travel history. Tighter restrictions were only implemented once the virus turned out to be highly unpredictable (O'Brien, McMahon, and Hellerman 2020).

The actions taken during the initial stages of the pandemic exposed how politically-motivated decision-making could worsen ambiguous conditions. As Solinas-Saunders (2020) argued, the US federal government had at least three evidence-based response options according to the CDC's recommendations yet they opted to rely "less on facts and more on political instincts" (714) in handling these ambiguous conditions. The influence of medical and disease control agencies such as the CDC were rather limited in top-down decision-making during these initial stages. While their recommendations were considered by political entities, they were not necessarily enough impetus for rapid implementation of nationwide measures.

Despite these limitations, non-government professional organizations operating at the subnational levels have the capacity to implement these recommendations within their regional or local areas. This was best embodied by the Philippine Nurses Association of Tampa Bay, a local chapter of the PNAA, which voted to cancel PhilFest 2020, an event hosted by the Philippine Cultural Foundation with an annual attendance of 15,000 people. Upon considering the recommendations of the CDC and the World Health Organization, PNA Tampa voted to cancel these large gatherings. This exemplifies the crucial role of professional organizations in applying evidence-based interventions at the grassroots level even when the politics of national leadership fail to do so under VUCA conditions. This was also evident when attempts at economic revival resulted in infection surges exacerbated by the Americans' varying degrees of compliance with rules on mask-wearing and social distancing (PNAA 2020h, 4). To cope with these new ambiguities, a more agile communication system was put in place for all of PNAA's ad hoc and committee meetings. The four regional vice presidents also facilitated and moderated town hall-type conversations with Filipino nurses in their respective areas.

In the British context, migrant-led nursing organizations were recharged by the need to navigate a dynamic post-Brexit, mid-pandemic UK. The initial phase of the pandemic in the UK was characterized by ambiguity, and the stringency of British lockdown measures were relatively similar to their American counterparts' from the first to last quarter of 2020 (Financial Times 2021). However, most Filipino nursing organizations in the UK did not have the same mobilizing power as long-established American organi-

zations like the PNAA until recently. During the initial surge in the UK, politically charged discussions on ethnicity and the British healthcare system arose from speculations that two Filipino healthcare workers' deaths were linked to inadequate Personal Protective Equipment (PPE). The Philippine Embassy raised the concerns of Filipino nurses to the British government in an official statement, vowing to monitor and assist the situation in close coordination with Filipino British community organizations (Embassy of the Philippines in London 2020).

This became an impetus for the PNAUK to form an interim committee to formalize the process of becoming an independent organization from the PNA, citing the need to address the ambiguities faced by the Filipino British community. During this process, PNAUK reviewed its bylaws and created a governance framework based on its initial understanding of the situation. To cope with ambiguity, they divided the organization into two cohorts covering healthcare and non-healthcare concerns, respectively, with emphasis on the former. The main rationale behind this restructuring was to improve the organization's capacity to lobby for and address the specific needs of Filipino healthcare frontliners. Meanwhile, a partner organization called Filipino UNITE was established in April 2020 with the broader purpose of assisting Filipino individuals and families in the UK during the pandemic. In the case of Filipino nursing organizations in the UK, agility was demonstrated by forging a common cause out of the ambiguity of the situation.

Countering complexity with clarity: Task forces and targeted initiatives

The PNAA sought to address the overlapping concerns during the pandemic through a multifaceted pandemic response plan. First, a COVID-19 Task Force committee was formed to embody three main functions: assess the impact of the pandemic on the Filipino community; initiate fundraising efforts to support critical, intermediate, and long-term interventions; and initiate programs for the benefit of nurses and the healthcare delivery system in the long haul (PNAA 2020b, 2). For efficient delivery of these goods and services, designated regional chapters and subchapters of PNAA responded to area-specific circumstances of their Filipino communities as they saw fit. Given the vast geography of the US and the different needs of each community, most of the task force initiatives were best executed at the subchapter and chapter levels. Immediate response initiatives such as food, donation, and PPE drives, elderly assistance services, and basic necessities distribution for both front liners and non-healthcare workers were carried out by the PNA chapters in Georgia, Maryland, Hawaii, Houston, Nashville, New Jersey, San Diego, Arizona, Florida, Illinois, and New York. Some were specifically targeted at Filipino nurses or the Fil-Am community in the area, but many chapters also organized initiatives that benefitted the general public or other vulnerable groups like refugees and homeless people.

Due to the complex factors contributing to infection rates, the task force also saw the need to reduce information overload and ensure that they are communicated to the most vulnerable populations (PNAA 2020h, 4). For

instance, the Arizona East Valley subchapter collaborated with the Arizona Asian Chamber of Commerce to raise awareness on depleted PPE supplies. Meanwhile, the Hawaii chapter assisted in the translation of health-related information into Filipino dialects, including Tagalog and Ilokano. PNAA also partnered with the Philippine embassy in several states to assist Filipinos with J-1 visas who became unemployed due to the pandemic. Since each state has at least one PNA chapter, the organization was better-equipped at making consular services more accessible to Filipinos in areas with no nearby embassies. Even before the COVID-19 pandemic, Filipino and Fil-Am nurses were already active in delivering consulate services to such Filipinos in the tri-state area. (PNAA 2020e, 55).

Ethical dilemmas also rose with increasing COVID-19 hospitalizations which pushed hospitals to the brink of exhaustion. For many Filipino nurses in the US, hospital environments became increasingly stressful and morally challenging since triage systems were influenced by complex factors such as financial capacity, race, gender, insurance type, and employment (PNAA 2020h, 14). PNAA provided psychosocial and faith-based support for nurses who, on top of the issues faced by the Filipino American community, experienced the psychological and emotional impacts of these traumatic situations (PNAA 2020i, 4-5).

By the third quarter of 2020, Filipinos in the US faced a trifecta of complex problems combining the pandemic, economic downturn, and sociopolitical unrest (PNAA 2020f, 4). In October, the PNAA aligned its grassroots activities with clearer organization goals by streamlining information flows from

the bottom-up. Three key efforts were conducted in pursuit of this objective. First, committees and the task force worked together in ensuring social media pages are constantly updated with news and information. Second, the President and Executive Director attended monthly meetings with Regional Vice Presidents and Chapter Presidents to align regional and local projects with the overall goals of the organization. Lastly, the Executive Board met monthly with the Advisory Council to align motions with the PNAA's overall mission and objectives (PNAA 2020h, 5).

The organization also announced that it would address complexity by pursuing clarity through nuanced, targeted approaches. As such, six initiatives were carried out by the Executive Board to meet the five main goals set for the next two years. First, Ad Hoc Task Force committees were appointed under three crucial areas of concern, namely the Office of International Affairs, PNAA Legacy Building, and the COVID-19 Task Force. A lease agreement was then completed between the PNAA and the PNAA Foundation to fund the projects. Subsequent budget approvals were acquired for projects aimed at optimizing the PNAA website as well as applications for liability and cybersecurity insurance of the organization. Legislative support was organized for two bills crucial to the Filipino American community: HR 2908 (Filipino Veterans Family Reunification Act) and HR 7663 (Protecting access to post COVID-19 Telehealth Act of 2020). Interagency collaborations were also fostered with other organizations in the American healthcare community. Lastly, a policy was approved to support the formation of special interest groups within the organization for more flexibility (PNAA 2020h, 5). Through these efforts, the PNAA simultaneously stream-

lined and diversified its efforts in pursuit of clarity. By leveraging its access to a broad range of experts and connections, PNAA sought to identify and tackle the key factors contributing to the complex trifecta of problems affecting Filipino nurses as well as the broader Filipino American community.

As mentioned earlier, nursing organizations in the UK are relatively younger and smaller, hence they did not have the robust scope and access to resources as the PNAA. In this case, addressing complexity often involves interorganizational collaborations and projects.

For instance, Filipino UNITE collaborated with 25 other organizations and agencies in addressing concerns of Filipino communities across the UK and delivering professional services during its first five months. Various services were provided through the respective expertise of the following partner agencies: embassies (migration services), professional organizations (healthcare and legal services), local community organizations (basic needs), solicitors (legal advice), professional body and union (work-related advice), job agencies (employment), charity organizations (basic needs), church (pastoral care and personal support), and minority ethnic groups (international and local policies).

In the same vein, PNAUK used a "multidisciplinary team approach" to deliver its interventions which involved a range of stakeholders and professionals such as "nurses, lawyers, academics, religious, mental health specialists, entrepreneurs, hospitality and catering industry, domestic support, human resources, and information technology experts" (PNAUK 2020, 2).

Filipino UNITE also set up a helpline during its first six weeks to provide the immediate basic needs of the broader Filipino British community, as well as Filipino nurses' more specific inquiries on government funding and employment concerns. In lieu of assigning intraorganizational task forces or committees, PNAUK tends to collaborate or outsource from specific fields of expertise when tackling complex problems.

Understanding the unclear: Impact assessments on specific groups

With the curve flattening during the second quarter of 2020, the focus of American pandemic policies in the US was to create a "new normal" where social distancing and eased regulations can allow businesses to reopen. However, this was dampened by the realization that while "algorithms and predefined response plans'" are useful tools for policy-making, "changing worldviews, culture and paradigms" are integral to their implementation (PNAA 2020b, 13). To determine how future "new normal" strategies should be applied, rigorous research was needed on how the virus affects different groups and demographics.

In order to understand how the virus affects Fil-Am communities, the PNAA planned and initiated three levels of impact assessment in April at the member, organization, and community levels. First, information on members and individuals from the Filipino community affected by the pandemic were collected and summarized. These were conducted with the intention of tracing COVID-positive frontline workers, their families, and colleagues, as well as the hospitalizations and deaths of these individuals. Second, the

four regional chapters of the PNAA analyzed the anecdotal reports and insights from their members who worked on the frontlines within their locale. Each chapter synthesized these findings and created recommendations as to how PNAA could best support their members, specifically those who tested positive. Lastly, the organization compared and contrasted the long-term implications of the pandemic to the general public, the American healthcare industry, and the future of nursing as a profession. PNAA also evaluated the community-level impacts of the virus in terms of health and mental well-being of their members' families, neighborhoods, and the general public (PNAA 2020b, 3).

From July to August 2020, PNA Metropolitan DC (PNAMDC) chapter raised the need to understand the evolving needs of Filipino and Fil-Am nurses during the pandemic which led to the "Emotions Behind the Mask" project. PNAMDC distributed a survey to collect data on Filipino and Fil-Am nurses' mental and emotional well-being and coping mechanisms, following up on reports that they were experiencing the effects of the pandemic disproportionately (PNAA 2020g, 14). The results found that 53% of all respondents (n = 161) have family members and friends who contracted the virus. Almost 50% were reported to be more worried, whereas the other half were more optimistic about the pandemic situation in America. However, 85% mentioned that their topmost worry was their families' exposure to the virus followed by their own safety, given the nature of their work. Although 82% of the respondents were open to sharing their emotions, an emerging concern was raised on the increasing occurrence of "second victim syndrome" among Filipino clinicians. PNAMDC concluded that criti-

cal to the healing process of Filipino and Fil-Am nurses who experienced these traumatic events are the ongoing dialogues on mental health as well as "the provision of opportunities and resources to support these processes" (PNAA 2020g, 13).

By the fourth quarter of 2020, a surge in infections led to the highest recorded number of COVID-19 hospitalizations and deaths in America. In October, PNAA decided to reassess its performance in addressing the uncertainties faced by Filipino healthcare workers (PNAA 2020g, 4). Weekly COVID-19 reports from April to October were used to gather data from local chapters to assess the organization's performance and needs. An engagement survey was also conducted to identify "membership needs, areas of concern, and improving services and communication" (4). A PNAAF grant was also used to conduct an Infection Prevention and Control survey and a listening session with the CDC, in which three experts were assigned to assess and translate all training material to Tagalog. Concerted efforts were made by the executive board at "pausing to listen to issues raised by chapter leaders" and to promote grassroots engagement with the Filipino community (4). These strategies attest to the capacity of professional diaspora organizations at bridging vulnerable ethnic communities with national agencies such as the CDC to improve understanding and reduce uncertainties.

In the British context, the urgent role of such organizations in collecting data from the grassroots and coordinating these insights with national agencies are even more pronounced. During the second quarter of 2020, PNAUK reached out to the International Council of Nurses to investigate

if infections and death rates were higher among Filipino nurses than other groups. Two potential factors were raised during this investigation. First, it was found that Filipino nurses had less access to PPEs which adds further evidence to the initial speculations on the disproportionate number of deaths among BAME nurses. Second, Filipino nurses were more likely to work in high-risk environments because they are less likely to speak up when they are given assignments in the workplace. Similarly, they found that "many Filipino nurses felt an 'obligation' to follow instructions from their employers as immigrants on a visa, even if it meant they were put in harm's way" (Ford 2020, 16).

Retrospective focus group data collection was also conducted on the Filipino British community through the "Emotions Behind the Mask" project. Similar to the survey of the same name distributed by PNAMDC, the aim of the survey was to "evaluate and better understand the emotions, circumstances and coping mechanism[s] in regards to the COVID-19 pandemic among the healthcare workers" of Filipino descent in the British healthcare system (PNAUK 2020, 16). The project enabled PNAUK to have a better understanding of Filipino healthcare workers' situation in the UK and to realign its objectives to these evolving needs. With the increasing evidence and political pressure from professional diaspora organizations and the support from international entities, the British government recognized racism as a key factor in BAME deaths by June 2020 (Caneja et al. 2021).

Defining vision during volatile times

During the second quarter of 2020, PNAA launched the HEAL Our Nurses Project after the COVID-19 task force gathered data on Filipino frontline nurses, analyzed the reports, and evaluated the impact of the pandemic on nurses. Upon conducting this assessment, the task force identified the immediate concerns of psychological trauma and volatile circumstances as frontliners, which also has secondary and tertiary effects on their families and communities. The assessment enabled PNAAF to raise funding for mental health support for Filipino nurses to address the unequal access of Filipino nurses to psychological support in America (PNAA 2020b, 16; 23; (PNAA 2020e, 16). The insights from "Emotions Behind the Mask" were used to design and implement the Kabalikat project which provided resiliency training and peer-to-peer support. In the absence of government initiatives targeted at the Filipino nursing community, PNAA not only sought to fill the gaps through its own projects but also lobbied for the interests of Filipino nurses at the political level. This was exemplified by PNA-New York's campaign for Filipino nurses' access to PPE and mechanical ventilators, which they lobbied with members of Congress and the senator representatives.

The capacity of PNAA to adapt during volatile times became most evident in October 2020 when cluster outbreaks unfolded across the tri-state area of the US as the pandemic was exacerbated by the "changing guidelines, PPE shortage[s] and social unrest" (PNAA 2020h, 4). During the third quarter of 2020, PNAA stated that it was "essential to accept and embrace change

and define a vision to provide directions" as the organization adapts to the new normal (4). As such, a new president and executive board was appointed who then set five objectives based on the organization's new vision for the next two years: improve membership recruitment and retention, provide professional development support and mentorship, instigate interagency collaborations, increase external organization visibility, and strengthen business infrastructures.

Meanwhile, PNAUK lobbied to have the Philippine Healthcare Workers Deployment Ban lifted to enable incoming Filipino nurses to enter the UK. Meet and greet focus groups were conducted for new cohorts of Filipino nurses who arrived under post-pandemic circumstances to improve the onboarding process. In July 2020, an independent organization called the Filipino Nurses Association United Kingdom (FNAUK) was established to signpost members "to the right place if they have specific issues that need to be addressed" (FNAUK 2020, 3). Given how the UK addresses the needs of minority migrants under the umbrella of BAME, the specific issues disproportionately affecting Filipino nursing communities tend to be neglected. This new association was founded to give Filipino nurses in the UK a platform to identify and address the nuanced issues they face.

Conclusion

These strategies suggest that organizations composed of and led by Filipino nurses in the US and UK were key social actors in addressing their communities' needs during the pandemic. These organizations' involvement in identifying and alleviating the VUCA conditions of the pandemic proved to be indispensable, given the lack of data and policies specifically targeted at the Filipino nursing communities. Ethnic nursing organizations in America such as PNAA exemplify the capacity of long-established networks in mobilizing their communities from both the top-down as well as the bottom-up levels. As such, it is highly recommended that the subnational and national levels coordinate with PNAA in order to efficiently and effectively address the urgent needs of the Filipino nursing community during public health crises. In the long-run, PNAA's proven capacity not only as a key lobbyist but also as a research organization should be harnessed at the state and regional levels of policy decision-making. The insights from these projects have not yet been maximized to their full potential due to the gaps between the civil society and political levels. Hence, the data collected by task forces and the subsequent projects of the PNAA should be used as a template by the governing bodies to address the evolving issues and needs of the communities. Although the nursing organizations in the UK are considerably younger than their American counterparts, they have similarly proven their capacity to collect data and derive insights from the grassroots to inform national agencies' policy decisions. Most of these initiatives can be further strengthened via deliberate efforts by the British government in building fully-fledged networks of coordination with organizations like PNAUK and

FNAUK. Beyond the immediate delivery of goods and services, these two organizations exhibited the same capabilities as PNAA in terms of adapting, strategizing and coping with VUCA conditions accordingly from an organizational level. Both governments should harness the resilience of these organizations to amplify their roles not only within the Filipino nursing community, but also in the general public.

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