

Towards a healthcare- education-migration nexus:

*How healthcare worker mobility
becomes entangled in the Australian
international education sector*



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SYDNEY

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Funded by ARC (DE240100074)

CGHE 2026, Oxford and online

I recognise and pay respect to the Elders and communities of the unceded lands on which I live, work and learn, the Gadigal and Wangal peoples of the Eora Nation.



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Researching Australia's migrant and mobile healthcare workforce



How do healthcare workers, students, and their families, navigate relationships, care and connections in the context of international mobility?

This project aims to investigate the experiences of Australia's migrant and mobile health workforce in the context of severe worker shortages worldwide. It will explore how healthcare workers' family relationships and informal care responsibilities shape their migration decisions, experiences in the workplace and plans for the future.

People who provide healthcare are more than just workers. They live multidimensional lives in which their professional skills, home environment, national identity and personal histories and biographies are crucially important in their migration decisions. Yet, current attempts to attract and retain healthcare workers are often overly centred on professional skills, rather than on healthcare workers as members of families, networks and

Study Design



Stage 1: Interviews with health workers and connections

- Health workers who have migrated to Australia (or want to)
- Family, friends, colleagues of health workers who have migrated to Australia (or want to)
- Australian-trained health workers who have worked overseas (or want to)



Stage 2: International healthcare students (PhD Project)



Stage 3: Interviews, focus groups with industry stakeholders

Siwen Liu

Dr Sasha Block

International education and skilled migration: “Untapped potential” or “visa hoppers”?

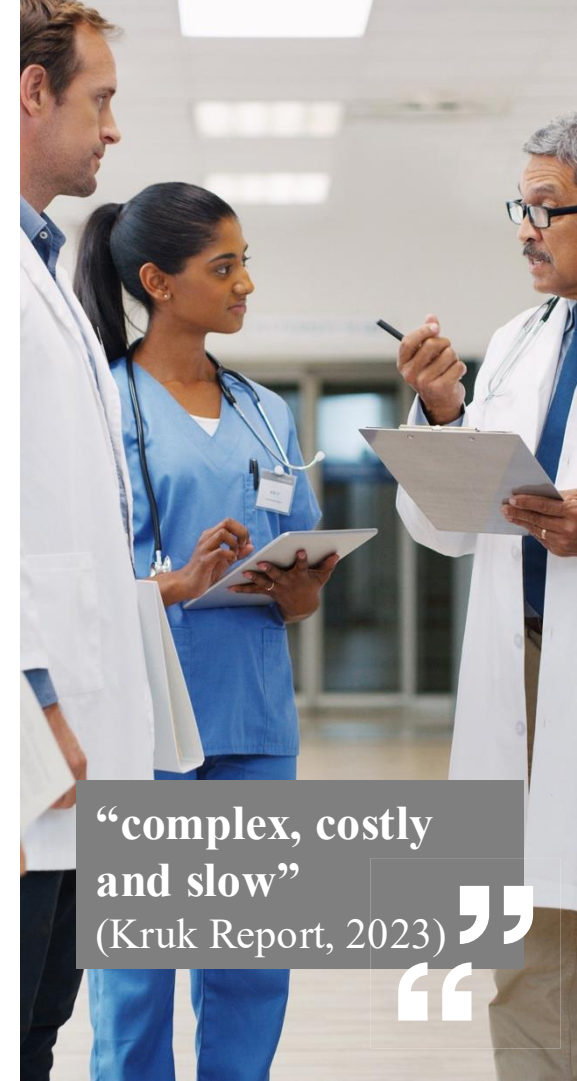
- **Education-migration nexus** (Robertson, 2013)
- **Edugration** (Brunner)
- **Ideal migrants** (Hawthorne, 2008)
- **Education-work-migration nexus** (Tran et al., 2025)
- **Visa determinism** (Azeredo and Castedo, 2025)



Healthcare worker migration

Much wanted workers, but highly regulated professionals

- **Costly, complex and convoluted registration processes**
 - multiple exams (cost, location, frequency), bureaucratic documentation, assessments of skills and experience, tough English language requirements, missing support.
- **Multiple pathways**
 - depending on country of qualification, level of experience, specific profession
- **Expensive and protracted visa processes**
 - delays and volatility in rights and requirements



“complex, costly
and slow”

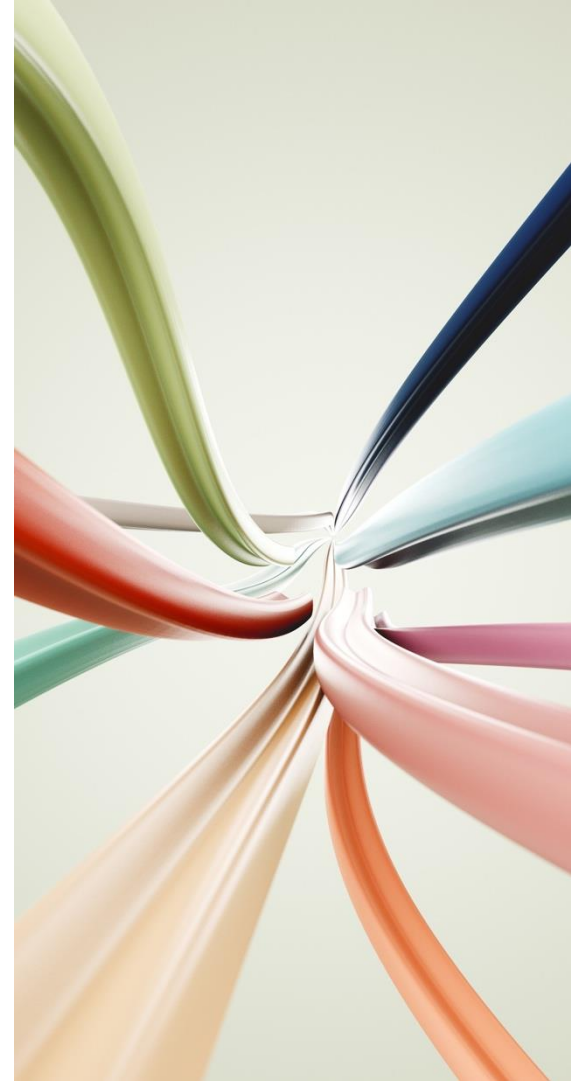
(Kruk Report, 2023)



Healthcare-education-migration nexus

5 exemplary entanglements

1. International education as a **safety net** for migrant healthcare workers
2. International education as **personal and professional development**
3. International education as **vehicle for mobility desires**
4. International education as a facilitator of an **ancillary healthcare workforce**
5. A **relational mobility pathway for skilled partners** of international students



International education as a safety net for internationally-qualified healthcare workers

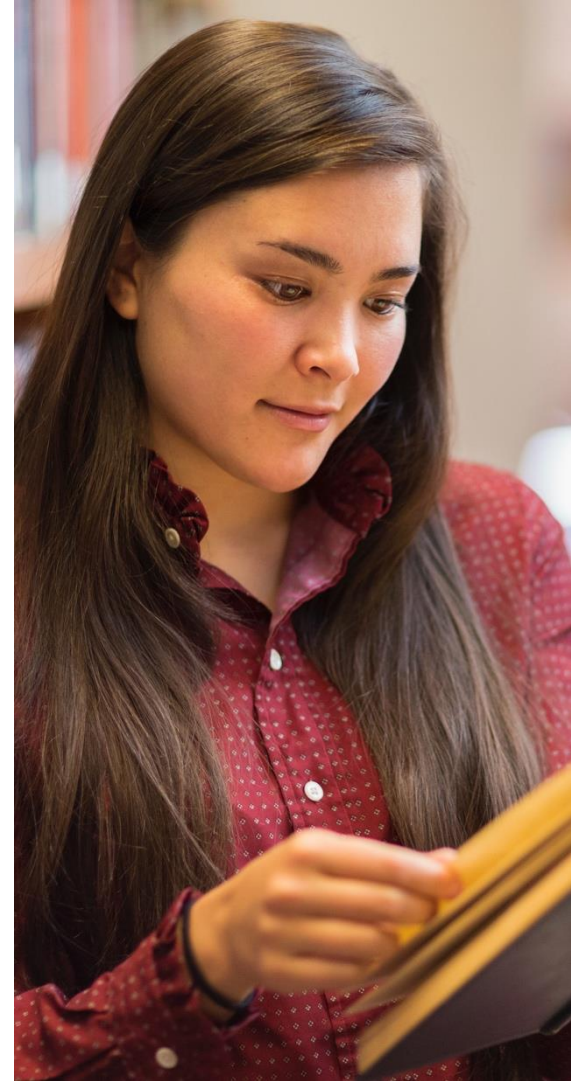
“If I take the student visa pathway, it’s more expensive than taking the exam. But it’s more risky if I take the exam, so what if it’s not a really good result? Yes, I also consider that.”
(Cherry, Physio, F, 18-24, Philippines)

“I could be a registered nurse applying for my PR. Then I want to apply for the citizenship because I already spent five years here in Australia. [...] But as I didn’t [pass the exam], now I’m in this bridging waiting for the student [visa].” (Catalina, Nurse, F, 25-34, Chile)



International education as personal and professional development

- Australian Government's Migration Strategy: “the primary purpose of a student visa is to study” (2023: 38).
- See themselves as students, prioritise studies but also considered pathways to practise career
- Postgrad studies (esp public health) – “life goal” or career change
- Entangled education-migration systems provide an option to remain in Australia, to work in healthcare with additional skills gained through their studies, or a back-up plan (healthcare work) if their new chosen career failed to eventuate.



International education as vehicle for mobility desires

“If somehow we aren’t able to clear the exam, then I can apply for student visa. But **it’s just the last option**. [...] I’ve been working here in India around nine years. So, the student visa is not exactly good. First option obviously is PR, permanent residency. If I take a student visa and do student visa in ... **anyhow I just want to go to Australia.**” (Meenakshi, Physio, F, 25-34, India)



“I didn’t have much of an expectation to stay to be honest. **I just was testing the waters.** I actually liked it. I came here as a student, so it was the whole process of student visa to student visa to stay here. [...] I started studying English which wasn’t too necessary because I was an English teacher back home. [...] That was my first visa. Then to stay here I had to renew my visa with a Diploma of Business which has nothing to do with me but *I just wanted to stay here and buy more time.*” (Rosa, Physiotherapist, F, 35-44, Paraguay)





International education as provider of an ancillary healthcare workforce

“It’s fine. It’s what it is and it’s what’s giving me the opportunity of earning money to get my paperwork sorted and my registration sorted. So I’m grateful for that. But I wish I had the autonomy already, that’s why I’m doing the limited registration path, that is under supervision. They haven’t accepted yet because I didn’t have a valid English test.”

(Rosa, working as Allied Health Assistant, qualified physio and English teacher)

Relational mobilities: skilled partners of international students

“I tried to start the process of getting my qualifications straight away. The information was so unclear that I literally had to call them when I arrived. Still, the information was quite unclear. I started the process, and I realised it’s so expensive. It will take me at least a year because **even to get the date for the test would have taken me a year**. I felt like I don’t have this timing, so I’ll do something else. **With all the price and the cost, I just postponed that. That wasn’t a priority at that time.**” (Mateo, Physio, M, 35-44 Chile)



Recent parent migrants earn 3-5% lower hourly wages than non-parent migrants (CEDA 2024)

“Another nurse in the aged care told me, [...] ‘When you have your registration, I have job for you.’ [...] But **I have to work. I don’t have the time to sit down.** [...] I started studying. [...] It’s not easy. You have to go, you have to pick up the different school, daycare. [...] **When he’s in daycare, I have to work. You don’t have family to help look after him [...].**” (Laura, Nurse, F, 35-44, Chile)


Towards a healthcare-education-migration nexus

- International education and skilled (healthcare) migration are entangled in multiple ways that are not always obvious
- International students are not always young and at the beginning of their professional lives (not linear student > worker pathway) – temporal reframing of student migration
- **Student visas mitigate some of the structural barriers to skilled migration**
- Could be unforeseen consequences of restricting student visas and/or ‘visa hopping’
- Look beyond visa categories to understand how systems are working in practice

Original Manuscript



Towards a Healthcare– Education–Migration Nexus: How Healthcare Worker Mobility Becomes Entangled in the Australian International Education Sector

Leah Williams Veazey 

Abstract

Healthcare worker migration and international student migration have received extensive attention in public, political and scholarly discourse. The COVID-19 pandemic highlighted Australia's fraught relationship with students and healthcare workers from overseas and these tensions persist. Despite these parallel tracks of concern, the connections between healthcare and education migration have been underexplored. Building on Robertson's 'education–migration nexus' and grounded in Wyss and Dahinden's 'entangled mobilities' approach, the paper proposes the *healthcare–education-migration* nexus as a framework for understanding the interdependencies of international education and Australia's healthcare workforce. Drawing on in-depth interviews with overseas-trained healthcare workers, this paper presents five 'exemplary entanglements' between these two domains, often characterised as operating under different structural, regulatory and discursive regimes. The findings show that international education underpins the mobility pathways of healthcare workers in Australia. With policymakers proposing restrictions on student migration, this paper points to potential unintended consequences for Australia's struggling care economy.

Keywords

healthcare worker migration, international students, Australia, migration, skilled migration

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