POSITIONING MIGRANT PHYSICIANS AS DR. HORROR AND DR. NICE:
A study of status and affect in online discussion forums

Abstract
While ethnic hierarchies and labour market enclaves are commonly discussed at the macro level, this study focuses on a less explored area of research, namely, the study of ethnic and professional hierarchies on the level of mediated discourse. Taking various kinds of online discussion forums as the empirical entry point, this article sets out to answer if and how ethnicity, migrant background and/or language skills emerge as new hierarchical logics beside divisions, such as gender and education, when professional status is assigned online. Drawing on affect theory and the notion of status conflict, this article argues that in Finnish online discussion forums, the high-skilled migrant care worker is envisioned as a paradoxical figure who at the same time is seen as a saviour from abroad and an “affect alien” who causes confusion and discomfort. Both positions, the article argues, are the fruits of a narrow discursive construction of the commodified high-skilled migrant as “a servant” for our needs.

Keywords
Globalising health-care industry • migrant physicians • online discussion forums • status conflicts and affect

Migrant physicians are working in Finnish healthcare centres and hospitals in increasing numbers (Aalto et al. 2013; Kuusio et al. 2010). From the point of view of patients and the general public, the change towards a more linguistically and ethnoculturally diverse pool of high-skilled healthcare professionals requires abandoning ingrained ideas about migrants mostly having the so-called Three D-jobs (dirty, dangerous and difficult). In turn, from the point of view of migrant physicians, adapting to a new society and healthcare system requires time, patience and devotion to demanding continuing studies.

In most cases, it also requires coping with the feeling of not being highly appreciated by the general public. This, we know from research showing that physicians from countries outside the European Economic Area feel significantly less appreciated by the general public than do “native” doctors (Haukilahti et al. 2012: 1751). Only 20% of migrant physicians in Finland feel that the general public appreciates their professional input much or very much, while 40% of the native Finnish physicians believe the same (ibid.).

One of the parties to blame for this lack of self-experienced appreciation is the media, since, in late modern technologised societies, both mainstream media and social media play an important role in peoples’ attitudes about healthcare-related issues (e.g. Maibach & Holtgrave 1995; Torkkola 2008, 2012). Although the media may not tell people what to think, it is clearly understood that they do tell people what to think about (McCombs 2004). In the context of an increasingly diverse Finnish healthcare sector, this means that despite migrant physicians having a legitimate basis on which to stand, under the influence of diverging expectations and stereotypes, biased media representations may trigger ingrained patterns of thought in patients and potential patients on how, if at all, dark skin, a foreign name and/or an accent relate to qualifications and credentials.

In this setting, the article sets out to answer the following research questions: How is the so-called general public assigning status and negotiating positions for migrant physicians on a broad range of web-based discussion forums? How are the dimensions of affect and rationality influencing this process? And how, if at all, do ethnicity, migrant background and/or language skills emerge as hierarchical logics beside divisions, such as gender and education, when professional status is assigned?

While ethnic hierarchies and labour market enclaves are commonly discussed at the macro level (Forsander 2007; Heikkinen & Pikkarainen 2007), this study focuses on a less explored area of research, namely, the study of ethnic and professional hierarchies on the level of mediated discourse. Taking various kinds of online discussion forums (Health Information, Family Matters, Lifestyle...

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2 Conflicting statuses and the power of the affect

As suggested above, there are at least two ways of understanding professional status. One is intra-professional in which status is assigned within a profession by the professionals themselves, and the other is extraprofessional in which the general public assigns status to professional groups (Abbott 1981). When putting extraprofessional status under the loop and understanding status assignments as a discursive practice during which various positions are assigned to selves and others according to an existing idea of a hierarchical order, this study can be situated at the crossroads of discourse studies that focus on ethnic diversity (Hall 1997; van Dijk 1987) and classical sociological studies of status (Hughes 1945; Weber 1946).

Within the context of discursive studies on status, Jeanette Laurén and Sirpa Wrede (2008) note that where practical nurses of migrant origin are concerned, ethnicity emerges as a new hierarchical logic alongside other hierarchies, such as education and gender. However, ethnicity does not equal being a migrant. In Finland, in other countries where the word migrant is frequently used despite its overwhelmingly negative connotation (Huttunen 2002: 21), there is a risk that a routine-like emphasis on this particular characteristic (being an immigrant), in front of others, repeatedly places the professional person in a depreciated category and, while doing so, functions as a reminder of this particular person's outsider-ness from his or her working communities (cf. Nieminen 2010: 154). Consequently, I do not focus solely on if or how ethnicity functions as a condition for social positioning, since it can be assumed that it is in the interplay of migrantness, language skills, credentials and banal markers, such as “niceness”, that the power of ethnicity as a status determining signifier plays an important role.

Sometimes this interplay can become conflictual, and when the two assumptions diverge significantly of what an immigrant “is like” and what members of a certain profession “are like”, we can talk about status conflicts (Hughes 1945; Webster & Driskell 1978). These conflicts are common when new groups, such as ethnocultural minorities, enter certain social or political spheres in a society and the general opinion and/or the professional community within that society is sceptical about the actual suitability of these newcomers for a certain profession. The influence of stereotyped prejudices concerning the newcomers usually contains the assumption that these social and/or ethnic groups are not quite fit for the new positions to which they may aspire (Hughes 1945: 356–357).

When patients and potential patients negotiate who fits and who does not, the affect, as in emotional involvement, comes into play in at least three ways. First, although we may have rational arguments at hand, for instance, “Ethnicity does not matter” or “All physicians have passed rigid testing”, we deal with a topic that relates to bodies that care and are cared for, and health and sickness, possibly even life and death, are all trajectories that urge emotional and personal involvement, at least from the point of view of the patients and their relatives. Second, the setting in which the discussions take place, namely, the online discussion forums, blogs and comment-boxes on news sites, produces and circulates affect as a binding mechanism (cf. Dean 2010; Clough & Halley 2007). These forums are united by the unique characteristics of online communication, namely, the possibility for participants to transcend time and space while maintaining anonymity. This characteristic has therapeutic potential (e.g. Malin 2001; King & Moregg 1998; Kummervold 2002), but while triggering people to form and express frank opinions without having to be afraid of the consequences, there will always be discussants.
Today, for instance, people are not committed to one particular forum likely to face when involving themselves in their daily online activities. These kinds of emotional outbursts in online environments shall not be seen as psychological states, but as social and cultural practices (see Ahmed 2004: 9 for emotions in general). According to Brian Massumi (2010), these expressions of emotions become particularly crucial when actors stand in front of an actual or imagined threat. This is point number three for why and how affect matters for extraprofessional status formation, since indeed, increased social mobility and international migration that challenges ingrained ideas of who belongs, and where, can provoke various types of threat-scenarios. These scenarios can be about structural types of threats (e.g. “What if the social, political and cultural sphere is soon to be “taken over” by highly-skilled foreigners?”). Since the patient–doctor relationship is so intimate, in comparison with the relationship between a construction worker and a client, they can also be more subjective (e.g. “What if this foreigner messes with my health and puts my life at risk?”). This threat does not need to correspond to a factual, worsening situation for “native” Finns in the labour market, and neither do people need proof of actual malpractice to experience a situation as threatening (cf. Massumi 2010: 53).

In accordance with Sarah Ahmed (2004: 195), I do not define the affect as contradictory to conscious knowing. Emotional responses can work as a form of conscious judgement and strategic assignment of status, too, just like rational argumentation. Emotional distinctions, such as “I really like him/her, but not him/her, for no reason at all, just because I do”, can be the basis of an essentially moral economy in which moral distinctions of worth are also social distinctions of value (cf. Ahmed 2010b: 35). In the context of this study, this reasoning means that someone writing “I hate him/her!!!” online may function as a strategic attempt to position someone else, and possibly to influence other community members or random visitors online to do the same. Subjective expressions of dislike or like may have social and political implications, particularly if the person positioned as “not-liked” is defined as a member of a vulnerable social group.

### 3 The material and method

The intertwinedness of affect and status forms the theoretical context of my study for which I have gathered an empirical material consisting of 64 threads. These threads have been posted on various online discussion forums between 2006 and 2012. The search words were “maahanmuuttajalääkäri” (immigrant physician) and “venäläislääkäri” (Russian physician). The reason for separating Russian physicians from others is that, in an earlier exploratory study, I noticed that Russian physicians are frequently talked about as a separate category (Haavisto 2011a).

The material encompasses two health information sites, three forums on family matters, seven forums on lifestyle issues and general discussion on all sorts of topics, six news sites, three sites on migration policy (these are commonly known for attracting people with immigrant critical views), and three blogs. The purpose of this broad search technique was to obtain an overview on how the theme concerned is discussed in one segment of the communicative space, namely, the sphere for discussions on contemporary matters.

There are both benefits and weakness with this kind of broad research technique. The benefits are that researchers can find and analyse such material online that average internet users are highly likely to face when involving themselves in their daily online activities. Today, for instance, people are not committed to one particular forum but tend to be active in many forums simultaneously. With multiple, convergent and turbulent social media, nobody has to settle on any one direction or theme (Dean 2010, 73). The weakness of the technique is genre-blindness. Participants can seek information from one site, company and/or support from another, and they may go to a third online venue simply because they wish to be entertained or to entertain others (cf. Colineau & Paris 2010). A broad study like this one that aims to grasp how the globalising healthcare sector is discussed online is not fitted to shed light on behavioural differences of web users, and neither to give account on the history or design of specific sites.

Interestingly, however, my findings show that irrespective of whether comments were published on a pre-modерated website or on an open forum, on specific health information sites or more general sites, the logics of argumentation do not greatly differ. The tone of the discussions is slightly more straight-forwarded on sites that host a big pool of users such as Suomi24.fi (Lifestyle & General Discussion) and Homma.org (Immigration Policy, representing a view critical of migration) than on sites with a smaller pool of participants. On the other hand, it is important to point out that the so-called immigrant critical forums do not dominate my material. Only three out of 64 threads derive from these forums. Besides, a lot of prejudice can be found in the commentary on family and health oriented sites that enjoy a “good reputation”, such as Kaksplus.fi, Vauva.fi, Mammapappa.com (Family Matters) and Ihloilto.fi (Health Information).

All these discussion threads have been analysed with the help of applied Positioning Theory (PT) (Harré & van Langenhove 1999: 1). More precisely put, I have analysed the interplay between status and affect by focusing on how positioning takes place when various actors—discussants and moderators or editors—sometimes consciously, and other times unconsciously, create positions for themselves and for others. This can happen in the first line in an online posting when the object of the discussion is introduced. For example: “Once, when my son was ill, we went to see Dr. Ganchen, a Bulgarian doctor”. It can also be more subtle. For example, the discussant may write that he/she has doubts about the quality of medical schools in certain geographic areas.

Although there can be positions available for various grades of professionalism or amateurness or for belongingness and strangeness (Davies & Harré 1990: 43; Harré & Siocum 2003, 127), some sort of categorical distinction always takes place when positions are negotiated (Harré & van Langenhove 1999). In this process, various conditions are applied. These conditions can encompass a foreign-sounding last name or a non-typical way of addressing the patient when he or she enters the room, or something completely different. By using these conditions, web participants allow certain individuals and groups to enter some positions while leaving others outside (Haavisto 2011b).

This is the process that I have focused my attention on. More precisely put, for each speech act within a thread I have asked who positions who, and how emotional expressions are used in this particular act of positioning. All positioning practices do not relate to professional status formation since commentators also position themselves in relation to other commentators or patients. But where they do, I have asked which are the conditions used in the process of assigning professional status.

The software NVivo was used to create “nodes” that mark relevant concepts and topics in the sections that I extracted from the threads. These nodes were then linked to the so-called memos, or electronic notepads, which allowed me to make notes, and then edit and rework my analytical ideas as the project progressed.
4   The findings

4.1 Emotionality vs. rationality in discourse

Previous research done on mainstream media representations show that, in daily newspapers, migrant physicians working in Finland are mostly seen as an economic asset, a helpful troop that is here in order to help “us” deal with a threatening labour shortage in exposed areas (Simola 2008; Haavisto 2011a).

In web discussions, the debate is much more emotionally loaded, politically incorrect and dichotomised. The typical online positioning thread starts with a banal and generalising question, such as “Are migrant physicians trustworthy?” It often evolves in a predictable way, depending on the discussants’ own experiences and their ideological or political views on ethnic diversity and migration; discussants either position the physician as Dr. Horror who commits severe errors and plays with life and death or Dr. Nice who is told to be a better doctor than all natives put together and who is equally loved by staff members and patients. Participants with negative experiences of migrant physicians talk about mistrust, suspicion, awkwardness, fright of not being understood or not understanding what the physician says, while participants with good experiences talk about relief, satisfaction and gratefulness. In these emotionally loaded threads that build on personal experience and expressions of like and dislike, discussants do not engage much with each others’ comments. Getting your own story out seems to be what counts.

To some extent, discussants deal with questions of a more structural issue. In these cases, arguments tend to be more rational in character. When logical and fact-based reasoning are used in order to contest work-related healthcare migration, the first and foremost discursive logic is the savings–costs binary. In comments claiming support for the recruitment of migrant physicians, highly educated immigrants recruited to Finland can save the state hundreds of thousands of Euros, the argument goes, since state educated immigrants recruited to Finland can save the state 1100 foreign born physicians working in Finland would return to their countries of origin. You claim that they would do more good in their own countries than they here do. What can one physician do in a developing country with ten millions of inhabitants or in a chaotic country stricken by war and misery? A drop in the sea. Instead, here in our healthcare centers, where they have clearly defined job descriptions, they are an asset.

Kuuskarre (commentator): You are raising a point about physicians, arguing that it would be better if the approximately 1100 foreign born physicians working in Finland would return to their countries of origin. You claim that they would do more good in their own countries than they here do. But what can one physician do in a developing country with ten millions of inhabitants or in a chaotic country stricken by war and misery? A drop in the sea. Instead, here in our healthcare centers, where they have clearly defined job descriptions, they are an asset.

Vahtera (blogger): Thank you Hermes Armas Kuuskarre for your thought provoking and deliberate feedback. /…/ I had wanted to write about the state of our healthcare sector from the perspective of a layperson for a while /…/ By displaying statistics on foreign born doctors and nurses, I just wanted to show that these groups, who have been talked about a lot, in reality don’t serve Finns. They are so few in number that they cannot even take care of the immigrant patients. (8.8.2012, http://blogit.iltalehti.fi/pauli-vahtera.)

What we here see is that commentator (Kuuskarre) impels the blogger (Vahtera) to change positions from all knowing expert to layperson and to withdraw one of his main claims (from “migrant physicians should go home” to “they are so few in number that they don’t really serve us”). Although the strategy is problematic, as we will see in further on in the article, rational argumentation based on a neo-liberal logic hence seems to be more effective a tool for urging the so-called immigrant critics to think over their claims than emotional allegations of racism, at least on the bases of this particular empirical material.

4.2 Ethnicity and migrantness as emerging hierarchical logics

In some cases, discussants with opposing views on whether migrant physicians are an economic asset or a burden engage in rational dialogue. The quotes below feature a dialogue between Pauli Vahtera, a supporter of the True Finns party, and a commentator who uses the signature Hermes Armas Kuuskarre. The comments refer to a provocative blog text written by Vahtera in which he as a self-proclaimed expert harshly criticises current migration and social policies and states that “Finland cannot be the social aids office for the entire world” and claims that migrants bring diseases to Finland and have a tendency to commit sex crimes. Although the text righteously could have triggered accusations of racism, the commentator (Kuuskarre) argues calmly and rationally for his case.

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POSITIVE DISCURSIVE LOGIC DRAWING ON A NEO-LIBERAL RHETORIC:
Finland saves 350000 Euros per immigrant doctor, so these kinds of racist postings must be stopped. Immigrants are an asset. They wipe our asses when we lie in care homes for old people. (“Vieras”, 23.11.2008, www.uusisuomi.fi/comment).

NEGATIVE DISCURSIVE LOGIC DRAWING ON A NEO-LIBERAL RHETORIC:
In Kuusankoski there are no others, so who would you change to? They are arrogant and impolite. Problems aren’t solved, so you go to a private clinic instead. This way, you don’t get value for your taxes. It gets expensive. (“Vierailija”, 10.1.2009, www.kaksplus.fi).
an African/Arab/Russian physician and in her country this disease is a
great taboo/does not exist” (more rational style). Generalisations
do, however, also exist in online stories showing appreciation for the
professional input of migrant physicians.

A lady came into the reception hall, she smiled and said hello (as
you normally do). After this the doctor shouted: don’t stare at me
with those serpent’s eyes of yours (he grabbed the woman from
her ears and shouted.) Listen with these instead! /…/ So, it was
not a Russian doctor who did this. They do think hierarchies are
important, but mostly they are still nice, and they talk. (“Halle”
8.4.2009, mammmapappa.com).

The above-cited text fragment insinuates that stories about
unpleasant patient–physician encounters are so common online that
if a discussant tells a repulsive story about just any physician, he/she
feels an urge to point out that, in this particular case, against common
expectations, it is not about a migrant physician. In fact, stories
about unpleasant encounters with migrant physicians who cannot
communicate with their patients and who make inappropriate diagnoses
are so common that they rarely provoke sympathy votes. Contrarily,
in most cases, a dreadful story is countered with another even more
dreadful one. Some of these stories may certainly be completely
fictional, but also in this case, they contribute to the formation of a
discourse of migrant physicians as strange and threatening.

In these stories about unpleasant and/or difficult encounters
with migrant physicians, but also in the material in general, humour
is frequently used when positioning migrant physicians in online
environments. Jokes are made about various accents (“He djidn’t
understand evrthng, I guess!”); and there is talk about “guessing-
center-doctors”, “bad-finnish doctors” and “miracles from the East”.
Online discussions also contain unintentional humour. For example,
a Russian physician may be insulted and, only then, might the
discussant start to ponder whether or not the physician referred to is
from Russia or some other place.12

One could argue that people engage with humour just for its
own sake, rather than to reach a conscious goal (Morreall 2005),
that introducing humour and laughter into the healthcare setting
may provide relief and a moment of joy (see e.g. Bennett 2003a12)
and that some of the mocking names, such as “guessing-center-
doctors”, are used on a variety of healthcare-related forums, also
when discussing native physicians. Yet, in this material, humour
is primarily used in order to ridicule not only the establishment (i.e., an
awkward”). In the statements that are critical of the recruitment and
affirm “aliens” (Ahmed 2010a), that is, objects that are seen as the
cause for unhappiness and confusion who are presumed to be the
origin of bad feelings and discomfort. The dissatisfied discussants
argue that migrant physicians create awkwardness and, as Ahmed
(2010b: 39) claims, “To create awkwardness, is to be read as being
awkward”. In the statements that are critical of the recruitment and
employment of migrant physicians, a lack of adequate language
skills, in combination with “migrantness”, functions as the first and
foremost objects of the critic. Although it certainly is important for
physicians who work outside the lab to be able to communicate with
their patients, online talk about insufficient language skills may be a
way of expressing xenophobic sentiments in a seemingly ethnicity-
neutral way. It is socially more acceptable to dislike someone for not
doing his or her job properly than to blame him or her for being of a
certain minority ethnic and/or migrant background.

On various web-based discussion forums in which healthcare
migration is debated, these two positions taken up by discussants
show that intensive tension exists between the particular (our
differences, albeit sometimes insignificant and only “cosmetic”) and
the universal (what unites us all as human beings). On the one
hand, this tension revolves around a constant struggle between
more rational types of claims drawing on neo-liberal logics combined
with positive personal experience supporting high-skilled minority
professionals and, on the other hand, more emotionally loaded

5 Economic assets and affect aliens

In research on mainstream news media and migration, researchers
have noted that immigrants tend to be positioned as either “good
immigrants” or “bad immigrants” (e.g. Horsti 2005; Raatila 2004).
The “good” ones are individuals and/or collectives who are assumed
to contribute to the “common good”, primarily by working and
paying taxes and the “bad” ones are people who are assumed to
use “our” welfare (Haavisto 2011b, 183). Much in line with research
on employer perceptions of migrant nurses (Näre 2013, 78), in my
material the migrant physician is both “good” and “bad” at the same
time. On one hand, in rationally motivated comments, he/she is seen
as a saviour from abroad and greeted with relief and gratefulness. On
the other hand, he/she is also envisioned as a person who causes
confusion and discomfort.

In the “saviour stories”, migrant physicians are often positioned
as being even more professional than physicians in general. Despite
a positive tone, these stories are not completely unproblematic
since there is a neo-liberal rhetoric that easily comes into play,
thereby reifying divisions of “us” and “them”. As Camilla Nordberg
(2011) points out, in narrow constructions of migrant care workers
as a national economic good, it is seldom highlighted that these
professionals may fall outside the framework of belongingness
in society-at-large. Furthermore, using neo-liberal arguments for
why “we should tolerate them” is somewhat dangerous, since it
undermines ideological arguments drawing on the principle of equal
treatment and anti-discrimination, both from a structural point of view
and an individual point of view.

In the “complaint stories”, a different problematic comes into play.
In these stories, migrant physicians are positioned as some sort of
“affect aliens” (Ahmed 2010a), that is, objects that are seen as the
cause for unhappiness and confusion who are presumed to be the
origin of bad feelings and discomfort. The dissatisfied discussants
argue that migrant physicians create awkwardness and, as Ahmed
(2010b: 39) claims, “To create awkwardness, is to be read as being
awkward”. In the statements that are critical of the recruitment and
employment of migrant physicians, a lack of adequate language
skills, in combination with “migrantness”, functions as the first and
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their patients, online talk about insufficient language skills may be a
way of expressing xenophobic sentiments in a seemingly ethnicity-
neutral way. It is socially more acceptable to dislike someone for not
doing his or her job properly than to blame him or her for being of a
certain minority ethnic and/or migrant background.

Contrarily, according to the so-called superiority theory (Morreall
1987), jokes are hardly ever completely “innocent” since humour
may be used for positioning oneself above the objects that one is
making fun of. In this setting, humour and pejoratives are hence
understood as effective positioning tools through which discussants
take superior positions and manifest hierarchical orders building
on ethnic background and migrantness. Jokes may not be overtly
racist per se but they get their racist undertones from their context
hence drawing upon a legacy of power relationship reducing people
to a set of characteristics or stereotypes as a means of containment
(cf. Essed 1991). Being reduced to a set of characteristics can be
humiliating as affirmed by Brenda Beagan’s (2003: 858) study on
how medical students of minority ethnic background in Canada felt
about the ethnic jokes made by their colleagues and patients. The
study confirms that even well-meaning jokes can convey disregard,
disrespect and marginality and that these mundane experiences of
racism are difficult to deal with.
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Notes

1. Web discussions may not reflect the opinion of the general public since like-minded people who hold anti-immigration views may post hundreds of comments daily on various sites, sometimes with different signatures (cf. Horsti & Nikunen 2013). However, since the forums analysed for this study range from medical support forums to motorcycle forums and sites selling baby clothes, the pool of discussants is quite diverse concerning age and gender.

2. More in detail, I am interested in how rational arguments drawing on matters of principle and socio-political circumstances and emotionally loaded references to a person’s own experiences and/or hearsay are used in the assignments of status.

3. Discourse can here be understood in its everyday sense, as a synonym to conversation. When the notion is used in relation to my empirical material, it refers to “mediated textual conversation”. I have elsewhere reflected on how PT and Discourse Analysis relate to one another (Haavisto 2011b, 33), but this discussion lies outside the scope of this paper.

4. Interestingly, concerning nurses, Finland is simultaneously a sending country and an active recruiter (Wrede & Näre 2013, 59). For more on the “push” and “pull” factors in general, see e.g. Buchan & May (1999: 203, 207).

5. In my understanding, the study of discursive extraprofessional status—which differs significantly from sociological studies in which status is seen and used as a simple index of income, education and occupational prestige—refers to how non-members (the general public, bloggers and other online participants) give social judgments or recognition to a person or group, in this case highly skilled professionals within a globalising care regime. Within this strand of inquiry, status is here defined in a Weberian tradition, as the prestige dimension of stratification. Again, status formation is defined as the activity of assigning social judgments or recognition to a person or group (Weber 1946).

6. In Finland, the word migrant has an overwhelmingly negative connotation (Huttunen 2002: 21) in contrast to the more neutral connotation of “nouveaux arrivants” (recently arrived people) in Quebec or the euphemism “personnes issues de l’immigration” used frequently by the press in France.

7. I am grateful to Sirpa Wrede for introducing this concept to me and to Camilla Nordberg for having read through and commented on the evolving work several times.

8. Conflicts over noneconomic goods such as status and recognition are examined in an extensive number of literature, particularly in the United States (e.g. Blumer 1958; Bobo & Hutchings 1996). In more recent inquiries, status conflicts tend not to be examined as discursive extraprofessional phenomena but rather as intra-organisational phenomena or as emerging in patient–physician encounters (e.g. Helmreich & Schaefer 1994; West 1984).

9. The 64 discussion threads constitute 350 pages when copied into a Word document.

10. The following online discussion forums were analysed for this study: Health Information: diabetes.fi (2) and iholiitto.fi (3); Family Matters: vauva.fi (5), kaksplus.fi (8) and mammampappa.com (4); Lifestyle & General Discussion (cinema, motorcycling, etc.): Suomi24 (13), Plaza.fi (1), muusikoiden.net (1), motorsport.com (1), tuulenkoirat.net (1), hohtoloota.net (2) and foorumit.com (1).
fifi.com (2); News & Current Affairs (discussion forums on YLE, Helsingin Sanomat, etc.): Yle.fi (3), Italiat.fi (3), Ittasanomat.fi (2), UusiSuomi.fi (3), MTV3.fi (1), kansanuutiset. fi (1) and lansivayla.fi (2); Migration Policy: Suomalaisanomat. fi (1 thread), hommafortum.fi (1) and kansankokonaisuus.fi (1); Private blogs: pasihelander.blogspot.ca (1), kyllikinarinat. blogspot.fi (1) and boardreader.com (1). I stopped gathering data when I reached saturation (Glaser & Strauss 1967).

11. As a representative for the True Finns party, Vahtera ran for candidacy in the Finnish parliamentary elections in 2011.

12. It may as well have been that the physician talked about as “Russian” comes from Ukraine or Bulgaria, but on online discussion sites, “Russian physician” has become a sort of general term used for physicians from former Eastern Europe. The term “Russian physician” functions on the side of the term “immigrant physician” rather than as a sub-category, a point well worth repeating since it reifies what scholars claim (Huttunen 2002: 21; Kyntäjä 2011: 78); in Finland, the term immigrant (“maahanmuuttaja”) still strongly connotes being non-white and/or coming from a Third World country.

13. Referring to a general overview of humour in medicine, not dealing with online humour per se.

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