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# Human Resource Development, Employment and Mobility of Healthcare Professionals in South East Asia: The Case of Nurses

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Edited by

Yuko Tsujita

Bangkok Research Center
JETRO Bangkok / IDE-JETRO

**Bangkok Research Center, JETRO Bangkok/IDE-JETRO**
**16th Fl. of Nantawan Bldg., 161 Rajadamri Road, Bangkok 10330, THAILAND**

**Human Resource Development, Employment and Mobility of Healthcare Professionals in Southeast Asia:**
**The Case of Nurses**

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## Notes on Contributors

**Yupin Aungsuroch** is Associate Professor, Faculty of Nursing, Chulalongkorn University, Thailand

**Naomi Hatsukano** is Associate Senior Research Fellow, Area Studies Center, Institute of Developing Economies (IDE-JETRO), Japan

**Patcharawalai Wongboonsin** is Professor, College of Population Studies, Chulalongkorn University, Thailand

**Maria Reinaruth D. Carlos** is Professor, Faculty of International Studies, Ryukoku University, Japan

**Hisaya Oda** is Professor, College of Policy Science, Ritsumeikan University, Japan

**Yuko Tsujita** is Senior Research Fellow, JETRO Bangkok, Thailand

**Preface**

The global movement of nurses has been increasing recently. In the ASEAN region, mutual recognition arrangements (MRAs) would allow professionals, including nursing services, to practice in other ASEAN countries through mutual recognition of their qualifications. However, the motility of nurses in ASEAN regions is still limited

In this volume, Singapore and Thailand are taken as examples of high demand countries for nursing and elderly care. Both countries face the progressive ageing of the population and have geared healthcare industries towards international services. Their approach to the shortage of nurses is distinctly different. Singapore has recruited foreign-trained nurses, while Thailand has a relatively restricted policy on foreign-trained nurses. An attempt will be made to comprehensively understand multi-faceted perspectives on human resource development, employment and mobility of healthcare workers by analyzing both (potential) nurse-receiving countries from different perspectives.

The authors hope that findings in this research project will deepen our understanding of nurses' education/training, employment and mobility, and highlight important implications on ASEAN MRAs, healthcare services and industries. In the broader context, this research project also indicates implications for policies on labor and employment, and human resource development for healthcare professionals.

Yuko Tsujita
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## Chapter 1

# Human Resource Development and the Role of Thailand's Nursing Education in Southeast Asia & South Asia: Findings from the Study of Foreign Nursing Students in Thailand

***Yupin Aungsuroch and Naomi Hatsukano***

**Abstract**

Thailand has achieved progress in nursing education with the great effort in many years. As the internationalization in education system in Thailand, more foreign students started to study nursing since the early 2000s. In a questionnaire and interview survey to the nursing students in 2017-2018, more foreign students come to study in Thailand because of the higher quality of nursing education, international doctoral nursing programs in Thailand, and various scholarships. By providing higher education opportunities, Thailand supports human resource development in the nursing and health care sector in the region; however, at the same time, Thailand faces a chronic shortage of nurses. To maintain the higher quality of nursing education, more educators will be necessary as well. Human resource development in nursing /health care sector in Thailand and in the region has to be designed in a comprehensive and sustainable way.

**Keywords**: Education, Human Resources, Healthcare Industry, Nurse Students, Thailand

## Introduction

Nursing education in Thailand is making strides to catch up with the healthcare needs and economic changes in society throughout the region and around the world. Thailand has achieved progress with its nursing education system that typically prepared nurses who have specific skills in each level to support the health problems of the patients, not only for Thai patients, but also for international and ASEAN people (Aungsuroch, 2016).

Therefore, nursing education in Thailand is increasingly focused on improving the nursing profession, including promoting the Kingdom as the medical hub and educational hub for the ASEAN countries and the global community.

Thailand has been accepting foreign/international students in its nursing schools since the 2000s. On the other hand, Thailand faces a chronic shortage of the nurses due to the increasing demand for nurses due to the ageing society and various social changes (not due to sending nurses overseas as do India and the Philippines). However, the foreign nursing students studying in Thailand usually never wish to work in Thailand, they just seek the higher qualified education in Thailand, and then they to return to the home country to share their knowledge with younger students in their country after 2-3 years of studying master's or doctoral courses.

In this chapter, we examine Thailand's role in nursing education in the region. The first section discusses Thailand's Education System in general and followed by the nursing education system. The second section introduces an analysis of the foreign students' motivation to study nursing in Thailand and their intended career path, based on a questionnaire and interview survey conducted in 2017-2018.

## 1. Nursing Education in Thailand

### 1.1 Thailand's Education System

Thailand is among the few countries in the world that was not colonized by a European power, consequently Thailand's education system developed by following its own trajectory. The country's formal education system dates back to the late 13th century, when the Thai alphabet was developed under King Rakhamhaeng the Great. The aristocracy was educated in royal institutions of instruction, while commoners could receive an education in the Buddhist monasteries. Since the 19th century, Thailand has modernized the education system based on western models, especially following the end of Thailand's absolute monarchy in 1932. Many elements of the contemporary Thai higher education system in particular are modeled on the U.S. system of education, including the degree structure, credit system, and the general-education components in the undergraduate curricula (Michael, 2018).

Today, the number of collaborative programs between Thai and foreign higher education institutions is increasing. Thailand is pursuing increased integration into the global educational community, with an emphasis on regional partners (notably the ASEAN partner countries). The Government has emphasized the internationalization of the Thai education system in recent years (OECD/UNESCO, 2016).

### 1.1.1 The Thai Education System's Administration

Thailand is a constitutional monarchy in which King Vajiralongkorn, or Rama X (enthroned in 2016), functions as the Head of State, while the government is presently run by the "National Council of Peace and Order", under an appointed prime minister serving as the head of the government. The country consists 76 administrative *changwats*, or provinces, the governors of which are appointed by the Ministry of Interior located in Bangkok (OECD/UNESCO, 2016).

General education policy is under the purview of the national Ministry of Education (MOE), which oversees basic, vocational and higher education, with the majority of public (and private) educational institutions falling under its remit. Specialized higher educational institutions are an exception, as they may be under the jurisdiction of other governmental departments, such as the Ministry of Public Health. A number of different governmental organizations under the MOE administer the different sectors of the education system: The "Office of the Basic Education Commission" (OBEC), oversees elementary and secondary education (basic education level), the "Office of the Vocational Education Commission" (OVEC), oversees vocational education and training, while higher education is under the purview of the "Office of the Higher Education Commission" (OHEC) (OECD/UNESCO, 2016).

Reforms initiated in the late 1990s introduced greater decentralization of the – until then highly centralized. Thai education system, with local administrative units, the so-called Local Administration Organizations (under the Ministry of the Interior), being able to provide education at all levels of study according to the local needs. In addition, Educational Service Areas (ESAs) were established to further the policy of decentralization. The ESAs are administrative units responsible for hiring teachers and implementing policy at the local level. There were 185 ESAs in 2008, each responsible for approximately 200 educational institutions and 300,000 to 500,000 students. As a result of the various decentralization efforts, the administration of education in Thailand is now more complex, with a variety of factors and administration units with overlapping responsibilities. However, in 2016, the current government implemented changes that seek to re-centralize some parts of the elementary and secondary education system (OECD/UNESCO, 2016).

### 1.1.2 Thailand's Higher Education Status

Thailand's higher education program is directed by the Higher Education Commission as

the principle organization, called The Office of the Higher Education Commission (OHEC) that provides recommendations on policy, strategy and development planning to enhance higher education provision for development of the country, including the various needs of the students (OHEC, 2014).

In 2013, there were 171 higher education institutions in Thailand supervised by OHEC, consisting of 80 public universities, 71 private higher education institutions, and 20 community colleges (OHEC, 2013). On the other hand, OHEC also formulated the Second 15-Year Long Range Plan for Higher Education 2008-2022, which is considered a significant innovation in the administration of higher education. This plan provides recommendations about developing higher education diversity, upgrading quality, and enhancing efficiency (OHEC, 2014).

To support the success of the Second 15-Year Long Range Plan for Higher Education, OHEC announced the 11th Higher Education Development Plan for 2012-2016, which is formulated to strengthen Thailand's higher education standard, and the vision is to be the source of knowledge and manpower development for sustainable development of the nation by creating a lifelong learning society in line with the 11th National Economic Philosophy in order to play a greater role in the ASEAN Community, and move towards achieving the international standards status (OHEC, 2014).

### 1.1.3 Foreign Students in Thailand

In 2013, the Thai public and private higher education institutions offered a total of 1,044 international programs using English as the medium of instruction at undergraduate and graduate levels (OHEC, 2014). Additionally, the survey on international students in Thailand's higher education institutions revealed that in 2012, 20,309 foreign students enrolled in 103 Thai higher education institutions. The top five institutions that attracted the highest number of foreign students were Assumption University, Mahachulalongkornrajavidyalaya University, Mahidol University, Ramkhamkhaeng University, and Dhurakij Pundit University (OHEC, 2013). The majority of international students selecting Thailand as their study destination of choice come from the neighboring countries; China (8,444), Myanmar (1,481), and Laos (1,344). Surprisingly, the United States is the only non-Asian country in the top ten list of countries with foreign students enrolled in Thailand. In 2011, 830 students from the US chose to study in Thailand and, according to the Institute of International Education Statistics, Thailand has remained the most popular destination (Jareonsubphayanont, 2015).

### 1.1.4 Internationalization

The internationalization of higher education is as evident in Thailand as it is in the neighboring countries and around the world. Despite the political instability and lack of a strong governmental strategy to promote internationalization, collaboration between Thai and foreign universities has grown robustly in recent years, with the number of joint degree programs with foreign universities, for example, increasing from 92 in 2011 to 159 in 2013. In 2015, Thai universities offered 1,044 international programs in English, according to the Australian Government (OECD/UNESCO, 2016).

In a related development, in 2017, some foreign higher education institutions have been given the green light to open a branch campus in Thailand – a move intended to modernize the education system and reduce the skills gap in Thailand. To avoid direct competition with Thai universities suffering from declining student numbers, the foreign institutions will only operate in the country's "Special Economic Zones", and are not allowed to offer the same programs as are currently taught at Thai universities. Critics contend that this move will increase competition and accelerate the closure of Thai universities due to the ageing population (OECD/UNESCO, 2016).

### 1.1.5 Scholarships

All levels of government in Thailand seem to understand the importance of international students attending Thailand's higher education system, and talk about recruiting more international students to study in Thailand. Under the Democratic government (2008-2011, PM Abhisit Vejjajiva), the government established several policies and goals to attract inbound mobility by international students. Under the Pheu Thai Government (2011- 2014), the strategy of Thailand becoming the hub of education has decreased in importance as a governmental policy priority (Jareonsubphayanont, 2015).

Providing scholarships for foreign students is one of the efforts to recruit more students to study in Thailand. The Office of the Higher Education Commission (OHEC), Ministry of Education, Thailand, in cooperation with Thai universities invited nationals of Cambodia, Laos, and Myanmar to apply for Thai scholarships for the 2018 academic year. Up to 32 scholarships will be granted to students and faculty members of higher education institutions or the general public in Cambodia, Laos, and Myanmar to further their master's or doctoral studies in Thailand by studying international programs offered by the Thai higher education institutions (OHEC, 2018). Tuition fees, living allowances and accommodation, travel, textbooks, as well as health and accident insurance expenses will be supported by the Thai higher education institutions and OHEC.

On the other hand, many universities in Thailand are open for providing scholarships. For instance, Chulalongkorn University provides full scholarships for International Graduate Students from the ASEAN countries (the ASEAN Scholarship) for Master's Degree (not over 2 years) and Doctoral Degree (not over 3 years), and scholarships are available for exchange students every semester (CU, 2018). Mahidol University in 2018 will provide 500 post-graduate scholarships for international students (Mahidol, 2018). Besides, many foreign students are awarded scholarships by their home country's government to study in Thailand after they receice the Letter of Acceptance (LOA) from the destination university. However, to get such LOA is not easy, and depends on the criteria of each university.

### 1.2 The Nursing Education System

Thailand is one of ASEAN countries that provides professional nursing education. The King's mother encouraged Thailand's nursing education to develop more quickly than in most other countries. Nursing education in Thailand was first established in 1896 by Queen Sripatchariantra, the wife of King Rama V, and the courses were hospital based at diploma level. The first baccalaureate degree program in nursing education was established at the School of Nursing and Midwifery at the Siriraj Hospital of Mahidol University in 1956. The first master's degree program in nursing was established at the Faculty of Education, Chulalongkorn University in 1973, and the International Doctoral Nursing program began in 1990, by collaboration among the Faculty of Nursing at Mahidol University, Chiang Mai University, and Khon Kaen University (Aungsuroch, 2016).

Nursing and midwifery in Thailand is included in the pre-registration program; therefore, there is no separate entry. Graduates will be issued with both the nursing and midwifery licenses. There are three nursing programs in Thailand, (i) Bachelor of Nursing Science (B.N.S.), Master of Nursing Science (M.N.S.), and Doctor of Philosophy in Nursing Science. A four-month nursing specialty program is also available with a minimum of 15 credits. Thailand has 135 specialty nursing programs, with 62 programs in the nursing sector, 2 programs for nursing administration, 6 programs for nurse teaching, 38 programs for nursing practitioners, and 27 programs for the other sectors (Center for Continuing Nursing Education (CCNE), 2013) (Aungsuroch, 2016; CCNE, 2013).

### 1.3. Nursing Institutions and Nursing Educators in Thailand

There are three providers of nursing education in Thailand, (i) The Ministry of Education (at bachelor, master's and doctoral levels provided by universities), (ii) The Ministry of Public Health (at certificate level equivalent to a bachelor's degree), and (iii) Private Universities and Colleges, Military Nursing Schools, the Police Department, and Bangkok Metropolitan. Currently, 81 nursing schools provide educational programs at the BNS level, of these 7 schools provide graduate and undergraduate programs in nursing, and 1 school (Faculty of Nursing, Chulalongkorn University) only provides a graduate program in nursing (Aungsuroch, 2016).

The Thai Nursing Council plans to increase the production of nurses in 2017, comprising 10,128 nursing students, and 2,439 qualified nurse instructors in 2020, to replace 1,173 retiring instructors. However, there is no information about the current number of qualified nurses in 2017.

To teach at university level, the qualifications required by the nursing educators are different for each level of education. A bachelor degree in nursing or a related field and the Nursing License First Class as a Nursing Professional and Midwifery is required to teach the bachelor level program. For the master's level in nursing or a related field the Nursing License First Class as a Nursing Professional and Midwifery is required to teach the master's level program, and a doctorate degree in nursing or a related field and the Nursing License as a First Class Nursing Professional and Midwifery is required to teach the doctoral program. Today, Thailand has the problem of a shortage of nursing educators (Aungsuroch, 2016). Approximately 25% (1,173 persons) out of 4,417 instructors are over 50 years old. Therefore, we need to prepare to replace these instructors.

### 1.4. The Thailand Nursing and Midwifery Council (TNMC)

The Thailand Nursing and Midwifery Council (TNMC) was initiated by the Nurses' Association of Thailand in 1968, which was established by the Royal Decree of Professional Nursing and Midwifery Act, BE 2528, September 28, 1985. The TNMC is responsible for accrediting the pre-registration program, and the continuing education, training, and graduate programs. Every nursing institution has to be accredited by the TNMC to ensure the quality standard (TNMC, 2018).

All nurses from accredited nursing schools who pass the national licensing examination will be registered and awarded the license to practice by the Nursing Council. The Nursing Council requires renewal of the license every 5 years, which requires 50 hours of further education. In addition, the TNMC offers a one-year

leadership training program for clinical nursing managers, in order to increase the quality of the health care system (TNMC, 2018).

## 2. Foreign Nursing Students in Thailand

### 2.1 Background and Methodology of the Survey

Thailand has wanted to assume the role as the nursing education hub in the region in recent years. The number of international students increased dramatically in the 2000s (see Section 1). There are more international courses in English prepared for such international students. Thailand has become one of the most popular ASEAN destinations for international students, after Singapore and Malaysia (Michael, 2018), even though it is not an English-speaking country.

Nursing schools in Thailand have been attracting more international students during the same period. International students from ASEAN, South Asia, China and other countries come to study mainly the master's and doctoral courses in Nursing Science at various universities in Thailand. There are scholarships available for students from the ASEAN and neighboring countries.

As most international students study the international course at the master's or doctoral level, they will not qualify as registered nurses in Thailand, which requires four years of BNS education and passing the examination in the Thai language (explained in Section 1). However, international students wish to study in Thailand for various reasons, including the higher and qualified education level in nursing. This includes some Cambodian students who receive royal scholarships from Thailand to study the BNS course in Thai[1].

In our study, we focused on international students studying the Nursing Science program in Thailand, in order to analyze their motivation and career pathway to study nursing in Thailand. Firstly, we selected universities that accept the most foreign students. At four universities in different areas of Thailand, we conducted the questionnaire survey combined with the focus group discussion. Besides, by snowball sampling, we contacted around twenty students from other universities to complete the questionnaire and interview surveys. Among the international students there were 14 male and 29 female students aged 20-43 years from the ASEAN and South Asia countries and other regions who answered the questionnaire (Table 1). Usually, international students studying the doctoral or master's level programs study the

[1] The Princess Maha Chakri Sirindhorn scholarship has supported Cambodian students from diploma to doctoral level since 2001.

international course, and all the lectures are delivered in English.

This survey was conducted in 2017-2018. The questionnaire comprised four pages asking about their hometown, their motivation about studying as nurses, scholarship status, ability to speak the Thai language, etc. In order to better understand their status, we also questioned some Thai students studying both the Thai and international courses.

Table 1. Breakdown of the Questionnaire's Responders

### 2.2 Motivation to Study Nursing in Thailand

#### 2.2.1. Motivation for Studying Nursing

The main reasons for international students to study nursing are to care for the sick in the master's and doctoral programs, and the opportunity to find a job for BNS international students and Thai students at all levels (Table 2). India and the Philippines export many nurses to other countries, and finding job opportunities overseas is one of the most popular reasons for these nursing students to study nursing. However, in Thailand, the international and Thai students at all levels do not think about working in other countries, but seek domestic job opportunities to provide nursing care for the patients.

Table 2. Reasons to study nursing

#### 2.2.2. The Motivation to Study Nursing in Thailand by International Students

Most international students in Thailand chose this country for two reasons (Table 3). One is that Thailand provides a higher qualified education in terms of nursing science. Most countries of the students' origin have limited access to PhD degree level; therefore, it is attractive for them to study in Thailand. Second, they have been awarded a scholarship by the Thai government, a Thai university, or their own government.

Table 3. Main Reasons to Study Nursing in Thailand (International Students)

Nursing education in Thailand has developed over many years as explained in Section 1; therefore, Thailand can provide a higher level of qualified nursing education. Especially, in the ASEAN countries, the universities in Singapore, Malaysia, the Philippines and Thailand offer PhD courses, but universities in Indonesia, Vietnam, and

Myanmar have only recently started PhD level education in nursing. International students, who are mostly lecturers at nursing schools from countries without a PhD course, are seeking better opportunities to acquire the latest knowledge for themselves and their students, or to prepare a PhD level education program in their country of origin, and they want to study in Thailand[2].

Scholarships cover the tuition fee and accommodation, sometimes living; thus, they usually do not have to use their own savings. With a scholarship, students tend to choose Thailand for studying. Among 43 foreign students (PhD 26, Master's 8, BNS 9), 42 students have a scholarship to study in Thailand. On the other hand, among 27 Thai students (PhD 2, Master's 4, BNS 21), 2 PhD students, 2 Master's students, and 5 BNS students have scholarships. For the BNS students, family savings are the main source of finance for their studies, even if receiving a scholarship. For the PhD and master's level students who receive scholarships, the scholarship is the main financial resource for their studies[3].

Sources for scholarships for international students vary (Figure 1). Twelve students in the PhD and master's course received a scholarship from the Thai Government, a university, or a Thai Royal scholarship, 9 Cambodian students in the BNS program received Thai Royal Scholarships. As for the other PhD and master's students, 5 students received the scholarship from various donors, the Thai Government, or their home country (Bhutan), and 13 students from Indonesia, Vietnam, Bangladesh, and Bhutan are supported by their home country's government[4].

Figure1. Scholarships for International Students

Although the international students did not mention it in the answers to the questionnaire, but according to the individual interviews, the English language requirement in Thailand is not as high as that required in the native English language speaking countries, but all the classes are taught in English; therefore, the program is acceptable for students coming from non-native English language speaking countries. Furthermore, Thailand offers good travel access from their own country, and it is easy for the students to return home at the end of the semester for a family visit. That also

[2] Interviews with the PhD students in January 2018.
[3] Interviews with the PhD and master's students in January 2018.
[4] 10 students answered that they also use their own/family savings, but not as the main source of financing.

helps the students conduct research in their respective countries for the dissertation. The weather conditions and social development status are also similar to that in their own country, and this helps them to apply the newly acquired information when finally returning home.

### 2.3 Career path of nursing students

#### 2.3.1. International Students

Most foreign students receive a scholarship from Thailand or their country of origin. To study in Thailand does not mean to work in Thailand, because 1) They cannot gain the required registered nursing license in Thailand, and 2) Such scholarships ,or their original working place, require them to work for at least 2-4 years after returning home (Figure 2). Anyway, most wish to work their home country after studying in Thailand.

Figure 2. The Working Place after Graduating (Career Path Plan) of the International Students

#### 2.3.2. Thai Students

Thai students studying nursing in Thailand are not interested in working abroad. Statistically, Thailand is still sending manual workers abroad; however, for nurses, it is not popular to work overseas. Most wish to work in Thailand, and preferably near their hometown. Three students among the 20 BNS students answered that they were considering only working temporarily overseas.

### Conclusion

Education appears to be the cross-cutting element that supports the successful formation of the ASEAN Community. Thailand has progressively developed its nursing education system and curricula to attract international students to study in Thailand. The number of collaborative programs between Thai and foreign higher education institutions is increasing. The Thailand Nursing and Midwifery Council has provided strategies to retain nursing educators and instructors.

Nursing students from ASEAN, South Asia, and other countries come to study nursing at the higher level and respect Thailand's educational quality. Various scholarships support the students while studying in Thailand.

By providing this higher education standard for students, Thailand supports human resource development in the nursing/health care sector in the region; however,

this is not connected to the nursing staff demand/supply status in Thailand. To maintain the higher quality of nursing, more educators will be necessary as well. Human resource development in nursing/health care sector in Thailand and in the region has to be designed in a comprehensive and sustainable way.

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Table 1: Breakdown of Students Answering the Questionnaire

<International Students>

| | Male/ Female | Average age | ASEAN | South Asia | Other Area |
|---|---|---|---|---|---|
| Doctoral | Male 8<br>Female 18 | 34.0 | Indonesia 5, Vietnam 4, Myanmar 2, Cambodia 1, Philippines 1 | Bhutan 8, Nepal 2, Bangladesh 2 | Tanzania 1 |
| Master's | Male 3<br>Female 5 | 28.3 | Indonesia 4, Vietnam 1 | Nepal 2 | China 1 |
| BNS | Male 3<br>Female 6 | 22.1 | Cambodia 9 | | |
| Total | Male 14<br>Female 29<br>Total 43 | 30.4 | 30 | 14 | 2 |

<Thai Students>

| | Male/Female | Average age |
|---|---|---|
| Doctoral | Male 0<br>Female 2 | 41.5 |
| Master's | Male 0<br>Female 5 | 27.0 |
| BNS | Male 0<br>Female 20 | 20.2 |
| Total | Male 0<br>Female 27 | 23.0 |

Source: Nursing Student Survey, 2017-2018.

Table 2: Reasons to Study Nursing

Doctoral and Master's level Students (International Students)

| | |
|---|---|
| To care for patients | 15 |
| To achieve better social status | 12 |
| Easiness to find a job | 10 |
| Owing to family encouragement | 6 |
| To acquire more knowledge | 5 |
| Better salary | 3 |
| Other | 11 |
| NA | 5 |

BNS Students (International Students)

| | |
|---|---|
| Easiness to find a job | 6 |
| Better salary | 4 |
| To care for patients | 2 |
| To achieve a higher social status | 2 |
| Other (Family situation) | 3 |
| NA | 1 |

Doctoral and Master's level Students (Thai Students)

| | |
|---|---|
| Easiness to find a job | 4 |
| Better salary | 2 |
| Acquire more knowledge/skills | 3 |
| Other | 2 |
| NA | 1 |

BNS Students (Thai Students)

| | |
|---|---|
| Easiness to find a job | 19 |
| To care for patients | 8 |
| Owing to family encouragement/Compulsion | 3 |
| To achieve a higher social status | 2 |
| Other | 2 |

Notes: Multiple answers.

Source: Nursing Student Survey, 2017-2018.

Table 3: Main Reasons to Study Nursing in Thailand (International Students)

<Doctoral and Master's Students>

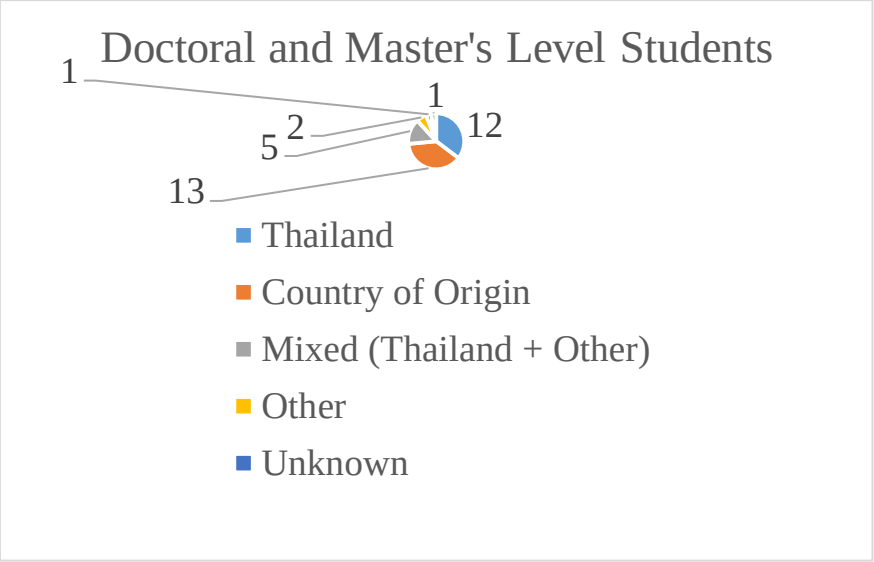
| Reasons to Choose Thailand | No. of persons |
|---|---|
| No PhD course in their home country/ higher level education in Thailand | 21 |
| Scholarship | 5 |
| Close to the home country (distance and culture) | 2 |
| Others/NA | 6 |

BNS Students

| | |
|---|---|
| Better education/Better technology and skill level in Thailand | 2 |
| Scholarship | 2 |
| Experience | 2 |
| Other/NA | 3 |

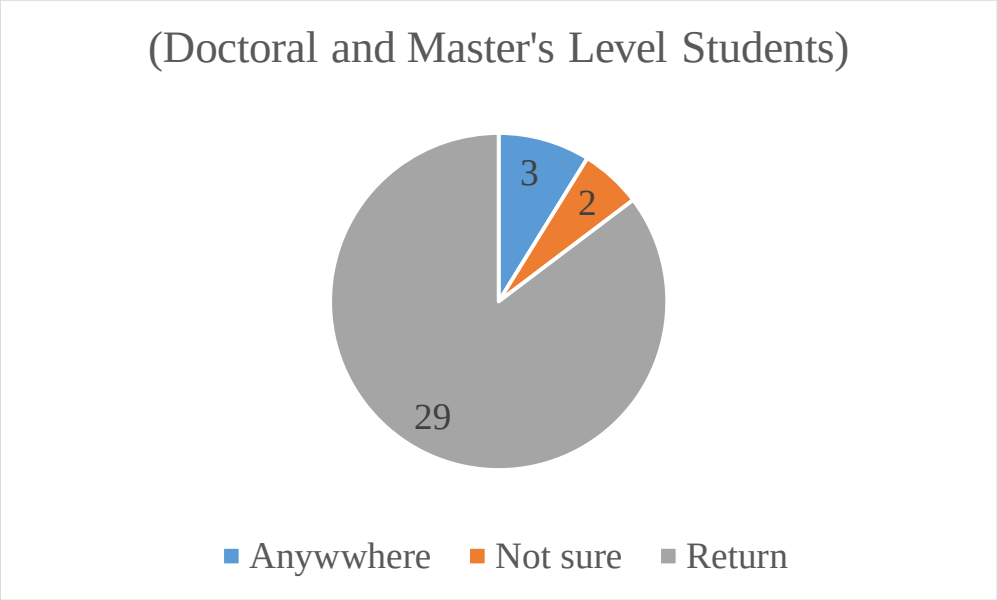
Source: Nursing Student Survey, 2017-2018.

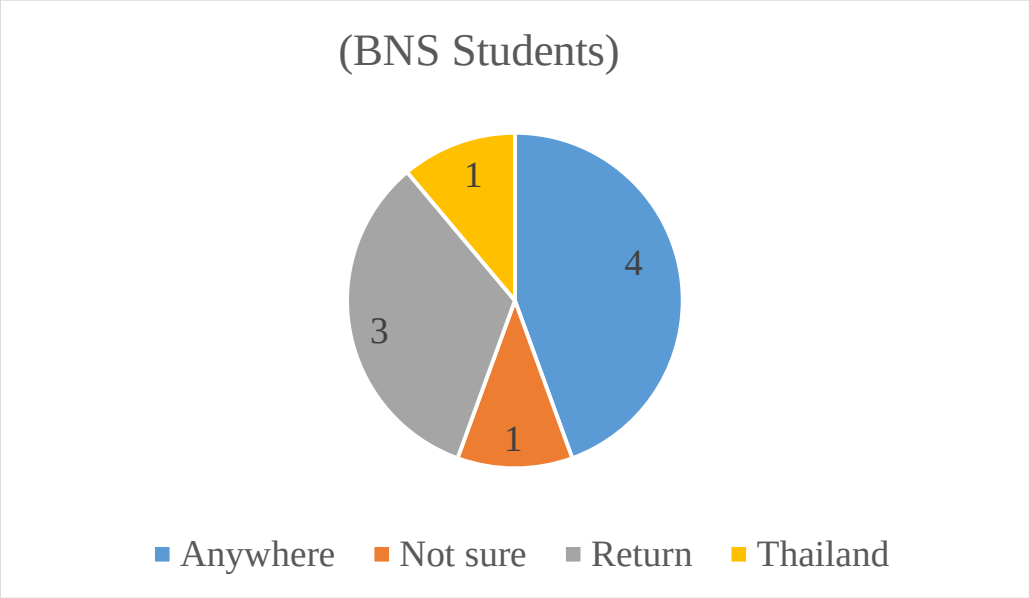
Figure 1. Scholarships for International Students




Source: Nursing Student Survey, 2017-2018.

Figure 2: The Working Place after Graduating (Career Path Plan) of the International Students




Source: Nursing Student Survey, 2017-2018.

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# Chapter 2

## Filipino Nurses' Employment Opportunities in the Non-Nursing Sector in Thailand

***Patcharawalai Wongboonsin, Maria Reinaruth D. Carlos, Naomi Hatsukano***

**Abstract**

The demand for the provision of health services in Thailand is rising from the local population and foreign visitors because of progress of the aging society combined with promotion of the medical tourism. Therefore, the shortage of the supply of the nursing workforce has been a major problem in Thailand. However, concerning to the acceptance of foreign nurses, the policies and rules in Thailand are relatively restrictive. On the other hand, Thailand is relatively open to the foreign work force. Since the mid-2000s, more Filipino nurse started to come to work in Thailand not in nursing sector but in non-nursing sector within or around the healthcare industry. Our questionnaire and interview survey to the Filipino nurses in Thailand found that now more and more Filipino nurses are supporting the healthcare industry in Thailand as assistants or staffs working in non-nursing sector and they seem to be satisfied with their status.

**Keywords**: International migration, Thailand, The Philippines, Labor, Healthcare industry, Nurse

### Introduction

The free movement of professional persons is in the process in ASEAN, however, concerning to the acceptance of foreign nurses, the policies and rules in Thailand are still restrictive. Most of the patients and doctors in Thailand are Thai and Thai language ability by the nurses is a requirement. On the other hand, the progress of the older society of Thailand, combined with promotion of the medical tourism, raise the demand for nurses with more diversified skills, including languages, in Thailand, and the supply of the domestic nurses (registered nurses) doesn't comply with the increasing demand. Therefore,

since the mid-2000s, more Filipino nurse have started to support the healthcare industry in Thailand, not in nursing but in non-nursing sector within/around the healthcare industry. For Filipino nurses, working in Thailand is a relatively new and attractive option: although working in the US or UK is still the most attractive option.

In the first section of this chapter, the demand and supply status for nurses and foreign workers is examined based on the statistical data, policies and rules in Thailand. In the second section, the actual status of the Filipino nurses is introduced and analyzed based on interviews and a questionnaire survey of a number of Filipino nurses working in Thailand.

## 1. Demand and Supply of the Nurses and Foreign workers in the Healthcare Industry in Thailand

### 1.1 Demand and supply of nurse in Thailand

The demand for the provision of health services in Thailand is rising from the local population and foreign visitors. This is because Thailand's population is ageing rapidly, combined with the resulting increase in the prevalence of chronic illness rather than communicable diseases. This increase in the demand for health services is also as a result of the current policy to make Thailand an Asian medical hub, as well as the current trend of Thailand becoming a destination for retirement migration from the developed countries.

According to data from the Ministry of Public Health (2016) and Thailand's Board of Investment (2017), 2.5 million medical tourists from around the world visited Thailand. This represents a forty percent share of medical tourism across the globe. Moreover, as a recent destination for international retirement migration, retirement visa application to Thailand increased from 10,709 applicants in 2005 to 60,046 applicants in 2014 (Immigration Bureau (2005 & 2014). The majority of the applicants are from developed western countries (Tangchitnusorn & Wongboonsin, 2015).

Based on data from the Health System Research Institute (1997, P. 89-167) and Chalamwong & Tansaewee (2005: 21), the demand by the Ministry of Public Health, university departments, and the private sectors, was projected to increase from 96,979 RNs in 2000 to 142,366 RNs during 2010-2015. Among such staff at the professional level, or Registered Nurse (RN) levels, there has been a decline of 41.3 per cent since 2010, according to the National Health Commission Office of Thailand (2011).

The ratio of nurses to the population is different across the country. In Bangkok Metropolis, it was 1:251 in 2014, 1:611 in the northeast and 1:450 elsewhere (Bangkok Post, 2014). For staff at the professional level of registered nurses (RNs), the ratio was 1:

374 in Bangkok, 7 times higher than that in the northeast (1: 2,621), according to the Thailand Nursing and Midwifery Council (2012).

However, the shortage in the supply of the nursing workforce has been a major problem in Thailand (National Health Commission Office of Thailand, 2011; Khunthar, 2014; Sawaengdee et al., 2016). From the density perspective, Thailand had 20.8 skilled health workers per 10,000 people to provide basic healthcare service. This is slightly below the WHO's minimum threshold standard of 22. 8 minimum standards (WHO and GHWA, 2014). Based on data from Health System Research Institute (1997, pp. 89-167) and Chalamwong & Tansaewee (2005: 21), the incremental supply was expected to reach of 154,489 local RNs across Thailand, a decline from 45,125 RNs during 2007-2011 and 35,100 RNs during 2012-2015.

According to the National Health Commission Office of Thailand (2011), the country has a shortage exceeding 43,000 nurses. The shortage is seen more in the public sector than in the private sector. There is also a shortage of 18,230 RNs at community hospitals, general hospitals, and specialist service hospitals. Moreover, Thailand also has a shortage of specially trained caregivers. Among them, the shortage of caregivers for the followings is severe: chronically diseased and terminally ill patients, disabled persons, and the elderly (Khunthar, 2014; Sawaengdee et al., 2016).

### 1.2 Demand for foreign workers in nursing sector

"Thailand, the hub of wellness and medical services" is the vision for the period 2016-2025. To achieve this objective, the following major service segments are the promotion targets in the future:

1) Wellness hub
2) Medical services hub
3) Academic medical center
4) Health products.

This vision reflects an upgrade from previous health policies, and those concerning medical tourism launched earlier, to increase patients' access to care and to promote Thailand as the Medical Hub of Asia. Of the four segments to grow, businesses involved with wellness and medical services are expected to increase their demand for workers with a nursing background from both local and overseas sources. Despite the lack of data in terms of the proportion of demand for local and foreign workers, one may expect the latter to increase. This is given the fact that Thailand has already developed as an important destination for medical tourism from overseas, both near and far. Foreign patients visiting

Thailand as tourists increase on a yearly basis. Thailand is expected to provide services to around 4.41 million foreign patients in 2017, with around 450,000 medical tourists. This is expected to generate an income of around TB138. 39 billion Baht (Kantawongwan, et al. 2015).

### 1.3 Foreign employment policy and rules for foreign workers

Employment of foreign nationals in the non-professional service sectors has a relatively more opened regime. They are subject to two major laws; Immigration Act, and Foreign Employment Act. In general, they are allowed to perform work that does not violate the Alien Employment Act, and not in activities prohibited to foreigners. A relevant valid Non- Immigrant 'B' Visa and a Work Permit issued in the applicant's name and for a particular employer is the basic rule. Accordingly, those working for two different employers or business establishments, even if for the same work, are required to obtain two work permits, one for each employer/ business establishment. Those engaging in necessary and urgent work for a period of up to 15 days may be exempt from the requirement for a work permit under the Immigration Laws. According to Article 3 of the Royal Decree on Management of Alien Workers B. E. 2560 (A. D. 2017), the following foreign nationals are not subject to a work permit requirement: members of diplomatic or consular delegations and certain related persons, certain persons related to the United Nations, certain persons working in Thailand pursuant to an agreement between Thailand and a foreign government or international agency, certain persons stipulated by a Royal Decree, and certain persons authorized by the Council of Ministers.

The Royal Decree on Management of Alien Workers B. E. 2560 (A. D. 2017) has been enforced. It applies licensed business establishments that recruit foreign nationals to work with an employer in the territory, and employers who directly recruit foreign nationals. The recruitment of foreign nationals must comply with these rules (Section III, Parts I & II):

1) The employer must obtain permission granted by the Director General (DG) of the Department of Employment.
2) An employer recruiting a foreigner to work in his own business is required to place a guarantee with the DG against any potential costs and damages arising as a result of such employment.
3) A recruiter of foreigners must be a recruitment company licensed by the DG. The company must be a private limited company, or a public limited company with paid- up

capital of at least TB1 million, while ¾ of the capital must be owned by Thai nationals.
4) A license-holder is not entitled to demand any payment other than the fees and expenses at the rates specified by the DG, nor any payment from a recruited foreigner.
5) The license-holder must place with the DG a guarantee of not less than TB5 million against damages that may result from bringing foreigners to work in Thailand.
6) Any non- compliance is subject to civil and criminal penalties, for which the maximum term of imprisonment term is three years

One may note that, as in other countries across the globe, visitors with a tourist or transit visa may not apply for a work permit. Accordingly, Filipino nurses seeking employment in Thailand, either in nursing or non-nursing sector, must obtain a non-Immigration 'B' Visa and a work permit issued in his/her name for the particular employer he/she will be working for in Thailand.

**1.4 Statistics from the Department of Employment (Work permits, official statistics)**

According to latest data available from the Ministry of Labor, there was a total of 169,022 foreign workers with work permits in Thailand in November 2017. The majority were working for employers who were not eligible for investment promotion by the Board of Investment. This compares to the 30% of those working with a BOI promoted establishment. According to the Announcement of the Board of Investment No. 2/2557 Re: Policies and Criteria for Investment Promotion, the promotion scheme is based on six policies: (1) Promotion of investments which help Thailand to enhance its national competitiveness; (2) Promotion of environmentally friendly activities; (3) Promotion of clusters to concentrate investment in accordance with regional potential, and to strengthen the value chain; (4) Promotion of investments in the provinces in Southern Thailand; (5) Promotion of special economic development zones, especially in border areas, in accordance with ASEAN integration; and (6) Promotion of Thai investments overseas. A business establishment under the promotion scheme qualified for a variety of tax incentives (e.g. exemption of corporate income tax for eight, five, or three years), exemption of import duties, and other benefits.

== Figure 1==

Figure 2 presents the percentage of foreign workers by nationality holding were holding a work permit to work for non-BOI promoted employers in November 2017. The

data shows that Filipino (11.5%) workers were among the top three, after the Japanese (13%) and the Chinese (12.6%), respectively. Meanwhile, those working for BOI promoted employers have a relatively small in percentage share (2.6%), compared to the Japanese (42.2%), who remain the top most foreign workers in Thailand, followed by the Chinese (17.4%), as shown in Figure 3.

== Figure 2: and Figure 3:==

Figure 4 presents the top two categories of work engaged by the Japanese, Chinese, and Filipino workers with work permits for non-BOI promoted establishments, as of November 2017, and while Figure 5 show those working with BOI promoted establishments during that time. The data shows that both the Japanese and the Chinese mainly handle managerial jobs in both BOI and non-BOI promoted establishments. Whereas, the Filipino workers tend handle professional jobs in non- BOI rather than BOI promoted establishments.

== Figure 4: and Figure 5:==

Figure 6 compares the proportion of foreign workers with work permits by nationality, working in the health services and social work sectors, and those in hotels and restaurants in non-BOI and BOI promoted establishments. The health services and social work sectors and hotels and restaurants are the most popular services sectors in Thailand. It is interesting to note that the proportion of foreign workers in the health services and social work sectors is much smaller than that in hotels and restaurants. This is the case for both the non-BOI and BOI promoted establishments.

==Figure 6:==

Figures 7 and 8 present the proportion of foreign workers with work permits by nationality working only in the health services and social work sectors with non-BOI and BOI promoted establishments, respectively. The data shows that the Filipino workers are ranked the 2nd highest proportion (15%) of all foreign workers after those from the United States (22%), working with work permits in the non-BOI promoted health services and social work sectors in Thailand. In the BOI promoted establishments, Filipino workers also rank 2nd (16%) of all foreign workers after those from the United States (17%),

working with work permits in these sectors.

==Figure 7 and Figure 8==

## 2. Filipino nurses working in Thailand

### 2.1 Methodology of the study

Filipino nurses (or Philippine-educated nurses) are working in hospitals and clinics catering to medical tourism, in call centers, and teaching in schools in Thailand, but very little is known about their migration status and life in this country. Because of the relatively short labor migration history that only began in early 1990s, when "Thailand became an important tourist destination and a rising economic hub in the region" (Sarausad, M.R.G. and K. Archavanitkul, 2014), there are very few relevant research studies about these people. Because many leave the Philippines as tourists, data from the Philippine Overseas Employment Administration (POEA) does not give a reliable estimate of the exact number. Against this background, this section attempts to provide an interpretive lens into the lives of Filipino nursing graduates currently working in Thailand (below, we refer to them as Filipino nurses), particularly about their migration and career pathways in Thailand, and their future plans, in the light of the economic and social conditions in their home country and this destination. Here, we draw from the results of a pilot survey (n=56) and group and individual interviews (n=18).

The survey was conducted between February and September, 2017, in Bangkok and neighboring provinces to Filipinos who were born and obtained their nursing education in the Philippines, using a pre-tested four-page questionnaire, which includes a brief explanation of the objectives and other details of the research project and questions pertaining to personal, educational, professional career and the migration profile of each respondent. Respondents were identified through the snowball sampling process. The responses were then encoded and processed using SPSS software. To further verify the details of some of the results, personal interviews and focus group discussions (FGD) were held and recorded, with the major points minuted accordingly. To protect the privacy of the respondents, real names and affiliations are treated anonymously.

### 2.2 Migration pathways of Filipino nurses working in Thailand

In the sample, about two-thirds were single women, indicating that the nursing

profession in the Philippines and elsewhere is still dominated by women. Moreover, many are in their late 20s to early 30s, and have graduated from a four-year nursing course between 2005 and 2009 (Table 1). This period is considered the peak in the number of enrollees and graduates in nursing program in Philippines' colleges and universities (Carlos, Roxas and Suzuki, 2017). Our result is consistent with the findings based on a broader sample from other countries as well as data from the Commission on Higher Education and Philippine Overseas Employment Administration (POEA), in which the number of graduates reached its highest level in SY 2008/09 at 103,307, producing 70,144 newly registered nurses in 2009 (Carlos, Roxas and Suzuki, 2017).

==Table 1:==

The production of so many nurses during this period was a result of the overreaction by Filipino students and nursing schools regarding the demand for nurses at that time in the most preferred destinations (Carlos, Roxas and Suzuki, 2017). In the survey, over 80% of the respondents pointed out that "to work abroad" influenced their decision to take up nursing fairly or extremely well (see Table 2). Around the same period, the most preferred destinations, such as the US and UK, heavily restricted their labor market for foreign nurses, prompting many to look for other destinations with relatively easier access, such as Singapore and the Middle East. Some nurses explored job opportunities in destinations that do not require a formal nursing license (sometimes even working in the Philippines), such as Thailand. Thus, Thailand has emerged as an attractive destination for Filipino nurses who aspire to work overseas because of the ease in finding job and obtaining the required work permit, as explained below.

==Table 2:==

The most common labor migration pathway is to enter the Kingdom initially as a tourist and convert that visa to non-immigrant visa (category "B" – business visa or teaching) (Ministry of Foreign Affairs of the Kingdom of Thailand, n.d.). As a national of an ASEAN member nation, Filipinos are exempt from applying for a visa for a stay of up to 30 days. Upon arrival, they search for a job through the Internet, introduction by friends, or and as walk-in applicants. Once they find a job, the

employer issues the necessary documents to apply for the required category of non-immigrant visa and work permit that allow the worker to stay for three months to one year. Contracts are usually renewed annually, provided that the employment contract is in effect and the visa processing fee has been paid.

The tourist pathway is preferred because it gives an opportunity for a migrant to directly meet their prospective employers directly to negotiate the welfare benefits, salary, and assess the living conditions in Thailand prior to working there, and because the procedure is faster compared to that in higher-paying destinations. For example, in the US, it takes some years before visa applications are processed because of retrogression. In addition, the recruitment fee for Thailand is cheaper. While nurses have to go through recruitment agencies and pay huge recruitment and other processing fees (at least US$10,000 for the UK, Australia, and New Zealand), many Filipino nurses do not need to use a recruitment agency either in the Philippines or in Thailand.[1] About 70% of the respondents spent less than 40,000 pesos (US$800 at the December 2017 rate), mainly for the airfare, accommodation during the job search period and processing of documents.

However, it was reported by the interviewees that recently (around 2016), Thailand began tightening the foreign labor regulations, especially for non-skilled workers and those whose jobs do not match their qualifications back home (Interview with Mr. J, teacher, February 2017). In the case of Filipino nurses working as a teacher in grade school or high school, they can be issued a work permit and a non-immigrant visa only after obtaining a letter of approval from relevant governmental agency and submitting evidence of the achieved educational qualifications, such as diplomas or teaching certificates. Respondents working as English teachers in high schools should either have completed or are currently enrolled in a master's program. Some respondents working at universities have a doctorate degree either in Nursing Science Policy or Education (Interview with Ms. A, teacher, July 26, 2017).

In the absence of recruitment agencies, networking by Filipino families and friends proves to be a very useful and reliable option for Filipino nurses and the employers. Most interviewees relied on friends and relatives already working in Thailand, not only in looking for a job, but also in providing advice, housing and

[1] This is one of the reasons why POEA, which requires all deployed Filipino workers to report before departure, does not have data for Filipino nursing professionals (term used by POEA to classify Philippine-educated nurses who have the Philippine nursing license) leaving for Thailand.

accommodation when first arriving in Thailand. The employers prefer to hire applicants introduced and vouched for by current Filipino employees. As a result of such networking, a community of Philippine-educated nurses, estimated at around 70-80 (Interview with Mr. B, hospital staff, February 4, 2017), all coming from the same region in the Philippines and some of them even relatives, has developed in one of the big hospitals in the outskirts of Bangkok. While this hiring system is convenient on a small-scale basis, it can become problematical on a larger scale as it could be abused to the disadvantage of first-time Filipino migrants. As the number of Filipinos working in Thailand increases, the necessity to organize some way of regulating, or at least monitoring, the recruitment system in order to protect the interests of both parties becomes relevant and necessary.

### 2.3 Jobs and job satisfaction

One striking feature of Filipino nurses' migration to Thailand is that while they are all graduates of four-year nursing programs in the Philippines, with most of them holding the Philippine national nursing license, they do not and cannot fully practice their profession in Thailand. The main reason is the difficulty in passing the national licensure examination for registered nurses. Instead, many work in hospitals and clinics as support nursing and care staff under different titles, such as medical coordination nurse, nurse coordinator, clinic assistant, or doctor's assistant, as such jobs for which nursing knowledge and skills are important, but they do not require the Thai nursing license. In a prominent hospital in Central Bangkok that caters to wealthy foreign patients from Asia and the Middle East, Filipino nurses can be found working in the "back office", taking appointments and answering inquiries, making initial assessments via telephone, drafting medical reports, and filling-out documents to be submitted to insurance companies and embassies[2], and answering inquiries on medical procedures by prospective clients (FGD in Bangkok, February 4, 2017). In another hospital, famous for cosmetic surgery and other aesthetic medical procedures as well as sex transplants, Philippine-educated nurses, most in possession of the Philippine nursing license, work in the International Section in the reception/front office for overseas patients. Indeed, the growth in medical tourism industry has encouraged the

[2] Some Middle East countries send their nationals to Thailand to receive medical treatment, the cost of which is paid for by their government. However, this practice may not continue, as it was reported that some Middle East countries are now trying to develop their own health care system in order to treat their nationals in hospitals within their own countries.

employment of Filipino staff with nursing skills and sufficient English proficiency in Thailand.

There are also staff who are employed in the business process outsourcing industry (BPO) as call center agents and supervisor/trainers, contact center officers, international health insurance consultants, coordinators in the e-mail centers of dental clinics, and as international customer service officers of credit card and loan companies. One supervisor working in a call center of a multinational health insurance company, based in Australia and catering to foreign students in Australia and New Zealand, related that she applied online, came to Thailand for the interview as a tourist, negotiated her salary and obtained the work permit and visa within one month (Interview with Ms. C, February 4, 2017). Previously, she worked full-time as a nurse in a specialist hospital in the Philippines, and as a clinical with a prime nursing school at the weekends to augment her income. When the demand for clinical instructors declined due to the dramatic decrease in enrolment, she decided to work in a medical-related call center in the Philippines. In Bangkok, she manages a group of about ten call center agents that answer inquiries regarding insurance claims, and most of the staffs are also nurses educated in the Philippines and recruited by her[3].

Another major employer of Filipino nurses is the education sector that hires them as teachers in grade school, high school, colleges, and universities. One interviewee, working as an English teacher in a public high school in Bangkok, pointed out the ease in finding a job at that time, and he did not mind working as such even if he was a registered nurse in the Philippines. Two interviewees with doctorates in Nursing Science and Policy in the Philippines are employed in the Faculty of Public Health at a university, with the task of teaching the English language and some health subjects in English. Faculties and departments such as this appeal to Thais who want to work in the medical tourism industry as well as to foreign students.

Despite the inability to formally practice the nursing profession, in the survey, 85% of the respondents feel happy studying nursing in college, with a mean value of 3.22 on a scale of 1 (very unhappy) to 4 (very happy). Furthermore, when asked about the level of satisfaction in several aspects of nursing, 75% rated “satisfied” or “very

[3] In the early 2010s, when there was a huge surplus of nursing graduates in the Philippines, the Department of Labor and Employment encouraged them to work in call centers in non-clinical but health-related areas such as medical transcription. For the nursing graduates, it was a good way to earn money while waiting for the chance to get suitable employment overseas (PDI Online News: 2012).

satisfied," with high mean values high (scale of 1 for very dissatisfied to 4 for very satisfied) in the areas of "being able to serve the sick and needy" (mean value 3.29), "degree of self-worth" (3.28), "relationship with superiors and co-workers" (3.00), and "working in other countries" (3.00). These results imply that even though they are not directly involved in clinical nursing care, they are not particular about it and their expectations of working in Thailand, either as support staff in hospitals or in other sectors, are largely met.

== Table 3==

Aside from achieving a satisfactory level of work satisfaction in Thailand, the respondents also pointed out the ease of adjusting to life in this country due to its low cost of living, convenient means of transportation, warm weather, and safe personal environment. The geographical proximity to the Philippines and cheap airfares offered by low-cost airlines make it possible for them to return to the Philippines often (FGD, Bangkok, July 27, 2017). Moreover, they feel that they are treated more equally by their Thai co-workers and friends compared to their counterparts in the Middle East and other Asian destinations. According to one interviewee, this is because Filipino nurses can speak good English and many of their Thai friends are happy to talk in English.

The relatively higher earnings compared to what they can earn as hospital nurses or clinical instructors in the Philippines also motivates Filipino nurses to work in Thailand even if the work does not involve clinical nursing care. For example, a support staff in a hospital in Bangkok can earn about US$500 per month, with free accommodation, food and transportation; whereas a nurse in a government hospital in the Philippines would earn only around US$300 or even less. A nurse coordinator servicing foreign patients in an international hospital in Bangkok earns more than US$1,000 a month. Faculty members without a doctorate degree who are hired by colleges and universities receive a starting salary of about US$600, which is still higher than what they would receive at universities and colleges outside Metro Manila. One respondent working as a faculty member in a nursing college outside Bangkok was forced to leave his workplace in August, 2016, because of the dramatic decline in the number of enrollees due to restructuring of the educational system in the

Philippines.[4] It took him less than two months to find his current job (Respondent Mr. M, teacher, July 26, 2017).

Given these favorable labor migration conditions, it can be expected that more Filipino nurses will prefer to work in Thailand in the future.

### 2.4 Is Thailand a final or transit destination?

While many Filipino nurses in the survey are quite happy working and living in Thailand, further inquiry through interviews suggest this country is considered as a "stepping stone" by many. About 90% of the respondents were either contemplating or actually planning to leave the country for "greener pastures." At the time of the FGDs, three had already sent their application to either the US, UK, or New Zealand, two were to leaving for EU destinations in a few weeks. It is also worth noting that some respondents have had experience of working in countries such as Saudi Arabia, Kuwait, and Yap Island in Micronesia prior to moving to Thailand. This implies that Thailand is preferred over other transit destinations, but is not the final destination in the Filipino nurses' international stepwise migration pattern (for details about stepwise migration, please see for example, Carlos, 2014).

The propensity to leave Thailand for other destinations depends on various factors, the strongest of which is a higher salary potential. The most preferred destinations, such as the UK, US, Australia, and Canada pay professional nurses as much as US$40,000-US$67,000 per year (Carlos, Roxas and Suzuki, 2017). On the other hand, the ability to improve their skills and use modern technology in the practice of nursing are also factors in the leave-or-stay decision. Some felt that they might forget their nursing skills, and it would be more difficult to gain employment in countries offering a higher salary but requiring years of recent relevant work experience. Age and marital status also seem to have some correlation with the desire to stay in or leave Thailand, with unmarried and/or younger nurses having a higher tendency to leave the country. As Ms. C. indicated, if she were young and single, she would have thought of pursuing her desire to work in the USA, but not anymore since she and her family have already settled in Bangkok.

Another strong factor that contributes to the desire to leave Thailand is the opportunity to become naturalized citizens in the destination country, a typical feature

[4] The K to 12 program, which extended the number of years of pre-college schooling from 10 to 12 years, was implemented from the school year 2016.

of final destinations. Obtaining citizenship does not only mean gaining more flexibility in the type of job that are available (including practicing their profession), and securing of residence rights for the migrant himself and his family. Currently, the Filipino nurses in Thailand are granted a one-year visa, and renewal depends on this country's "often-changing" labor migration policies (FGD, July 27, 2017). While they can bring their families to Thailand as dependents, they also have to leave the country at the end of the employment contract. Even if Thailand grants them citizenship, the interviewees do not seem to be keen to take it as it "does not have the same value" as the passports of the most preferred destinations (Interview with Ms. C, July 26, 2017). In the meantime, while it is difficult to move to such destinations, "it is still ok to stay here (in Thailand)" rather than return to the Philippines or work in another transit destinations like the Middle East or other destinations in Asia (FGD, Bangkok, February 4, 2017).

Based on the findings from the survey and interviews, it can be said that while Filipino nurses cannot formally practice the nursing profession, Thailand has become an attractive destination. This can be attributed not only because there are specific sectors that openly take in foreigners and have weak competition by local workers, but also due to the perceived favorable working and living conditions in the country compared to other transit destinations or their home country. It remains to be seen, however, whether Thailand will be willing to accept more migrants in the light of the domestic labor shortage brought about by the expansion of the country's service sector, particularly in medical tourism and the BPO industries, and the ageing local labor force.

## Conclusion

The Filipino nurses' migration to Thailand is often invisible because they do not migrate through official agencies without work permits in the beginning, because of the policies or rules for accepting nurses working in Thailand are officially restrictive and there is no agreements for accepting and sending workers between Thailand and the Philippines. However, in reality, there has been more Filipino nurses coming to work in Thailand in recent years. They get the work permit after entering Thailand not as registered nurses but as assistants or staff working in the non-nursing sector as we have discussed in this chapter. In our research and through the statistics, we tried to catch the general employment status of the Filipino, and then figured out their real situation from the questionnaire and interview survey. We found that many Filipino nurses are

supporting the health care industry in various non-nursing sectors in Thailand, and they seem to be satisfied with that status to some extent.

Considering the growing demand for nurses and the shortage of nurses in Thailand, and to make effective use of the human resource from the Philippines, institutionalizing acceptance of nurses from the Philippines using the MRA (Mutual Recognition Arrangement) scheme within ASEAN may be the best future option for Thailand. Thus, the Filipino nurses can gain continuous experience with updated knowledge in the nursing environment in Thailand, without spending much cost on searching job opportunities. However, the health and safety of the patients are the most important factor in the health care industry and must be considered carefully.

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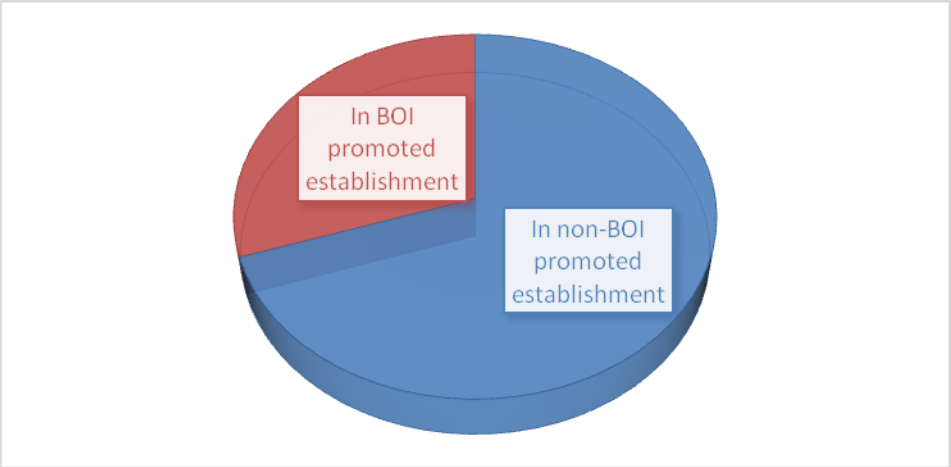
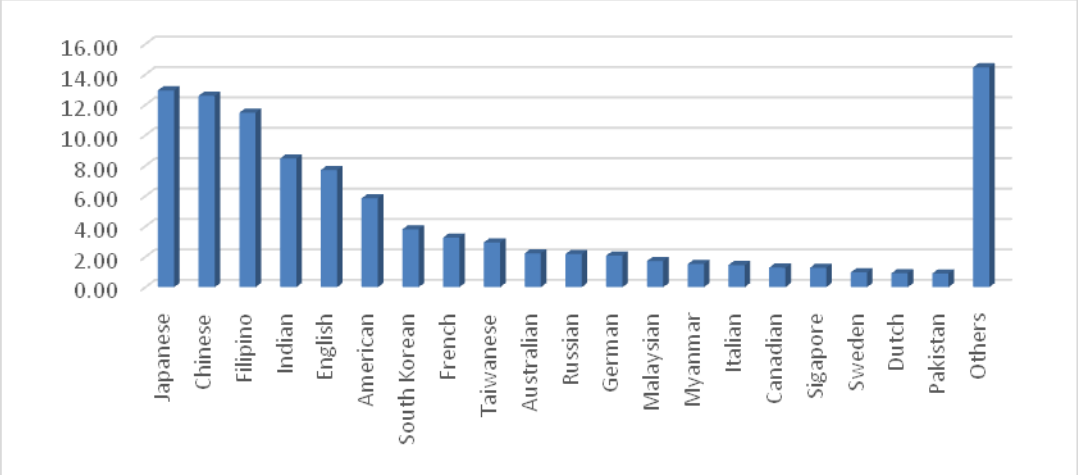
Figure 1: Foreign workers with work permit in non-BOI promoted establishments who remain in Thailand as of November 2017



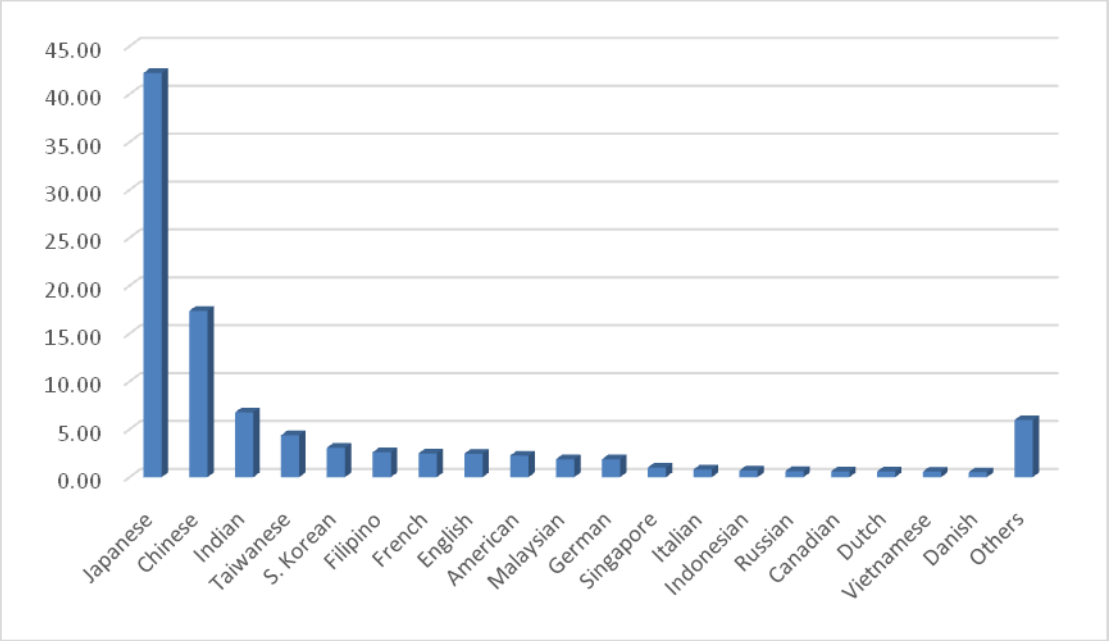

Source: Calculated from data compiled by the Department of Employment, Ministry of Labor, Thailand, November 2017.

Figure 2: Foreign workers with work permits, by nationality, working in non-BOI promoted establishments who remain in Thailand as of November 2017



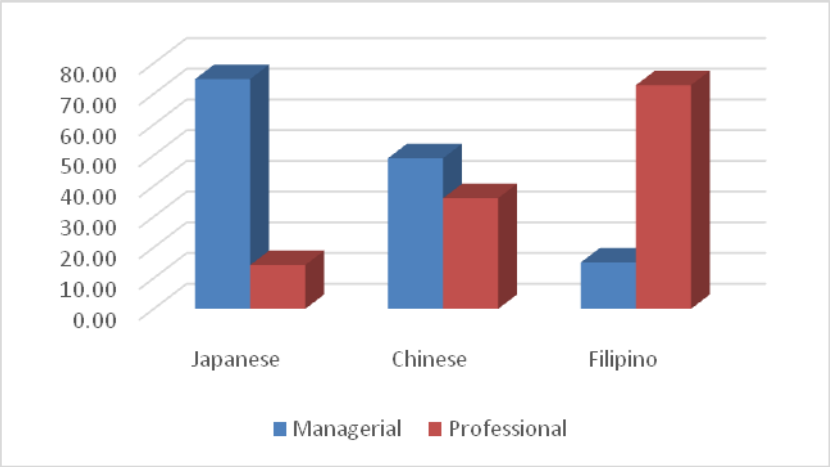

Source: Calculated from data compiled by the Department of Employment, Ministry of Labor, Thailand, November 2017.

Figure 3: Percentage of foreign workers with work permit, by nationality, and working in BOI promoted establishments in Thailand as of November 2017



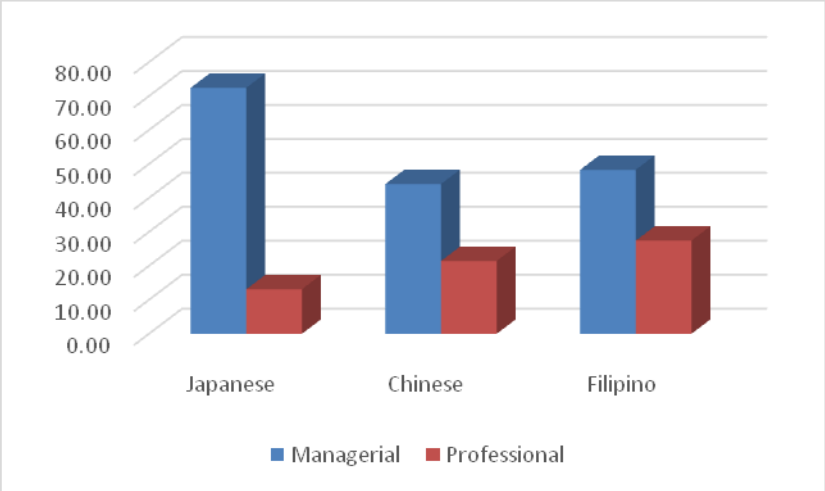

Source: Calculated from data compiled by the Department of Employment, Ministry of Labor, Thailand, November 2017.

Figure 4: Top most job categories engaged by the Japanese, Chinese and Filipino with work permits, and workin in non-BOI promoted establishments, as of November 2017.



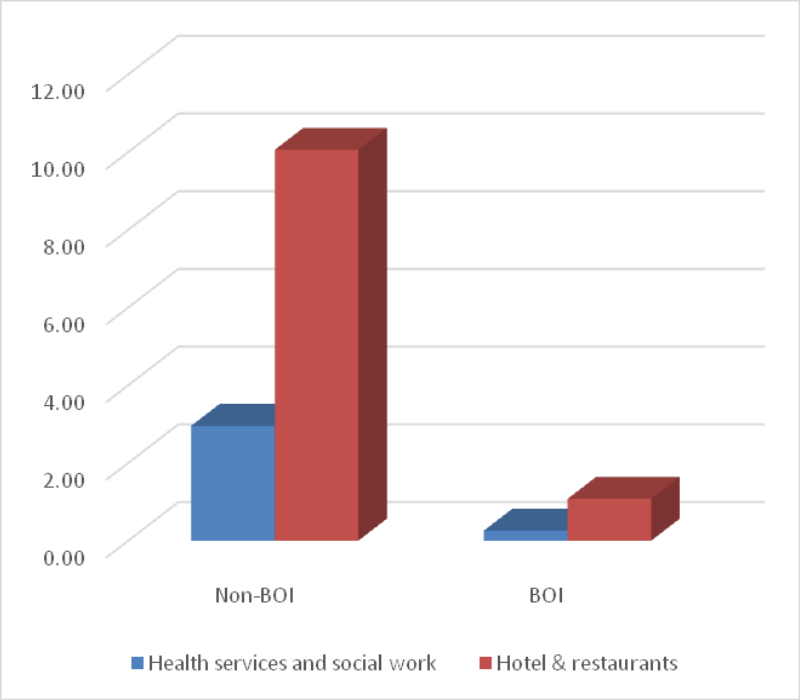

Source: Calculated from data compiled by the Department of Employment, Ministry of Labor, Thailand, November 2017.

Figure 5:Top most job categories engaged by the Japanese, Chinese and Filipinos with work permits and working in BOI promoted establishments, as of November 2017.



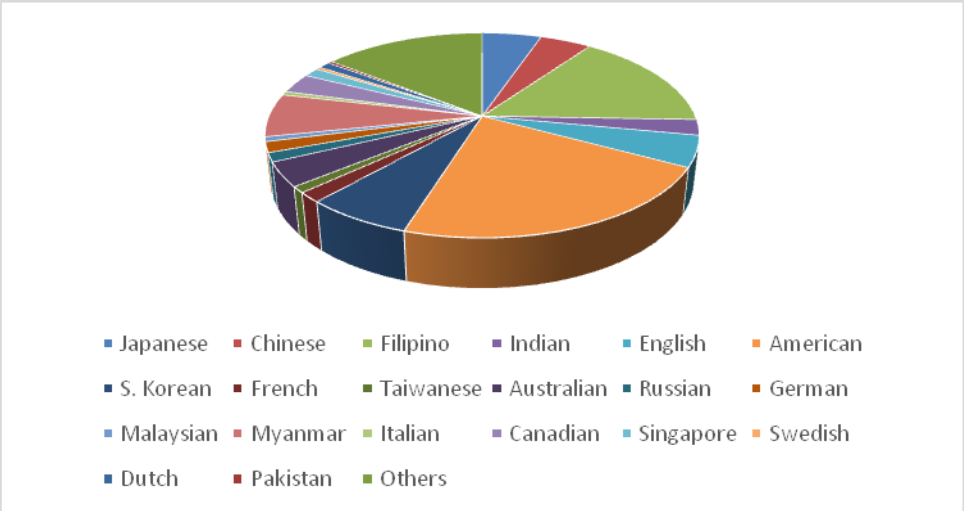

Source: Calculated from data compiled by the Department of Employment, Ministry of Labor, Thailand, November 2017.

Figure 6: Proportion of foreign workers with work permits, by nationality, working in the health services and social work sectors, and in hotels and restaurants, in non-BOI and BOI promoted establishments, as of November 2017



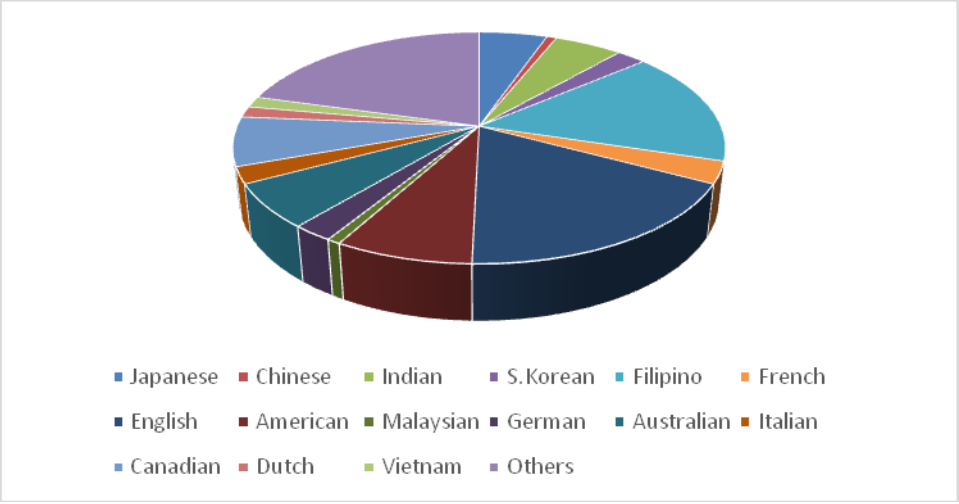

Source: Calculated from data compiled by the Department of Employment, Ministry of Labor, Thailand, November 2017.

Figure 7: Proportion of foreign workers with work permits, by nationality, working in the non-BOI promoted health services and social work sector as of November 2017.




Source: Calculated from data compiled by the Department of Employment, Ministry of Labor, Thailand, November 2017.

Figure 8: Proportion of foreign workers with work permits, by nationality, working in the BOI promoted health services and social work sector, as of November 2017.




Source: Calculated from data compiled by the Department of Employment, Ministry of Labor, Thailand, November 2017.

Table 1: Year of graduation of respondents

| Year of graduation | Number of respondents | Percent (%) |
|---|---|---|
| 1990 to 1994 | 4 | 7.1 |
| 1995 to 1999 | 3 | 5.4 |
| 2000 to 2004 | 0 | 0.0 |
| 2005 to 2009 | 34 | 60.7 |
| 2010 to 2014 | 9 | 16.1 |
| No answer | 6 | 10.7 |
| Total | 56 | 100.0 |

Source: Author's calculation from the survey's responses.

Table 2: "To work abroad" as the motivation to take up Nursing

| **Scale** | **Number of Respondents** | **Percent** |
|---|---|---|
| **1. Not at all** | 0 | 0.0 |
| **2. Not particularly** | 8 | 14.3 |
| **3. Fairly well** | 16 | 28.6 |
| **4. Extremely well** | 30 | 53.6 |
| **No answer** | 2 | 3.6 |
| **Total** | 56 | 100.0 |

Source: Author's calculation from the survey's responses.

Table 3: Aspects of Nursing that contribute to job satisfaction

| Aspects of the Job | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| 1. Serving the sick and needy | 52 | 1 | 4 | 3.29 | 0.57 |
| 2. Social status of nurses | 54 | 1 | 4 | 2.52 | 0.91 |
| 3. Working in another country | 54 | 2 | 4 | 3.00 | 0.67 |
| 4. Ease of employment | 54 | 1 | 4 | 2.74 | 0.78 |
| 5. Degree of self-worth | 54 | 1 | 4 | 3.28 | 0.66 |
| 6. Salaries and benefits | 54 | 1 | 4 | 2.80 | 0.71 |
| 7. Relationship with superiors and co-workers | 54 | 1 | 4 | 3.00 | 0.67 |
| 8. Career development | 54 | 1 | 4 | 2.91 | 0.81 |
| 9. Working conditions | 54 | 1 | 4 | 2.83 | 0.77 |

Notes: 1: Very dissatisfied; 2: Dissatisfied, 3: Satisfied; 4: Very satisfied

Source: Author's calculation from the survey's responses.

Tsujita, Yuko ed., Human Resource Development, Employment and Mobility of Healthcare Professionals in Southeast Asia: The Case of Nurses, BRC Research Report Bangkok Research Center, JETRO Bangkok/IDE JETRO, 2018

## Chapter 3

# Philippine-Educated Nurses in Southeast Asian Destinations: The Cases of Singapore and Thailand

*Ma. Reinaruth D. Carlos*

**Abstract**

Traditionally, Southeast Asia is not a major destination for skilled workers, including graduates of Nursing (which we call the Philippine-educated nurses or PENs), from the Philippines. However, severe unemployment arising from huge surplus in the Philippine nursing labor market in the latter half of the 2000s pushed many PENs to explore not only new destinations overseas but also occupations besides and beyond clinical nursing care, both at home and abroad. In this chapter, we compare and contrast two destinations in Southeast Asia: Singapore, which is the only country in the region that ranks among the top ten destinations for newly-hired nursing professionals, and Thailand, which has gained popularity in recent years among the PENs who work in what we call the "non-nursing" sector (collective term for jobs that do not involve clinical nursing care and do not require the worker to possess a nursing license in the destination). First, we describe the migration and career pathways of the PENs in these two countries and cite their similarities and differences. Against these backgrounds, we examine whether there are substantial and statistically significant variations in terms of motivations to take up nursing and job satisfaction among three categories of PENs, namely, the PENs who are in possession of the Singapore nursing license and thus have secured jobs as registered or enrolled nurses; the PENs who do not have the Singapore nursing license and work as nursing aides and health care attendants; and the PENs in Thailand who work in various jobs (both health-related and not) in the "non-nursing" sector.

**Keywords:** International Migration, Philippine-educated nurses, nurse migration, Philippines, Thailand, Singapore.

## Introduction

Despite the geographical proximity, Southeast Asian destinations have not been major recipients of graduates of Nursing in the Philippines (which I refer in this chapter as the Philippine-educated nurses or PENs) [1] throughout their history of labor migration. Based on statistical data from the Philippine Overseas Employment Administration (POEA), it is only Singapore, which has been receiving nursing professionals from the Philippines since 1990s, that is in the top ten list of destinations, although its total annual intake (new hires only) has been small compared to those of the Middle East countries, the UK, and USA (POEA, 2018).

However, these data from the sending side do not accurately account for PENs actually working in these Southeast Asian destinations. Firstly, these numbers include only those nurses with license in the Philippines who are first-time migrant workers and reported their departure to POEA and exclude those who left the country as students, tourists, and dependents of overseas Filipinos or foreign nationals. Secondly, it is not a stock data and therefore does not give an accounting of those who have already returned, which the Philippine government does not keep a record.

Thirdly, and most importantly in relation to the discussion in this paper, the data does not count the PENs overseas who are engaged in jobs in which their Philippine nursing license is neither formally recognized nor required, and the PENs are not allowed to practice clinical nursing care. I collectively call the sector offering these kinds of jobs as the "non-nursing" sector. In many of the jobs in this sector, the PENs' nursing knowledge, experience and skills (and in some cases their Philippine professional license) are "tacitly" recognized and highly valued by the employers in the destination. In the case of Thailand, the PENs work as homecare providers, as caregivers in hospitals, hospital back office and customer service staff, clinic assistants, in the business process outsourcing (BPO) sector and also in schools teaching English language and/or science-related subjects in the English language. In Singapore, they work as homecare providers and nursing aides or health care assistants in aged care homes. As they grow in number, looking into their motivations in taking up Nursing and

[1] In the Philippines, registered nurse is the only category of nursing professionals. Registered nurses should be a graduate of the four-year Bachelor of Science in Nursing (B.S.N.) program and pass the National Licensure Examination.

job satisfaction gain relevance in order to look into their impact in the labor market, not only in the destination but also in the sending country, the Philippines.

The aims of this chapter are twofold. First, we will describe the migration and career pathways of the PENs working in Singapore and Thailand. These are shaped by interplay of the host country's migration and foreign employment policies and the demands of the labor market where the PENs are employed. We will also show that in contrast to Thailand, Singapore has institutionalized not only its recruitment and employment systems but also the career pathway for foreign nurses. The PENs have created a migrant "labor niche" (Ortiga, 2018) in sectors where there is weak competition with local workers, either because these locals are less capable or less willing to take up these jobs.

The second aim of this chapter is to determine whether there are differences in the perceptions of PENs depending on their destination and their job category. Specifically, we look into their motivations in taking up Nursing and their satisfaction in the different aspects of their profession. We hypothesize that the motivations for taking up Nursing do not considerably differ among the PENs in both countries. However, the kind of job in the destination and opportunities to practice as well as develop a career in the profession, substantially affect their job satisfaction.

The primary data in this study are taken from interviews and surveys conducted in 2017 to PENs currently working in these two countries. The questionnaire instrument is a four-page long and comprised of explanation about the objectives and other details of the study, questions about the personal, educational, professional, migration attributes, and their future plans. The interview informants were identified through the snowball process and the questionnaire was accomplished through face-to-face or telephone interviews as well as via email. In Thailand, the interviews (n=18) were held in February and July, 2017; while the questionnaire was administered to 56 respondents between February and September, 2017. On the other hand, the data gathering in Singapore was conducted in August and November, 2017, using similar interview and survey instruments. In Singapore, there were 17 interview informants and a total of 264 questionnaire respondents. All respondents and informants were briefed about their rights and protection of privacy. The descriptive statistics of the respondents is shown in Table 1.

Insert Table 1 here.

This chapter is organized as follows: In the next two sections, we discuss the migration and career pathways of the PENs in Singapore and Thailand respectively.[2] In consideration of the distinct features of each of these two countries, particularly in terms of their labor market demand, types of jobs open to PENs and foreign worker recruitment and employment policies, we then examine the differences in the motivations to take up Nursing and job satisfaction in section 4. The last section summarizes and concludes this chapter.

## 1. The Philippine-educated nurses (PENs) working in Singapore

The deployment of skilled workers, including PENs, from the Philippines to Singapore is institutionalized in both countries. Normally, for the PENs to be able to work in Singapore, they must go through private labor brokers (recruitment/placement agencies) in both countries. These brokers operate within the strict regulations of the respective states. On the Philippine side, the POEA-accredited recruitment agency is in charge of looking for prospective employers, pre-screening of applicants and in securing their exit from the country. Its counterpart in Singapore must be a Singapore-licensed placement agency that takes care of introducing candidates to prospective employers, screening the applicants and procession the necessary documents for the PEN to be able to work in Singapore.[3] They work in close coordination with the employers, and in some cases, the employers' representatives go with them to the Philippines to conduct interviews and administer the Singapore Nursing Licensure examination. Any violation by the labor brokers in both countries, like for example, excessive charging of recruitment fees or contract manipulation, is punishable by suspension of license to operate and/or hefty fines.

One distinct characteristic of Singapore's skilled foreign worker employment system is that it is a formal and qualification-centered scheme (Kwon, 2018). In the case of nursing professionals, the state regulates the "churn" through a "recognition and approval" system via the Singapore Nursing Board (SNB), the professional nursing association (Toyota, 2012). In addition to this, the number of foreign workers is guided by a quota system based on the number of total workers in a company and by requiring

[2] This chapter complements the contents of Chapter 2 that discusses the conditions of the PENs in Thailand.

[3] All informants in the interviews conducted by the author in 2017 went through the accredited recruiters in the Philippines during their first deployment to Singapore, and even for those who were already in Singapore, they still had to go through the Singaporean placement agency when they changed their employer.

employers to pay foreign worker levy and buy medical insurance and/or security bond for the worker depending on which category of job they are employed.

Currently, there are four types of jobs that PENs can go into: health care attendants (HCA), nursing aides (NA), enrolled nurses (EN) and registered (or staff) nurses (RN). The more common entry level for PENs to work in Singapore is as nursing aide,[4] which does not require registration in the SNB. The basic requirements are a valid Philippine nursing license and work experience, not necessarily in the hospital setting or on a full time basis, in the Philippines. Majority of the NAs and HCAs are employed by nursing homes and welfare facilities, such as homes for the destitutes and psychiatric facilities as well as step down care facilities such as community hospitals. Since they do not possess the Singapore nursing license, they should work only under the supervision of a registered or enrolled nurse. Basu (2016) describes the work of these "rank and file care staff" as "mundane but essential chores such as changing diapers, showering and feeding residents and serving medicines prepared by nurses" (Basu, 2016, p. 48). Being classified as semi-skilled workers, they are granted a work permit that is valid for two years. While there is no minimum salary requirement, an NA earns around S$800-950 (US$600-710)[5] per month plus allowance for lodging (Interview with Ms. T., enrolled nurse and FGD participants, August, 2017). As a common practice, the PENs working in Singapore receive a gratuity worth two months salary after completion of a two-year contract.

In the upper level of the career ladder for the PENs are the ENs and RNs who are licensed by SNB and therefore allowed to practice clinical nursing care. Being classified as mid-level skilled staff with an "S-pass" labor visa, an EN earns S$1,200 to S$1,500 (US$900-1,120) while an RN's salary ranges from S$1,800 to S$2,500 (US$1,350-1,870) and can go up as much as S$3,000 (US$2,250) with longer experience (Interview with Ms. V, registered nurse, November, 2017). The role of an EN is mainly to provide basic nursing care to patients and assist doctors and RNs in patient treatment and examinations. On the other hand, an RN "carries out medical and nursing treatments and observe, assess and record patient's conditions and progress"

[4] Those who do not possess a nursing license in the Philippines can apply as health care attendants (HCAs). They are paid less at S$600-800 (US$450-600) excluding food and accommodations depending on the years of experience. This pathway is much less common than the NA pathway.

[5] All exchange rate conversions in this chapter use the US$ equivalent of Thai bahts and Singapore dollar on December 30, 2017, at US$0.03063 per one baht and US$0.748 per one Singapore dollar.

(SingHealth, n.d. and Ministry of Health Singapore, n.d.). An RN can also develop his/her nursing skills in specialized areas such as critical care, emergency nursing, and surgery and take up advanced programs to become nurse educator, nurse clinician or nurse manager.

In the case of internationally educated nurses, they can work as EN or RN using either of the following pathways. For those who are already working in Singapore as NAs, they are required to take the Institute of Technical Education (ITE) course in Health Care, the cost of which is deducted from their salary, and pass the Singapore licensure examination that can only be taken under the sponsorship and endorsement of the employer. It also depends on the availability of positions for ENs or RNs in nursing homes. Once an NA is promoted to EN or RN, many try to find work in a hospital because it pays more than nursing homes, they are able to practice and develop their clinical nursing care skills and specialize in one or more nursing fields/areas. However, he/she still needs to go through a placement agency in Singapore (Interviews with Ms. A, enrolled nurse and Ms. C, nursing aide, November, 2017) to be able to change employers.

The demand for nursing aides in Singapore is expected to increase in the future primarily because of the ageing of its population. By 2030, it is predicted that at least one out of three Singaporeans would need some form of elderly care. The Ministry of Health of Singapore reported that from 9,400 beds capacity in 2011, the target is increased to a total of 17,000 by 2020, and this number is expected to fill the demand for nursing homes at that time (Ministry of Health Singapore, 2017).

The growing home-based elderly care sector appears to be another potential source of employment for the PENs. Singapore government has been promoting this sector as an alternative to institutional care and as part of its plan to shift the “center of gravity” from hospital to home and community (The Strait Times, Dec. 27, 2016). The shift in preference from nursing home to private home care is also due to its lower cost. The salary of live-in caregivers ranges from S$600 to S$1,000 (US$450-750) with free food and accommodations. This is higher than that of a domestic worker but cheaper than fees in elderly homes.

The other pathway allows the PEN to work as EN or RN immediately after arrival in Singapore. They are pre-screened by the Philippine recruitment agency and screened by the Singapore placement agency and employer. They are also required to take and pass the SNB licensure examination prior to their deployment. To qualify to take the examination, the PEN should also have relevant experience in the Philippines in terms

of length of period of training, size of hospital where training was acquired, the school where graduated and the area of specialization. Upon arrival in Singapore, they are immediately assigned in hospital wards where they had previous training. Given these stringent requirements and the limited positions for RNs and ENs in hospitals, many who leave the Philippines initially work as an NA in nursing homes for at least two years.

Under these well-established migration and career pathways, the number of Filipino nursing professionals (new hires)[6] deployed to Singapore has shown dramatic ups and downs (POEA, 2016) (Figure 1). In recent years, however, their number has been on the rise. The increasing trend can also be seen from the registry records of SNB, wherein the latest stock data reveals that at the end of 2016, there were 4,942 Filipino RNs (about 16% of total number of RNs in Singapore) and 2,557 Filipino ENs (about 29% of total number of ENs in this country) (see Figure 2). Their numbers began to increase from around 2007-2008, and are now 3.5 and 2.5 as many as the stock in 2001 respectively. These data imply an increase in demand and/or preference of employers to Filipinos over other internationally educated nurses in Singapore.[7] On the other hand, the exact number of PENs working as NAs or HCAs is unknown because of the lack of data in both the Philippines and Singapore.

Insert Figure 1 here.

Insert Figure 2 here.

Driven by the ageing of its population and to some extent, medical tourism industry, Singapore plans to add 2,100 hospital beds in public hospitals and 9,100 in community hospitals. Such move translates to greater demand for all types of health workers, particularly RNs and ENs. However, locals are not willing to take up these jobs. In fact, RNs and ENs placed second and third respectively in the top ten list of professionals, managers, executives and technicians (PMET) occupations with

[6] In the POEA data, "nursing professionals" includes Philippine-educated nurses who have the nursing license in the Philippines. Those who do not have a nursing license who are deployed as caregivers are classified as "Nursing Associate Professionals." The data does not tell whether they are "professionals" or licensed in the destination or not.

[7] On the other hand, based on the POEA data, the deployment to other Southeast Asian countries in the same period, is almost non-existent (for details, see Carlos, Roxas and Suzuki, 2017).

vacancies that are hard to be filled by locals in the country in 2016 (Manpower Research and Statistics Department Ministry of Manpower Singapore, 2016). The reasons given were "find pay unattractive," "prefer not to do shift work," "prefer short work week" and "find the working environment not conducive." Thus, we can expect that future vacancies for RNs and ENs will be most likely filled up by foreign-educated nurses.

The shortage of nurse workforce is also attributed to low rates of retention ad return to the profession. In an attempt to alleviate the shortage of RNs, government hospitals have taken the lead in retaining not only local but internationally educated RNs by offering higher salary and opportunities for career development. As a result, "Singapore has become less of a stepping stone," (Interview with Prof. M, faculty member of a school of nursing, August, 2017). On the other hand, there does not seem to have any measures to retain foreign nurses who are less skilled such as the HCAs and NAs.

## 2. The Philippine-educated nurses (PENs) working in Thailand (For a more detailed discussion, please see Chapter 2.)

In contrast the case of Singapore, there is no formal system of labor migration, both for skilled and unskilled workers, between Thailand and the Philippines.[8] While there have been an increase in the number of Filipinos going to Thailand to find work, their recruitment is not strictly monitored in both countries. Most of the interview informants and survey respondents initially came to Thailand as tourists so that their initial departure was not recorded at POEA. As a result, the official Philippine data for deployed nursing professionals does not show any entry for Thailand. Neither does Thailand have detailed data on the number of PENs working in the country. Most of them arrived as tourists, and were therefore not classified as foreign workers by the Thai Immigration at the port of entry. Some of them for some time become "irregular" migrant workers who come on tourist visa (thus making their stay in the country "legal") but do not possess a working permit (Sarausad and Archavanitkul, 2014). In the case of the PENs, their status can also be that of "irregular" workers when they change employer and the application for work permit is put on hold for several months while the worker is on job probation. Another reason is that the number of work permits issued is not a reliable estimate of the number of Filipino migrant workers since such

[8] For further details about labor migration of Filipinos to Thailand, see Sarausad, M.R. and K. Archavanitkul (2014).

permit is employer-based, which means that one foreign worker can have several work permits if he is employed by several companies or in several positions at the same time (see Chapter 2).

Like in Singapore, the practice of professional nursing is also based on a qualification-centered scheme, thus foreign educated nurses who do not possess the Thai nursing license cannot engage in clinical nursing care. Instead, the PENs work in areas and sectors where the Thai nursing license is not required; but nursing and communication skills as well as work experiences are highly valued. Most of the time, the PENs land a job in the skilled sector (except caregiving), either health-related or not. According to informants who work in big hospitals serving medical tourists, nurse coordinators earn about 35,000 bahts (US$1,070), those in the back office earn a little less; while the "frontliners" earn about 15,000 bahts (US$460) with free food and accommodations. Those engaged in jobs in the BPO sector normally have experience working in call centers in the Philippines.[9] The starting salary for a call center agent is about 22,000 bahts (US$670) plus transportation allowance, weekend overtime and incentive pays. In the education sector, the minimum salary for college teachers is 25,000 bahts (US$765). There are also some who work part-time as private nurses and caregivers in hospitals and homes of patients, sometimes even in a hotel where the foreign patient resides during recuperation or rehabilitation. For a 12-hour shift, they earn 1,200 bahts (100 bahts per hour) (US$37). One informant has a work permit as a high school English teacher, but moonlights as a caregiver in the evenings.

PENs can find a job in either of the following ways. First, through pre-arranged employment facilitated by informal networks made up of family, relatives, former colleagues and friends who are already in the destination. As such, there is a tendency for the PENs from the same region or who are relatives to be hired in the same work place, as in the case of a hospital in Bangkok. Second, job searching can be done after arrival through walk-in application, responding to recruitment via the internet, or going through placement agencies for specific occupations such as in the case of English teachers. Change in employer within Thailand is quite easy, as shown and reported by several informants. This is because there are no provisions for pre-termination of employment contract so that foreign workers are free to quit their current job and take

[9] Health-related BPO companies in the Philippines employ nursing graduates as medical transcriptionists, medical secretaries, medical coders and billers, medical assistants, medical representatives, clinical appeals specialists and medical butlers. (PDI, March 3, 2012).

up a new one offering higher salary, better working conditions, or more job stability.

Thailand implemented in June, 2017 a new law on the recruitment and employment of foreign workers, the Royal Decree B.E. 2560 on Managing the Work of Aliens which was intended to make the recruitment and employment of foreign workers more organized, transparent and regulated (Ministry of Labor Kingdom of Thailand, 2017). The informants, however, think that they do not expect it to have strong impact on them since "Thai authorities are more concerned and stricter with the migration of low-skilled migrants from Laos, Myanmar and Cambodia who work illegally and sometimes abused by small-scale employers and operators (recruiters)" (Interview with Mr. J, August, 2017). Most of the interviewees land a job as skilled workers and their problem is mostly in meeting the requirements for a work permit, which could change at short intervals and without prior notice. Those who are employed in the education sector, which is exempted from following the minimum wage rule for foreigners, are now required to show proof of completion or enrollment in a graduate program in Education or related field of study.

(For details about the demand and supply of nurse workforce in Thailand, see Chapter 2.)

## 3. Motivations in taking up Nursing and job satisfaction of the Philippine-Educated Nurses (PENs) in Thailand and Singapore

Given the differences as well as similarities in the migration and career pathways of PENs in these two ASEAN countries, it is interesting to know whether these affect the kinds of PENs that they attract. Therefore, in this section, we examine whether there are differences in their motivations in taking up Nursing and their satisfaction in several aspects of their profession. We divide our respondents into three categories: the PENs with license (RNs and ENs) in Singapore, the PENs without license (NAs and HCAs) in Singapore and the PENs without license in Thailand.

### 3.1 Motivations in taking up Nursing

Figure 3 and Table 2 show the mean values of the responses of the PENs in each of the three categories when asked about how several motivations impacted on their decision to take up Nursing. The responses are on a scale of 0 to 3, with the value "0" representing "not at all" and "3" representing "extremely." The results show that the mean values are generally highest in "to work abroad" and "to provide service to the sick an needy" and lowest in "employability in the Philippines" and "because of a role

model." Furthermore, when the mean differences were tested for statistical significance using Welch's test of equality of means, the results show that there are differences in the way that the PENs in the three categories are motivated by "employability in the Philippines," "better financial reward," "to acquire better social status." "to provide service to the sick and needy" and "because of a role model."

Working abroad is a strong motivation for the PENs in the survey, especially those who took the course in mid-2000s at the peak of strong demand for nurses in the US and UK. At that time, there was a strong perception among Filipinos that graduating from nursing was the easiest way to land a job overseas, which in turn was the most viable way for social and economic mobility for the entire family. We can see from the results that "to support family financially" and "better financial reward" are also strong motivators. The salary range of RNs who work in the Philippines is estimated to be about 9,000 pesos (US$200) - 20,000 pesos (US$450) at the time they left the Philippines (estimated from statements by informants), so that unless they work abroad, their goal of economic mobility for the family is difficult to achieve. Our result also supports observation that "the nursing profession attains high social status in the Philippines only when associated with possible emigration" Ortigas' (2018, p. 180). Further testing, however, did not show that the difference in these means were statistically significant, implying that indeed, "to work abroad" is a very strong motivation to take up Nursing, regardless of whether they are currently working in Singapore or Thailand.

Meanwhile, "to provide service to the sick and needy" ranks second among the motivations to take up Nursing. This finding suggests that the respondents are attracted to the profession not only because of its economic and social rewards aspects, but also because of the service-oriented nature of the job. Twelve informants in the interviews admitted that although they were strongly encouraged (some "pushed") by family and relatives and despite their awareness of the difficulties entailed by the job, they did not feel strong resistance in taking up Nursing. Moreover, their love for the profession developed when they started taking clinical subjects that require direct patient care. Across the three categories, the difference in the mean values is negligible (although statistically significant). This is a possible indication that there are no differences in the way in which the PENs consider their profession as service-oriented, especially to the sick and those who are in need, like the elderly residents in nursing homes; regardless of which country, or which labor sector they are currently working.

That employability, or ease of finding job, in the Philippines is the weakest

motivation also complements the findings that the respondents took up Nursing in order to work overseas rather than at home, in which the number of available placement for nurses in health institutions has remained at 42,000 in until 2016. While there is a need to add more nurses to strengthen the health system, government budget and political reasons seem to be on the way to add permanent positions especially in government hospitals and in rural areas (Carlos, Roxas and Suzuki, 2017). Family members or relatives who are nurses can act as role models for the PENs, but in the case of the respondents, they did not have strong influence in the decision to take up Nursing.

Insert Figure 3 and Table 2 here.

To capture which categories of the PENs differ in terms of their mean values for each of the motivations, the Post Hoc Test on Means using Tukey HSD was used and the results that are statistically significant at p=0.05 level are shown in Table 3. It is interesting to know that three categories of the PENs are different in terms of how they consider “better financial rewards” and “to acquire better social status” as motivations to take up Nursing. The results show that these motivations are weaker for those who work in Thailand compared to those who work in Singapore, regardless whether they have the Singapore license or not. Such findings imply that those PENs who are strongly motivated to become nurses because of opportunities for social and economic mobility will prefer to go to Singapore rather than Thailand, either as NA, EN or RN.

One plausible explanation on why even the NAs in Singapore are motivated by social and economic mobility opportunities more strongly than those in Thailand is the availability of career progression from the non-nursing (NA) to nursing sector (EN or RN) in Singapore. Being promoted to EN or RN in Singapore does not only mean higher salary. It also translates to higher social status because they are able to practice their nursing profession and thus not put their nursing education into “waste.” More importantly, working as a licensed nurse in Singapore increases the possibility of landing a job as a professional nurse, with higher salary, in other destinations in their stepwise migration journey.

Insert Table 3 here.

### 3.2. Satisfaction in the profession

Another interesting point of comparison between the PENs in these two countries and

across different occupations is their satisfaction in their profession. We hypothesize that those who work in non-nursing sector are less content with their profession. In this subsection, we thus discuss the level of satisfaction of the PENs in several aspects or factors of their work and determine whether there are substantial and statistically significant differences among the three categories.

There is a close link between the motivations in taking up Nursing, as discussed above and the level of job satisfaction, as one of the determinants of the latter is on what they expect from the job, which in turn is a reflection of their motivation in taking up Nursing. Job satisfaction is cited in the literature as a vital factor in the retention of nurse migrants (see for example, Goh and Lopez, 2016) so that the results will also give some insights on the aspects of their job that can be improved, in order to make them stay in the sector and country where they are currently employed.

In our analysis, we use the framework designed by Herzberg (1987) in which job satisfaction is derived from two sets of factors – the intrinsic ones that lead to worker's satisfaction at work; and the extrinsic ones that contribute to the worker' dissatisfaction; and these two sets of factors are considered to independently affect job satisfaction. In this study, intrinsic factors include "serving the sick and the needy," "social status of nurses," "feeling of self worth," and "career development." On the other hand, the intrinsic factors are "working in another country," "ease of employment," "salaries and benefits," "relationship with superiors and fellow nurses," and "working conditions."

A visual inspection of Figure 4 reveals that the mean level of satisfaction in most aspects of the profession (except "feeling of self-worth") is lower in the case of respondents who work in Thailand. This suggests that for the PENs in Thailand, working in the "non-nursing" sector and not being able to practice their nursing profession negatively affect their contentment in their work. On the other hand, both the licensed (RN and EN) and unlicensed (NA and HCA) groups in Singapore appear to have almost the same levels of job satisfaction. It is also interesting to note that the mean values for "feeling of self worth" are almost the same across the three categories, suggesting that the PENs derive the same feeling of self-worth regardless of whether they work in Singapore or in Thailand; and in the nursing and "non-nursing" sector. Two interview informants, Mr. J. (college faculty member), and Ms. C (call center supervisor) emphasized that although they were not engaged in clinical nursing care, they still felt that they were valued and respected by their employers, clients and students. Ms. C further elaborated how nurse coordinators in big hospitals in Bangkok are treated well, "almost like doctors" because they play a very important role in linking

the doctor with the foreign patient.

Insert Figure 4 and Table 4 here.

Furthermore, when the mean differences were subjected to Welch's test of equality of means, we found that the mean differences are statistically significant in the following aspects or factors (see Table 4). In order to determine which specific groups have statistically significant mean differences, the data was subjected to the Post Hoc Test on Means using Tukey HSD, and the results are found in Table 5. Here, only the aspects in which the results are statistically significant at less than or equal to 0.05% level of significance are presented. We found that the two groups of Singapore PENs, regardless whether they work as RN, EN or NA, have higher levels of satisfaction compared to those who are based in Thailand in five aspects: "social status of nurses," "career development," "ease of employment," "salaries and benefits" and "working in other countries." The first two are intrinsic factors, which are related to how they feel recognized or appreciated by coworkers and employers; while the rest are extrinsic factors, which are indicators of which areas they are "dissatisfied." These findings suggest ways on how Thailand can attract more PENS, most important of which is providing a pathway for them to be formally recognized as nursing professionals. That the PENs in Thailand are less content in terms of "working in other countries," again suggests that they are more likely to leave this country for the next destination.

The finding that the PENs in Singapore have higher levels of satisfaction also gives some insights on why Singapore has turned out to be one of the more preferred transit destinations or "stepping stone", and for some respondents, even the final destination. Moreover, although the PENs work in nursing homes as NAs, they are still connected to the nursing sector, and are able to serve the sick and the needy, which is one of the top motivations for them to take up Nursing.

Insert Table 5 here.

## 4. Summary and Conclusions

In this study, we compared the migration and career pathways of PENs in two Southeast Asian countries, Singapore and Thailand, in the light of their foreign worker policies and labor market conditions in both the nursing and "non-nursing" sectors. First, we found differences in their foreign nurse recruitment system, which determines the

migration pathways of the PENs. International labor recruitment to Singapore is highly institutionalized and regulated compared to that of Thailand. The PENs who plan to work in Singapore must go through a formal labor recruitment system that involves labor brokers accredited by the states. On the other hand, Thailand-Philippine nurse recruitment is mostly unregulated and unmonitored by the states. Recruitment largely takes place through direct contacts between the employer and the PENs, or through the help of informal networks of family, friends and former colleagues.

There are also substantial differences in the nature of jobs and career development pathways of the PENs between these two countries. While in Singapore, there are two entry levels, one which allows the PENs to immediately practice their profession after arrival in the country; and another one that requires them to "re-skill" as NAs in compliance with Singapore skills standards and be in good relationship with the employer before qualifying to take the licensure examination for EN and RN. Although difficult especially for those who arrived as NAs, Singapore provides a pathway for career promotion through further education and training; and thus, the PENs' return to the practice of clinical nursing care is possible. In contrast to this, the PENs in Thailand take up jobs in non-nursing sectors that "tacitly" recognize their nursing knowledge, experience in the Philippines and skills. However, there is almost no chance for them to return clinical nursing care because it is deemed difficult (almost impossible) to pass the Thai Licensure Examination primarily because it is conducted in Thai language.

The type of occupation that migrant workers can take in the destination is dictated by the demands in the country's labor market and the extent that locals are willing and/or are able to take these jobs. In Singapore, the strong demand for health care workers due to ageing population prompted the state to turn to foreign workers. There have been efforts in recent years to retain foreign-educated RNs. In Thailand, while there is nurse workforce shortage (see Chapter 2), it has not yet turned to foreign educated nurses to fill the gap. There seems to be lack of efforts to integrate the PENs into the nursing labor force.

In both countries, the jobs of the PENs are those in sectors that are hard to be filled by locals, but for different reasons. In Singapore, most locals are not willing to work as an RN or EN. On the other hand, in Thailand, many of the jobs taken by the PENs are those in which the locals, including those who hold nursing license, find difficult to fill because of lack of English proficiency. While the PENs in Singapore mainly serve the local people, those who work in Thailand are engaged in jobs related to international medical tourism. In both cases, the PENs work in sectors in which there is

weak competition with locals. As such, they are able to capture a considerable share in the labor market and establish migrant "labor niche" (Ortiga 2018: 180).

The similarities and differences in the migration and career pathways, resulting from state policies and regulations as well as labor demands and local workers' attitudes toward the profession in these two countries have important implications in the kinds of PENs that they attract. In this chapter, we focused on two areas in which the can be considerable differences between those who work in Singapore and in Thailand. The first area is on their motivations to take up Nursing, and the second one, on their satisfaction in the profession. We found that for the three categories of PENs in the survey, "to work abroad" and "serving the sick and the needy" served as the two strongest motivations in taking up Nursing. For Filipino students and their families, working abroad as a nurse is perceived as the best and most feasible way to achieve not only economic but also social mobility. At the same time, the PENs are also in the profession because of their service-oriented and compassionate attitude towards not only the sick but also others who they think need their services, like the elderly.

Analyzing the level of job satisfaction allows us to evaluate to what extent their expectations, as implied by their motivations in taking up Nursing, are met. It also gives us some insights on what can be done if the destination wants to retain the PENs. From the survey, we confirm that there are considerable differences in the level of job satisfaction in almost all aspects of work (except feeling of self-worth.) between those who work in Singapore and those who work in Thailand; but not between those who work in the nursing sector (as RN and EN) and in the non-nursing sector (as NA) in Singapore. These findings provide a convincing explanation why Singapore has grown to be a more preferred transit destination, or even a final destination for many PENs in their stepwise migration journey. They also provide hints to both countries on how they can keep the PENs and attract more of them, in case they decide to make foreign-educated nurses a vital part of their labor market, both in nursing and non-nursing sectors.

**Acknowledgement**

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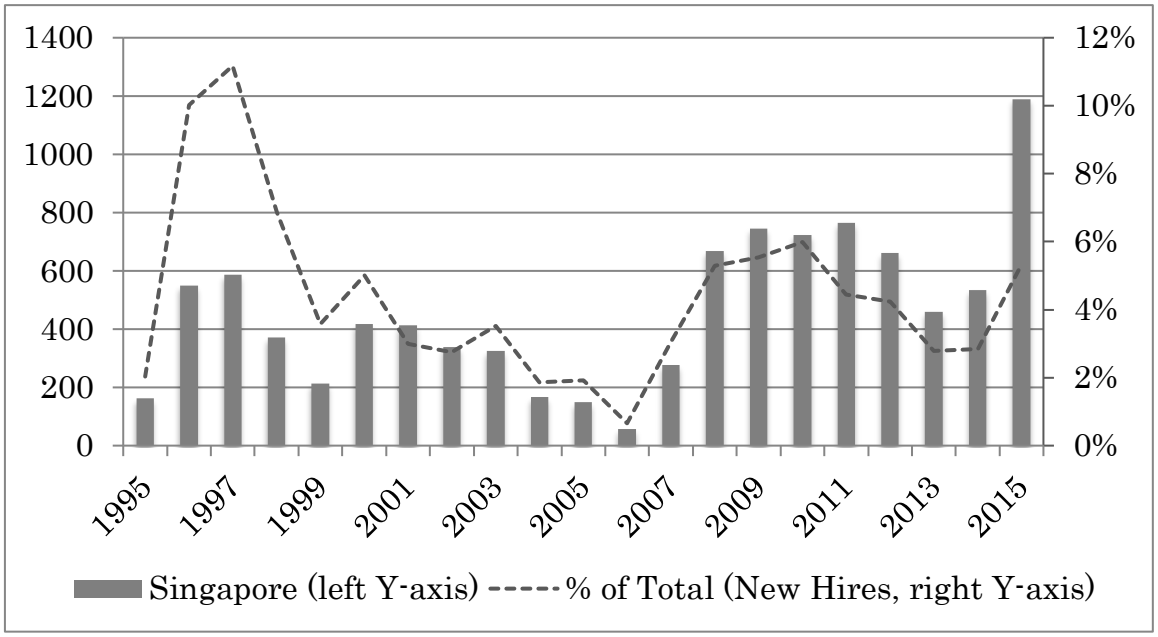
Table 1: Descriptive statistics of respondents: Thailand (n=56) and Singapore (n=264)

| **Age Group** | **21-25** | **26-30** | **31-35** | **36-40** | **41-45** | **46 and above** | **No answer** |
|---|---|---|---|---|---|---|---|
| Thailand | 1 | 27 | 20 | 0 | 5 | 2 | 1 |
| Singapore | 19 | 161 | 59 | 11 | 3 | 3 | 8 |
| **Gender** | **Male** | **Female** | **No answer** | | | | |
| Thailand | 16 | 40 | 0 | | | | |
| Singapore | 125 | 136 | 3 | | | | |
| **Current occupation** | **Teachers** | **Care-Givers** | **Call center agents** | **Nurse coordi-nators** | **Hospital staff *** | **Clinic Assistants** | **Others** |
| Thailand | 13 | 2 | 7 | 4 | 6 | 20 | 4 |
| **Current Occupation** | **Registered nurse** | **Enrolled nurse** | **Nursing aides** | **Health Care Attendants** | | | |
| Singapore | 114 | 63 | 83 | 4 | | | |
| **Religion** | **Catholic** | **Muslim** | **Iglesia ni Cristo** | **Christians (except Catholic)** | **Others** | **No answer** | |
| Thailand | 27 | 0 | 2 | 10 | 16 | 1 | |
| Singapore | 169 | 3 | 8 | 62 | 1 | 21 | |
| **Marital status** | **Single** | **Married** | **Widowed** | **No answer** | | | |
| Thailand | 36 | 18 | 2 | 0 | | | |
| Singapore | 201 | 58 | 0 | 5 | | | |
| **Year of graduation from BSN** | **1991-1995** | **1996-2000** | **2001-2005** | **2006-2010** | **2011-2015** | **2016-** | **No answer** |
| Thailand | 6 | 1 | 2 | 38 | 3 | 0 | 6 |
| Singapore | 4 | 7 | 27 | 143 | 73 | 4 | 6 |
| **Happy to choose nursing as profession** | **Very happy** | **Happy** | **Unhappy** | **Very unhappy** | **No answer** | | |
| Thailand | 14 | 34 | 1 | 1 | 6 | | |
| Singapore | 71 | 170 | 12 | 1 | 10 | | |

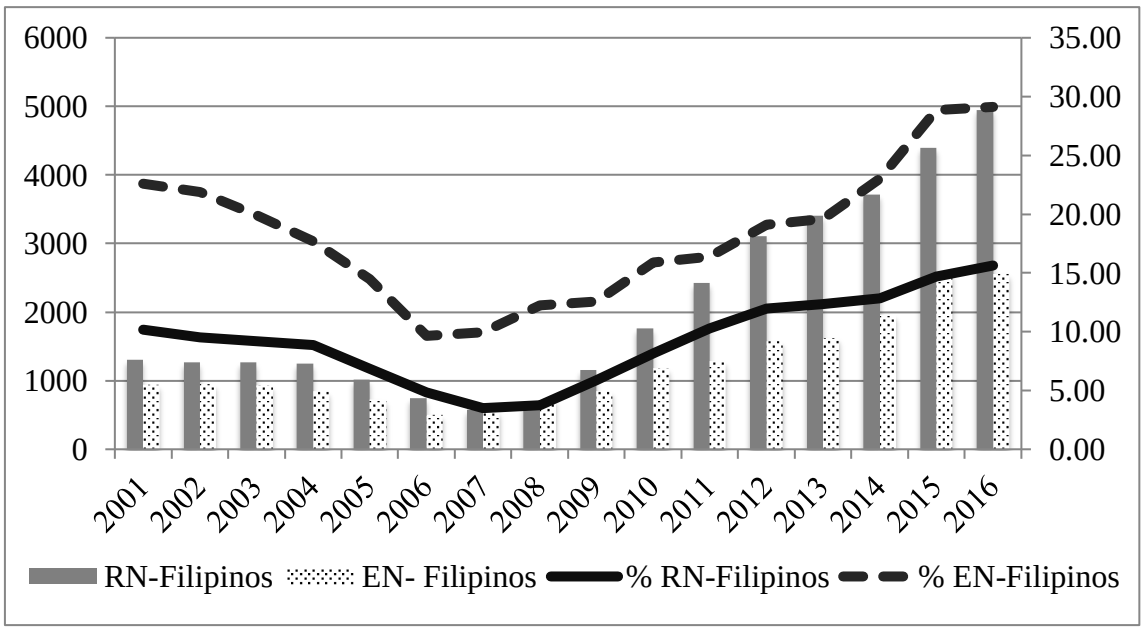
Note: * Hospital staff include customer service and back office workers.
Source: Author's calculation from the survey's responses.

Figure 1: Number of nursing professionals (new hires) deployed to Singapore (1995-2015)




Source: Philippine Overseas Employment Administration (POEA)

Figure 2: Stock of Filipino registered nurses (RN) and enrolled nurses (ENs) in Singapore (as of December, 2016)




Note: Excludes Philippine-educated nurses who are permanent residents in Singapore.
Source: Author's compilation from Singapore Nursing Board Annual Report various years.

Figure 3. Motivations to take up Nursing: Mean Values of Responses per Category

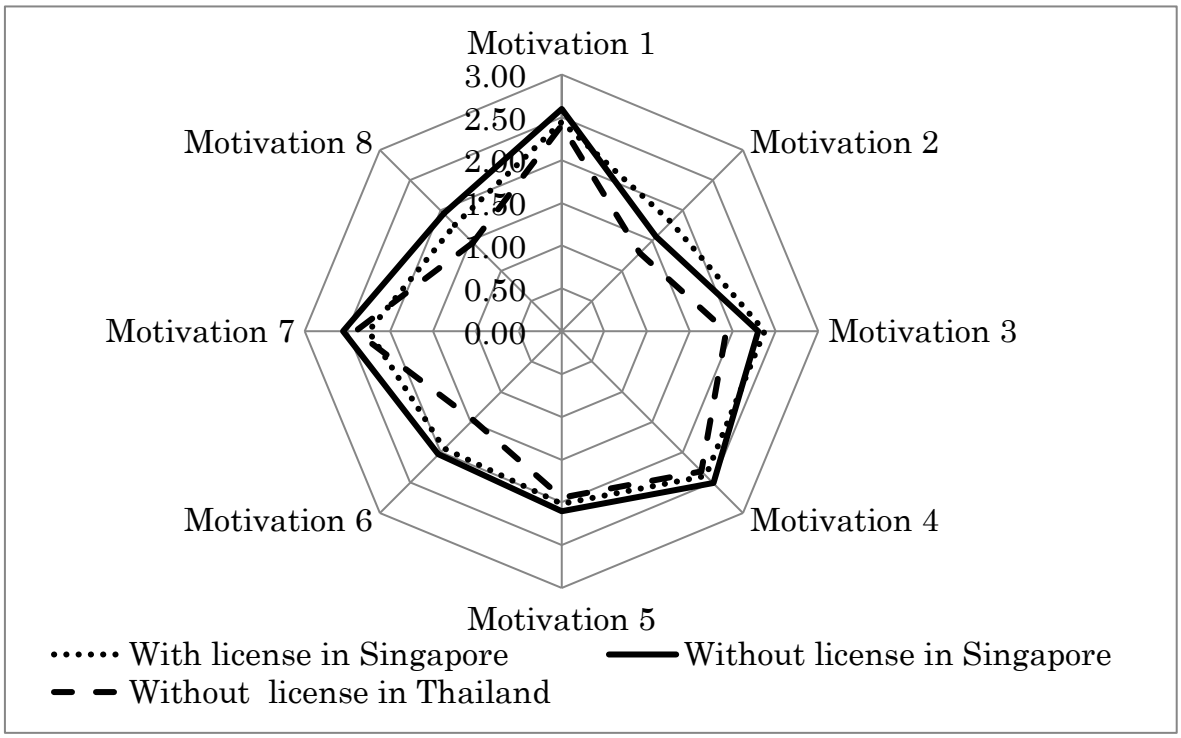



Table 2. Motivations to take up Nursing: Mean Values of Responses per Category

| Motivations to take up Nursing | With license in Singapore | Without license in Singapore | Without license in Thailand | Sig. (ANOVA F-test) |
|---|---|---|---|---|
| 1. To work abroad | 2.45 | 2.60 | 2.41 | 0.214 |
| 2. Employability in the Philippines* | 1.81 | 1.56 | 1.30 | 0.003 |
| 3. Better financial reward* | 2.37 | 2.30 | 1.93 | 0.001 |
| 4. To help support the family financially | 2.39 | 2.51 | 2.31 | 0.197 |
| 5. Influenced by family | 2.02 | 2.10 | 1.94 | 0.577 |
| 6. To acquire better social status* | 1.94 | 2.03 | 1.46 | 0.000 |
| 7. To provide service to the sick and needy* | 2.25 | 2.55 | 2.41 | 0.002 |
| 8. Because of a role model* | 1.76 | 1.94 | 1.46 | 0.026 |

Question: To what extent do the following reasons for choosing to study nursing agrees with your own?
(Responses: 0 – Not at all, 1 – Not particularly, 2 – Fairly well, 3 – Extremely)
*. The mean difference is significant at the 0.05 level based on one-way ANOVA and Welch's test of equality of means.
Source: Author's calculation from the survey's responses.

Table 3. Motivations to take up Nursing: Partial results of Post Hoc Test on Means using Tukey HSD (Only for results that are statistically significant.)

| Motivations to take up Nursing | Category (1) | Category (2) | Mean Difference Category (1)- (2) | Sig. |
|---|---|---|---|---|
| 2. Employability in the Philippines* | With license in Singapore | Without license in Thailand | .511* | 0.003 |
| 3. Better financial reward* | With license in Singapore | Without license in Thailand | .447* | 0.001 |
| | Without license in Singapore | Without license in Thailand | .373* | 0.013 |
| 6. To acquire better social status* | With license in Singapore | Without license in Thailand | .475* | 0.001 |
| | Without license in Singapore | Without license in Thailand | .572* | 0.000 |
| 7. To provide service to the sick* | Without license in Singapore | With license in Singapore | .297* | 0.001 |
| 8. Because of a role model* | Without license in Singapore | Without license in Thailand | .480* | 0.019 |

*. The mean difference is significant at the 0.05 level

Source: Author's calculation from the survey's responses.

Figure 4. Factors contributing to satisfaction in nursing profession: Mean values of responses per category

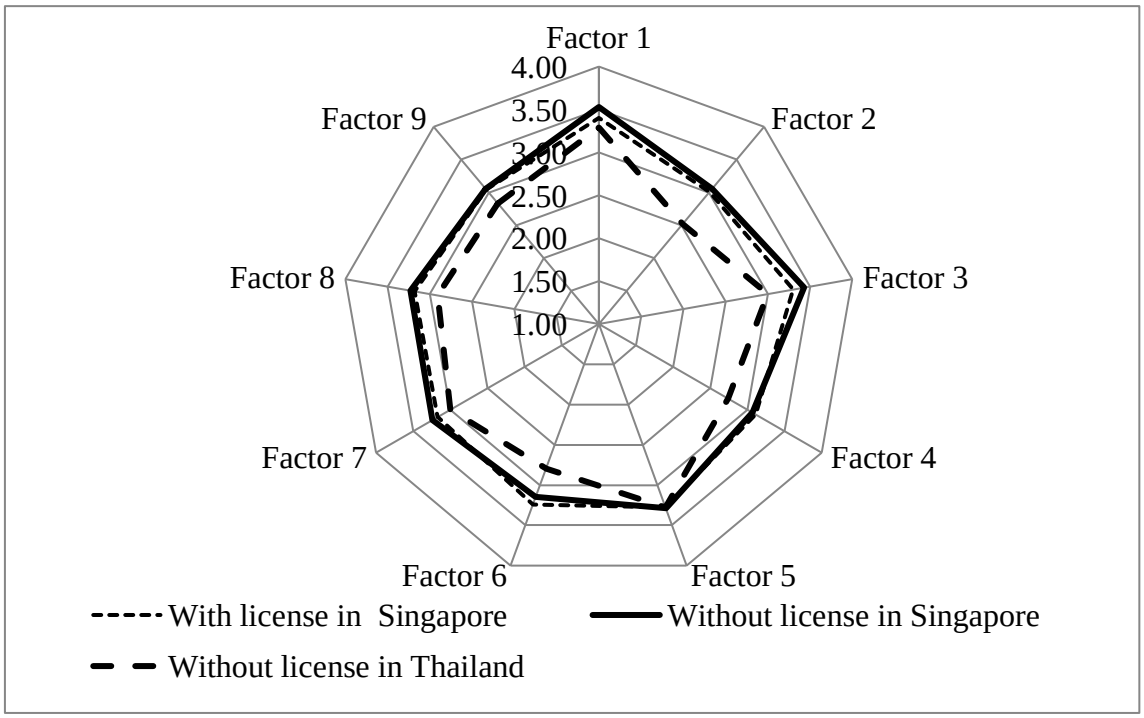



Table 4: Factors contributing to satisfaction in nursing profession: Mean values of responses per category

| Factors contributing to satisfaction in nursing profession | With license in Singapore | Without license in Singapore | Without license in Thailand | Sig. (ANOVA F-test) |
|---|---|---|---|---|
| 1. Serving the sick and needy | 3.40 | 3.53 | 3.29 | 0.059 |
| 2. Social status of nurses* | 3.01 | 3.06 | 2.52 | 0.000 |
| 3. Working in other countries* | 3.30 | 3.43 | 3.00 | 0.000 |
| 4. Ease of employment* | 3.11 | 3.07 | 2.74 | 0.010 |
| 5. Feeling of self-worth | 3.28 | 3.29 | 3.28 | 0.993 |
| 6. Salaries and benefits* | 3.24 | 3.15 | 2.80 | 0.000 |
| 7. Relationship with superiors and fellow nurses | 3.18 | 3.24 | 3.00 | 0.074 |
| 8. Career development* | 3.18 | 3.23 | 2.91 | 0.024 |
| 9. Working conditions | 3.05 | 3.06 | 2.83 | 0.206 |

Question: What aspects of your profession contribute to your satisfaction or dissatisfaction?
(Responses: 1 – Very dissatisfied, 2- Dissatisfied, 3 – Satisfied, 4 – Very Satisfied)
*: The mean difference is significant at the 0.05 level based on one-way ANOVA and Welch's test of equality of means.
Source: Author’s calculation from the survey’s responses.

Table 5. Factors contributing to satisfaction in nursing profession: Partial results of Post Hoc Test on Means using Tukey HSD (Only for results that are statistically significant.)

| Factors contributing to satisfaction in nursing profession | Category (1) | Category (2) | Mean Difference Category (1)-(2) | Sig. |
|---|---|---|---|---|
| 2. Social status of nurses* | With license in Singapore | Without license in Thailand | .487* | 0.000 |
| | Without license in Singapore | Without license in Thailand | .539* | 0.000 |
| 3. Working in other countries* | With license in Singapore | Without license in Thailand | .301* | 0.005 |
| | Without license in Singapore | Without license in Thailand | .430* | 0.000 |
| 4. Ease of employment* | With license in Singapore | Without license in Thailand | .372* | 0.008 |
| | Without license in Singapore | Without license in Thailand | .328* | 0.046 |
| 6. Salaries and benefits* | With license in Singapore | Without license in Thailand | .447* | 0.000 |
| | Without license in Singapore | Without license in Thailand | .353* | 0.015 |
| 8. Career development* | With license in Singapore | Without license in Thailand | .273* | 0.039 |
| | Without license in Singapore | Without license in Thailand | .322* | 0.027 |

*. The mean difference is significant at the 0.05 level

Source: Author's calculation from the survey's responses.

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# Chapter 4
# International Migration of Indian Nurses at the Place of Origin and the Destination

*Hisaya Oda and Yuko Tsujita*

**Abstract**

This chapter examined the intention to migrate among Indian nurses at the place of origin and discussed who, why, and how some nurses become deskilled at the destination.

The first section examined the intention to work abroad. Based on our survey data from Tamil Nadu, we found that a nurse who is single, working in private hospitals, and belongs to SC caste tends to have an intention to go abroad to work. The major factor causing this is low wage and lack of job security in private hospitals. The salary gap creates a great incentive for nurses in private hospitals to migrate. We also found that not a negligible proportion of nurses are not interested in international migration. The majority of them work in government hospital where nurses are relatively paid well and their jobs are secured. Another finding is a statistical non-difference between Hindu and Christian nurses in terms of their migration aspiration. This is due to the increasing popularity of nursing profession because of the improvement of socioeconomic status of nurses, which has attracted people regardless of their religion. While India has been facing a severe shortage of domestic nurses, we see that many Indian nurses are migrating overseas. The domestic shortage of nurses will continue without the government's strong commitment on this issue.

The second section discussed what happens to Indian nurses at the destination. We focused on who, why, and how some nurses become deskilled. Based on our survey in Singapore, deskilled nurses tend to be upper caste, economically not so well-off, younger generation, from the northern part of India. They studied nursing in a private nursing college, often at their family's or relative's motive. They have a kind of pressure to go abroad to earn more money than what they can in India. Indian recruitment agents play on such nurses' desire and necessity to work overseas. Deskilled nurses often

decide to go to the destination very quickly. Currently it is increasingly competitive for Indian nurses to become licensed nurses in Singapore, as the number of positions is limited particularly in nursing homes, and there are more Filipino nurses. They have to wait until they are recommended by their employer to take the licensing exam. Many unlicensed nurses would like to go to any third country, however very few prepare for such re-migration. This chapter indicates that they are less likely to go to a third country as opposed to the existing literature that nurses reach the chosen destination through gaining experiences in transit countries.

**Keywords**: India, Singapore, International Migration, Nurses

## 4.1. Emerging Trends in Nurse Migration from India: A Case of Tamil Nadu

### 4.1.1. Introduction: Common perceptions and facts on Indian nurses

Indian nurses tend to migrate overseas, and Indian nurses are Christians. These are typical images and common perceptions over Indian nurses. In fact, it is considered that India is the second largest nurse-sending country after the Philippines. Many Indian nurses work in the Gulf countries, OECD countries, and some of Southeast Asian countries such as Singapore and Malaysia. It is not possible precisely measure the stock of overseas Indian nurses but the "guesstimated" number of Indian nurses abroad is more than 640,000 in 2011 (Irudaya Rajan & Nair 2013). This number should increase by now.

There are two types of demands for nurses (Figure 1). One demand arises from the Gulf countries, such as Saudi Arabia where local women do not choose nursing profession because of Islamic culture in these countries[1]. This demand is traditional one. The mass migration to the Gulf countries including nurses from developing countries started in 1970s after the 1st. oil shock. Till today, the Gulf is the largest importer of nurses from abroad. Another demand comes from developed countries where the demand for nurses has been rapidly increasing due to demographic changes. These countries have seen the ageing population with the declining younger population

[1] Among Muslim countries, Malaysia and Indonesia seem to be different where local Muslim women are taking up nursing profession. Also in the Gulf countries such as the United Arab Emirates (UAE), this tendency is slightly changing under the Emiratization movement. In the UAE, the government has been making efforts to train local people to be a nurse as part of the Emiratization of the healthcare workers (Hannawi and Al-Salmi 2013, Brownie et al. 2015)

(Grignon et al. 2012; Buchan and Calman 2013). Human power, which cannot be secured domestically, is necessary to take care of old generations.

Figure 1. Demand for and supply of nurses and care-workers

These robust demands have attracted a substantial number of nurses from developing countries such as the Philippines and India. The large salary gap between developed and developing countries, better working environments and higher living standards are luring nurses from developing countries (Kline 2003; Kingma 2006; Nair and Webster 2012).

The second perception that the majority of Indian nurses are Christians is well documented in the existing literature. Christians have traditionally dominated the international migration of nurses from India (Percot 2006; Nair and Percot 2007). It roots in the fact that Christian missionaries and organizations played an important role of educating Indian nurses in the colonial era. During that period, Christian missionaries established schools of nursing in Kerala where Christian population is high. Women from Christian communities, particularly from poor families, were recruited and educated to be a nurse. In addition to this, religious norms and the concept of impurity prevented Hindus (especially higher caste) and Muslims from taking up nursing profession. Nursing profession was considered a stigmatized and low status job for Hindus and Muslims until relatively recent year. It is reported that 80-90% of nurses were Christians in 1940s (Healey 2013).

The objective of this section is to empirically investigate factors influencing the intention of international migration among Indian nurses. It is critically important to examine this issue as India has been facing an acute scarcity of nurses while many Indian nurses migrate every year (Gill 2016; Walton-Roberts et al. 2017). According to a WHO report, there is an estimated shortfall of 2.4 million nurses in India (WHO 2010). Given that the current stock of Indian domestic nurses is around 2.2million, India needs to more than double the number of nurses in order to fill this serious shortage. The situation is more severe in rural areas and several states in North and Northeast India. Access to health facilities and doctors in these areas is limited, so that nurses play an important role in maintaining the standard of public health. From a policy perspective, it is important to understand how the situation evolved and to identify factors that influence the intention of international migration among nurses. Our previous study analysed the determinants of international migration by dividing sample data into nurses

who have migration experience (both current and returned migrants) and nurse who never migrated (Oda et al. forthcoming). This treats that nurses without migration experience would not migrate in the future. However, there are nurses who don't have migration experience but have an intention to migrate overseas. This information was missing in our previous analysis. Therefore, the current study tries to examine nurses' intentions to migrate.

### 4.1.2. Data

This study uses part of the date from the survey on nurse migration in Tamil Nadu, which was conducted from June 2016 to December 2016. The survey was carried out as a joint survey of the Institute of Developing Economies, JETRO Japan, and LISSTAR, Loyola College, Tamil Nadu, India. Tamil Nadu is one of two southernmost states in India. The location is shown on the map below in red (Figure 2). Kerala is the other southernmost state in India. Tamil Nadu is on the Bay of Bengal side whereas Kerala, the other southernmost state, is on the Arabian Sea side[2].

Nursing education is active in southern states including Tamil Nadu. Chennai, capital city of Tamil Nadu, is an important place for nursing education in India as it is home to the first nursing school on the Indian subcontinent (1871). According to the Indian Nurse Council, the number of nursing education institutions in 2015 in Tamil Nadu was 382 (210 schools of nursing for general nursing and midwifery, and 172 colleges of nursing for BSc degree) (Nair and Irudaya Rajan 2017). This is the fourth largest in India and accounts for around 9% of total nursing institutions (Table 1).

Figure 2. The location of Tamil Nadu

Table 1. The number of nursing education institutions in India (2000 and 2015)

As Table 1 shows, there has been exponential growth of the number of nursing education institutions after the year 2000. The total number of both schools and colleges of nursing was 315 (285 schools and only 30 colleges), but it jump-increased to 4648 institutions (2958 schools and 1690 colleges). This rapid increase is in part a reflection of growing demands for nurses and also liberalisation policy in investment in education sector (Nair and Irudaya Rajan 2017). While nursing education grows in terms of

[2] In fact, Kanya Kumari (or known as Cape Comorin), the southmost tip of India, belongs to Tamil Nadu. But, Kerala, neighboring state, also claims that Kerala is the southernmost state in India.

quantity, the quality of education has become questionable. During our survey in Kerala, we heard from an inspector who monitors and supervises the quality of nursing education to keep the standard that several schools in Karnataka had poor teaching facilities and even a couple of schools there didn't have buildings and didn't exist though they had school addresses.

For our study, alumni from two nursing school were chosen as the sample. One is Madras Medical College School of Nursing, which is a government-run school (MMC hereafter), and the other is St. Isabel's School of Nursing, a private school established by a Christian group (St. Isabel's hereafter). Both nursing schools are located in Chennai, Tamil Nadu. Madras Medical College is one of the oldest medical colleges in India. The government general hospital was established in 1664 and it started MMC, the medical school in 1835. The school of nursing attached to MMC was opened in 1963 by firstly offering a general nursing course (diploma). St. Isabel's school of nursing opened in 1983. Its funding body, St. Isabel's Hospital came into existence in Chennai in 1949 by the congregation of the Franciscan Hospitaller sisters of the Immaculate conception. Both schools are well-reputed, premier institutions in nursing education in Tamil Nadu. Both institutions started by offering a diploma in nursing and currently they are offering both diploma and BSc.

Obtaining sample nurses was the most difficult part of our study. It is difficult to obtain random samples for this type of study unless we have a complete list of nurses who graduated from two schools with contact information. Therefore, we relied on a snowballing sampling method. With the help of both institutions, we were able to locate several alumni in Chennai area. We visited and interviewed them using a questionnaire. Then we asked them to introduce their juniors and seniors both in India and overseas. By doing so, we originally interviewed 345 nurses (199 nurses from MMC and 146 nurses from St. Isabel's). Again, the sample is not random; however, we made an effort to obtain samples to represent all four decades (1980s, 1990s, 2000s and 2010s), which enabled us to analyse the changing characteristics of nurses and their profiles. The distribution of our sample nurses is shown in Figure 3. The year of graduation ranged from 1981–2011 for the MMC alumni and from 1986–2012 for the St. Isabel's alumni. All of the nurses were originally from the state of Tamil Nadu except five nurses (two from Kerala, two from Andhra Pradesh and one from Gujrat).

We did face-to-face interviews with most of the nurses when they lived in India. For nurses living outside of India, we approached them by telephone, email, text message and Skype. The questionnaire comprised five sections: respondent's (nurse)

profile, details of nursing education, career details, details of migration experience if any and family profile. The questionnaire was originally made for our parallel study on nurse migration in Kerala and was revised in a manner that was appropriate for Tamil Nadu. It was pre-tested at both MMC and St. Isabel's in early 2016 and revised before the formal investigations began.

Figure 3. The distribution of sample nurses

### 4.1.3. Brief profiles and characteristics of sample nurses

Out of 345 sample nurses, 157 female nurses who have never migrated are selected for the analysis. 126 nurses are alumni of MMC and 31 nurses are alumni of St. Isabel's. The remaining nurses have migration experience. They are either current or returned migrants. As for the destination of migration, Malaysia and Singapore are two major destinations followed by Saudi Arabia. This choice is due to the geographical proximity and also owning to the historical factor. During the British colonial period, many Tamil workers were sent to Malaya, currently Malaysia, for the work in plantations there. Most of Malaysia and Singapore Indians are the descents of these Tamil workers.

Our study focuses on nurses who have never migrated and examines their intention to migrate. Table 2 display profiles of sample nurses such as age, gender, religion, caste, and so on. St. Isabel's sample nurses are relatively younger than MMC nurses. The majority of MMC nurses are married but the ratio of married and single is almost half and half among St. Isabel's nurses. By religion, the sample is largely divided into Hindu and Christian. Among 164 nurses, 84 are Hindu, and 77 are Christin, and only 4 are Muslim. By caste, nurses from OBC (Other backward caste) is the largest (72 nurses), followed by nurses from MBC (Most backward caste: 49 nurses), SC (Scheduled caste: 34 nurses), and Hindu general (9 nurses). Hindu general's social status is considered highest and SC's status is lowest. OBC and MBC, which are the two most voluminous groups, are in the middle of the social ladder. Around one-third of sample nurses have nurse(s) in their family or relatives. This ratio shows somewhat a strong tendency. 43 nurses took loan to finance their study. The ratio of loan taker at St. Isabel's (38%) is higher than the ratio among MMC alumni (22%) since the tuition and fees of private schools are usually higher than those of government schools. As for the type of hospital, 129 nurses work for government hospitals while 35 nurses work for private hospitals. The table figures clearly indicate the tendency that nurses who graduated from MMC (government school) work for government hospitals and nurses

who graduated from St. Isabel's (private school) work for private hospitals. In Tamil Nadu, because of state government policy, nurses in government medical facilities such as government hospitals were recruited only from those who graduated from government-run schools under the Madras Medical Code. This treatment last until 2012. Therefore, studying at a private school meant having to work in a private hospital after graduation. In our sample, all of St. Isabel's graduated nurses work in private hospitals while only 4 nurses from MMC work in private hospitals.

Table 2. Profiles of sample nurses

### 4.1.4. Intention to migrate among nurses

Our main objective of this paper is to empirically investigate factors influencing the intention of international migration among Indian nurses. Table 3 shows the intention of international migration per categories: religion, caste, marital status, whether a member of the nurse's family or relatives is a nurse, whether the nurse took loan to finance nursing education, and the type of hospital that the nurse currently works. Since the number of Muslim nurses in our sample is small, they are combined with Hindu nurses and both Hindus and Muslims are classified as "others" in the religious category

Overall, 28 out of 157 nurses have an intention to migrate overseas (17.8%). Two conspicuous tendencies can be observed. One is a high ratio of nurses who have an intention to migrate among singles, and the other is also a high ratio of having an intention to migrate among nurses who work in private hospitals. While only 15 out of 138 married nurses say that they have an intention to migrate, which is about 11% of them, 13 out of 19 single nurses, which include divorced and widows, say so. The ratio is closed to 70%. The difference in the ratios between married nurses and single nurses is statistically significant at the 1% level by Pearson's chi-square test (Pearson chi2(2) = 40.17)[3]. Likewise, only 5 out of 123 nurses in government hospitals say that they would like to migrate (4.1%), and 23 out of 34 nurses working in private hospitals or 67.6% of them have an intention to migrate. Statistically the difference in the ratios between nurses working in government hospitals and those in private hospitals is significant at the 1% level by Pearson's chi-square test (Pearson chi2(2) = 73.49). This finding is consistent with Thomas (2006), Timmons et al. (2016), and Walton-Roberts et al. (2017). Their studies proved that nurses working for private hospitals are more likely to go

[3] The Pearson's chi-square test is used in the case of categorical outcomes.

abroad than those in public hospitals.

On the other hand, there is no statistically significant difference in the ratios of the intention to migrate between Christian nurses and others. There is also no statistical difference between loan takers and non-loan takers, and between the nurse from a family whose member or relative is a nurse and the nurse not from such family. As for caste, the ratio of SC nurses who have an intention to migrate abroad is 29.4%. Compared to the ratios of other caste groups, this is higher than others (22.2% for Hindu general, 16.9% for OBC, 10.2% for MBC). Then we divided sample nurses into two groups: nurses from Hindu general, OBC, and MBC, and nurses from SCs. The ratio of having intention to migrate of the former group is 14.6% (18 nurses out of 123 nurses) and the ratio of the latter is 29.4% (as already shown). The difference in the ratios is significant at the 5% level (Pearson chi2(1) = 3.97). That is, nurses from SC group tend to have a higher intention to migrate abroad.

Table 3. Intention to migrate among sample nurses

### 4.1.5. Discussion

The analysis above shows that there are three major factors that possibly influence the intention of a female nurse to migrate abroad: She is a single, working in private hospitals, and belongs to SC caste. It is easy to understand why single nurses tend to have a motivation to migrate. Simply it is because of mobility. A single person is more mobile than a married person as the latter needs to take care of her family, limiting their mobility. This is consistent with the result from our interview shown in Table 4. One of the major reasons why the nurse does not have an intention to migrate is family reasons. Family matters discourage nurses to go abroad. The second factor is the influence of caste. Nurses belonging to SC caste have more intention to migrate than nurses from other castes. SC is the most backward caste. They might see that overseas migration is a key to improve their economic and social status in the society. This explains why they have a higher tendency to have intention to migrate.

Many of nurses working in private hospitals also have an intention to migrate. The major factors causing this are their low salaries and lack of job security. In Tamil Nadu, junior nurses in state government hospitals receive around INR 32,000 to 35,000 (US$492-$538) per month while nurses in private hospitals get around INR 8,000 to

9,000 (US$123-$138) per month. (US$1=INR65)[4]. Furthermore, some nurses work without any pay just for gaining the nursing experience necessary for going abroad as recipient countries usually impose a minimum of 2-3 years of practical experience. For nurses who don't work in government facilities and hospitals, the only way to increase their salary is to go abroad. In the Gulf countries, nurses usually receive the equivalent of INR70,000 to 80,000 (US$1077-$1230) per month with free accommodations and more benefits. Basically this salary gap creates a great incentive for nurses in private hospitals to migrate.

While nurses in private hospitals tend to have an intention to migrate, many nurses working in public hospitals seem not to be interested in overseas migration. Because they are relatively paid well compared to nurses in private hospitals, their jobs are secured as a public servant, and they can receive fringe benefits including pensions after retirement. Simply most of them are not interested in overseas migration for gaining higher wages. In addition, they can live with their family and see their faces everyday. This luxury is not possible when they work abroad. The cost of migration including the opportunity cost; that is, giving up the current position, environment and benefits forgone, exceeds the benefit of migration.

Table 4. Reasons for non-migration

Our study found a statistical non-difference between Hindu and Christian nurses in terms of their migration aspiration. This is due to the increasing popularity of nursing profession mainly because of the improvement of socioeconomic status of nurses. Another study by us indicated that almost 100% of nurses who experienced migration abroad pointed out that there were significant positive changes before and after their migration. They noted that the major reasons for the improvement was due to increased economic status brought in by higher salaries during migration and improved social status. The nursing profession was previously viewed as a stigmatised and low status job but such a perception has changed. It is now perceived to be a ticket to success (Percot and Irudaya Rajan 2007). Consequently, people, regardless of their religion, have taken up nursing jobs, thereby reducing differences between the religious groups.

[4] These figures were obtained from our respondents.

### 4.1.6. Section Summary

We examined the factors influencing the intention to migrate among nurses who never migrated before. It was shown that 18% sample nurses had an intention to go abroad to work. Originally our sample size was 345. Roughly a half of this already migrated before or were currently working overseas at the time of the survey. We have seen from our sample nurses from Tamil Nadu a high tendency of migration and aspirations to migrate among Indian nurses. Based on these observations, we verify one of the common views that Indian nurses migrate. On the other hand, we also found that not a negligible proportion of nurses are not interested in international migration. The majority of them work in government hospital where nurses are relatively paid well and their jobs are secured.

The surveyed data indicated that not only Christians but also Hindus and Muslims joined nursing profession. The analysis showed a non-statistical difference between Hindu and Christian nurses in terms of their migration aspiration. This can be explained by the changing perception of nursing profession. International migration of nurses has caused the improvement of their socioeconomic status during the last 10 to 15 years, which has attracted Hindus and Muslims as well to be a nurse.

As for the shortage of domestic nurses, this is a critical issue and is related in part to international migration of nurses. India needs more than 2.4 million nurses in order to fill the domestic need, but our result indicates that many nurses migrate or have an intention to migrate. The fundamental cause of migration is lower salaries paid to nurses in private hospitals. The huge gap between their salaries and what they can get when they work abroad has motivated them to migrate. Unless their salaries go up in the domestic market, Indian nurses migrate as long as the demand in other countries exists. Such a demand continues and even would increase more in the future. The recent move by the Supreme Court of India is highly welcome. It suggests the increase of salary for nurses in private hospitals[5]. However, the implementation of the suggestion is always difficult. Therefore, the domestic shortage of nurses while Indian nurses migrate abroad will continue without the government's strong commitment on this issue.

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[5] In January 2016, the Supreme Court of India ordered central government to set up a committee to investigate the living conditions and pay structure of nurses in private hospitals (*The Hindu* 2016).

## 4.2. Nurses at the destination

### 4.2.1. Introduction

What happens to Indian nurses at the destination? A traditional push-pull factor analysis on migration explained that nurses migrate overseas mainly to achieve a higher salary, better working resources and conditions, more opportunities for training and transparent promotion, exposure to new knowledge, skill enhancement, experience of more advanced technology, higher occupational status, and so on in destination countries (e.g. Kline 2003; Kingma, 2006). The process of international migration is not simply to move from the country of origin to a destination country. Some nurses (try to) reach the chosen final destination, mainly western countries, through gaining experience in 'transit' countries (Percot and Irudaya Rajan 2007; Carlos 2013). However, not all nurses find a prosperous and promising career in the final destination or the transit countries. Nurses from developing countries tend to be engaged in simpler tasks than local nurses and those who are from the developed countries (e.g. O'birien 2007; Yeates 2009; Bruyneel et al. 2013). This is partly attributable to the fact that nursing as a career in the developing countries is often not recognized by the developed countries (Bach 2003). Given this background, this section discussed (1) which Indian nurses become deskilled in the destination country, (2) why and how Indian nurses become deskilled, and (3) what are such deskilled nurses' future career prospects. Singapore is an example of a destination or transit country, as this country is one of the major destinations for Indian nurses (Oda, Tsujita and Irudaya Rajan 2018).

Singapore suffers from a shortage of nurses. As the country faces progressive ageing of the population, a shortage of 'home grown' nurses, and hinders many families' inability or availability to take care of their dependents under the current demographic, economic, and social transformation, the demand for nurses has grown rapidly. Singapore, as a result, has taken some measures to facilitate the recruitment and retention of foreign nationals. At the same time, Singapore's government has educated more Singaporeans to become nurses, and made efforts to retain qualified local nurses in the labor force (Matsuno 2009). As a result, the number of registered and enrolled nurses has increased since the later 2000s (Figure 4). Nurseswho do not have Singapore citizenship (defined as foreign nurses) contributed to this increase. The number of foreign nurses was around 20% of the total number of registered nurses in the early 2000s, declining to 10% in the late 2000s and then increased to around 30% in the recent years. A similar trend is observed for enrolled nurses that assist the registered nurses. Approximately 35% of the total number of enrolled nurses were foreigners in

the early 2000s, declining to 20% in the late 2000s, and then increased to 45% in recent years.

Figure 4 The number of nurses in Singapore

The number of registered and enrolled Indian nurses has increased since the late 2000s, in accordance with the overall increasing trend of nurses in Singapore (Figure 4). In 2016, Indian nurses (544 nurses) are the fifth largest foreign national group after the Filipinos, Malaysians, Chinese and Burmese. At the same time, in the case of the enrolled nurses, Indians (578) are the second largest number of foreign nurses after the Filipinos. One of the reasons why Indian nurses are more likely to be enrolled nurses rather than registered nurses can be attributed to the fact that many Indian nurses only have a diploma in nursing, as the curriculum in India was below the minimum education criteria to be a registered nurse in Singapore.

It is noted that Singapore and India signed the mutual recognition agreement (MRA). In this MRA, Singapore allows nurses trained at four selected Indian nursing institutions to practice in Singapore without additional qualifications (Seth, 2015). However, our interviews with state government officials in Kerala - the location of one of these four institutions - discovered that this status is not yet common practice as of 2016. In fact, we did not find any nurse in our sample nurses who had graduated from any of the four specified nursing colleges.

### 4.2.2. Data Collection in a Destination Country

This survey was conducted from September to December 2017 after it was approved on 22nd of September by the Institutional Review Board of IDE-JETRO. The sampleis confined to those who were born and studied nursing and registered as nurses under the Indian Nursing Council Act in India and were working in Singapore as a nurse or a related occupation at the time of the survey (defined as ‘Indian nurses’). The sample number was 100 nurses.

We used a questionnaire comprised of four sections: the respondent’s profile, details of nursing education, career details, and details of current work. The pre-tested questionnaire, written in English, was originally developed for our study on the career development of nurses in India, and was revised in a manner that was appropriate for Singapore.

Ideally, the survey’s participants would have been randomly selected from the

list of registered and enrolled nurses in Singapore. However, such complete lists were not available to us. Therefore, this study, employed a snowball sampling method whereby the respondents introduced us to their colleagues and friends. Consequently, the study's participants were not necessarily representative of the population of the registered and enrolled nurses. Moreover, we found there was a larger number of nursing aides and health assistants/attendants that were not licensed nurses in Singapore; therefore, not counted as nurses in the official statistics. The nursing aides, health care assistants/attendants and clinical assistants (defined as unlicensed nurses) in our sample outnumber the registered/enrollednurses (defined as licensed nurses). It was easier to survey the former individuals, since they are mostly single young people living in the same accommodation provided by the employer. However, we tried our best to take as many samples from the latter group as well.

The questionnaire survey was administered in-person by a female collaborative researcher in Singapore, who is originally came from Kerala, India. The interviews were conducted in English and/or the respondents' native language (Hindi, Malayalam, or Tamil). The researcher entered each respondent's answers to the questions in the questionnaire form. If any doubts or questions arose, our researcher and the respondents clarified these issues on-site. The nurses were always interviewed during off-duty hours, usually outside their workplace. The interviews took an average of 40 minutes, excluding any initial "ice breaking" time.

The authors interviewed a selected number of nurses from the sample a second time in order to confirm further the details about their careers in India and Singapore. The authors also conducted interviews with local nurses in hospitals, recruitment agencies, researchers working in this field, and some Filipino nurse to supplement our analysis and triangulate the findings.

### 4.2.3. Data Analysis

The nursing hierarchy in Singapore is described basically in the Table 5. Registered and enrolled nurses are licensed nurses, while the rest of the lower categories are unlicensed nurses. The latter are generally assigned easier tasks, such as making up beds, feeding, and bathing the patients and elderly people, although such foreign nursing aides and healthcare assistants/attendants could be licensed nurses in their respective countries. The sample details are shown in the right-hand column. The number of Singapore licensed and unlicensed sample nurses in the sample group was 36 and 64, respectively. The number of male and female respondents was 21 and 79, respectively. In this section,

unlicensed nurses are defined as deskilled nurses. Our analysis mainly focuses on them in comparison with the licensed nurses.

Table 5: Sample profit of the nurses

***Which Indian nurses are deskilled?***

Regarding the workplace, 78.1% of unlicensed nurses work in nursing homes, and while 86.1% of licensed nurses generally work in community or specialist hospitals. Nurses in India are traditionally regarded as at a lower level in the occupational pyramid, despite requiring a higher standard of education due to caste and religious factors (i.e., purity, pollution, and seclusion). Nurses contract many patients they do not know, deal with all types of bodily fluids, and from some patients' points of view, seem to be engaged in a type of work that resembles simple household chores. The stigma and moral suspicion attached to nursing prevent many Hindus and Muslims from entering the nursing profession. Therefore, nursing used to be regarded mainly as a job for mainly Christian women.

However, traditional and cultural constraints on occupational choice have been gradually transformed by the increasing overseas employment opportunities and consequent money remittances. Becoming a nurse is increasingly regarded as a pathway to overseas employment. For a child become a nurse is an elaborate family strategy (Redfoot and Houser, 2005; Percot and Irudaya Rajan, 2007). Indeed, 76.6% of unlicensed nurses are Hindus, and the counterpart licensed Hindu nurses comprise 52.8% (Table 6). Interestingly, 75.0% of unlicensed nurses are from general castes, i.e. upper castes, regardless of religion, and the corresponding figures among the licensed nurses is 72.2%. religious and caste background of Indian nurses has been diversified.

Contrary to the expectation that the nurses working in Singapore in our sample would be dominated by Tamil speakers, the nurses' mother tongue shows that 79.7% of the unlicensed nurses are Hindi or Punjabi speakers: their place of origin is the northern part of India. This is consistent with the fact that nursing is increasingly the occupation chosen by younger northern Indians in recent years (Walton-Roberts et al. 2017). Turning to marital status, 85.9% of the unlicensed nurses are single, and only 34.4% of the licensed nurses are single. The parental occupational level is not as high as the tertiary level. For example, the proportion of fathers completing tertiary education was only 5.6% for the licensed nurses and 4.7% for the unlicensed nurses. Accordingly, not many fathers were engaged in professional occupations when the sampled nurses were

admitted to nursing course. This implies that sample nurses' economic background is generally not very well-off. Interestingly, unlicensed nurses are less likely to have a nurse in their family/relatives than licensed nurses. For example, only 23.4% of the unlicensed nurses have a nurse in the family or relatives, and the corresponding figure for licensed nurses is 44.4%. In particular, 41.7% of the licensed nurses have a nurse in their immediate family, such as parent or sibling. This means that unlicensed nurses are disadvantaged in terms of access to the better overseas employment opportunities and nursing work networks including those in foreign countries.

Table 7 shows the sample's educational background. A characteristic of the unlicensed nurses is that all of them studied nursing at private colleges, either a BSc or diploma program. This is consistent with our previous analysis of Indian nurses conducted at the place that graduates from private colleges were more likely to work overseas (Oda, Tsujita and Irudaya Rajan, 2018). Nurses who studied in private colleges are more likely to work in private hospitals, as the salary level is much lower and the employment contract less stable than in government hospitals; therefore, the nurses educated in private colleges tend to seek overseas employment.

Unlicensed nurses tend to have earned their first degree (BSc or diploma) more recently than the licensed nurses (Figure 5). Did young nurses study nursing as their own personal choice? Only 29.7% of unlicensed nurses chose to study nursing on their own motivation, and 41.7% of the licensed nurses did so. It is mainly parents, siblings, or relatives who motivated or persuaded them to study nursing. What is the most important reason to study nursing when they enrolled for the nursing course? Regardless of the licensing status in Singapore, it is the higher salary and benefits (45.3% of unlicensed nurses and 71.8% of licensed nurses)

Table 6: Socio-economic background of the nurses
Table 7: Educational background
Figure 5: Year when earning the first nursing degree (BSc or Diploma)

***Why and how do Indian nurses become deskilled?***

Why did they come to Singapore? The most important reason is the higher salary and benefits, whether or not the sampled Indian nurses had a license in Singapore. Nearly 70% of both categories of nurses migrated for this reason (Table 8). Regarding the arrival year in Singapore, as the unlicensed nurses tend to have earned their nursing degree more recently, they subsequently tend to be the more recent arrivals (Figure 6).

Table 8: Most important reasons to come to Singapore
Figure 6: Year of Arrival in Singapore

How did they get information about the employment opportunities in Singapore? They obtained the job information from multiple sources, and private recruitment agents are the most common information source (82% of the unlicensed nurses). Interestingly, a recruitment agent in Singapore said, 'we used to go the southern part of India, but we haven't been there for the last seven to eight years, because the demand for foreign nurses in Singapore is not as high as it used to be'. However, we found the number of the recent arrivals in our sample were particularly from the northern part of India. As we have shown, a large number of them are engaged in unlicensed occupations, such as nursing aides. When we told the recruiter about our findings, he replied with some surprise, 'Why do they come here as nursing aides? Indian nurses can easily find a position as a staff nurse in India, in which they can earn as much as the nursing aides in Singapore'. Many Indian nurses are interviewed by both Indian local recruitment agent and the employer in Singapore before arriving at the workplace. However, most of them do not know exactly what work they will do in the destination country. Some of them did not dare to ask either the recruitment agent or the employer. Moreover, even if they know what work to do, they were often told by the Indian recruiting agent that it is only for the probation period (generally the first six months). They were given much wrong information and false promises by Indian recruiting agents, such as they can be quickly promoted to a licensed nurse status. At the same time, unlicensed nurses made up their mind to migrate very quickly without asking about the terms and conditions. It took only one to three months, according to our interviews, to arrive in Singapore after they first made contact with the local recruiting agent.

From the unlicensed nurses point of view, Singapore is easier and faster to complete the employment process than in some other destinations. It is also one of the cheapest destinations. They do not have sufficient savings to go to western countries, but Singapore is still affordable. Although the arrival years vary between 2013 and 2017, the average cost of migration for the unlicensed nurses was INR 236,953 (1 INR is equivalent to approximately 0.02 USD). This amount is less than the average remittance (INR 268,362) during the last one year. The wage level (basic salary is 600 to 800 SGD per month plus 10 SGD per night shift) is as much as what some of the sample

unlicensed nurses used to earn as a staff nurse in India (1 SGD is equivalent to approximately 0.75 USD). However, they can save more than they could living in India, as food and lodging are provided by the employer in Singapore. Hence, they can remit most of their earnings to the family in India.

There are also some non-financial positive aspects of being an unlicensed nurse in Singapore. The occupational status of a nurse tends to be higher than in India. Some nurses pointed out, 'In India none of the patients appreciate our work. However, this is the first time in my professional career that I have ever been thanked by the elderly people'. Moreover, some unlicensed nurses indicated that the exposure to speaking English is an advantage in Singapore. Some of the sampled unlicensed nurses tried to improve their IELTS score in order to qualify to go to other countries. In Singapore, they can work without English tests, but they need to prove their English proficiency in order to work in most of the western countries

***What are the deskilled nurses' future career prospects?***

The sample unlicensed nurses tend to be frustrated, as their status in the nursing hierarchy is lower, and they are not treated as professional nurses. They hope to become licensed nurses in Singapore as soon as possible. However, it is often not easy and time-consuming for unlicensed nurses to be promoted to the licensed nurses' status in Singapore. They need to be recommended to take the licensing exam by their employer. It is increasingly competitive to take the exam, as the number of unlicensed nurses seems to have been increasing, and the number of work positions for licensed nurses in nursing homes where unlicensed nurses often work is limited. In fact, only four of our sampled licensed nurses had promoted from unlicensed nurses, and all of them were promoted at the first contract renewal date with their employer. However, nearly half of the sampled unlicensed nurses had already renewed their contract at least once with the current employer. Moreover, many unlicensed nurses claimed that management prefer Filipino nurses than Indian nurses.

Unlicensed nurses face a dilemma regarding career development. They are currently assigned to the easier work tasks and the job satisfaction level is low. They do not know if and when they can be recommended to become license nurses. So, are unlicensed nurses waiting patiently for their employer's recommendation to take the licensing examination? Most nurses interviewed told us that they would rather go to a third country. Table 9 shows that unlicensed nurses are more willing to go to a third country than licensed nurses. Their preferred destinations are English-speaking

developed countries such as Canada, Australia, Ireland, the United Kingdom, New Zealand, and the United States. It is noteworthy to mention that those who are not planning does not mean that they are unwilling to go elsewhere. Many unlicensed have come to Singapore in recent years, and their answer tends to be 'I will think of my future after some time', even if they are not currently planning to go elsewhere.

Table 9: Sampled nurses' plan for the future

### 4.2.4. Section Summary

This section demonstrated the fate of Indian nurses in a destination country. Let us summarize the section. Which Indian nurses are deskilled in Singapore? Deskilled nurses, i.e. unlicensed nurses, tend to be upper caste, economically not so well-off, younger generation, from the northern part of India. They studied nursing in a private nursing college, often at their family's or relative's motive. They have a kind of pressure to go abroad to earn more money than what they can in India. They are less likely to have nurses among their family members or relatives than licensed nurses. Access to the 'correct' information about the overseas nursing labor market is probably more limited among unlicensed nurses than their counterpart licensed nurses.

Why and how are they deskilled? Indian recruitment agents play on the nurses' desire and necessity to work overseas. Deskilled nurses often decide to go to the destination very quickly. Singapore is a much cheaper and easier destination than western countries. Nurses without a nursing license in Singapore handle simpler tasks than their licensed counterparts. Their assignments resemble household chores and they do not need professional skills. They earn only a little more than, or almost the same as, they can earn in India. However, they can save more money in a host country as lodging and food are provided by the employer. It was observed that not only deskilling but also the loss of dignity as a result of deskilling was serious concern.

What are their prospects? Currently it is increasingly competitive for Indian nurses to become licensed nurses in Singapore, as the number of positions is limited particularly in nursing homes, and there are more Filipino nurses. They have to wait until they are recommended by their employer to take the licensing exam. Many unlicensed nurses would like to go to any third country, however very few prepare for such re-migration. They are unlikely to migrate to the preferred destination because their work experience as unlicensed nurses in Singapore is not recognized as nursing career experience in the developed countries, and most do not have enough savings to

reach the next destination. Therefore, it is unlikely that Singapore can be a stepping stone to the preferred final destination. Probably, many enjoy the host country until their marriage is arranged by the family in India.

This section implies that Indian policy makers should consider regulating the Indian recruiting agents. The sampled unlicensed nurses may just have had bad luck to meet a corrupt Indian recruiting agent, when they are in a hurry or desperate to work overseas. We, however, found that some of the sampled nurses had arrived in the host destination, after being cheated several times by corrupt agents. Nearly all the sampled nurses we met were not happy with their Indian recruiting agent which gave them wrong information and false promises. Nurses have the right to access the correct information about the overseas nursing labor market. The Indian government should regulate private recruiting agents more effectively.

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Figure 1. Demand for and supply of nurses and care-workers

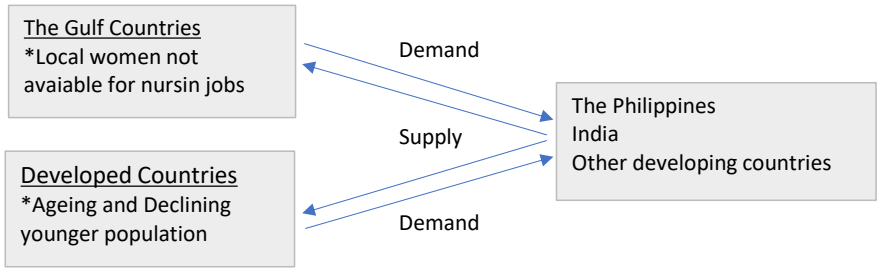



Figure 2. The location of Tamil Nadu

Table 1. The number of nursing education institutions in India (2000 and 2015)

| | School of Nursing | | College of Nursing | | Total | |
|---|---|---|---|---|---|---|
| | 2000 | 2015 | 2000 | 2015 | 2000 | 2015 |
| Andhra Pradesh | 53 | 253 | 1 | 225 | 54 | 478 |
| Karnataka | 47 | 519 | 6 | 334 | 53 | 853 |
| Kerala | 42 | 209 | 1 | 126 | 43 | 335 |
| Madhya Pradesh | 8 | 313 | 1 | 133 | 9 | 446 |
| Maharashtra | 28 | 254 | 3 | 97 | 31 | 351 |
| Rajasthan | 12 | 173 | 3 | 152 | 15 | 325 |
| Tamil Nadu | 21 | 210 | 7 | 172 | 28 | 382 |
| Uttar Pradesh | 8 | 228 | 0 | 55 | 8 | 283 |
| Punjab | 12 | 214 | 3 | 101 | 15 | 315 |
| All India | 285 | 2958 | 30 | 1690 | 315 | 4648 |

Source: Nair and Irudaya Rajan (2017). The original data came from Annual Report 2014-15, Indian Nursing Council.

Figure 3. The distribution of sample nurses

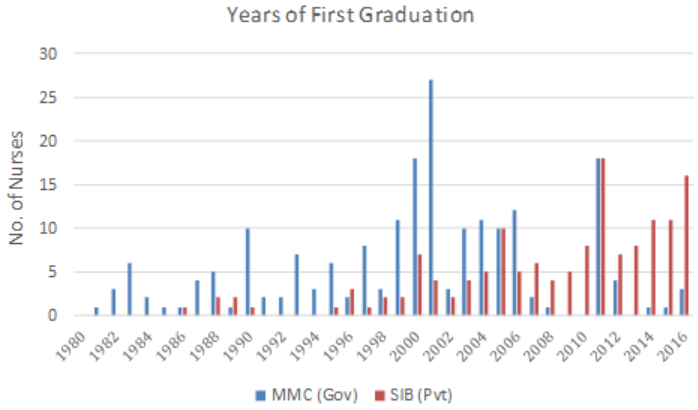



Table 2. Profiles of sample nurses

| | MMC | St. Isabel's | Total |
|---|---|---|---|
| Age | 39.4 | 33.0 | 38.1 |
| Year of graduation | 1998.1 | 2006.2 | 1999.7 |
| | | | |
| Marital status | | | |
| Married | 5 | 17 | 22 |
| Single* | 121 | 14 | 135 |
| *includes divorced, seperated, and widows | | | |
| | | | |
| Religion | | | |
| Hindu | 68 | 13 | 81 |
| Christian | 56 | 17 | 73 |
| Muslim | 2 | 1 | 3 |
| | | | |
| Caste | | | |
| Hindu general | 8 | 1 | 9 |
| OBC* | 52 | 13 | 65 |
| MBC** | 44 | 5 | 49 |
| SC*** | 22 | 12 | 34 |
| *OBC: Other backward caste, **MBC: Most backward caste, ***SC: Scheduled caste | | | |
| | | | |
| Nurse in family | | | |
| Yes | 37 | 5 | 42 |
| No | 89 | 26 | 115 |
| | | | |
| Loan | | | |
| Yes | 28 | 11 | 39 |
| No | 98 | 20 | 118 |
| | | | |
| Type of hospital | | | |
| Government | 123 | 0 | 123 |
| Private | 3 | 31 | 34 |
| Total | 133 | 31 | 164 |

Table 3. Intention to migrate among sample nurses

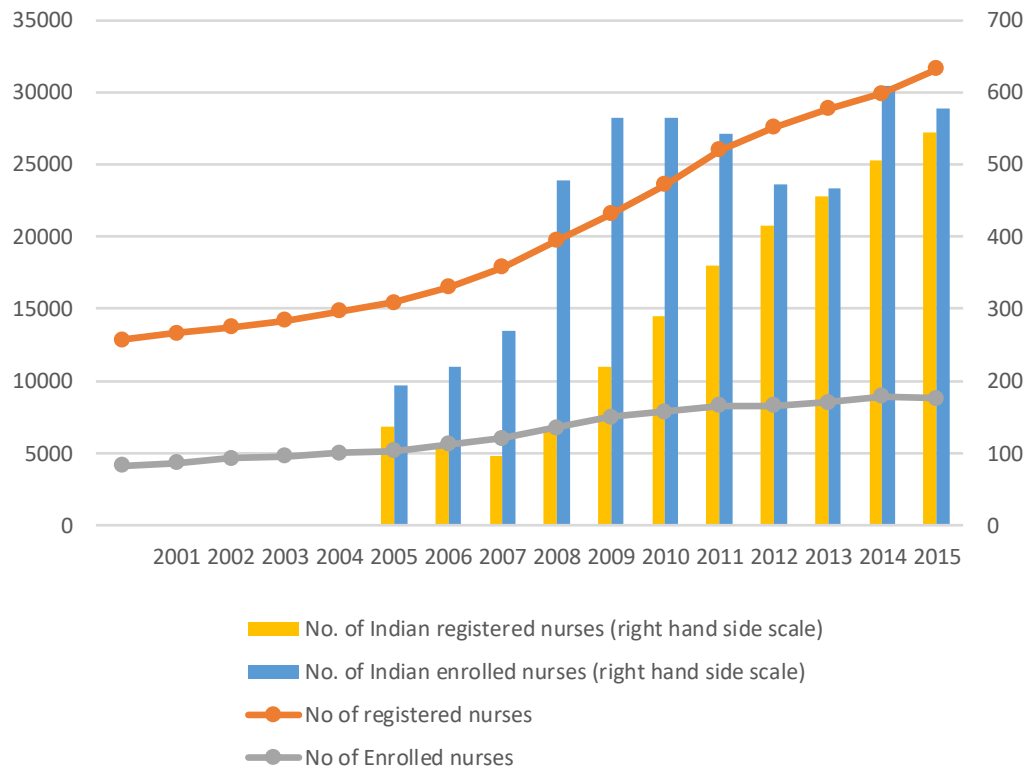
| | Intention to migrate | | | |
|---|---|---|---|---|
| | Yes | No | Total | % Yes |
| Marital status | | | | |
| Married | 15 | 123 | 138 | 10.9 |
| Single* | 13 | 6 | 19 | 68.4 |
| *includes divorced, seperated, and widows | | | | |
| Religion | | | | |
| Christian | 14 | 70 | 84 | 16.7 |
| Others (Hindu&Muslim) | 14 | 59 | 73 | 19.2 |
| Caste | | | | |
| Hindu general | 2 | 7 | 9 | 22.2 |
| OBC* | 11 | 54 | 65 | 16.9 |
| MBC** | 5 | 44 | 49 | 10.2 |
| SC*** | 10 | 24 | 34 | 29.4 |
| *OBC: Other backward caste, **MBC: Most backward caste, | | | | |
| Nurse in family | | | | |
| Yes | 9 | 33 | 42 | 21.4 |
| No | 19 | 96 | 115 | 16.5 |
| Loan | | | | |
| Yes | 10 | 29 | 39 | 25.6 |
| No | 18 | 100 | 118 | 15.3 |
| Type of hospital | | | | |
| Government | 5 | 118 | 123 | 4.1 |
| Private | 23 | 11 | 34 | 67.6 |
| Total | 28 | 129 | 157 | 17.8 |

Table 4. Reasons for non-migration

| Reason | No.* |
|---|---|
| Not interested | 58 |
| Family reasons | 34 |
| Fear | 26 |
| Language barrier | 13 |
| Others | 8 |

*multiple answers

Figure 4 The number of nurses in Singapore




Source: Singapore Nursing Board *Annual Reports, various years*.

Table 5: Sample profit of the nurses

| Nursing and related positions in Singapore | Definitions in this chapter | N (Female) |
|---|---|---|
| Registered nurses | Licensed nurses | 12 (12) |
| Enrolled nurses | | 24 (20) |
| Nursing aides | Unlicensed nurses | 56 (43) |
| Healthcare assistants | | 6 (3) |
| Healthcare attendants | | 1 (0) |
| Clinical assistants | | 1 (1) |
| Total | | 100 (79) |

Source: Authors' survey

Table 6: Socio-economic background of the nurses

| | Licensed nurses | Unlicensed nurses | Total |
|---|---|---|---|
| ***Religion*** | | | |
| Hindu | 19 | 49 | 68 |
| Christian | 17 | 13 | 30 |
| Sikh | 0 | 2 | 2 |
| ***Caste*** | | | |
| General | 26 | 48 | 74 |
| OBCs | 8 | 9 | 17 |
| SCs | 2 | 4 | 6 |
| Missing | 0 | 3 | 3 |
| ***Mother tongue*** | | | |
| Tamil/Malayalam | 16 | 13 | 29 |
| Hindi/Punjabi | 20 | 51 | 71 |
| ***Marital Status*** | | | |
| Single | 22 | 55 | 77 |
| Married | 14 | 8 | 22 |
| Missing | 0 | 1 | 1 |
| ***Father's education level*** | | | |
| Below primary | 1 | 2 | 3 |
| Completed primary | 0 | 3 | 3 |
| Middle school | 7 | 22 | 29 |
| High school | 10 | 17 | 27 |
| Higher secondary school | 16 | 17 | 33 |
| Graduate and above | 2 | 3 | 5 |
| ***Father's occupation*** | | | |
| Business | 12 | 19 | 31 |
| Private job | 8 | 15 | 23 |
| Government job | 4 | 14 | 18 |
| Shopkeeper | 1 | 6 | 7 |
| Teacher | 3 | 2 | 5 |
| Laborer | 1 | 2 | 3 |
| Farmer | 2 | 1 | 3 |
| Engineer | 1 | 1 | 2 |
| Planter | 2 | 0 | 2 |
| Deceased | 0 | 2 | 2 |
| Bank employee | 1 | 0 | 1 |
| Police officer | 1 | 0 | 1 |
| Taxi driver | 0 | 1 | 1 |
| Missing | 0 | 1 | 1 |
| Total | 36 | 64 | 100 |

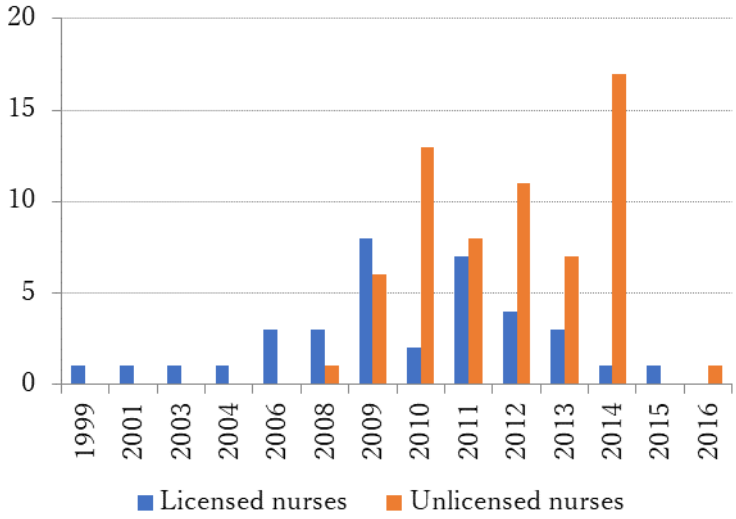
Source: Authors' survey.

Table 7: Educational background

| | BSc | | Diploma | | Total |
|---|---|---|---|---|---|
| | Government | Private | Government | Private | |
| Licensed nurses | 9 | 12 | 0 | 15 | 36 |
| Unlicensed nurses | 0 | 23 | 0 | 41 | 64 |
| Total | 9 | 35 | 0 | 56 | 100 |

Source: Authors' survey.

Figure 5: Year when earning the first nursing degree (BSc or Diploma)



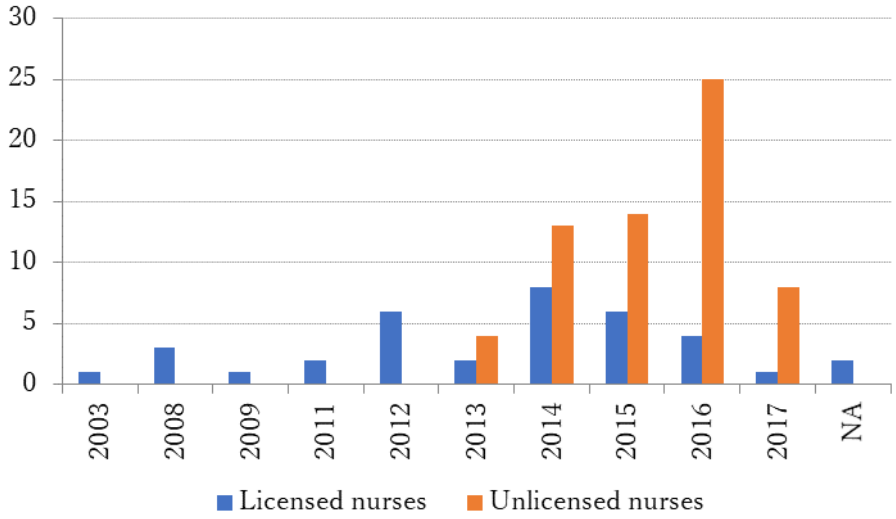

Source: Authors' survey.

Table 8 Most important reasons to come to Singapore

| | Licensed nurses | Unlicensed nurses |
|---|---|---|
| High Salary and benefits | 25 | 44 |
| Family/relative live here | 2 | 4 |
| Better quality of day-to-day life | 3 | 2 |
| Self-respect/dignity | 3 | 3 |
| High level of nursing skills & technology | 4 | 0 |
| Can speak local language | 1 | 0 |
| Not available | 7 | 3 |

Source: Authors' survey.

Figure 6: Year of arrival in Singapore




Source: Authors' survey.

Table 9: Sampled nurses' plan for the future

| | Licensed nurses | Unlicensed nurses |
|---|---|---|
| Total no. of nurses sampled | 36 | 64 |
| Plan to go elsewhere | 8 | 36 |
| *Where (multiple answers)* | | |
| Canada | 2 | 18 |
| Australia | 6 | 11 |
| Ireland | 1 | 3 |
| UK | 2 | 1 |
| New Zealand | 0 | 1 |
| USA | 0 | 1 |

Source: Authors' survey.