

# IDE Research Bulletin

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Research project summary based on papers for academic journals  
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## **International Migration of Nurses: The Cases of the Philippines and India**

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## International Migration of Nurses: The cases of the Philippines and India

Recently, the international migration of nurses has increased. In OECD countries, 14.5% of nurses were born abroad (OECD, 2015). There is a growing demand for nurses in many OECD countries, arising from the increasing demand for better quality of health services, the progressive aging population, the promotion of medical tourism, and a shift from home care to institutional care, particularly regarding long-term care.

The Philippines and India are two major sources in exporting nurses. The number of nurses who work in the OECD countries amounts to 221,344 from the Philippines and 70,471 from India. Moreover, for both countries sending nurses, the Gulf countries are estimated to be the largest recipient countries, although there are no figures on how many nurses from these countries work in the Gulf countries. English language proficiency is one of their advantages in terms of working abroad.

Although the two countries “export” nurses, their domestic nurse labor market differs somewhat. On the one hand, the Philippines had an excess supply of nurses particularly in the early and mid-2000s, when the UK and USA opened their doors to foreign-trained nurses. Many of those who were educated in the Philippines sought employment opportunities abroad. On the other hand, India suffers from a shortage of nurses. However, low salaries and benefits, particularly in private hospitals, are the main “push” reasons why many nurses leave the country.

When registered nurses from the Philippines and India reach their destinations, they face a wide range of obstacles, such as immigration policies, nursing practices, and discrimination (for example, Cuban 2010; Yeats 2009; Moyce et al. 2016). According to a study conducted in European countries, nurses from developing countries tend to be engaged in simpler tasks than local nurses and those who are from developed countries (Bruyneel et al. 2013). In Australia, foreign-trained nurses from non-English-speaking countries lagged behind in terms of joining the nurse labor market (Hawthorne 2001). One of the reasons why some nurses from developing countries face great obstacles at their destinations is attributable to the fact that their nursing qualifications and experiences are not automatically recognized at their destinations. This is mainly because the quality of nursing education is polarized in these countries, as both

countries are seeing a mushrooming of nursing educational institutions.

With this background, three papers have been written in this research project.

### **Will they leave or will they stay? Occupation, migration policies and stepwise migration of Philippine-educated nurses (PENs) in Singapore**

The retention of foreign-educated nurses has emerged as an equally important issue as their recruitment because of the tightening of the labor markets in both the destinations and in some sending countries. We explored who among the foreign nurses leave the current destination and why, within the framework of stepwise migration. Using sample data from 264 Philippine-educated nurses (PENs) in Singapore, we carried out a binomial regression analysis to determine the likelihood of leaving the destination and found that nursing aides and health care attendants and older nurses were more likely to plan to leave; while PENs working in publicly-funded facilities and those who have been working in this country for a long time were more likely to plan to stay.

Our study contributes to the literature on foreign-educated nurses' retention on two points. First, using the stepwise migration behavior as our framework, we elaborated on who were likely to stay in a transit destination. Second, we highlighted the relevance of the destination's labour policies and programs that would improve the foreign nurses' work environment, in their stay-or-leave decision. The results present an important implication on how Singapore and the emerging destinations such as Japan can compete for scarce foreign-educated nurses. In cases where migration policies such as family integration or citizenship are hard or costly to implement, labor policies and programs, including the protection of workers' rights, can be effective in securing a qualified, skilled and stable foreign workforce.

### **An Examination of Nurses' Intention to Migrate: Evidence from Nurses in Tamil Nadu, India**

This paper examined the relationship between nurses' intention to migrate and their characteristics based on our survey data from Tamil Nadu, India. Around 13% of the sample nurses intended to migrate overseas, most of whom worked in private hospitals. Due to the salary gap between public and private hospitals, nurses in private hospitals possess incentives to go abroad in search of higher wages. Nurses who are also experienced and single tend to plan to go abroad; in other words, younger, married nurses who work in public hospitals typically do not intend to migrate overseas. The

most frequently cited reason for non-migration is that nurses are simply not interested in going abroad, which is true particularly among nurses who work for public hospitals. They are relatively well paid, and their jobs are secured. The high opportunity cost of overseas migration discourages these nurses from migrating. Nurses are generally satisfied with their current occupation. The hypothesis that nurses who intend to migrate feel unhappier than do nurses who do not intend to migrate has been rejected, as nurses plan to migrate not because they are unhappy with their current occupation, but because they wish to achieve more favorable working conditions and higher wages.

### **Deskilling of Foreign-trained Nurses at a Destination: A Mixed Methods Study of Indian Nurses in Singapore**

This paper demonstrated the factors, reasons, and processing of deskilling nurses from a developing country in a destination country. The example is taken from Indian nurses in Singapore. Deskilled nurses tended to be male, non-Christian, of rural origins and have fathers with less formal education. They studied nursing in private institutions, likely not at their own will. In the process of being deskilled in Singapore, Indian recruiters play on the nurses' desire and necessity to work overseas. Deskilled nurses often decided to go to the destination very quickly, because Singapore was a less expensive and easier destination than western countries. 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 foreign-trained, particularly Filipino nurses. Deskilled nurses wait extended periods to receive employer recommendations to take the licensing exam. Many unlicensed nurses wanted to go to another country, but their migration prospects were limited because their work as unlicensed nurses in Singapore was not recognized as nursing experience in developed countries, and costs related to another migration were prohibitive. Therefore, it was unlikely that Singapore served as the desired stepping stone to the preferred final destination. Many deskilled nurses likely enjoyed the host country until their marriages were arranged by their family in India.

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