

Nurse Migration: The Asian Perspective

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Introduction

For decades the shortage of nurses has been a continuing serious concern for health services around the world. Nurses are in high demand not only in developed countries such as the United States and the United Kingdom, but also in developing countries. The World Health Organization (WHO) estimates that the world needs to increase the number of health workers by more than four million² to achieve the global health goal set by the Millennium Development Goals (MDGs). Ultimately, the demand for nurses is growing as an integral part of the overall health system to provide better health care.

To quickly meet demands in their domestic markets, Western countries have started to intensify their efforts to recruit foreign nurses. In response to the global nurse shortage, more Asian countries are sending nurses abroad following the example of the Philippines. India and China are now actively sending their nurses overseas and see the current demand as a business opportunity, attempting to establish their names in the market. As nurse migration is gaining more attention within Asian countries, several new initiatives are being introduced to facilitate the free movement of nurses within Asia and beyond.

This paper aims to capture the current situation of nurse migration from an Asian perspective. Asian countries are sources of nurses as well as hosts for foreign nurses. They also provide opportunities for foreign nurses to gain experience and knowledge to facilitate migration to other countries.

Global Nurse Shortage

The global nurse shortage is supported by the escalating demand from developed countries such as the U.K. and the U.S.

The U.S., especially, is expecting to see a more intensified shortage of nurses in the future. In 2000, the shortage of registered nurses was estimated at around 6 percent or 110,000. However, it is now expected that the shortage will grow intensively, leading to a shortage of 29 percent by 2020³. In the U.K.,

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² WHO defines health workers to be all people engaged in actions whose primary intent is to enhance health, such as doctors, nurses, midwives and others.

³ US Department of Health and Human Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis: Projected Supply, Demand, and Shortages of Registered Nurses: 2000 – 2020

the predicted shortfall of nurses will reach 53,000 by 2010⁴. Factors driving the growth in demand for nurses include demographic changes such as population growth, a larger proportion of elderly persons, and medical advances that change the roles of nurses and require more of them.

Recruitment of foreign nurses becomes an attractive option as a quick fix to the ever growing national nursing shortages for these countries. The U.K., particularly England, has initiated an active recruitment of foreign nurses since the late 1990s. Since 1997, the U.K. admitted more than 90,000 international nurses from many countries, including the four major nurse producing countries: the Philippines, Australia, India and South Africa. It is estimated that one in ten or more of all working nurses in the U.K. is trained in other countries⁵.

The U.K.'s active recruitment of foreign nurses received severe criticism in the late 90s as the massive outflows of nurses to the U.K. threatened to ruin the health care systems in the nurses' native countries, especially African countries. In 2004 the U.K. established guidelines and a "Code of Practice" for international recruitment. The Code requires U.K. employers to actively recruit only from those developing countries with which the UK has agreement such as the Philippines, India and China which are considered "ethically acceptable" countries accounting for around 60 per cent of all non-EU nurse registrants on the U.K. registry⁶.

For the last decade the U.S. has intensified its efforts to recruit foreign nurses. Since 1998 foreign-trained nurse entrants to the U.S. nurse workforce have increased at a rate faster than that of U.S. educated new nurses. The number of nurses trained abroad has more than doubled as a percentage of U.S.-trained registered nurses (RNs), from six per hundred in 1998 to fourteen in 2002⁷.

To practice as RNs in the United States, all foreign nurses are required to pass the National Council Licensure Examination (NCLEX-RN) and present their qualifications that have met the US standards. The Commission on Graduates of Foreign Nursing Schools which facilitates overseas recruitment of nurses to the U.S. by administering an exam that predicts the level of success on the NCLEX-RN), has opened up test centers all over the world in order to assist potential US-bound nurses. Currently there are more than 50 test centers worldwide with 19 test centers in Asia alone. Furthermore, the U.S. National Council of State Boards of Nursing (NCSBN), as the NCLEX overseer, announced it would open the first overseas NCLEX in Manila in February 2007. It means that Filipino nurses can take the NCLEX at home instead of

⁴ Linda H. Aiken, James Buchan, Julie Sochalski, Barbara Nichols and Mary Powell: Trends in International Nurse Migration, Health Affairs – volume 23, Number 3

⁵ James Buchan and Ian Seccombe: Words Apart? The U.K. and International Nurses, the Royal College of Nursing, April 2006

⁶ Ibid.

⁷ Aiken et.al.: op.cit.

flying to the US for the examination. This should ease tremendously the migration process for Filipino nurses.

In addition, a provision was recently included to a draft U.S. immigration bill (S2611) that would remove the cap on special visas for foreign nurses, allowing open-entry to all qualified foreign nurses⁸. Not only the U.S. but other countries (e.g. the U.K., Australia and Switzerland⁹) that face critical shortages of nurses have also placed nurses on a list for preferential treatment, streamlining the immigration process to ease the inflow of foreign nurses.

ASIA as Nurse Sending Countries

While the nurse receiving countries are advancing their efforts to internationally recruit nurses, the nurse sending countries have also accelerated their efforts to prepare their national nursing work force to perform at the “international” level so that they can be sent abroad. Asian countries play a vital role in supplying a nursing work force globally as well as within Asia. The Philippines is the leading country in supplying quality nurses abroad. India is rapidly catching up with the Philippines, and China is potentially a big player with full government support to establish its name as a major nurse sending country.

The Philippines ~ the pioneer in sending nurses abroad ~

It is reported that the Philippines supplies 25 percent of all overseas nurses worldwide¹⁰ and 83 per cent of foreign nurses in the U.S¹¹. In the last 10 years, the Philippines sent close to 90,000 nurses overseas¹². Thanks to the hard work by these pioneers, Filipino nurses now enjoy an established reputation as compassionate nurses with a good work ethic and superb clinical skills¹³. That “brand name” effect has helped succeeding groups of Filipino nurses with favourable treatment. For the last few years approximately 8,000 to 9,000 Filipino nurses have gone overseas on an annual basis¹⁴.

The Philippine government has been proactively sending workers abroad including nurses. This is an integral part of its employment policy. With the increasing demand for nurses, the number of nursing schools mushroomed to 350 from only 40 in 1970s¹⁵. While they aggressively produce nurses, the

⁸ Mireilee Kingma: Nurses on the Move: A Global Overview, Health Research and Educational Trust, DOI: 10.1111/j.1475-6773.2007.00711.x

⁹ Ibid.

¹⁰ Chit Estella: Nurses lack hurts healthcare system, The Manila Times, 21 March 2005

¹¹ NCLEX in Manila open by mid-year, The Philippine STAR, 12 February 2007

¹² Philippine Overseas Employment Administration (POEA): Overseas Filipino Workers (OFW) Global Presence: A compendium of overseas employment statistics – 2006, Table 22

¹³ Yu Xu: From Diplomacy to National Development: Chinese Policy on the Transnational Mobility of Nurses, Harvard Health Policy Review, vol.7, No.1, Spring 2006

¹⁴ POEA: op.cit.

¹⁵ Chit Estella: Nursing schools peddle dreams, the Manila Times, 22 March 2005

supply has not caught up with demand. Between 2000 and 2004 the country produced 33,370 nurses while 50,000 nurses migrated abroad¹⁶.

Unfortunately the rapid increase in the number of nursing schools has lowered the overall quality of education. According to the Technical Committee on Nursing Education of the Commission on Higher Education (CHED), 23 percent of nursing schools have failed to meet the requirements set by the government and only 12 schools are categorized as A rank schools. In 2004 CHED registered its lowest passing rate ever of the Nursing Board Examination at 43 percent¹⁷.

While nursing is still a predominantly female occupation the number of males entering the profession seems to be on the rise. This is likely due to a new type of student called "second-coursers." They are middle-age professionals such as doctors, accountants, teachers who are seeking a new career as nurses. Thanks to the efforts of the nursing schools which adjusted their requirements to fit the needs of this type of student, even doctors seek employment opportunities as nurses for better economic gains. On average, the monthly salary of a Filipino nurse in the US is US\$ 5,760 while in the Philippines, it is only 8,669 peso per month (approximately US\$175) in a public hospital. The wage differentials are as big as approximately 25 times. Since 2000 3,500 doctors have migrated abroad as nurses. In 2005 another 4,000 graduated from nursing schools and 6,000 doctors are currently enrolled in nursing schools¹⁸. The nurse-friendly US immigration policy spurs this career change of Filipino physicians.

While interest in the nursing profession is growing rapidly because of the employment opportunities abroad, the interest in a physician career appears to be declining. It is reported that three out of the 39 medical schools in the Philippines have closed down due to a shortage of new students¹⁹. Chart 1 indicates the trend of newly registered nurses and physicians. It clearly shows a stagnation in the growth of newly-registered physicians but a rapid increase in the number of people opting to become nurses.

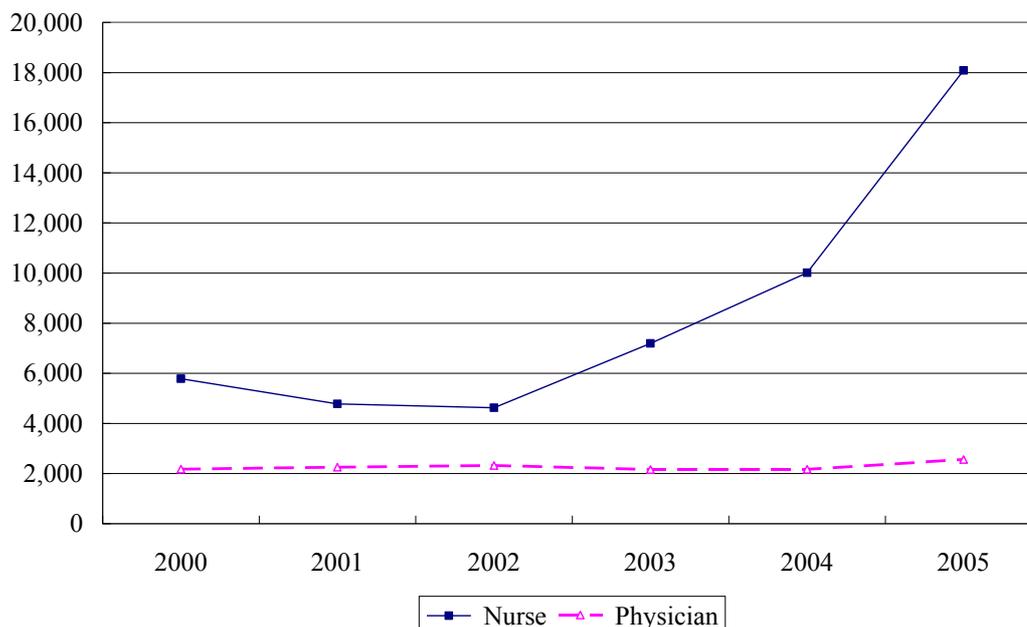
¹⁶ Ryouichi Yamada: *The Global Migration of Filipino Nurses and its Challenges*,

¹⁷ Chit Estella: *op.cit.* 21 March 2005

¹⁸ Ryouichi Yamada: *op.cit.*

¹⁹ *Ibid.*

Chart 1: Number of Newly Registered Nurses and Physicians



Source: Presentation by Dr. Tatsufumi Yamagata, the Institute of Developing Economies (IDE), Japan
 Data Source: Department of Labor and Employment, 2006 Yearbook of Labor Statistics

India ~ an aggressive player in the supply market for foreign nurses ~

While the Philippines continues to be the leading supplier of nurses, other countries such as India are emerging as important source countries. India has well-trained, English-speaking nurses²⁰. The official figure of nurse outflow is not available; however, it is reported that some of the best hospitals in India are experiencing mass resignations and an exodus of nurses to hospitals abroad²¹. Another report says 20% of current Indian nursing school graduates goes abroad²². In Ireland and the United Kingdom, the number of Indian nurse migrants even overtook those from the Philippines, the leading source of nurse migrants there as recently as 2005²³.

The upward trend of nurse migration inspired some Indian hospitals to be engaged in “business process outsourcing” (BPO) in order to take advantage of this phenomenon. They recruit and train Indian nurses and prepare them to take the foreign nurse examination.²⁴ Indian recruiting agencies have mushroomed in Delhi since 2003. While Delhi-based agencies tend to focus on the US market, those in Cochin and Bangalore are mainly facilitating

²⁰ Binod Khadria: International Nurse Recruitment in India, Health Research and Educational Trust, DOI: 10.1111/j.1475-6773.2007.00718.x

²¹ David Edward: India is Losing its Nurses to the West, Catholic Health Association of the United States, Nov/Dec 2005

²² Yu Xu: Are Chinese Nurses a Viable Source to Relieve the US Nursing Shortage? Nurs Econ 21(6):269-274,279, 2003

²³ Mirelle Kingma: op.cit.

²⁴ Binod Khadria: op.cit.

migration of nurses to other destinations like the Gulf countries, Australia, New Zealand, Singapore, Ireland and the United Kingdom.²⁵

In the last few years CGFNS has also expanded its operation by opening up four test centers in India: Bangalore, Cochin, Delhi and Mumbai. Through administering the CGFNS exam, which is an excellent predictor of passing the National Council Licensure Examination (NCLEX-RN), they recruit potential nurses who are eligible to practice as registered nurses in the US. According to CGFNS, in the 1990s, India was ranked 6th in terms of the number of registered nurse applicants aspiring for the US licensure. But from 2003 onwards India has been ranked 2nd after the Philippines. In 2004-2005 a record 10,000 Indian nurses were reported to be in the process of applying to migrate to the U.S.²⁶. While it takes on average 4 to 6 months for a nurse to migrate to U.K. or Ireland, it takes much longer (sometimes up to 2 years) to go to the US. So even though the salary prospects in the U.S. are more attractive than those in the U.K., many prospective nurse migrants prefer to go to the U.K. and other English speaking countries.

With greater prospects to go abroad and earn an attractive remuneration, more and more young Indian men have now started to join the nursing profession. It is reported that male enrolment in nursing schools has risen to the point where nearly 30 out of 50 students in a class can be men²⁷. This is considered a very positive development as nursing will receive more recognition and value as a profession in India.

PR China ~ an emerging star with strong government support ~

China's potential to join the international migration of nurses is still uncertain. However, there is strong evidence to show that China will be an increasingly important player as a source country for nurses. At present China faces a serious shortage of nurses with a nurse-to-population ratio of 1:1000 compared to 1:100 in the United States. Nurse-to-physician ratios are one of the lowest in the world at 0.61:1 in 2001²⁸. However, despite the absolute shortage of nurses per population China has an apparent surplus of nurses due to limited positions in its health care system. With the small budget allocated for positions in nursing, there are not enough nurse positions for new graduates. Consequently, a large number of nursing graduates struggle to find employment in their profession. If the government were to invest more funds in health services, the country would definitely need more nurses. Instead, the current Chinese policy is to promote international nurse placement programs with developed countries, especially Singapore and Saudi Arabia. It views migration of nurses as an opportunity to expand the

²⁵ Ibid.

²⁶ Ibid.

²⁷ "On Nurse's Day, profession sees more young faces, more demand abroad", 11 May 2005, PUNE Newslines

²⁸ Yu Xu: op.cit. 2006

domestic talent pool and to increase the career potential for Chinese nursing graduates²⁹.

There are over 18,000 hospitals, 2 million physicians and 1.3 million working registered nurses in China³⁰. The size of the Chinese nursing workforce is the second largest in the world, next to the United States³¹. But it does not translate directly to a large pool of nurses ready to migrate as nurses.

In the current Chinese nursing education system there are three entry level programs: mid-associate degree programs (secondary level programs), associate degree programs, and baccalaureate or bachelor programs. Although the vast majority of nurses graduate from mid-associate degree programs, they are not qualified to migrate to the United States as nurses unless they obtain an independent senior secondary degree in addition to their nursing degree³². The number of nurses with just secondary level education is decreasing rapidly. In 1997 the percentage of nurses trained in secondary level programs was 95%³³. To increase the marketability of its nurses overseas, the government policy has been to improve the proportion of nurses with higher education. Table 1 below shows that by 2010, the percentage of nursing students entering associate and bachelor degree programmes is projected to rise to 50 % of all nursing school recruits.

Table 1: Projection of Chinese Nursing School Recruitment, 2001-2010

Degree	2001		2005		2010	
	Numbers	%	Numbers	%	Numbers	%
Mid-associate	75,000	71	88,000	62	82,200	50
Associate	25,000	23	38,200	27	49,200	30
Bachelor	6,500	6	15,100	11	33,000	20
Total	106,500	100	141,300	100	164,300	100

Source: Study Group MOH Report (2003)

With a view to improving the quantity and quality of human resources in health to the level of global averages, the Ministry of Health and Ministry of Education are pushing for policy reform. They recommend that the physician to nurse ratio should reach 1:1 from the current ratio of 1: 0.61 and the population to nurse ratio should be increased to 1.5 nurses for every 1,000 people from the current ratio of 1: 1000. To meet this goal 150,000 new nursing students must be recruited each year from 2003 to 2010. ³⁴

Anticipating the large pool of Chinese nurses, the American CGFNS opened up a testing center in Beijing in 2003. With the potential earning differentials being 30 to 50 times more than the current earning in China³⁵, Chinese nurses

²⁹ Zhiwu Zack Fang: Potential of China in Global Nurse Migration, Health Research and Educational Trust, DOI: 10.1111/j.1475-6773.2007.00717.x

³⁰ Ibid.

³¹ Yu Xu: op.cit. 2003

³² Zhiwu Zack Fang: op.cit.

³³ Yu Xu: op.cit. 2006

³⁴ Ibid.

³⁵ Yu Xu: op.cit. 2003

are eyeing more prospects of employment in the United States. The Chinese Nursing Association (CNA) has welcomed the current trend and is strongly encouraging Chinese nurses to go abroad so that the skills, knowledge, and experience gained by those nurses will serve as a more powerful and effective force than government mandates and policies to reform Chinese nursing to make it more globally relevant³⁶. For the first time in 2004 China appeared in the list of top countries of CGFNS Certification Program³⁷ and continues to be ranked 3rd after Philippines and India. As of August 2007, there are six CGFNS testing center in China: Beijing, Shanghai, Guangzhou, Chengdu, Hong Kong, and Taipei (Taiwan).

The Chinese Government signed a Letter of Intent with the U.K. Government in 2006 to facilitate the recruitment of nurses from China to the U.K.³⁸ The Letter intends to promote high standards of practice in the international recruitment and employment of health professionals by enabling Chinese agencies to comply with the principles of the Code of Practice and to clarify the costs to be met by agency, employer, and the international healthcare professional.

³⁶ Ibid.

³⁷ CGFNS International Certification Program is designed only for first-level, general nurses educated and/or licensed outside the United States who wish to assess their chances of passing the US registered nurse licensing exam, the NCLEX-RN® examination, and attain licensure as registered nurses within the United States. The Certification Program identifies nurses with a high potential for achieving success on the NCLEX-RN® examination. In 2001-2002, the failure rate on the NCLEX-RN® examination for non-Certificate Holders was 4.5 times greater than the rate for Certificate Holders.

³⁸ NHS Employers: Nurse Recruitment Agreement with China

Table 2: Estimates of Additions to Stock of Nurses (circa ??)

	The Philippines	India	China	Korea
Number of nursing schools	350	More than 1,000		52 universities (2004)
Student enrollment			59,000 (1996) 140,000 (2002)	
Annual Number of graduates	20,000	10,000		
Number passing the national nursing examination	5,000 (Dec 2004)	No exam required. Registration with State Nursing Council		
Total RNs		1.3 million (2004)	1,307,814 (2004)	217,003 (2005) 271,393 (2010)
Working nurses			1,289,797 (2004)	87,731 (2004)
Employable Nurses				193,025 (2005) 237,773 (2010)

Source: The Philippines:

India: Binod Khadria: op.cit.

China: Zhiwu Zack Fang: op.cit.Table 1

Korea: Nurse Supply & Demand Plan, Mid & Long Term Nurse S & D Plan, Hyn-Sook Jan, Korean Nurse Association

Receiving Countries in Asia

According to the WHO the greatest shortage of nurses is in Asia, dominated by large population countries : Bangladesh, India and Indonesia.

A recent report of the International Council of Nurses (ICN) entitled “The Asian Nursing Workforce Profile 2006” revealed that seven out of eleven countries and special administrative regions studied face a shortage of nurses over the next 1-year to 10-year period. Japan, Malaysia, and Thailand reported that they would face a nurse shortage over the short-, medium, and long-term. The reasons given by Malaysia clearly reflect the impact of the migration of nurses from Malaysia to other countries. Working abroad is evidently seen as being more attractive than working at home. In Thailand the reasons cited for shortage of nurses are geographical mal-distribution of nurses, increase in demand for nursing personnel due to the government policy of universal health care coverage, the transformation of Bangkok as a hub for health or medical tourism, and increase of some communicable diseases like the avian flue and Severe Acute Respiratory Syndrome (SARS).

Table 3: Projected Supply of Nurses by selected countries and special administrative regions

Projected nurse supply		Hong Kong	Japan	Malaysia	Philippines	Singapore	Thailand
In balance	in 1 year						
	in 5 years	√			√		
	in 10 years				Surplus	√	√ + 16
Shortage	In 1 year	√	√ 41,700	√ 7,000	√	√	√ 23,126
	In 5 year		√ 15,900	√ 35,000		√	√ 14,213
	In 10 years	√	√ N/A	√ 70,000			(√)

Asia Nursing Workforce Profile 2006, International Council of Nurses, with additional information

Japan: 6th Nursing Personnel Supply and Demand Projection, 2006 - 2010

Thailand: Demand for Professional Nurses in the Health Care System in Thailand During 2006 - 2015 (the Nurse Population Ratio Method)

Japan ~ a new destination for foreign nurses ~

Historically, **Japan** has been very cautious and selective about receiving foreign workers. While Japan has closed the door to un-skilled and low-skilled workers completely, it has been encouraging the inflow of high-skilled workers. To facilitate the inflow of such skilled labour, several schemes and policies were introduced, such as those included in Economic Partnership Agreements (EPA).

As of September 2007 Japan has signed an EPA with eight countries including the Philippines and Indonesia. Under the Agreements, the Philippines and Indonesia can send 400 and 600 candidates for nurses and certified care workers for the first two years of its implementation. This is a unique channel through which foreign workers enter Japan to provide services with special skills which are in demand. Currently, Japan is negotiating a similar arrangement with Thailand.

The background of this development is the demand for nurses and care workers anticipated by 2010. According to the 6th Nursing Personnel Supply and Demand Projection, Japan will need an additional 15,900 nurses to meet projected demand for 1, 406,400 nurses. With its ever growing aged population, a revision of the standard ratio of nurses per patient for quality care³⁹, the revision of medical treatment fees in 2006, and the high turn over of nursing personnel⁴⁰ the demand for nurses continue to be a serious concern

³⁹ A patient-to nurse ratio was revised from 10:1 to 7:1

⁴⁰ The turn over rate in 2005 was 12.3%. It has been around 11 % for the last ten years, which is significantly higher than other Asian countries i.e. Hong Kong: 1%, Singapore: 0.5%, Thailand: up to 3%.

for Japan. Not only for the absolute numbers, but also the geographically skewed concentration of nurses has been making the shortage of nursing personnel more visible.

The EPAs with the Philippines and Indonesia could be a breakthrough in the Japanese nursing situation; yet several concerns remain. First and foremost is whether or not Japan has a comparative advantage in attracting nurses to migrate to Japan when there are other options like the U.S. and U.K. Under the EPA arrangements, the candidates for nurses and care workers need to pass the Japanese national examinations for nurses and care workers within first three and four years of their stay in Japan respectively. If they fail to pass the national exam, they need to leave the country. If they pass it, they can stay and work as nurses and care workers with one-year or three-year renewable visa.

Passing the national exams is a very high hurdle to overcome. At risk is the initial investment that each candidate needs to make. Then there is the formidable task of mastering Japanese. In addition, obtaining the three-year renewable visa upon passing the national exams does not quite mean the same thing as obtaining citizenship or a long-term residency visa. The visa can be renewed without any limitation on the number of renewals. But the duration for each visa is up to three years. So far, there is no mention of whether the successful candidate can bring family members to Japan.

Another concern is whether or not there is a demand for foreign nurses and care workers despite the serious demand for nursing personnel in general. In principle, after the candidate passes the national exams, there should no problem in terms of language communication with Japanese patients. However, whether Japanese patients (mostly elderly) will feel comfortable and trusting with foreign nurses remain uncertain.

Singapore ~ an open and transparent policy for foreign nurses ~

In **Singapore**, the shortage of nurses continues to be serious concern. It is projected that the elderly population of 60 years and above will double to 1 in 5 by 2020. However, it is expected that the supply and demand for nurses will balance out in 10 years time, due to a number of policies the government has adopted.

One strategy the government has been following is to encourage qualified doctors and nurses to practice in Singapore. To help facilitate the recruitment and retention of qualified foreign professionals, the government has increased the number of recognized foreign medical schools in the Schedule of the Medical Registration Act to 140 in April 2007. According to the Schedule, 20 more schools have been added including top Asian medical schools from China, India, Pakistan, Sri Lanka, South Korea, and Malaysia.

In addition, the Ministry of Manpower has included healthcare professionals under the newly introduced Strategic Skills List of job positions, which are expected to be in high demand in Singapore in the coming years. As nursing is recognized as one of the strategic skills that Singapore requires, foreign nurses who wish to seek employment opportunities would receive special consideration for an Employment Pass/S Pass. Holding an Employment Pass/S Pass allows them to bring their dependents with them or to obtain Long-Term Social Visit Pass for their family members.

While encouraging more foreign nurses to practice nursing in Singapore, the government has also been making an effort to strengthen the national nursing workforce by increasing the number of local recruits to the profession, retaining existing nurses in the labour force, and improving the quality of nursing education. These efforts seem to have born fruit. In recent years, the percentage of foreign trained nurses was around 20 percent of the total registered nurses; but in 2005, for the first time in eight years, the percentage of foreign trained nurses fell to below 20%⁴¹. In 2005 16 per cent of the total registered nurses were from other countries: Malaysia (2.2%), China (4%), the Philippines (6.8%), India (1.2%) and Myanmar (0.8%)⁴². This reflects Singapore's two-prong approach to increasing its pool of registered nurses.

According to ICN, each year about 8 percent of nurses leave and 7 percent of them enter Singapore. The 8 percent of nurses who leave the country are mostly foreign nurses on employment contracts, not Singaporean nurses. Filipino nurses, in particular, tend to move to other countries such as U.K., the U.S. or Canada upon completion of their employment contracts. According to the Ministry of Health the attrition rate of foreign nurses in 2005 was 23 percent. Singapore seems to serve as a stepping stone for these Asian nurses who wish to migrate to other destinations with the expectation of bigger and better compensation packages. "Step migration" is a common phenomenon among Filipino migrant workers in other sectors as well.

Malaysia ~ an open policy with a special scheme for foreign nurses~

Malaysia also has a very open policy for foreign health professionals. It is expected that the shortage of nurses will grow ten times in the next ten-year time period from 7,000 to 70,000⁴³. The reasons behind this phenomenon are the anticipation of an aging nursing work force, an increase in medical facilities envisaged in the 9th Malaysia Plan to meet growing demand for health care, and overseas employment opportunities for Malaysian nurses.

The government introduced the "Malaysia, My Second Home Program (MM2H)" in 2001. This Program encourages foreign people older than 50 years of age to retire or live in Malaysia on a long-term basis. One of the

⁴¹ Singapore Nursing Board: Annual Report 2005

⁴² Figures in 2005. Total number of registered nurses is 14,831: 12,434 Singaporean, 335 Malaysian, 601 Chinese (PRC), 1012 Filipino, 171 Indian, 131 Myanmar, 147 from others.

⁴³ International Council of Nurses (ICN): Asia Nursing Workforce Profile 2006

attractions that Malaysia can offer for the older generation is the sophisticated modern medical facilities and highly qualified medical professionals. Securing qualified nurses is key to providing quality medical care as well as to making this Programme a success. Therefore, as part of the retention strategies some private hospitals do allow their nurses to take leave for a few years to work abroad on the condition that they return to work in the same hospitals after the leave.

Despite the shortage of nurses in the country, Malaysian nurses do migrate to work abroad. The attrition rate is 400 per year and currently about 2,000 Malaysian nurses are working in countries such as in the Middle East, U.S., Australia, New Zealand, Europe, and other Asian countries⁴⁴. The national licensure examination in Malaysia is conducted both in Malay and English. This offers Malaysian nurses access to overseas employment opportunities in English speaking countries. Attractive overseas employment opportunities are constant threats to the supply of nurses in the domestic market.

To counteract the shortage of nurses Malaysia has signed agreements with seven countries: Albania, Bangladesh, India, Indonesia, Myanmar, Pakistan and the Philippines to allow their nurses to practice nursing in Malaysia. Nurses from these seven countries are required to obtain Temporary Practicing Certificate (TPC) issued by Nursing Board Malaysia in order to work in Malaysia. Besides the seven countries nurses from other countries whose spouses are working in Malaysia are allowed to practice nursing given their qualifications meet the requirements by the Board. Foreign nurses wishing to practice nursing in Malaysia need to meet the minimum requirements set by the Board, such as nurse registration with their origin countries, minimum three years of clinical working experience etc. The TPC process can be done all in English.

As of September 2007 813 foreign nurses were working in private hospitals in Malaysia, which is approximately 40 % of the total nurses working in private hospitals.

⁴⁴ Ministry of Health, Malaysia

Table 4: Percentage of Foreign Nurses in the National Nurse Workforce

	Singapore	Malaysia	Thailand
Percentage of Foreign Nurses in total nursing workforce	16 % (2005)	40%* (2007)	Negligible (2007)
Absolute Number	2,397	813*	1
Nationalities	Malaysia, PR China, the Philippines, India, Myanma etc.	Albania, Bangladesh, India, Indonesia, Myanmar, Pakistan and the Philippines	Germany

Source: Singapore- Singapore Nursing Board, Annual Report 2005

Malaysia - Nursing Board Malaysia, Ministry of Health, Sep 2007

* Foreign nurses are only allowed to work in the private hospitals, thus the proportion of foreign nurses is limited to private hospital settings.

Thailand - Thai Nurse Association, Sep 2007

Thailand ~ enhancing the national capacity to cope with the shortage ~

Unlike Singapore and Malaysia, **Thailand** does not have an open policy for foreign health professionals nor does it encourage Thai health professionals to go abroad. Japan has been negotiating an EPA with Thailand which may include a new channel for nurses and care workers to migrate to Japan. However, negotiation in this regard has reached a deadlock as the Thai government has been reluctant to send Thai nurses to Japan. The Government is well aware of Thailand's own shortage of nurses.

In 2004, the Thai Nursing Council projected the supply and demand of professional nurses from 2006 to 2015 with a view to realizing the concept of a Center of Excellent Health Care of Asia: Medical Hub. The estimation was made using two methods: the health demand method and the nurse population ratio method. According to the health demand method, which is based on the demand for nurses in different settings, Thailand will have a shortage of 12,237 nurses or 11.5 percent in 2006. From 2007 to 2010, the gap between demand and supply is projected to become narrower, and in 2011, the demand and supply will become almost equal. However, another method suggests that Thailand will face an even more severe shortage of 23,126 nurses or 21.8 percent and it will take a longer time to have a balanced picture. It will only be in 2015 when supply will catch up with the demand. This estimation is based on the nurse-to-population ratio of 1:500.

Historically, nursing has been recognized as one of the under staffed professions. In September 1992 a Cabinet resolution on nursing was adopted to expand the size of the nursing labour force by increasing the enrolment in nursing schools by 5,500 students every year from 1993 to 2001. However, the implementation of this plan was interrupted by the financial crisis that hit Thailand in 1997. Due to the financial constraints faced by the Ministry of Public Health, Thailand experienced a fall of 50 percent in the number of new

student enrollment. The damage caused by the financial crisis lasted for the next few years, affecting the number of new student recruits as well as the total number of registered nurses. Only in 2003, did the number of new student admissions come back to the pre-crisis level. In 2006 the number of new graduates reached 8,000 for the first time and in 2007 a new policy was introduced to increase the number of new students by 2,000 in order to respond to the emerging needs arising in the three South provinces of Thailand.

Thailand, instead of resorting to the option of bringing in foreign nurses, is making efforts to close the gap between demand and supply by mainly enhancing both quality and quantity of the national nursing labour force and by improving the retention rate. In order to retain the current work force in the country, both government and private hospitals are trying to provide attractive packages including higher salaries and better welfare conditions for nursing personnel. As a part of the retention strategy, some hospitals even provide the nurses a chance to go abroad to be exposed to the overseas experience as nurses for a short period of time.

In the case of Thailand the government policy to establish a Medical Hub of Asia in Thailand acts as a great deterrent for Thai nurses to seek employment opportunities abroad. The medical hub concept attracting foreign patients to Thailand has created a new market for Thai nurses. Instead of going abroad, those who can provide services in English can find better employment opportunities within the country. Thus, the number of nursing schools that provide nursing education in English as well as Thai language seems to be on the rise. Table 5 shows a significant number of nurses who are needed to provide services to foreign patients.

Table 5: Demand of Nurses Needed in the Health Services in 2005

Demand	Thais		Foreigners	
	Out Patients	In Patients	Out Patients	In Patients
No. of Patients	288,690,017	5,755,767	1,440,000	160,000
No. of hours required	93,824,255	104,467,171	3,600,000	4,800,000
No. of nurses required	53,068	59,088	2,036	2,714
Total No. of nurses required	119,771			

Source: Professional Nurses Manpower in Thailand: The Current Situation by Dr. Krisada Sawaeng-dee, Ministry of Public Health

Although there are no nationality restrictions for the last few years, only one foreigner has received a license to practice nursing in Thailand. This is attributed to the fact that the national licensure exam is in the Thai language.

ASEAN Mutual Recognition Arrangement on Nursing Services

The shortage of nurses in Asian countries is intensifying and placement of foreign nurses is receiving increased attention as an attractive quick solution to the current situation. In this context, mutual recognition agreements such as Protocol II of the Caribbean Community and Common Market (CARICOM), the North American Free Trade Agreement (NAFTA), Trans-Tasman Agreement, Nursing Directives of the European Union, offer good examples for encouraging nurse migration at the regional level⁴⁵. Learning from precedents, an epoch-making arrangement was reached in late 2006 to facilitate the movement of nurses among ASEAN countries.

The ASEAN Mutual Recognition Arrangement on Nursing Services is a small step forward to achieving the overall objective of the movement of natural persons (MNP) in the ASEAN region. ASEAN sees that the movement of workers can be a way to enhance the formation of an ASEAN economic community. Thus, it has been accelerating its efforts to respond to the rising trends in the movement of workers over the years as a result of globalization and the imbalances in the labour markets in the region, by setting up the ASEAN Framework Agreement on Services (AFAS) on MNP.

The commitments of the ASEAN Members are similar to their commitments in the General Agreement on Trade in Services (GATS). Particularly, commitments on MNP are intimately linked to commercial presence and seen as simply facilitating the movement of professionals, managers and technical staff for intra-corporation transfers⁴⁶. However, the movement of workers in recent years is much more dynamic and complex than the scope that GATS Mode 4⁴⁷ can offer. Therefore, in order to facilitate more dynamic movement of workers among ASEAN Member States, the Mutual Recognition Arrangements (MRA) was introduced in 2003 at the Ninth ASEAN Summit. Article V of AFAS provides the scope of MRAs as “ASEAN Member Countries may recognize the education or experience obtained, requirements met or licenses or certification granted in another Member State for the purpose of licensing or certification of suppliers.” As per the decision of the Bali Concord II adopted at the fore-mentioned Summit in 2003, MRAs for qualifications in major professional services are being completed by 2008. In December 2005, the MRA on Engineering Services was signed to facilitate the mobility of engineering services professionals by exchanging information on the adoption of standards and qualification. In December 2006, the MRA on Nursing Services was signed to strengthen professional capabilities by promoting the flow of relevant information and exchange of expertise, experience and best practices⁴⁸.

⁴⁵ Mireille Kingma: *op.cit.*

⁴⁶ Tereso S. Tullao Jr. and Michael Angelo A. Cortez: Enhancing the movement of natural persons in the ASEAN region: Opportunities and Constraints, Asia-Pacific Research and Training Network on Trade, Working Paper Series, No. 23, December 2006

⁴⁷ GATS Mode 4 is defined as “supply of the service (includes the production, distribution, marketing, sale and delivery of a service) by a service supplier of one member, through the presence of natural persons of a member in the territory of any other member.”

⁴⁸ ASEAN Mutual Recognition Arrangement on Nursing Services

Although the MRA on Nursing Services provide a great avenue for nurses in the region to practice nursing in countries other than their own, challenges still remain towards free movement of nursing labour force. As stipulated in the Article 3.1.6 of the MRA, the foreign nurse needs to comply with requirements imposed by the Nursing Regulatory Authority (NRA) of the host country. For example, in order for a Filipino nurse to practice in Thailand, the candidate needs to pass the national licensure exam in Thai language. The ASEAN MRA does not eliminate domestic regulations which exist in the host country. Therefore, the challenges still remain. (This will be discussed later.)

To facilitate the application of this MRA, the ASEAN Joint Coordinating Committee on Nursing (AJCCN) was established comprising representatives from NRA and/or appropriate Government Agency of the participating ASEAN Member Countries. The first AJCCN meeting was held in June 2007 in Bali and set up their work program. One of the work items in the work program was to identify barriers to the mobility of nurses in ASEAN. During the first meeting, the AJCCN identified “language” as one the barriers.

As of September 2007 four ASEAN member countries including Cambodia, Indonesia, Lao PDR and Viet Nam requested a deferral for the implementation of the MRA.

Barriers to Prevent Free Movement of Nurses within Asia

As identified in the AJCCN meeting, there are still barriers to overcome in order to achieve the full potential of the MRA. In the case of the nursing labour force, four barriers or challenges will be discussed: Language, National Licensure Examination, Nursing Education/Training and capacity of Nursing Regulatory Authority.

Language

Among Asian countries, language diversity is a serious concern that one needs to take into consideration when discussing the movement of nurses. Language ability is extremely important for nurses and their work for two reasons. One is to communicate with medical professionals to deliver quality health care without failure or misunderstanding. Another is the needs and expectations of patients towards nurses are much more than just being able to talk, but providing “care” for them. The latter is closely linked with cultural values, which greatly affects their interactions with patients. The fact that even those Filipino nurses who can speak English fluently tend to be placed in the departments where direct verbal interactions with patients are relatively limited such as operation units, intensive care units (ICUS) and emergency rooms (ERs), not in mental health department, presents the importance of language proficiency at a different level.

Nonetheless, sharing a common language is a tremendous advantage in facilitating the movement of nurses. In Asia only among countries such as

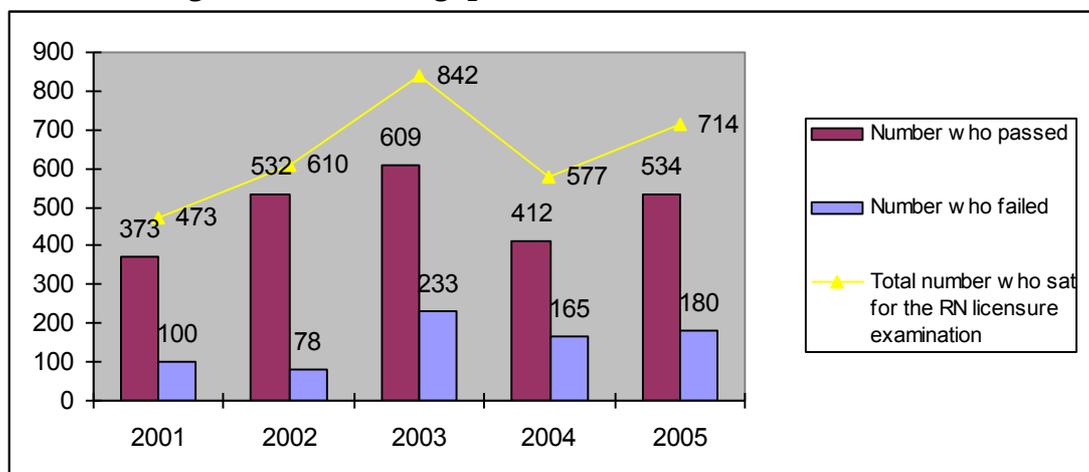
Singapore, India, and Malaysia which use English as an official language or as a widely spoken language, is the movement of nurses relatively smooth. However, in the case of other countries, language requirements definitely deters foreign nurses to work abroad.

The National Licensure Examination

In connection to the language requirements, most of Asian countries such as Japan, Korea, Thailand and China conduct national licensure examinations in the national language only. Although these countries do not have nationality restriction, the language requirements become a de-facto deterrent for foreign nurses. Only Singapore and Malaysia introduced a separate examination for foreign and/or foreign-trained nurses.

The Singapore Nursing Board conducts the licensure examinations for foreign nurses in English. In 2005 the Board conducted 12 such examinations not only in Singapore, but also in the Philippines, China and India. Until 2005, it was conducted in Indonesia as well. This arrangement has facilitated a smooth movement of nurses to Singapore. Over the last five years there has been an upward trend in the number of foreign nurses who have sat for the examinations.

Chart 2: Number of Nurses who sat for the RN Licensure Examination for Foreign Nurses in Singapore



Source: Singapore Nursing Board, Annual Report 2003-2005

In Malaysia, the Nursing Board Malaysia provides the Temporary Practice Certificate (TPC) to foreign nurses from seven countries who meet the requirements set by the Board. Currently 813 nurses are currently working in private hospitals in Malaysia. Apart from the TPC, the national licensure examinations for Malaysia trained nurses are held in two languages - English and Malay. This system facilitates the outflow of nurse migration from Malaysia to other countries as students can study nursing in English and receive national nursing license in English. This is a unique system in Asia. In most cases, nurses who study nursing in English still need to pass the national

licensure examination in their national language. This adds burden to those who receive nursing education in the English language in non-English speaking countries.

Nurse Education/Training

Countries considering the development of nurses for export face challenges because of limited access to capital to build an appropriate nursing education infrastructure that meets Western standards. Unlike the Philippines, where the nursing curriculum has been modeled after U.S. nursing programs since the time of previous colonial rule, many Asian countries have their own national training curriculum, which can be very different from that of major destination countries for nurses. To facilitate the movement of nurses, it is important to mutually recognize the quality and contents of nursing education among countries, this can be a challenge if the curricula and the concept of nursing are very different.

Not only are the curricula and the textbooks are different, but also the instructors who can train nurses for foreign markets are limited. For Filipino nurses having many of the instructors who were trained in the U.S. with American work experience, has been a notable advantage in facilitating their training and their transition into the US health care environment⁴⁹.

In recent years some countries have introduced English language nursing programs. This definitely helps increasing the stock of nurses who can potentially be qualified to work in foreign countries. In China English language nursing programs have been established, precisely to produce graduates who are employable in foreign countries. This type of special nursing program emerged in the 1980s and has been experiencing significant growth due to its rising popularity and the prospect of lucrative salaries in foreign countries⁵⁰. In Thailand, some nursing schools offer nurse training in English and the number of such schools is growing rapidly.

However, in order to work in the major destination countries such as the U.S., Australia and Ireland, foreign nurses need to present their nurse registration in the country where they receive their nursing education. And to become eligible to get the nursing license, most countries in Asia require passing the national licensure examination in their own national languages. Thus, those who attend the English language program need to study nursing in two languages (Malaysia and the Philippines are the exceptions).

Nursing Regulatory Authority

In order to recognize the qualifications of foreign and foreign-trained nurses, it is extremely important to have established Nursing Regulatory Authorities

⁴⁹ Yu Xu: op.cit. 2006

⁵⁰ Ibid.

(NRAs) in each country that supervise the registration of nurses and the quality of nurse qualifications to uphold professional nursing standards. However, the capacity of NRAs in Asia varies country to country. Some countries still do not have strong and established NRAs, which hamper the process of mutual recognition of professional capacities. In fact, one of the reasons for the request for a deferral to implement the MRA maybe the insufficient capacity of or the absence of established NRAs in Cambodia, Indonesia, Lao PDR, and Viet Nam.

Table 6: Barriers for foreign nurses to practice nursing in selected Asian countries

Country	Pre-requisite	Requirement	Language	Special remarks
Hong Kong	<p>RN trained outside HK: a. completed 3-year hospital based nursing training / diploma in nursing b. must possess a valid certificate to practice nursing c. pass Licensing Examination for Registration</p> <p>RN trained inside HK: minimum 3 years' nurse training/ degree in nursing/ equivalent</p>	Nurse Practicing Certificate issued by the HK Nursing Council		<p>a. The applicant must make first attempt of the Licensing Examination within two years the Council issues approval for taking the Licensing Examination</p> <p>b. Nurse Practicing Certificate is valid for three years</p>
Japan	Nurse license in home country + At least of 2 years of clinical experience	National Examination same as Japanese	Japanese	EPA with the Philippines EPA with Indonesia
Korea	Registered as nurse in home country + minimum qualification of diploma/ Bachelor of nursing	National Examination same as Korean	Korean	
Malaysia	Nurse registration + At least 3 years of clinical experience in home country	Temporary Practice Certificate (TPC) from Nursing Board Malaysia	English	Limited to seven countries: India, Pakistan, Bangladesh, Indonesia, Philippines, Myanmar, Albania Private hospital only
The Philippines	Bachelor's degree in nursing from college/university	Licensure Examination for a foreign citizen of a country which permits Filipino nurses to practice in that country on the same basis as the citizen of such country	English	<p>Registration by Reciprocity: Nurse license may be issued without exam to foreign registered nurses (provided that the requirements for nurse licensing are substantially the same. Also, provided that the laws of that country grant same privileges to registered nurses of the Philippines)</p>
	<p>Special/temporary permit: The Board of Nursing may issue special/ temporary nurse permit to the following licensed foreign nurses: a) who are internationally recognized expert nurses, b) those on medical mission, and c) those working as exchange professors</p>			
Singapore	Registered as nurse	Licensure	English	The Singapore Nursing

	in home country + minimum qualification of Diploma/Bachelor of Nursing	Examinations for Foreign Trained Nurses and Midwives		Board conducted Licensure Examinations in Singapore, Philippines, China and India in 2005.
Thailand	Registered as nurse + at least 3 years of clinical experience in home country	National Examination same as Thai	Thai	

Conclusion

Asian countries will continue to grow as source countries to dispatch nurses to developed countries such as the U.S. and the U.K. At least from the top three countries for exporting nurses, the Philippines, India and China, the movement of nurses are supported by the mutual interests from sending countries and receiving countries. While the efforts for the host countries to recruit nurses from overseas has intensified, the efforts for the source countries to send nurses also abroad have increased, and become more commercialized. It seems that a whole new business infrastructure has emerged at both ends to respond to the growing business opportunities. However, in the surge of such development, one might have to consider the impact that the sending countries might have in losing a large proportion of the nursing work force to other countries. In the case of Philippines studies already report negative impacts in its health care system. It is reported that for the last three years, 10 per cent of 2,500 public hospitals in the Philippines have closed down due to lack of doctors and nurses⁵¹. Private hospitals face the same challenges since 1,000 out of 1,700 hospitals are reported to have closed down over the last five years⁵².

Another point that needs to be noted is the quality of nursing education. In order to ride the wave of demands, many new nursing schools and schools that provide nursing education in English have been established. Also more nursing schools have opened up as profit-making enterprises. With fewer qualified faculty and staff and limited facilities for instruction and clinical experiences, the quality of graduates has been inevitably affected⁵³. Because of the demand for them abroad, instructors qualified to properly train and prepare nurses to meet the international standards are harder and harder to find. Together with the nurse educators, curriculum needs to be transformed to meet the international markets. Especially in China where the language issue stands as a main obstacle to overcome in sending more Chinese nurses abroad, challenges still remain.

The nurse migration within Asian countries has also seen some developments. Institutionally, there are new developments such as the ASEAN MRA on Nursing Services and the Japanese EPA to facilitate the movement of foreign

⁵¹ Ryouichi Yamada: op.cit.

⁵² Ibid.

⁵³ Yu Xu: op.cit.

nurses. However, due to many reasons, including language diversity, the potential of these initiatives remains unknown. Since the recruitment efforts from the Western countries act as strong pull factor, those nurses who migrate first within Asian countries tend to continue migrating to those countries such as the U.S. and the U.K. Therefore, some Asian countries such as Singapore and Malaysia become transit countries for those foreign nurses seeking further migration.

In Asian countries, the co-existence of nurse shortages in the domestic market and outflows of nurses to international markets is not uncommon. Even though those nurses who are qualified to migrate overseas still remain in a handful in non-English speaking countries in Asia, the pulling drive from the outside markets become considerable threats and change-agents. More and more nurses try to look for better employment opportunities overseas. At the same time, more foreign nurses may be needed to fill the gap between supply and demand in the domestic markets. As of now, those non-English speaking countries seem to be reluctant to accept foreign labour. The language barrier is the most challenging obstacle to overcome. In addition, both administratively and culturally, it would be challenging to accommodate foreign nurses, even if they speak the language of the country, due to absence of mechanisms to mutually recognize the nurse qualifications and to prepare patients as well as medical staff to receive foreign nurses. The new Japanese initiatives with the Philippines and Indonesia have potentials to open the closed Japanese market and to provide lessons for other countries to learn from.