The Stepwise International Migration of Filipino Nurses and Its Policy Implications for Their Retention in Japan

Maria Reinaruth D. Carlos
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The Stepwise International Migration of Filipino Nurses and Its Policy Implications for Their Retention in Japan

Maria Reinaruth D. Carlos*

Introduction

The objectives of this article are three-fold: (1) to describe the trends in nurse migration from the Philippines for a better understanding of why Filipino nurses engage in stepwise migration; (2) to examine the stepwise migration pattern of Filipino nurses through studying these nurses in Australia, Singapore, and the United Arab Emirates (UAE); and (3) to look at the implications of such behavior for the retention of Filipino nurses in Japan under a government-to-government arrangement called the Japan-Philippines Economic Partnership Agreement (JPEPA).

The emigration of nurses from the Philippines began with the sending of Filipino nurses to the US. Their training was based on the US nursing curriculum in the early 20th century when the country was under colonial rule. After a brief halt during World War 2, nurse migration to the US resumed in the 1950s under the Exchange Visitor Program. Later on, from the late 1960s, more nurses left for the US when nursing was included as an occupational preference under the New US Immigration Act of 1965.¹

During the same period, Filipino nurses also began to migrate to Europe, particularly to the Netherlands and Austria. The first batch of 50 Filipino nurses in the Netherlands came at the invitation of then Princess Beatrix and reportedly arrived to work in university-affiliated hospitals in Leiden and Utrecht in 1964.² The formal deployment of Filipino nurses to

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Vienna, Austria, on the other hand, began in 1973 under the Marcos Administration when the then Overseas Employment Development Board (OEDB, the predecessor of the Philippine Overseas Employment Administration [POEA]) sent 20 nurses under a government-to-government agreement.

The exodus of nurses to other countries, particularly to the Middle East (the Kingdom of Saudi Arabia (KSA), Qatar, Oman, the UAE, and Libya), Canada, and Singapore began in the 1970s and continues to the present. In the late 1990s to mid-2000s, Australia, Ireland, and the United Kingdom (England, Scotland, Wales, and Northern Ireland) also became major destinations so that in 2005, WHO estimated that there were 250,000 Philippine-born nurses working overseas, with 46.4% of them working in OECD countries (Dumont and Zurn 2007). Since the late 2000s, other industrial countries have also expressed their intention to hire Filipino nurses amidst an acute shortage in the nursing workforce and the graying of its population. For example, in 2008, Japan began to accept Filipino nurses as “candidate nurses” under JPEPA. Just recently (March 2013), it was announced that Filipino nurses will be deployed to Germany, again under a government-to-government agreement (Philstar 2013).

Having an increasing number of destinations for Filipino nurses has influenced the current nursing labor market in the Philippines as it has raised hopes and aspirations for Filipino nurses to be able to work overseas (because now they have more options for destinations), encouraging more students to take up nursing courses. However, the unpredictable and ambiguous nurse migration policies of many of these destinations, which make entry into their labor market difficult, result in a large pool of nurses “stranded” in the Philippines, “waiting to be deployed overseas.” This paper emphasizes that for these nurses, “stepwise” (or multistage or multistep) migration, in which they sequentially work in several countries (as transit points or stepping stones) until they reach the most preferred country (final destination), is a rational behavior and strategy. The “stepping stone” issue has been mentioned in several works on nurse migration before (see, for example, Kingma 2008; Buchan et al. 2005; Buchan et al. 2005; Matsuno 2009), but few have elaborated on how and why this effect happens and how this phenomenon affects the retention of foreign nurses. In this paper, I will discuss the dynamics of this pattern and its implications for foreign nurse retention in Japan, using the results of surveys and interviews conducted in Singapore, Australia, and the UAE, and interviews with key persons in Japan, Austria, and the United States.

In this study, I found that, indeed, nurses from the Philippines do follow (and are likely to follow) the stepwise migration pathway. By going through several transit points rather than straight to the most preferred destination, they are able to use their time efficiently while

waiting for opportunities in the most desired destination, and to accumulate resources—human, financial, social, and political—in the transit points and use them or transfer them to the next destination.

This paper is organized as follows: In the next section, I will discuss the current trends in nurse migration from the Philippines in order to set the stage for the discussion of their stepwise migration strategy. In section 2, I present a conceptual and analytical framework that draws heavily from two of my previous papers (2010 and 2011) as well as the research of Paul (2011). In section 3, I present and explain the results of the study, after which I will introduce Japan’s recruitment and deployment scheme for Filipino nurses, draw some implications from the stepwise migration behavior, and recommend policies regarding the retention of Filipino nurses (section 4) in this country.

1. Trends in Nurse Migration in the Philippines

The Philippines has become one of the largest nurse exporters in the world. Indeed, it has been constantly producing professional (registered) nurses mainly for deployment overseas. From 1966 to 2012 (47 years), the Philippines’ Professional Regulations Commission (PRC) has registered a total of 773,459 nurses who passed the Nursing Licensure Exams (NLE), 60% of whom took and passed the NLE only between 2003 and 2012. Corcega et al. (2000) estimates that only 58% of all registered nurses are employed as nurses (either in the Philippines or abroad) while the rest are either unemployed or work in call centers as medical transcriptionists or at jobs not related to nursing. Furthermore, of those who actually work as nurses, only 15.25% are employed in government agencies, private hospitals, or nursing education institutions in the Philippines, and the remaining 84.75% are deployed overseas.

The current situation in the Philippines’ nursing labor market has been attributed largely to the well-established nurse migration industry, which is supported by the country’s deeply imbedded “culture of migration,” the social networks overseas, the perceived and actual strong demand for nurses overseas, and an active labor emigration policy of its government.

In the Philippines, the “production” of nurses for the overseas market begins at home where parents often encourage their children to become nurses with the perception that this is the best pathway to be able to work overseas and make money. In many cases, relatives overseas will fund the schooling of young relatives in the Philippines “as long as they will take a 4-year nursing bachelor’s degree course.” With such a strong demand for nursing courses, the number of nursing schools rose from only about 41 in the 1970s to 456 in 2009 (Manila Bulletin 2009), churning out thousands of graduates annually.

The popularity of the nursing course and the mushrooming of nursing schools resulted in an oversubscription of nursing graduates and a noticeably deteriorating quality of nursing
education (as shown in the declining percentage of students who pass the NLE). To resolve these issues, the government has imposed a moratorium in the opening of new nursing schools since 2004. Furthermore, those schools showing substandard performance (those with less than 30% of their graduates passing the licensure exams in the last three years, or those lacking competent faculty, training hospital, laboratories, and libraries) were either closed by an order from the Commission on Higher Education (CHED) or they voluntarily phased out their programs. In 2008, the CHED raised the number of schooling years for BS Nursing from 4 to 5 years, not only to produce more knowledgeable nurses but also perhaps to discourage students from taking up nursing.

Next in line in the “production” process of nurses for overseas are the review centers for the exams needed to qualify as professional nurses overseas (NCLEX, TOEFL, and IELTS). Taking review classes even for the NLE, both from commercial review centers and through the “in-house” facilities of nursing schools, has become more of a requirement because of the perception that the quality of education has declined and that the examination has become more difficult, as evidenced by the sharp decline in the passing rate in the past two years (from about 57% to 34%). It is also noteworthy that many of the reviewees are more concerned with studying for the language proficiency tests (particularly IELTS) rather than for the Philippine NLE because the minimum score set by the more preferred countries to be able to migrate and work has been raised so that many prospective nurses find it hard to meet. Interestingly, in recent years, some of these countries administer their licensure/board exams in the Philippines, or online to provide more access to prospective Filipino applicants.

Another necessary preparation for being hired overseas is work experience, with preference given for that in tertiary hospitals and specialized units. As a result, there is a long waiting line of registered nurses waiting to be hired by these hospitals, which have assumed the role of a training ground for overseas-bound nurses. At times, the staff of an entire hospital unit will be recruited overseas. There was even a time when these nurses were willing to work as “volunteer” nurses, but this practice lost popularity as many host countries no longer count volunteering as part of the required work experience.

Completing the migration industry team are the recruitment agencies, based both in the Philippines and in such destination countries as Singapore, the UK, Qatar, and the UAE, as well as “online” recruiters. The cost of recruitment through these agencies and the waiting time for deployment vary, depending on the host country and the type of visa as well as their location. Recruitment agencies with physical offices in Manila are required to obtain a license from and to follow the regulations of the POEA. The strict policing of POEA has encouraged “off-shore” recruitment through setting up offices in destinations with a large population of Filipino nurses (like Singapore and the UAE) and via the Internet (direct hiring and recruitment agencies). Some recruitment agencies have also developed ties with nursing/review schools and hospitals for providing review courses, processing, and
settlement sponsorships, with the main objective of getting the best nurses possible. In the case of Singapore and Dubai, the government health authorities, together with prospective employers, visit the Philippines to recruit nurses directly.

Despite such huge efforts—involving time, money, and talent—by the aspiring migrant nurses and the migration industry, the number of those who are actually able to leave the country to work overseas has been very small compared to the number of registered nurses, and the number of available domestic nursing jobs has remained stagnant. This current state of acute imbalance in the nurse market is evident if we refer to Figure 1, which shows the annual number of both new registered nurses and those deployed overseas in the past 20 years.\(^3\) We can see a “roller coaster”-like trend (Lorenzo, Galvez-Tan, Icamina and Javier 2007) in the annual number of newly registered nurses. In this figure, the first sharp uphill trend is found in 1992–1994, with the second one in 2002–2010. Currently, it has shown a noticeable decline, partly because many destinations have limited or stopped accepting foreign nurses owing to the global economic crisis in 2008 and partly because of strong competition with other origin countries.

**Figure 1. Newly Registered Nurses and Deployed Nurses Overseas (Philippines 1992–2011)**

![Graph showing the annual number of newly registered nurses and deployed nurses overseas in the Philippines from 1992 to 2011.](image)


\(^3\) It must be noted that statistical data from POEA do not include those who initially left the country as tourists, students, immigrants (principal or dependent), or spouses of foreign nationals. Therefore, we suspect that the data we present on nurse migration are generally underreported.
What is also striking in this figure is the widening gap between these two variables, particularly after 2004. Students base their decision to take up nursing in the university mainly on perceived current demand. However, by the time they graduate and enter the nursing labor force (4–5 years later), the demand may no longer be there, as destinations often unpredictably revise their foreign nurse migration and employment policies. Apparently, an increasing demand sends a positive signal (and overreaction) to students to take up nursing, only to find out that by the time they have graduated, the receiving countries that they are targeting have either reduced or stopped recruiting foreign nurses.

Given the limited number of available nursing jobs within the country and overseas, and nurses’ strong desire to find work outside the Philippines, many have resorted to stepwise migration, which will be discussed in the next section.

2. Conceptualizing Stepwise Migration

Stepwise international migration, simply defined, is a pattern, pathway, or strategy in which migrants move from one transit country (the stepping stone) to the next until they reach the most preferred/desired destination. It is a series of rational decision-making processes that involves constantly assessing the labor and migration conditions in several destination countries as well as the migrants’ own capabilities (resources) with the objective of moving to a “better” place until they reach the most preferred destination (Carlos and Sato 2010, Carlos and Sato 2011).

Paul (2011), in her study on Filipino domestic helpers, articulates that stepwise migration differs from the conventional types/patterns of migration in the following ways: First, this migration pattern consists of multiple stages, with the migrant’s movement from one stage (destination) to another following some form of hierarchy. Such a pattern differs from a one-time movement from the origin to the destination by permanent migrants or from circular migration wherein the migrant moves back and forth between one origin and one destination. Second, stepwise migrants are not simply “transients” who spend just a week or a month in one destination. They stay in one destination for a longer period of time (years) depending on their ability to accumulate “transferrable” resources for the next destination and on the labor migration policies of all potential destinations. Third, this kind of movement has a more dynamic nature in which the migrants themselves actually make a series of decisions—either at the beginning of their journey (departure from the source country) or along the way to the most preferred (final) destination. Their journey may be planned, to some extent, from the beginning, but it may also be unplanned.

Regarding the “boundary” or limiting conditions regarding the stepwise migrants’ potential origin, transit, and final destination countries; the occupation/professions/jobs of migrants; and the level of migrant capital (which I call resources) they possess, Paul (2011) also argues
that migrants from sending countries with a deep “culture of migration” and related history are more likely to become stepwise migrants. Transit and final destination countries differ based on their economic performance and historical and political affiliation with the sending country, migration history, labor migration policies, and demand for specific kinds of jobs.

Transit destinations generally have temporary labor migration policies that encourage “guest” workers but do not “always provide these migrants with enough incentives to stay,” like permanent residency (Paul 2011, 1869). On the other hand, the most preferred destinations are those that maintain “place reputation” (Paul 2011, 1848), making them the “dream” destination for many migrants.

Migrants engaging in stepwise migration usually already possess or have some access to resources—human, financial, social, and informational—and are capable of accumulating more of these resources over time in the transit destinations to allow them eventual entry into the final destination. Paul (2011) calls them the “middle category of migrant,” who neither have enough resources to gain entry into the most preferred destinations nor completely lack the resources for accumulating more in the transit destinations. Moreover, those migrants whose occupations are “global” in nature, in terms of both the demand and the transferability of the skills and knowledge accumulated in the origin and transit countries, are likely to engage in stepwise migration.

Using the concepts and hypotheses mentioned above, I analyze the stepwise migration pattern among Filipino nurses working in Australia, Singapore, and the UAE in the next section. These are the results of my fieldwork, which comprises two parts: (1) implementation of a common survey questionnaire through snowballing, with a few items redesigned to be compatible with the current labor migration policies of the destination countries; and (2) interviews with some of the respondents. The surveys and interviews were held as follows: Singapore (March 2011); Dubai, UAE (October 2010); Austria (September 2012); Washington D.C., Los Angeles, CA and Union, NJ, USA (June–July 2012); and Australia (October 2012) (for some details, refer to Carlos and Sato 2010, and Carlos and Sato 2011).

Three countries were chosen in this study: namely, Australia (Sydney and Darwin), Singapore, and the UAE (Dubai). As destinations, they differ in their geographical distance from the Philippines, with Singapore being the nearest and the UAE, the farthest. They also greatly differ in their nurse migration and foreign employment policies. Australia allows permanent residence and naturalization for its foreign workers while Singapore and the UAE have “guest worker” policies in which the residence permit is dependent on the existence of a work contract. All three countries require several years of work experience, either in the home country or in other destinations, to be able to practice nursing. Currently in Australia, nurses who hold a license and have experience working in the UK and other approved previous destinations are exempted from sitting for the Australia Nursing Board Exam. On the other
hand, Singapore requires that all nurses from the Philippines possess a Philippine nursing license and a recommendation from the employer to be able to sit for the Singaporean Nursing Board Exam.

Whereas in Singapore, obtaining a working visa before entry to the country is the only pathway available, in Dubai (UAE), Filipinos can first enter the country to join relatives or as tourists, taking the Nursing Board Exams after arrival and find employment afterwards. In the case of Abu Dhabi, the examination can also be taken online. If aspirants pass and find an employer within a year, they can be granted a license and a work visa. Australia also provides several pathways for Filipino nurses. They can come as students to enroll in graduate programs in accredited Australian universities; as dependents of a family member who is a migrant or as tourists who will take the bridging program for nurses; and as nurses with a license from an approved country, such as the UK, Ireland, and South Africa.

3. Stepwise Migration Among Filipino Nurses

3.1. Do Filipino Nurses Engage in Stepwise Migration Strategy?

In order to determine whether Filipino nurses engage in stepwise migration, we first inquired about their work experience before coming to the current destination. From Table 1, we can see that indeed some respondents have worked in countries outside the Philippines at least once. Their percentage is highest in Australia at 35.4%, followed by the UAE (31.9%) and then Singapore (15.4%). In addition, whereas all respondents in Singapore had some work experience in the home country, some nurses in Australia and the UAE did not have any. This is because in the latter, alternative migration pathways (other than obtaining a working visa in which a Philippine license is often required) are available to Filipino nurses.

Table 1. Work Experience Before Coming to Current Host Country

<table>
<thead>
<tr>
<th>Work Experience Before Coming to Current Host Country</th>
<th>Australia n = 65</th>
<th>Singapore n = 52</th>
<th>UAE n = 47</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no. of respondents</td>
<td>%</td>
<td>no. of respondents</td>
</tr>
<tr>
<td>1. Had work experience in the Philippines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As nurse</td>
<td>52</td>
<td>80.0</td>
<td>52</td>
</tr>
<tr>
<td>In other jobs</td>
<td>17</td>
<td>26.2</td>
<td>0</td>
</tr>
<tr>
<td>2. Had work experience in other countries as nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kingdom of Saudi Arabia (KSA)</td>
<td>11</td>
<td>16.9</td>
<td>7</td>
</tr>
<tr>
<td>UK</td>
<td>12</td>
<td>18.5</td>
<td>0</td>
</tr>
<tr>
<td>Ireland</td>
<td>6</td>
<td>9.2</td>
<td>0</td>
</tr>
<tr>
<td>Other countries*</td>
<td>6</td>
<td>9.2</td>
<td>3</td>
</tr>
</tbody>
</table>

*For Australia: One each from Singapore, New Zealand, Afghanistan, Libya, USA, and Saipan
For Singapore: One each from the UAE, Denmark, and Kuwait
For the UAE: One each from Singapore, Taiwan, Jordan, and Qatar
Source: Author’s Calculations
Another interesting trend is that the majority of those who had experience working outside the Philippines had previously been based in the UK, Ireland, the KSA, and other Middle East countries. Of these countries, the KSA emerged as the most popular. Apparently, this is because the KSA has been actively recruiting nurses in the Philippines since the 1970s. From 2002 to 2010, 60% of the all newly hired nurses processed by POEA were deployed to this country (see Figure 2). Having easy access to nursing jobs in KSA through POEA-accredited recruitment agencies, fast processing, and immediate deployment at an affordable cost largely contribute to its popularity as a destination, albeit only as a transit point.4

For those currently working in Australia, the UK (18.5%) and Ireland (9.2%) also emerged as popular previous places of work for Filipino nurses. These countries, facing nurse shortages from the late 1990s until the mid-2000s, allowed entry of Filipino nurses (see Carlos and Sato 2010) on work visas, which could be later converted to permanent residency and then citizenship. Their numbers peaked in 2001, but afterwards, very few have been able to come as nurses (but not as students) (see Figure 2) because those countries have already achieved self-sufficiency in their nursing workforces and because of competition from nurses coming from within the EU.

4 The statistics exclude those who did not go through the POEA, like those who left as tourists, dependents of Filipino migrants overseas, and students.
3.2. Why Do Filipino Nurses, or Nurses in General, Engage in Stepwise Migration?

First, it is a profession for which there has been a high demand in recent years in many of the destination countries, and the number needed is expected to increase in the future owing to the graying of the entire population. It also has been noted that the nursing workforce itself is getting old in many countries (for example, in Japan, the US, and Australia) so that the nurse shortage will worsen in 5–10 years’ time when a high percentage of the current workforce has retired.

Second, compared to other jobs, nursing is a relatively “global” profession in the sense that nursing skills and knowledge in many countries have basic commonalities, allowing their accumulation and transferability among destinations. The licensure or board exams employed in almost all countries also promotes stepwise migration because it acts as an objective way of assessing the nursing skills and knowledge accumulated elsewhere and evaluating its transferability across countries. It serves as visible proof that the migrant has been screened as a competent nurse in a destination. In some cases, holding a license in one country exempts the holder from taking the examination at the next destination, thus allowing the person to work as a professional nurse right away. Such is the case in Australia for licenses obtained in the UK, Ireland, and New Zealand.

Third, Filipino nurses engage in stepwise migration because they belong to the “middle category of migrants” (Paul 2011) as they already have some experience and a nursing license by the time they leave the Philippines. These can be used to enter transit destinations like the KSA and Singapore, but they are not enough to facilitate entry into the more/most preferred destinations. Instead of staying in the Philippines where it is difficult or impossible to obtain the necessary resources, the nurses would prefer to go initially to the “transit” destinations.

The question then arises: What kinds of “transferrable” or “useful” resources can be accumulated in a destination such that the nurse will be inclined to work there first and engage in this stepwise strategy?

Interviews with the respondents revealed that they expect to improve their nursing skills and knowledge in the destination countries. Having several years of experience in one transit destination is preferred over the experience obtainable in the Philippines. Moreover, having a license appears to be a valuable asset in some cases because it enables the nurse to work right after arrival in a more/most preferred destination. Employers prefer nurses who have work experience overseas as it is considered a proof of better nursing skills and knowledge, familiarity with modern medical instruments, and also greater ability to work in a multicultural setting. Indeed, Filipino nurses “target” human resources in the destination to make them more “marketable” in the next destination.
The nurses also accumulate the economic/financial resources for covering the expense of moving to the next destination—such as recruitment fees, examination and review fees, settlement costs, and transportation costs. Because of the low salary of nurses in the Philippines, these nurses prefer to work outside the country for much higher pay to be able to save for such expenses. Social networks (social resources) in the destination—such as Filipino friends and families, the Filipino community in general, international recruitment agencies, and coworkers from different countries—can also be easily accessed from a destination. These networks can provide more accurate information about other destinations (although recently, the Internet has also become a source of information for recruitment, life, and work in potential destinations). Some international recruitment agencies choose to establish offices (temporary and permanent) in the destinations rather than in the Philippines to avoid being subjected to the strict recruitment regulations of the Philippines and because employers prefer nurses with experience working overseas.

Most of all, however, many of the respondents value the nationality/citizenship (i.e., political resources) obtained in the destination through naturalization because this becomes a way for easy access to and more favorable employment conditions in the next country of destination. Traditionally, obtaining citizenship in a destination is highly valued by migrants because it will give them equal rights and privileges under the law of the destination and will allow them to settle permanently without migration restrictions. Many destination countries also use citizenship to attract and retain foreign nurses. In the case of the Filipino nurse respondents, however, citizenship in a destination is even more significant because it enables them to enjoy the rights and privileges accorded by some other destinations to citizens of the country where they are naturalized. As one example, several Filipino nurse respondents in Australia have citizenship in the UK, which was advantageous for finding work in Australia and settling there. A respondent in Dubai suggested working in the UK, applying for citizenship, and then returning to the UAE because by so doing, she would receive higher salary and could petition for her family’s entry more easily than could her fellow Filipino nurses in the UAE. Another respondent from Australia pointed out that she wants to work in the KSA temporarily because with her Australian citizenship and nursing license, she will be able to receive salary and benefits that are tax free and much higher than what Filipinos in the KSA usually get.

3.3. How Do Filipino Nurses Engage in Stepwise Migration?
To enable further understanding of how stepwise migration takes place among the nurses, we mapped their pathways with the period of stay in each destination in Table 2.
Table 2. Stepwise Migration Pathways of Filipino Nurses in Australia, Singapore, and the UAE

<table>
<thead>
<tr>
<th>Australia (n = 23)</th>
<th>Singapore (n = 8)</th>
<th>UAE (Dubai) (n = 15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respon- dent No.</td>
<td>Pathway</td>
<td>Respon- dent No.</td>
</tr>
<tr>
<td>3.</td>
<td>Phil (5) - KSA (5) - Ireland (2) - Australia (9)</td>
<td>1. Phil (3) - KSA(1) - Singapore (2)</td>
</tr>
<tr>
<td>4.</td>
<td>Phil (3) Ireland (8) - Australia (4)</td>
<td>2. Phil (6) - KSA(2) - Singapore (12)</td>
</tr>
<tr>
<td>5.</td>
<td>UK (8) - Australia (3)</td>
<td>15. Phil (2) - KSA (1) - Singapore (2)</td>
</tr>
<tr>
<td>8.</td>
<td>KSA (2) - UK (11) - Australia (1)</td>
<td>26. Phil(3) - KSA(3) - Singapore (1)</td>
</tr>
<tr>
<td>10.</td>
<td>KSA (10) - UK (3) - Australia (1)</td>
<td>27. Phil(5) - Kuwait(4) - Singapore (1)</td>
</tr>
<tr>
<td>11.</td>
<td>Saipan (2) - KSA (8 mos.) - KSA (12) - Ireland (2) - Australia (9)</td>
<td>37. KSA(5) - Singapore (2)</td>
</tr>
<tr>
<td>12.</td>
<td>KSA (13) - UK (2) - Australia (9)</td>
<td>38. Phil (1) - Denmark (4) - KSA (0.5) - Singapore (17)</td>
</tr>
<tr>
<td>14.</td>
<td>Phil (2) - Singapore (EN 3) - New Zealand (4) - Australia (1)</td>
<td>39. Phil (3) - UAE (4) - Singapore (1)</td>
</tr>
<tr>
<td>21.</td>
<td>Afghanistan (1) - UK (8) - Australia (3)</td>
<td>40. Phil(4) - KSA (2) - Singapore (15)</td>
</tr>
<tr>
<td>22.</td>
<td>UK (11) - Australia (1)</td>
<td>24. KSA (4) - UAE (3)</td>
</tr>
<tr>
<td>25.</td>
<td>Phil (8) - Ireland (2) - Australia (9)</td>
<td>33. KSA (4) - UAE (3)</td>
</tr>
<tr>
<td>26.</td>
<td>Libya (12) - UK (3) - Australia (14)</td>
<td>36. Phil (3) - Jordan (2) - Qatar (5) - Phil (business) - UAE (11)</td>
</tr>
<tr>
<td>34.</td>
<td>KSA (3) - Australia (23)</td>
<td>39. KSA (6) - UAE (3)</td>
</tr>
<tr>
<td>37.</td>
<td>Philippines (5) - KSA (2) - Australia (6)</td>
<td>43. KSA (5) - UAE (10)</td>
</tr>
<tr>
<td>53.</td>
<td>USA (8) - Australia (1)</td>
<td>48. Phil (8) KSA (10) - UAE (12)</td>
</tr>
<tr>
<td>59.</td>
<td>Phil (5) - UK (3) - Australia (11)</td>
<td></td>
</tr>
<tr>
<td>62.</td>
<td>Phil (6) - KSA (9) - Australia (16)</td>
<td></td>
</tr>
<tr>
<td>67.</td>
<td>Phil (8) - UK (2) - Australia (5)</td>
<td></td>
</tr>
<tr>
<td>68.</td>
<td>Phil (3) - KSA (7) - UK (11) - Australia (3 months)</td>
<td></td>
</tr>
<tr>
<td>69.</td>
<td>Phil (4) - KSA (10) - Ireland (4) - Australia (1)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Numbers in parentheses indicate number of years spent working in the destination.
Source: Author’s compilation
From this table, we observe the following. First, nurse migrants stay in one destination for a considerable period of time (usually years). This length of stay is necessary because the resources required for moving to the next destination often take time to accumulate, particularly human and political resources (experience, skills, and citizenship). For nurses currently in Australia, the longest times spent in previous destinations were 13 years in the KSA, 11 in Libya, and 11 in the UK. Stepwise migrant nurses in the UAE also spent as much as 15 years in the KSA. On the other hand, very few respondents in Singapore had experience in other countries for more than 5 years.

The nurses also tend to spend a considerable time in a transit destination because of the unpredictable labor migration policies in many preferred destinations. Respondents pointed out that staying in one destination is an “efficient” and “effective” way to spend time “while waiting for the opportunity to work in the best preferred destination,” which depends largely on immigration policy reforms that may take years to be approved. For example, the current visa retrogression policy of the US has been preventing Filipino nurses from entering the US, despite their meeting such requirements as passing the CGFNS and TOEFL. Instead of staying in the Philippines, many of them will “grab the opportunity” to work first in a less preferred destination for lower pay, with more restrictive migration and labor conditions, but with a shorter processing time and a list of requirements that are easy to meet. Indeed, when the respondents were asked about their top three reasons for working in the current destination (Table 3), 71.7% of those in Singapore and 59.6% of those in the UAE chose “having the opportunity because this country actively recruits nurses from the Philippines.” In contrast to this, only 11.3% of the respondents from Australia chose this response. This finding confirms that countries that actively recruit nurses from the Philippines easily become immediate or initial transit destinations for its nurses, but not necessarily their final destination.

Second, from Table 2, we can also see that compared to those who are based in Singapore and the UAE, many who now work in Australia have passed through several transit destinations, the most popular being the UK and Ireland. One interviewee who had left the Philippines in 2000 said that compared to those originating directly from the Philippines, “it was much easier and less expensive to come to Australia with a UK passport, UK experience, and a UK license.” From such an advantage, we can infer that Filipino nurses who possess a passport from the UK or Ireland are more likely to engage in stepwise migration to Australia.
Table 3. Top Three Reasons Why Respondents Chose to Work in the Current Destination (Australia, Singapore, and the UAE)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Australia</th>
<th>Singapore</th>
<th>UAE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=71</td>
<td>n=53</td>
<td>n=47</td>
</tr>
<tr>
<td>1. Family and relatives live/work in this country</td>
<td>42 59.2%</td>
<td>5 9.4%</td>
<td>20 42.6%</td>
</tr>
<tr>
<td>2. High level of nursing care technology</td>
<td>22 31.0%</td>
<td>40 75.5%</td>
<td>13 27.7%</td>
</tr>
<tr>
<td>3. The locals are kind</td>
<td>1 1.4%</td>
<td>1 1.9%</td>
<td>1 2.1%</td>
</tr>
<tr>
<td>4. High salary</td>
<td>50 70.4%</td>
<td>29 54.7%</td>
<td>33 70.2%</td>
</tr>
<tr>
<td>5. Can speak English</td>
<td>10 14.1%</td>
<td>8 15.1%</td>
<td>6 12.8%</td>
</tr>
<tr>
<td>6. Interested in this country's culture</td>
<td>6 8.5%</td>
<td>3 5.7%</td>
<td>1 2.1%</td>
</tr>
<tr>
<td>7. Can become a professional nurse in this country</td>
<td>30 42.3%</td>
<td>19 35.8%</td>
<td>13 27.7%</td>
</tr>
<tr>
<td>8. This country and the Philippines have good relationship</td>
<td>0 0.0%</td>
<td>1 1.9%</td>
<td>0 0.0%</td>
</tr>
<tr>
<td>9. Had experience living in this country</td>
<td>8 11.3%</td>
<td>2 3.8%</td>
<td>1 2.1%</td>
</tr>
<tr>
<td>10. Had the opportunity because this country actively recruits nurses from the Philippines</td>
<td>8 11.3%</td>
<td>38 71.7%</td>
<td>28 59.6%</td>
</tr>
<tr>
<td>11. Low recruitment fees</td>
<td>2 2.8%</td>
<td>0 0.0%</td>
<td>6 12.8%</td>
</tr>
<tr>
<td>12. Others</td>
<td>23 32.4%</td>
<td>8 15.1%</td>
<td>11 23.4%</td>
</tr>
</tbody>
</table>

Source: Author’s calculation

3.4. What Are the Transit Destinations for Filipino Nurses and Why Are They Chosen?

To determine whether the current destinations (Australia, the UAE, and Singapore) are considered as final or transitory by the respondents, we asked how many more years they plan to continue working in the current destination and if they plan to move to another destination. Their responses are tallied in Table 4.

When asked whether they still have plans to move to another destination, 59.7% of the respondents in Australia answered “none,” about 32% were “undecided,” and only 8% of them said “yes” (Table 4a). Moreover, the main reasons given by those who answered “yes” or “undecided” for wanting to leave the country were (1) high cost of living (63.2%); (2) personal concerns such as adventure, traveling, and trying a new environment (42.1%); and (3) racial discrimination (36.8%). On the other hand, more than half of the respondents in Singapore (54.7%) and the UAE (79.6%) have plans to leave these countries to work in other destinations. We can also see that a considerable percentage of the respondents were still “undecided” on whether to move or stay. The respondents who said “yes” or “undecided” in Singapore and the UAE chose (1) high cost of living (56.9% for Singapore and 52.3% for the UAE), (2) lack of financial rewards (45.1% for Singapore and 63.6 for the UAE), and (3) slow career promotions (33.3% for Singapore and 61.4% for the UAE) as motivations to look for the next destination. These results suggest that Australia is seen by many as a more desirable final destination, whereas Singapore and the UAE are candidates for transit destinations.
Table 4. Aspirations for Stepwise Migration of Filipino Nurses in Australia, Singapore, and the UAE

4a. Do you have plans to leave the current destination to work in another country?

<table>
<thead>
<tr>
<th>Response</th>
<th>Australia n=72</th>
<th>Singapore n=53</th>
<th>UAE n=49</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no. of respondents</td>
<td>%</td>
<td>no. of respondents</td>
</tr>
<tr>
<td>1. Yes</td>
<td>6</td>
<td>8.3</td>
<td>29</td>
</tr>
<tr>
<td>2. Not sure</td>
<td>19</td>
<td>26.4</td>
<td>22</td>
</tr>
<tr>
<td>3. None</td>
<td>43</td>
<td>59.7</td>
<td>0</td>
</tr>
<tr>
<td>4. No answer</td>
<td>4</td>
<td>5.6</td>
<td>2</td>
</tr>
</tbody>
</table>

4b. How many more years do you plan to continue working in the current destination?

<table>
<thead>
<tr>
<th>No. of years</th>
<th>Australia n=72</th>
<th>Singapore n=53</th>
<th>UAE n=48</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no. of respondents</td>
<td>%</td>
<td>no. of respondents</td>
</tr>
<tr>
<td>1. Less than 3 years</td>
<td>0</td>
<td>0.0</td>
<td>32</td>
</tr>
<tr>
<td>2. 3 years – less than 5 years more</td>
<td>7</td>
<td>9.7</td>
<td>12</td>
</tr>
<tr>
<td>3. 5 years – less than 10 years more</td>
<td>7</td>
<td>9.7</td>
<td>3</td>
</tr>
<tr>
<td>4. 10 years or more</td>
<td>56</td>
<td>77.8</td>
<td>4</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
<td>2.8</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Author’s calculation

Such trends can further be confirmed by asking the respondents about how long they plan to stay in the current destination to work. About 80% of those in Australia wanted to remain in this country for more than 10 years more, while about 70–80% of those in Singapore and the UAE had shorter-term plans to stay in these countries for not more than 5 years more. Having a shorter (midterm) plan to stay in Singapore and the UAE implies that the respondents consider these countries as transit points and that they are potential stepwise migrants who will live in multiple destinations over their lifetimes. In contrast, that respondents in Australia have a relatively long-term plan for working in this country (some even indicated until retirement) again suggests that this country is considered a final destination.

A certain pattern or hierarchy seems to manifest in their choice of transit destinations. As shown in Table 2, many of the stepwise migrants had been to several transit points before arriving in the current destination. How do they rank these countries in their hierarchy (steps) of transit destinations? For Filipino nurses, Singapore and such countries of the Middle East as the UAE, KSA, Qatar, Bahrain, Kuwait, and Libya are likely their first/initial destinations.

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5 It must be mentioned, however, that movement between countries with relatively similar salary range and labor migration policies is also possible depending on the characteristics (age, civil status, family and networks in the host country) and personal preferences of the migrants themselves.
(or steps) for the following reasons. First, access to employment in these destinations from the Philippines is easy (because of minimal requirements), quick, and relatively cheap because of facilitation by local recruitment agencies in cooperation with employers and recruitment agencies from the destination. Despite the ease of entry and salary, however, many Filipino nurses still want to move to another destination because these countries implement temporary labor migration policies, and foreigners are rarely granted permanent residency or citizenship. They are required to have an employer or a sponsor in order to be allowed to stay and work in the country.

Many of these countries also do not allow the family to join the migrant, or if they do, conditions regarding minimum income and one’s relationship to the worker (for example, only immediate family) are usually imposed. Moreover, respondents mentioned racial discrimination issues in the workplace in these countries. For example, locals and Westerners are given priority in hiring and promotion, paid more, and granted more benefits even for the same kind of job or position. These unfavorable living and working conditions motivate the Filipino nurses to look for “greener” pastures elsewhere outside the Philippines.

On the other hand, some countries in Europe—such as the UK, Ireland and Denmark—as well as New Zealand are considered as the second/consequent transit destinations for Filipino nurses because of the following reasons. First, compared to the initial destinations, it is not as easy to enter most of these countries because, by way of comparison, they have more prohibitive requirements regarding work experience and license. Second, access to recruiters for these destinations is quite limited in the Philippines (except for the Internet and interviews via telephone) because many are often based in the first transit destinations (like Singapore and the UAE) where interviews are also conducted. Third, these destinations offer higher salary and better benefits than the initial transit destinations. Fourth, and perhaps the most important difference from the initial transit destinations, is that these countries offer citizenship to nurse migrants after they have lived in the country for a specified period of time. Obtaining citizenship in these second transit destinations increases the probability of being hired in a more desired destination because of favorable policies and mutual agreement schemes (such as among the Commonwealth countries) concerning employment and the status of citizens’ stays in these destinations.

Aside from factors related to resource accumulation and effective use of time, respondents in Australia who came from the UK and Ireland identified personal preferences as a factor. Many interviewees disliked the cold weather as well as the long distance they had to travel to visit the Philippines. Australia’s better environment for raising children and “lots of space” were also cited as advantageous in building a family. Many respondents also perceive that there is greater job security and better treatment for foreign nurses (in terms of salary and career development) in Australia compared to these two transit countries. One interviewee who came from Ireland left that country because of its “discriminating” immigration policies.
Table 5. Preferred/Desired Destinations of Filipino Nurses in Australia, Singapore, and the UAE

<table>
<thead>
<tr>
<th>Countries</th>
<th>as one of the three top choices</th>
<th>as the top choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Australia n=17</td>
<td>Singapore n=52</td>
</tr>
<tr>
<td></td>
<td>no.</td>
<td>%</td>
</tr>
<tr>
<td>USA</td>
<td>12</td>
<td>70.59</td>
</tr>
<tr>
<td>Canada</td>
<td>10</td>
<td>58.82</td>
</tr>
<tr>
<td>Australia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>10</td>
<td>58.82</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
<td>5.88</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>2</td>
<td>11.76</td>
</tr>
<tr>
<td>Ireland</td>
<td>1</td>
<td>5.88</td>
</tr>
<tr>
<td>Philippines</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Japan</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Singapore</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Spain</td>
<td>1</td>
<td>5.88</td>
</tr>
<tr>
<td>Kingdom of Saudi Arabia</td>
<td>1</td>
<td>5.88</td>
</tr>
<tr>
<td>Maldives</td>
<td>1</td>
<td>5.88</td>
</tr>
<tr>
<td>Switzerland</td>
<td>1</td>
<td>5.88</td>
</tr>
<tr>
<td>Norway</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Asia</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Europe</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>No answer</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Only those who chose at least one country were included in the tabulation. Others include the following:
for Australia: KSA, Maldives, and Switzerland
for the UAE: Norway
Source: Author’s calculation

that made family integration and employment in the country difficult for the spouse and children. (It must be noted that some of these reasons may have changed with time, in which case more detailed studies on Filipino nurses and the immigration policies of these countries are necessary).

3.5. What Are the Potential Candidates for the Final (Most Preferred) Destination and Why Are They Chosen?
Unsurprisingly, the United States is the top destination because of its historical and cultural affinity with the Philippines (Table 5). It is the traditional destination for Filipinos, the “American Dream,” in line with what Paul (2011) calls “place reputation.” In addition, the Philippines’ nursing curriculum is patterned after that of the United States so that less adjustment is required in the workplace. A very wide network of Filipino communities and family and relatives are also as available to support newly arrived nurses. Moreover, as one interviewee emphasized, the United States is the “land of opportunities where (we nurses) can develop our potentials and our careers, not only as nurses in hospitals but also in other fields such as home nursing care, medical insurance, and nursing-related businesses.” The
Filipino nurses see their profession as a pathway to becoming American citizens, a status that will enable them to earn money and make a better life for their families and relatives as well as succeeding generations. Indeed, the US remains the most “desired” destination for all Filipinos, despite the long waiting period for entering it.

We can also see from Table 5 that aside from the US, the other countries most preferred by Filipino nurse respondents are Canada, Australia, and the UK. Among the destinations, these countries currently have the most difficult immigration entry procedures for foreign nurses. Two of the most prohibitive requirements are (1) specialty-level nurse experience and (2) a high level of English proficiency measured by an objective language proficiency assessment test (TOEFL or IELTS). Completing all the requirements, therefore, takes more time before deployment compared to the transit destinations. The expenses (placement fees, examination fees, recruitment fees) for applicants in these destinations are also the most expensive.

Despite these difficulties, why do many Filipino nurses prefer these countries? The reasons are as follows: (1) English language as the common language; (2) favorable salaries and benefits (such as extra pay for overtime and night/holiday shift), the best among the destinations; (3) existence of a multicultural community with both staff and patients coming from overseas as well as a large and vibrant Filipino community; and (4) option for permanent residency and citizenship for migrants. It must be reemphasized, though, for some of these countries that the essence of obtaining citizenship lies not only in allowing migrants to stay in the country for as long as they want but also in enabling migrants to petition (with the possibility of eventual citizenship) for their families and relatives from the Philippines. Migrants are also entitled to enjoy the privileges accorded by other destinations to citizens of their new home country (current destination).

4. Summary of Empirical Findings and Implications of Stepwise Migration for Retaining Filipino Nurses in Japan

The major findings of this study can be summarized as follows:
(1) Filipino nurses engage in stepwise migration, with the KSA, Singapore, the UK, and Ireland as the more popular transit countries and the US, Canada, and Australia as the most preferred (final) destinations.
(2) Transit and most preferred (final) destinations differ in their (a) ease of entry (entry policies for foreign nurses including qualifications); (b) cost and time it takes from recruitment to entry; (c) salary and other benefits; (d) availability of options for becoming permanent residents and citizens; (e) level of multiculturalism and extent of racial discrimination; (f) living conditions, including presence of Filipino communities. It must be added, though, that personal preferences (such as weather and closeness to the Philippines) may also become vital factors in choosing the destinations.
(3) Stepwise migration takes place over a considerable period of time, with the migrant
spending years in one destination before proceeding to the next one.

(4) Transit destinations play two important roles: (a) they are an efficient way to spend time while waiting for the opportunity to go the most preferred destination; and (b) they help the migrant accumulate resources that are required in and transferrable to the next (more preferred) destination, such as financial resources, human resources, social resources (networks), and political resources (permanent residency and citizenship).

(5) The most preferred (final) destinations are hard to reach from the Philippines because of their restrictive and unpredictable entry policies for foreign nurses, making it necessary for workers to pass through several destinations over their lifetimes.

Though this study enables us to confirm the hypotheses and claims presented above in the case of Filipino nurses in the three destinations, there is a further need to explore the perceptions and views of Filipino nurses in other countries, including Japan, for a full understanding of the decision-making process, particularly in identifying the hierarchy of transit and final destinations. It would also be interesting to know whether these aspiring stepwise migrants are successful in reaching their most desired destinations during their working lifetimes and to what extent they have planned their stepwise migration (have they planned from the very beginning or during their stay in the transit destinations?). To be able to draw observations regarding these aspects, a future study of the same respondents over a period of time will be necessary.

Nevertheless, our findings provide valuable insights and implications on the retention of foreign nurses. Up until now, mainstream research and discussions, both in academe and among policymakers, seem to dwell on whether foreign nurses will be allowed entry in the destination’s labor market or not. However, with the increasing demand for nursing care because of the aging of both the population and the nursing workforce itself in the destinations, the retention of these foreign nurses is another issue that should be considered, especially in destinations that might consider accepting them more as a long-term solution rather than as a stopgap measure to solve the nurse shortage problem.

That Filipino nurses (and all migrant nurses for that matter) have a tendency to engage in stepwise migration suggests that they may not stay in one destination over their working lifetime. Therefore, they may not be able to serve as a stable source of labor in that country in the long run. As it is, some transit countries (like the KSA, Singapore, and the UAE) have already become training grounds for “next stage”-bound migrant nurses whose motivation for working there is to be able to reach the final destination. Moreover, granting citizenship as a labor migration policy may attract foreign nurses to a destination temporarily, but it may no longer be an effective way to keep them. For destination countries, especially those facing a rapidly aging population and acknowledging the role of international migrants as a source of manpower, what policy might be effective to alleviate the current and impending nurse shortage?
4.1. The Migration of Filipino Nurses to Japan under the JPEPA Scheme

A case in point is Japan, which began accepting nurses from the Philippines and Indonesia in 2008. Filipino nurses are allowed to come to Japan as “candidate nurses” under JPEPA, a comprehensive treaty covering trade, investments, cooperation, and movement of natural persons. It took about 8 years from the time the negotiations started until it was implemented partly because the Japanese stakeholders were greatly divided in their opinions about whether and how to accept foreign nurses. Even without gaining national consensus, the agreement was ratified and the first group of Filipino careworkers and nurses came in May 2009.

Under the original agreement, the “candidate” nurses\(^6\) are recruited, screened, and deployed by the Philippine government. The Japanese government is in charge of recruiting prospective Japanese employers and monitoring them once the nurses arrive in the country. The screening comprises a series of “matching” between the prospective applicant and the Japanese employer (hospital). Those who are accepted in the scheme are given 6 months of Japanese language training, after which they are sent to their respective hospital employers to work and simultaneously to study for the NLE. They are initially granted a status of stay called a visa “for designated activities”\(^7\) for 3 years, and during this time they are given a maximum of three attempts to pass the NLE. Before passing the NLE, they are given tasks similar to Japanese nurse aides or assistant nurses and are paid as much as the Japanese nurses with the same tasks and qualifications. If they pass the NLE, their visas are converted into working visas, which later on can be converted to permanent residency and possibly citizenship. If they fail to pass the NLE, they are repatriated back to the Philippines. Under this scheme, the Japanese government and employers share the cost of recruitment, deployment, education, and training, amounting to an estimated US$40,000 (excluding an average monthly salary of US$2,000 and an annual bonus of 2.6 times the monthly salary) per candidate nurse for 3 years. Statistics in Table 6 show disappointing results for the scheme in its first 4 years of implementation. The quota for Filipino nurses was set at 200 persons annually. However, in 2009, only 93 came and in the following year, only 46. In the first 4 years of its implementation, only 237 out of the 800 available slots were filled. Moreover, of those who came in 2009, 31 (about 1/3) had pre-terminated their contracts and already left Japan. Even for those who stayed, only a few (11 nurses or 12%) among the first batch of nurses was able to pass the NLE.

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\(^6\) This is a term used for Filipino nurses who have not yet passed the NLE.

\(^7\) This is one of 27 kinds of visas issued by the Japanese government that authorizes the bearer to engage only in pre-determined, specific, and designated activities.
What explains such a dismal performance? Passing the NLE is a tough challenge for the candidate nurses because it is administered in Japanese. Achieving a high level of Japanese language proficiency, including literacy in Japanese medical technical terms, discourages many from sitting for the NLE. Second, they also encounter difficulties in intercultural communication in the workplace, not between the Filipino nurses and the patients, but more often between the Filipinos and their Japanese coworkers. These difficulties result not only from lack of Japanese language proficiency, but also (and more so) from not understanding each other’s cultures. These two main problems discourage the nurses and their employers from participating in the scheme. These also were the major reasons why some candidate nurses, especially from the first group (see Table 6), left without even concluding their initial 3-year contract.

The hospital employers are also complaining about the heavy burden imposed on them by the Japanese government in terms of financial expenses (which amounts to more than half of the total expenses) and also of the language and skills education and training and the management of the candidate nurses. They perceive these as a drain on their resources, which are not compensated enough by the expected return. The nurses have to be paid as much as their Japanese counterparts even if the tasks that they are allowed to perform are limited. Moreover, under the scheme, the hospital is required to assign an educator to the migrant nurse. This is considered an additional and difficult task, which very few are willing or competent to undertake, and as a burden in a workplace already suffering from a serious shortage of workers.

The Japanese government has acknowledged these problems and is now working toward several revisions in the scheme. It must be noted, however, that many of the problems identified and the solutions offered so far have been made on the assumption and expectation that these nurses will stay and become a stable source of labor in the long run. Interviews with hospital employers also show their desire to keep the nurses for good. Our findings

<table>
<thead>
<tr>
<th>Batch</th>
<th>No. of arrivals</th>
<th>No. of those still in Japan (as of May 29, 2012)</th>
<th>No. of those who have left (as of May 29, 2012)</th>
<th>No. of those who passed the NLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 (Group 1)</td>
<td>93</td>
<td>62</td>
<td>31</td>
<td>11</td>
</tr>
<tr>
<td>2010 (Group 2)</td>
<td>46</td>
<td>42</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2011 (Group 3)</td>
<td>70</td>
<td>69</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>2012 (Group 4)</td>
<td>28</td>
<td>28</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total (for 4 years)</td>
<td>237</td>
<td>201</td>
<td>36</td>
<td>15</td>
</tr>
</tbody>
</table>

above, though, suggest that given the Filipino nurses’ tendency to engage in stepwise migration, they may not stay, especially if they think of Japan only as a transit destination.

4.2. Is Japan a Transit Point or a Final Destination?
Undoubtedly, Filipino nurses will choose Japan as a destination, but probably only as a transit point. It is unlikely that these Filipino nurses will settle in Japan for good under the current JPEPA scheme because of this country’s remarkable differences from the other potential final destinations mentioned above. For one, Japan offers a pathway to a working visa and permanent residency but on the condition that the nurses pass the difficult licensure examination, which many candidate nurses think is impossible. Conversion of permanent residency status to citizenship takes considerable time, currently at least 10 years. In other potential final destinations, permanent residency can be obtained even within a year from arrival. Salary and benefits in Japan for registered nurses are low compared to those in the US, Canada, and Australia. Finally, the Filipino community in Japan is not as large and as visible as those found in these other final destinations.

However, Japan shows some qualities similar to other transit destinations. The JPEPA scheme provides Filipino nurses the opportunity to leave the Philippines. They need pay only for their passport, health examination, and other documents required by the Philippine government for all overseas workers (subscription to health insurance and migrant welfare fund) because the rest—the bulk—of the costs for recruitment, deployment, and language and skills education/training are jointly shouldered by the Japanese government and the host institution (hospital). The requirements (a Bachelor of Science in Nursing diploma, a Philippine nursing license, and 3 years’ work experience), which are similar to those of Singapore and other transit destinations, are relatively easy to comply with.

We must consider, however, that because the main objective of the nurse migrants is to accumulate “transferrable” resources, this country may not be chosen even as a transit destination, or as only an initial destination at most. The skills gained in Japan and the nursing license may not be appreciated elsewhere, especially in the potential final destinations. Japanese citizenship, while it takes a considerable time (at least 10 years) to obtain, may not offer as many privileges as a UK or US citizenship, especially in terms of preferential status in some more preferred destinations (like the Middle Eastern countries) in such matters as salary, benefits, and visa status/status of stay. Not even the Japanese language proficiency that they achieve in Japan will be useful in the next preferred destination.

In light of these circumstances, what can a country like Japan do in order to sustain a steady supply of foreign nurses who are not only skillful in their jobs but are also culturally and linguistically competent? One way is for this country to adopt a “revolving door” (circular migration) policy in which the Filipino nurses can go back and forth between the Philippines and Japan to practice their profession. The requirements for passing the NLE could be
relaxed to encourage Filipino nurses to take it (for example, administering it partly in English or in easier Japanese, giving the foreign nurses more chances to take the examination, giving more time and resources to prepare for the NLE, etc.). Human relations in the workplace can be improved by giving both the Japanese and Filipino nurses opportunities for work collaboration and interaction. These can assist in making the Filipino nurses appreciate working and living in Japan even in the absence of a Filipino community or a family within the country. Like many transit countries, it can develop a system to assure them that they can return to the home country as part of their work contract. Given the geographical proximity between Japan and the Philippines, being able to do this is an alternative for bringing Filipino nurses’ families to Japan.

For a country like Japan that has little experience in dealing with foreign workers, particularly in the nursing sector, this “revolving door” policy, in the author’s view, is the most effective first step in addressing its present and future nurse shortage. This policy not only encourages Filipino nurses to practice their profession in a country that pays more than and is near the Philippines but also assures Japan of a pool of qualified and competent foreign nurses to boost its workforce in the long run. Such an arrangement can also be advantageous to the Philippines because the returning nurses can be tapped to share their knowledge and skills by working in hospitals and educating other nurses during their occasional visits to their country.
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