

Human Resources for the Health and Long-term Care of Older Persons in Asia

Edited by

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IDE-JETRO

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FOREWORD

Nurses are indispensable. They can be seen in any healthcare facility even when doctors are not present. In communities, nurses are at the front line of healthcare. They contribute greatly to improving it – from public health to cutting-edge medical treatment.

Care workers appeared more recently but they are essential. In most Association of Southeast Asian Nations (ASEAN) Member States (AMS), many people preserve the beautiful tradition of families and relatives caring for older people. In an ageing society such as Japan, however, where about a third of the population is aged 60 or more, who can care for older people? Most family caregivers are women. Does the tradition of family care not hinder their social participation or empowerment? As a population ages, professional care workers become more important.

AMS and East Asian countries will see rapidly increasing numbers of older people in the coming decades. Demand for nurses and care workers is expected to surge. Some countries will have a serious shortage of nurses and care workers, while some, where fertility rates are high, will be able to send them to other countries. Cross-border movement of such healthcare workers will be accelerated by regionally uneven population ageing.

Nurses and care workers need to have a close relationship with their clients. Such workers' service skills, including communication and language, are directly linked to clients' physical and mental health outcomes. Nurses and care workers require intensive training before moving to other countries to optimise their capacities.

This book focuses on Indonesia, Japan, Malaysia, the Philippines, and Thailand. Indonesia and the Philippines represent countries sending nurses and care workers abroad, while Japan and Malaysia are examples of destination countries. Thailand is one of the fastest-ageing AMS. Every chapter reveals each country's unique policies and systems for healthcare human resources and problems in securing them. Although each chapter focuses on a specific topic rather than a comprehensive discussion, I hope that readers can understand the diversity of the issues related to healthcare

human resources and that the book's findings will promote further research and discussion.

As a Japanese national, I have a keen interest in care workers coming to Japan, which has the highest proportion of older people in the world. Cross-border care workers are critically important to sustain the long-term care system as the younger generations shrink. Japan's policy on allowing care workers into the country was conservative until the late 2000s, but in response to the serious shortage of its domestic labour force for care workers, Japan has opened several new pathways to legally accept foreign care workers since 2017. Readers can 'hear' the voices of cross-border care workers in Japan in chapter 1, which focuses on one such a pathway. Care workers came to Japan not only for economic reasons but also to improve their skills and learn care technology and to learn about Japan's culture. About half said they simply like caring for older people. We need to understand the diversity of cross-border workers' wishes and hopes. I greatly appreciate their substantial contribution to Japan's long-term care system, and I believe they will disseminate their knowledge and skills, helping develop long-term care in their home countries and the region, where populations are starting to age rapidly.

ASEAN agreements and documents encourage skills mobility. The Economic Research Institute for ASEAN and East Asia (ERIA) argued in its ASEAN Vision 2040, published in 2019, that because skills mobility provides a competitive edge, it is essential to the region's rapid economic growth. To deepen regional cooperation and integration, ASEAN has expedited mutual recognition arrangements (MRAs) for professionals. AMS signed the MRA on nursing services in 2006. It does not automatically recognise nursing certification in all AMS; bilateral agreements are required to assure quality and recognise qualifications. Reaching bilateral agreements is not straightforward and this book explains the implications of developing regional policies on cross-border nurses and care workers. I hope the study will be a driving force that will promote skills mobility to build competitive and knowledge-based economies.

Most cross-border nurses and care workers are young. I hope continuing research and policies related to cross-border healthcare professionals will support and protect the young people who bravely work abroad after hard and intensive pre-migration training.

Last but not least, I express my greatest appreciation for the tremendous support of everyone involved with this project, from the authors to the nurses and care workers who participated in the study. Dr Yuko Tsujita of the Institute of Developing Economies, Japan External Trade Organization (IDE–JETRO), the study’s principal investigator, showed outstanding leadership and guided the study to success. Her effort and achievements deserve applause. The study strengthened more than a decade of collaboration between ERIA and IDE–JETRO and offers an excellent opportunity to deepen it and contribute to economic development, narrow the development gap, and promote sustainable development in AMS and East Asia.



Hidetoshi Nishimura
President
Economic Research Institute of ASEAN and East Asia

FOREWORD

The coronavirus disease (COVID-19) pandemic has reaffirmed the vital role nurses play in healthcare and prevention. They risk their own health to sustain their country's health system. What has also become increasingly apparent is that many nurses in our communities, hospitals, and aged care facilities were born and trained overseas. When British Prime Minister Boris Johnson was discharged from hospital after being treated for COVID-19, he thanked the hospital staff for saving his life in a video he posted on Twitter on 12 April 2020: '... And I hope they won't mind if I mention in particular two nurses who stood by my bedside for 48 hours when things could have gone either way. They are Jenny from New Zealand... and Luis from Portugal....' In Japan, we have increasingly witnessed nurses and particularly care workers who were trained abroad.

In Japan, modern nursing education began in the late 1880s. Nurses have struggled to improve their professional status by introducing various requirements, including nursing degree courses and a licensing system. Like early nursing work, care work for the elderly has low status and is poorly paid. Attempts have been made to ensure that certified care workers and certified social workers involved in elderly care have licences. Some care workers receive a qualification allowance reward for their credentials. Care workers, however, still receive lower wages than the average worker and their service duration is shorter than that of other workers. Caring for the elderly still faces difficulties associated with low wages and a limited supply of care workers.

According to the latest statistics from the United Nations, 28.4% of the population in Japan is 65 years of age and older. Japan has the highest proportion of elderly people in the world. Other Asian countries also have increasingly ageing populations and, thus, increasing demand for elderly care. In many parts of Asia, families are important in caring for the elderly. Demographic, economic, and social transformation, however, push many families to hire migrant nurses as care workers. While some elderly are looked after by their families or care workers at home, others are cared for at facilities for the elderly. Some are sent back and forth between home, hospital, and facility. Caring for the elderly is often regarded as a 3D job – dirty, dangerous, and demeaning – and is physically and emotionally demanding. An ageing population, shortage of local care workers, and dependence on migrant nurses and/or care workers often occur simultaneously.

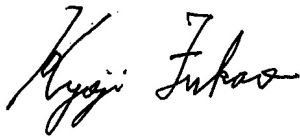
This book fills the gap in our knowledge of international migration of nurses and care workers by contributing the following:

First, it reveals the characteristics of nurse and care worker migration. Some theories can explain why migration occurs, including the wages offered by sending and receiving countries in the framework of neoclassical economics, push–pull factors such as wages, and opportunities for training and promotion, which determine migration in the framework of the dual labour market and migration as a family strategy posited by the theory of new economics of labour migration. While some nurses and care workers go abroad to help their families, others encounter considerable hurdles because their families oppose their working overseas. The international migration of nurses and care workers is distinctive in that family factors, particularly for married females, might involve the complicated interplay of choosing between family and career. Most nurses and care workers are female. Further analysis is recommended.

Second, the book shows multiple patterns of international mobility of nurses and care workers. Traditionally, international migrants move from one country to another and then might move back and forth. Some nurses and care workers might view the destination country as a steppingstone to another country. Those who are licensed nurses in their country of origin but are care workers in the destination countries are disadvantaged by the gap between their credentials and the simpler tasks they perform. Care workers for the elderly are more invisible and more likely to be contracted informally than licensed nurses. Care workers are paid lower wages and more often work in inferior jobs than nurses and are, therefore, more motivated to re-migrate.

Third, policymaking in the receiving countries is important to attract, train, and retain migrant nurses and care workers. Some Asian countries have attempted to standardise training and licensing and guarantee minimum wages for care workers. The book illustrates how willingness to stay in a destination country might depend on what jobs care workers were recruited for. Willingness to stay for a long time varies amongst licensed nurses hired to do non-nursing work.

Human Resources for the Health and Long-term Care of Older Persons in Asia is the first collaborative work of the Institute of Developing Economies, Japan External Trade Organization (IDE-JETRO) and the healthcare unit of the Economic Research Institute for ASEAN and East Asia (ERIA), which includes Dr Osuke Komazawa, Mr Sota Machida, and Ms Nanda Sucitra Putri. We extend our heartfelt thanks to ERIA for its generous support. We believe that this volume will deepen our understanding of the training, employment, and international migration of nurses and care workers in East Asia and ASEAN, and facilitate further research in this field after the COVID-19 era.



Kyoji Fukao
President
Institute of Developing Economies (IDE-JETRO)

PREFACE

The international migration of nurses and care workers has increased in recent years. Some factors, such as the ageing population, the promotion of medical tourism, the growing demand for better-quality health services, the shift of family and home care to institutional care, and the turnover of local nurses, have contributed to greater demand for nurses and care workers. According to *International Migration Outlook 2015*, published by the Organisation for Economic Co-operation and Development (OECD), on average, 14.5% of nurses and 28.5% of home-based care workers in OECD countries were born abroad.

Several conditions ease recruiting foreign-trained or foreign-born nurses:

First, free or relatively open labour mobility is stipulated in some bilateral, multilateral, and regional trade agreements.

Second, mutual recognition agreements (MRAs) allow qualified nurses to practice in other countries. MRA parties, however, do not automatically recognise the qualifications of other parties' nurses, and the application of MRAs varies from one state to another. For example, the Trans-Tasman Mutual Recognition Act allows Australian nurses to work in New Zealand and vice versa. The Association of Southeast Asian Nations (ASEAN) MRA on nursing services, however, which came into force in December 2012, facilitates nurses' mobility to only a few countries.

Third, most receiving countries and regions require nurses to have suitable qualifications or licenses. Some licensing exams, such as the United States' National Council Licensure Examination, are used for qualification of migrant nurses in Asia.

Fourth, some bilateral and multilateral trade agreements include 'barter deals', under which nurse-sending countries provide privileges to their counterparts in trade regulations, and nurse-receiving countries open their labour markets and prioritise their counterparts. Japan, under bilateral economic partnership agreements with Indonesia, the Philippines, and Viet Nam, allows nurses and care workers from these countries to work for several years in Japan after acquiring a certain level of Japanese

language proficiency. If they pass the national licensing exam within the specified time (4 or 5 years), they can renew their work permits without limit. If they fail the exam, they cannot continue to work in Japan and must return to their home countries.

Asia is the main source of migrant nurses. In OECD countries, for example, 221,344 nurses are from the Philippines, 70,471 from India, 24,440 from China, and 11,431 from Viet Nam, according to International Migration Outlook 2015. The Gulf countries are also main recipients but the number of nurses by nationality is not available to us, so the total Asia-trained nurse workforce is likely underestimated. Less research has been done on nurses from the sending countries' perspective than on foreign-trained nurses in receiving countries.

The institutional and home care worker labour market is less regulated than the migrant nurse labour market. Some foreigners are engaged in long-term care at institutions and in homes through an informal contract arrangement or even without legal status. Domestic foreign workers might be engaged in care work as well. As some countries in Asia face rapid population ageing, it is important to illustrate the current situation and issues of and challenges for migrant care workers in Asia from sending and receiving countries' perspectives.

This report focuses on Japan, Malaysia, Indonesia, and Thailand.

Although this volume relies largely on results from short projects, they are based on questionnaire surveys or field observations, making this study a very valuable one as it collected real voices of migrant workers. Each chapter is a piece of a jigsaw puzzle depicting the mobility of nurses and care workers in Asia. We hope that future studies based on this report will complete this huge and intricate puzzle.

Yuko Tsujita

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