

# The Multi-step International Migration of Filipino Nurses: The Propensity to Migrate among Filipino Nurses in Dubai

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## フィリピン人看護師の多段階的国際移動 —— ドバイにおけるフィリピン人看護師の移動傾向に注目して ——

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本稿の目的は、アラブ首長国連邦ドバイ首長国におけるフィリピン人看護師の移動行動を分析することである。最初に、ドバイの労働市場の特徴を考察し、同国政府による自国民雇用奨励政策やアラブ人雇用優遇政策にもかかわらず、アジア（特にフィリピンとインド）からの外国人労働者が看護師を中心とする保健医療部門の労働力の中核を担ってきたことを示す。次に、2009年11月にドバイで実施したフィリピン人看護師48名を対象とする質問票調査およびインタビューの分析をもとに、外国人雇用を巡る政策環境とフィリピン人看護師の移動を巡る意志決定との関連を検討する。われわれの質問票調査結果によれば、フィリピン人看護師がドバイを目指した理由として高い給料に次いで重要なのが、ドバイ政府による積極的な雇用斡旋政策であった。ドバイ政府による安定的で継続的な雇用斡旋政策が、彼らにフィリピンないし以前の目的地を離れるための「機会」を提供した。他方、ドバイに留まり続けるかどうか、ドバイを離れるならばそれがいつかの選択については、ドバイの外国人雇用政策を新たな目的地のそれと比較し、天秤にかけたうえで決定する。給料や生活費の高騰などの経済的理由に加えて、昇進やキャリア形成における人種差別と市民権を得る見込みのないことにより、多くのフィリピン人看護師がドバイを離れることを望んでいる。それゆえ、ドバイはフィリピン人看護師の多段階国際移動過程において最終目的地ではなく経由地にすぎないと言えるだろう。

This paper investigates the migration behavior of Filipino nurses in Dubai, United Arab Emirates. As an initial important step in understanding their propensity to migrate, we describe Dubai's labor market and discuss how foreign workers, especially those from Asia (Philippines and India among others) have been an essential part of the health care workforce, particularly nurses, despite the government's nationalization (Emiratization) and Arab preference policies. Against these backgrounds, we employ survey questionnaire and interviews to examine and establish the interplay between Dubai's recruitment, employment and migration policies for foreign nurses and the multi-step pattern of migration of the Filipino nurses working there. We found out that the second major reason (next to high salary) why these nurses flock to Dubai was because of its rather stable and active recruitment policy that gives them the "opportunity" to leave the Philippines or a previous destination. On the other hand, the decision on whether to leave or stay in one destination, and when to carry out this decision, depends heavily on the employment and integration policies for migrant workers vis-à-vis other destination countries. The survey results and interviews show that many Filipino nurses desire to leave Dubai because of slow career growth, racial discrimination and inability to gain citizenship (in addition to economic issues such as salary and cost of living). Therefore, for these nurses, Dubai is more of a transit point rather than a final destination in their multi-step migration process.

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All errors are the responsibility of the authors.

## Introduction

Middle-eastern countries have been important destinations among Filipino nurses who have been deployed overseas since 1970s. Yet, very little has been documented about their migration path, working conditions and their perception of these countries as a migration destination.<sup>1)</sup> Against this scarcity of literature, we aim to provide an overview of foreign workers' employment in the United Arab Emirates (UAE) health system with particular reference to the Emirate of Dubai (Dubai) and the working conditions and the perceptions of Dubai as a destination among Filipino nurse migrants. Our findings are based on our survey of 48 Filipino nurses in Dubai in November 2009 (see details below). One of our key research questions is whether Dubai is considered as a transit rather than final destination by Filipino nurses, and thus being used as a stepping stone to go to better destination countries. We argue that Dubai is indeed a transit destination for Filipinos working in East Asia and Middle Eastern countries on their way to other more popular destinations such as US, Canada and Australia. This is because although the salary and working conditions in Dubai are comparable with other popular destinations, nurses there still prefer to move because of its strict employment and immigration policies, such as not granting citizenship to foreign nationals, except in very exceptional cases, as well as residency dependent on having an employment contract.

For the Philippines, the UAE is the second major destination in the Middle East after Saudi Arabia for the foreign deployment of its workers. It is also the third biggest destination of Filipino migrants in the world, with an estimated 600,000 working in the country as of 2008 (Agunias 2010: 2). Since mid-1970s, many Filipino workers were deployed in sectors such as construction, commerce and service (hotel and restaurant) industries, and they have contributed to the rapid modernization of the UAE after the discovery of oil. In addition, the Philippines supplied a good number of domestic workers to the UAE nationals' as well as foreign nationals' households in the UAE.

The deployment of Filipino nurses to the UAE is governed by a bilateral agreement between the Philippine government and the UAE government. The "Memorandum of Understanding Between the Government of the Republic of the Philippines and the Government of the United Arab Emirates In the Field of Manpower", signed in April, 2007, contains general clauses governing the recruitment and employment of Filipinos to UAE (POEA 2007). According to the Philippine Overseas Employment Administration (POEA), more than 6,300 Filipino nurses were deployed to the UAE between 1992 and 2009 (POEA 2009; 2006). This means about 350 nurses per year on average, but the number varies significantly between different years. At the peak period from 2005 to 2007, over 600 Filipino nurses were annually deployed to the UAE. The number slightly declined afterwards, and in 2009, 572 nurses were deployed to the UAE. Since this number excludes those who went to the UAE on a visit visa and subsequently obtained nursing job in the country, we assume that the number of Filipino nurses working in the UAE is much higher

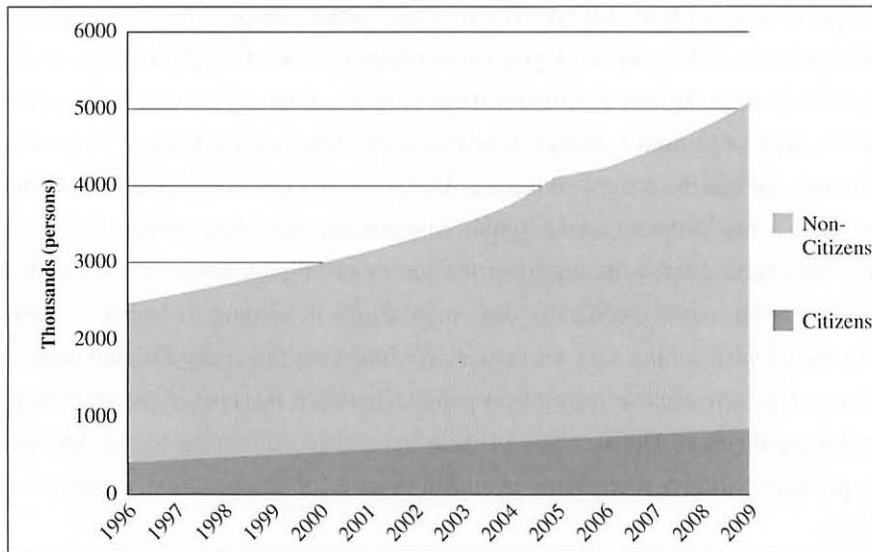
than the statistics captured by the POEA.

This paper consists of four sections. The first two sections discuss the general characteristics of labor market in the UAE and the degree of its dependence on foreign workers. It shows that while the nationalization (known as Emiratisation) program of late 1990s and 2000s which aimed to increase the share of Emirati nationals in private sector jobs is considered to be a failure, close investigation into the health sector workforce in Dubai shows more complex effects of the nationalization program across different sectors (public and private) and job categories. The last two sections on the other hand discuss the results of the survey of Filipino nurses regarding their multi-step migration pattern, more specifically their motivations in coming to Dubai as well as their aspiration to leave Dubai for the next destination. We found out that many Filipino nurses come to Dubai because of its active nurse recruitment policy. However, because of the strict employment and immigration policies of Dubai, many of them have plans of moving to the next destination which they perceive will give them better treatment in terms of remuneration, career development and citizenship.

## **1. Characteristics of Labor Market in the UAE and the Nationalization Program**

The UAE is a federal state comprising of seven emirates, namely, Abu Dhabi, Dubai, Sharjah, Fujairah, Ajman, Ras al-Khaimah, and Umm al Quaiwain. The federalization was achieved in 1971, nine years after the beginning of oil export (Sabban 2004: 87). Two factors played a salient role in the development of the UAE as a modern state. One was the export of oil, which provided abundant revenue for the federal government to build infrastructure such as road and telecommunication networks. The other was the import of foreign laborers. Within five years after the UAE began exporting its oil, more than one third of its population was foreigners. The share of foreign population in the UAE continued to grow rapidly and it reached 63% in 1975. Figure 1 shows that the total population of the UAE is estimated to have doubled from 2.5 million in 1996 to 5.1 million in 2009<sup>2)</sup> and the population growth during this period was led by foreigners rather than the UAE nationals, and the influx of foreign population to the country was accelerated particularly in the twenty-first century. While in 1996, the share of foreign nationals was 76%, it is estimated to have increased to 82% in 2009. The share of foreign population was particularly high in the emirate of Dubai where it is estimated to have amounted to 91% in 2009 (CSD 2008). Moreover, already in 2000, close to 90% of the workforce in the UAE were from foreign countries. The share of foreign workers in the UAE was particularly high, even compared with other Gulf countries including Qatar (86%), Kuwait (82%), Oman (64%), Bahrain (59%), and Saudi Arabia (56%) (Awad and Abimourced 2009: 3).

**Figure 1** Estimates of Population by Nationality in UAE



Source: CSD (2008)

The official statistics provided by the Central Statistical Department of the UAE government only tell us the share of the UAE nationals (citizens) and non-nationals (non-citizens), and do not have information about the nationalities of non-nationals. Against this, a study by the United Nations Economic and Social Commission for Western Asia (UNESCWA) gives an estimate number of major foreign nationals in the UAE in 2002. According to it, the most important source of foreign nationals in the UAE was India (one million persons) - close to one third of foreign nationals in the UAE was Indian -, followed by Pakistan (450,000 persons), Sri Lanka (160,000 persons), the Philippines (120,000 persons), and Bangladesh (100,000 persons) (UNESCWA 2007: 5). As the total foreign population of the UAE in 2002 was estimated as 2.6 million (CSD 2008), more than 70% of foreign nationals in the UAE came from these five countries. The UN study also notes that while immigrants from other Arabic countries occupied 26% of the total number of immigrants in the UAE in 1975, its share declined to 10% in 2002 (UNESCWA 2007: 11).

The immigration of Indians to the UAE dates back to before the discovery of oil in the country. Partly due to the geographical proximity between the Gulf States and the Indian sub-continent, there was a historical immigration of Indian merchants and laborers to many Gulf States. Indian nurses also began arriving in the area in the early 1960s before the UAE was formed (El-Haddad 2006: 288). Asian laborers were considered to be cheaper and physically stronger than local laborers, and thus they could get used to harsh living conditions rather easily. In contrast, immigration of laborers from East Asia and Southeast Asia took place after the discovery of oil and when the UAE economy began to enter its rapid development process. Most of them were sent as a contract worker for a fixed period of time, who would engage in specific construction projects. They usually lived in a big compound near the construction site and were segregated from local population

(UNESCWA 2007: 6).

The unique composition of population with the large dominance of foreign nationals in UAE has shaped two major characteristics of its labor market. First, the labor market is clearly divided between the UAE nationals and non-nationals. While most of the UAE nationals work in the public sector such as the governmental departments and public agencies and often are guaranteed higher wages, most of foreign nationals are excluded from this type of job market. The latter tend to work in the private sector, are often underpaid and engage in unskilled jobs.<sup>3)</sup>

One of the common practices which facilitate the exploitation of foreign laborers in the UAE is the sponsorship system known as *Kafala*. Under this system, employers are the *Kafeels* (sponsors) who apply for employment visas to the Ministry of Labor on behalf of their employees depending on their labor needs. The employment visa in turn works as a requirement to obtain temporary residence visa (Awad and Abimourced 2009: 7). Since it is almost impossible for people from non-Arabic countries to obtain citizenship in the UAE, foreign nationals from Asian countries need to have a secure employment in order to live in the country. Once one loses his job, he will automatically lose the right to live in the UAE. Against this, the visa trading has developed as a form of business.<sup>4)</sup> There are companies in the UAE which provide a letter guaranteeing a job for prospective foreign nationals so that the latter can enter the country with a work permit. However, this is a job only on paper and there is no job waiting for them in the UAE. It is estimated that as much as 27% of total workforce (about 600,000 persons) in the UAE obtained a work permit through sponsorship companies in 2004. These foreign workers are forced to find a job which is not linked to their work permit, and thus technically they engage in illegal job, or live in the UAE without a job (Shah 2005: 7-8).<sup>5)</sup>

The second characteristic of the UAE job market is that, in spite of the fact that both the absolute number and the share of foreign workers in the UAE are high, the unemployment rate among the UAE nationals is also high. According to the labor force survey in the UAE in 2008, the unemployment rate of UAE nationals was as high as 13.8%, while that of foreign workers was just 2.6% (CSD 2008). The UAE relies on foreign workforce, not because it suffers from the shortage of national laborers, but because the UAE nationals are reluctant to take up certain types of jobs. The unemployment among the UAE nationals is considered to be “voluntary unemployment”. Many young people in the UAE want to find a highly-paid job in the public sector or in the government, and do not want to engage in physical work such as construction or service industry (UNESCWA 2007: 7).

Alarmed by the high unemployment rate among the UAE nationals as well as the continued expansion of foreign population in the country, the UAE government introduced the nationalization (Emiratization) program in 1999 (UN 2006: 16). The objective of the program was to increase the share of Emirati workers in the private sector as well as to make 30% of the total workforce in the country Arab nationals. The introduction of the nationalization program was not unique to the UAE. Many Gulf States which felt threatened by the growth of foreign population within the

country introduced a similar program in the late 1990s and early 2000s. At the end of 2000, the Ministry of Labor and Social Affairs of the UAE established a new public organization known as TANMIA (National Human Resources Development and Employment Authority) in order to provide vocational training and job placements for Emirati nationals. Also, it introduced a quota for the employment of Emirati nationals in the banking sector. Starting from as low as 7% in 1997, each bank was mandated to increase the share of Emirati nationals in its total workforce by 4% annually (UAE interact, April 10, 2001; March 6, 2002; March 26, 2003). Moreover, the banks which did not comply with the employment quota of Emirati were required to pay a fine to the government, which was going to be used for occupational training programs for Emirati nationals. However, it is reported that more than 50% of banks in the UAE did not comply with this regulation in 2004. Instead of employing Emirati, they opted for paying fines (Shah 2005: 10). This implies that Emirati nationals are considered less competent than foreign workers.

Emiratization of the private sector workforce was accelerated in the 2000s. In 2004, the UAE government announced that private companies with at least 50 employees had to employ 2% of its overall workforce from UAE nationals. In particular, the TANMIA recommended that certain positions such as administration, sales and marketing should be reserved for UAE nationals (UAE interact, April 21, 2004; April 22, 2004). Moreover, in the same year, the banking sector was told to comply with the 100% Emiratization of branch managers (UAE interact, September 14, 2004). Insurance companies were another target of sector-specific Emiratization policy in the UAE. While the government directed that 20% of workforce in the insurance sector should be UAE nationals, the Emiratization rate of insurance companies by the end of 2004 was mere 5.3% (UAE interact, January 5, 2004). In 2006, the UAE government issued a ministerial decision to the private sector companies, excluding those in free zones, to replace human resources managers and secretaries with UAE nationals within 18 months (UAE interact, June 25, 2006; June 26, 2006).

General immigration policy was also tightened in UAE in the past decade. In order to reduce the number of people who come to the UAE on visit visa and seek jobs, in early 2003 the UAE government made it compulsory for foreign residents to pay a refundable Dhs.2,000 guarantee deposit when they sponsor their “distant relatives and friends.” Although this was a restrictive measure, it also widened the scope of immigration, as it meant that foreign residents could sponsor “friends”, which had not been allowed until then (UAE interact, January 31, 2003). In 2004, the minimum salary clause of Dhs.5,000 for seeking visit visas was added to those who wished to sponsor their relatives and friends, together with Dhs.2,000 guarantee deposit. In the following year, the minimum salary to sponsor friends was increased to Dhs.10,000 (UAE interact, January 4, 2005). However, in 2008, visa rules were reviewed extensively, and it was reverted back that only UAE citizen was able to sponsor visit visa to a friend. Moreover it was stated that the visitor had to have a health insurance cover and pay Dhs.1,000 as a financial guarantee deposit which was refundable upon departure (UAE interact, July 10, 2008).<sup>6)</sup>

In spite of all the measures to increase the share of Emirati nationals in the private sector

workforce, the predominance of foreigners in the UAE population as well as its total workforce remained unchanged. A report published by the United Nations (UN) in 2006 stated that the share of foreigners in the total workforce of the UAE was 91% in 1985, 90% in 1995 and 90% in 2000, while that in the total population of the UAE was 70% in 2000 and 71% in 2005. Thus, it concluded that the nationalization program in the UAE did not have a meaningful effect (UN 2006: 16). Even in 2009, it was reported in a local newspaper that Emirati nationals consisted of less than 1% of total workforce in the UAE private sector, while the private sector accounted for more than 60% of the total workforce in the country (UAE interact, June 24, 2009; May 20, 2010). Nonetheless, by looking at workers in the health sector in the UAE through the case study of Dubai, this paper argues that the nationalization in the UAE workforce has gradually taken place in the highly-paid, particular kind of job/posts in the health sector, but not in the health sector as a whole. Nationalization contributed to fortifying stratification of jobs according to one's nationality within the health sector.

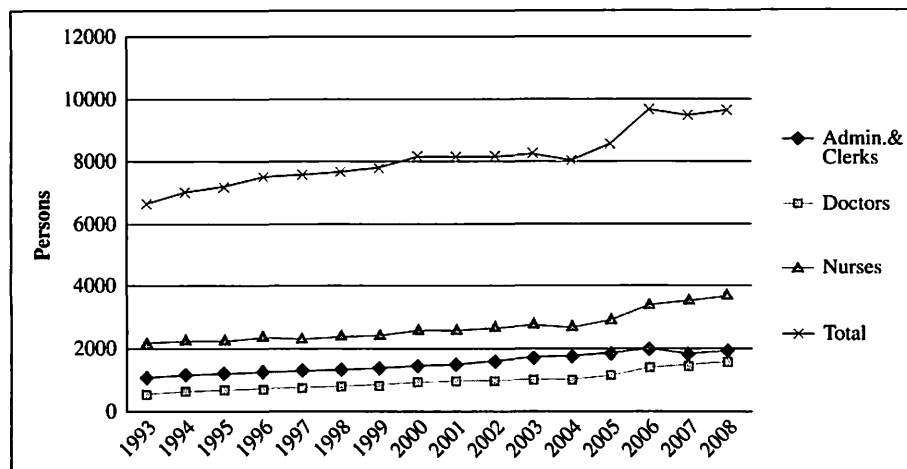
## 2. UAE Health System and Foreign Workers: The Case of Dubai

In the federal government of the UAE, there are three major authorities which are responsible for the health administration. They are the Health Authority of Abu Dhabi (HAAD) for the Emirate of Abu Dhabi, the Dubai Health Authority (DHA) for the Emirate of Dubai and the federal Ministry of Health for the other five emirates.<sup>7)</sup> Since the DHA provides the most comprehensive data on its human resources and our interviews with Filipino nurses were conducted in Dubai, we will discuss the extent of nationalization in health sector workforce in the UAE through the case study of Dubai.

In Dubai, there were three public hospitals - Rashid Hospital, Dubai Hospital, and Al Wasl Hospital - and 16 health centers under the DHA, which employed 1,339 doctors (of which 868 were foreigners) and 3,647 nurses (3,549 foreigners) in 2008. In the private sector, there were 18 private hospitals and numerous clinics, which employed 2,888 doctors (2,777 foreigners) and 4,281 nurses (all foreigners) (DHA 2008). In general, salary and working conditions are better at public hospitals than private health facilities in Dubai, which has caused the migration of nurses from the latter to the former (Ferris-Lay 2010). Several of our informants in Dubai confirmed that the average salary for nurses was higher in the public sector health facilities than in the private sector.

Figure 2 shows the total number of workers employed by the DHA (public sector) as well as that of three major categories of professions (administration and clerks, doctors and nurses) from 1993 to 2008. It shows that in all three categories of professions, the total number of workers increased gradually during this period. In particular, one notices that the rate of growth accelerated after 2002, which corresponded to the general increase of foreign workforce in Dubai.

**Figure 2 DHA-employed Workforce (1993-2008)**



Source: DHA (various years)

Table 1 shows the breakdown of total workforce, as well as three major categories of professions (administration and clerks, doctors and nurses) between Emirati nationals and non-nationals (foreigners) employed by the DHA from 2000 to 2008. It does show that the percentage of Emirati nationals within the total workforce increased steadily since 2000. Moreover, the rapid increase and current dominance of Emirati nationals in the management and administrative positions instead of clinical positions in the health sector are clearly highlighted. While the Emirati nationals consisted of less than half of the workforce in the administration and clerks of DHA in 2002, their share increased to over 70% in 2007. The extent of similar increase in the employment of Emirati nationals cannot be detected in doctors and nurses. In particular, nursing jobs remained to be dominated by foreigners, with 97.3% of nurses non-nationals in 2008. Our observation that the Emiratization has much more progressed in the administration and clerks posts, rather than in clinical positions such as doctors and nurses, seems to agree with the general trend of the employment of UAE nationals who prefer to work in the office type of job rather than manual or physical job.

**Table 1 Share of Nationals and Non-nationals within the DHA Workforce (%) (2000-2008)**

		2000	2001	2002	2003	2004	2005	2006	2007	2008
Total Workforce	Nationals	14.5	14.8	17.6	20	20.9	23.6	26.2	26.4	24.7
	Non-nationals	85.5	85.2	82.4	80	79.1	76.4	73.8	73.6	75.3
Admin. & Clerks	Nationals	40.8	41.5	47.6	53.4	55.3	61.9	69.4	71.8	67.7
	Non-nationals	59.2	58.5	52.4	46.6	44.7	38.1	30.6	28.2	32.3
Doctors	Nationals	28.3	28.3	32	32.1	32.9	37.9	37	37.6	35.2
	Non-nationals	71.7	71.7	68	67.9	67.1	62.1	63	62.4	64.8
Nurses	Nationals	1.5	1.6	1.6	1.6	2	2.8	2.8	2.9	2.7
	Non-nationals	98.5	98.4	98.4	98.4	98	97.2	97.2	97.1	97.3

Source: DHA (various years)

The statistical data on human resources in the private sector health facilities in Dubai, however, are not as comprehensive as those in the public sector. We can only get data for the short period from 2004 to 2008. Nevertheless, we can observe a general trend of Emiratization in the total



workforce in the private sector, as well as particular advancement of it in the administration and clerk job category. While the share of UAE nationals in the total workforce of private sector health facilities was merely 1% in 2004 and increased to a mere 3% in 2008, the share of UAE nationals in administration and clerks posts increased from 0% in 2004 to 12% in 2008. We can also notice Arabianization in this field: while 11% of total workforce in the private sector health facilities was Arab nationals in 2004, the figure increased to 22% in 2008. In the administration and clerk positions, the extent of Arabianization was more salient: while their share in 2004 was just 13%, it increased to 68% in 2008. Consequently the share of Asian nationals in administration and clerk positions drastically declined from 74% (2004) to 17% (2008). However, the same cannot be said about the nursing job (Table 2).

**Table 2** Breakdown of Nationalities of Workers in the Private Sector Health Facilities in Dubai (2004 and 2008)

	Nationality	2004 (%)	2008 (%)
Total Workforce	UAE	1	3
	Arab	11	22
	Asian	78	63
	Other	10	12
Admin & Clerks	UAE	0	12
	Arab	13	68
	Asian	74	17
	Other	13	3
Doctors	UAE	1	4
	Arab	21	26
	Asian	63	51
	Other	15	18
Nurses	UAE	0	0
	Arab	3	4
	Asian	90	87
	Other	7	9

Source: DHA (various years)

What became clear through the statistical analysis of health workforce in Dubai in this section is that while Emiratization and Arabianization have progressed in both public and private health facilities in Dubai, it has mainly taken place in administration and clerk positions, and the nursing job is still predominantly occupied by foreigners. Indeed, even in the UAE as a whole, a study by the Emirates Nursing Association shows that of the 23,433 nurses from different nationalities working in the country in 2009, only 759 were Emiratis, all of them working in government hospitals and with only 12 of them male (GMA News Tv online edition May 13, 2010). This was in spite of the continued efforts by the UAE Federal Department of Nursing as well as the Emirates Nursing Association, set up in 2003, to make the nursing profession more attractive to Emirati nationals and to increase training of Emirati nurses (El-Haddad 2006: 288).

Table 3 below shows the nationalities of foreign nurses employed by DHA, as provided by its chief nursing officer during our fieldwork.

**Table 3** Nationality of Nursing Workforce in DHA (2009)

Nationality	Female	Male	Total	Share (%)
Indian	1,804	87	1,891	51
Filipino	897	209	1,106	30
Jordanian	54	47	101	3
Palestinian	40	60	100	3
Somali	64	8	72	2
Sudanese	41	19	60	2
Egyptian	49	7	56	1
Pakistani	33	11	44	1
Others	177	52	229	6
UAE national	41	0	41	1

Source: Personal communication with chief nurse and midwife headquarters, DHA

Currently, half of nurses in Dubai are Indians. They are followed by Filipinos, who comprise 30% of total nursing workforce in Dubai. Eight out of ten nurses in Dubai are either Indian or Filipino. Given the importance of Filipino nurses in Dubai, we think that our study on the perceptions of Filipino nurses in Dubai about their employment conditions, living conditions, career prospects and their general opinions on Dubai as a destination will provide interesting perspectives on health systems in Dubai.

Before turning to the results of our survey of 48 Filipino nurses in Dubai, one more significant feature of nursing jobs in the UAE has to be mentioned. It is the existence of discrimination in both overt and covert ways against Asian nurses and resultant hierarchy among foreign nurses in Dubai in terms of promotion and salary based on nationality. For instance, nurses who hold current registration in the following English-speaking countries and areas - Australia, Canada, Hong Kong, New Zealand, Ireland, Singapore, UK and USA - are exempted from the competency assessment test in obtaining license from the DHA (DHA n.d.).

As for the salary, Emirati nationals receive a top-up to their salary in a form of Emirati allowance. One media article quotes that while an Emirati nurse is paid about Dhs.6,000-7,000 per month, a foreign nurse gets Dhs.4,000-5,000 per month (GMA news, November 14, 2009). Emirati nurses are also quickly promoted to higher positions. Then there are expat nurses from western countries such as the UK and Australia who also tend to occupy senior positions. Due to the seniority in their positions, these expat nurses also earn higher salaries than average foreign nurses who work in out-patient departments or hospital wards. There are also cases when wage discrimination based on nationality exists. Some nursing job advertisements online quote different salary figures based on nationality, and several Filipino nurses we interviewed also collaborated to this. How Filipino nurses perceive and try to reconcile the existence of obvious discrimination against their color of skin in Dubai is one of the issues we try to explore in the following sections.

The next two sections attempt to explain why Dubai is chosen as a destination of Filipino nurses within the context of their multi-step migration behavior pattern. Multi-step migration is described as the movement of a migrant worker from one destination to the next (the so-called transit points) until he reaches the final destination (for details, see Carlos and Sato 2010). The

transit points allow the worker to accumulate several forms of capital or resources, such as financial, human and social resources and in some cases, citizenship, that can be an advantage in getting hired in the next destination. Such behavior is the migrant's rational response to the unpredictable recruitment, employment and immigration policies of the destination countries and the oversupply and high unemployment rate for nurses in the origin. It must be added that this behavioral response may not be planned at the time of departure from their home country.

Do Filipino nurses working in Dubai consider this emirate as more of a final destination, or is it one of the several transit points? What factors affect his decisions concerning (1) choice of Dubai as a destination, (2) whether to stay or leave Dubai and (3) if leaving, where is the most preferred destination after Dubai? The answers to these questions do not only enable us to provide empirical support to our study on the multi-step migration of nurses. They also allow us to draw some implications on the retention of migrant nurses in destination countries, one issue that will become more relevant as shortage of health care workers is imminent in the light of increasingly aging host societies.

To determine the answers to these research questions, we conducted a questionnaire survey to 48 Filipino nurses currently working in Dubai and a follow-up interview with several of the respondents. Of the 48 respondents, 28 (58%) were selected through snowballing, while the rest (42%) were randomly chosen during a visit in one hospital. We argue that in the case of Dubai, the ease of deployment from the Philippines or from another destination country, resulting from this emirate's active recruitment policies, at the time when the decision to leave the Philippines or a previous destination is made, makes it an attractive destination for Filipino migrants. However, their stay in Dubai is most probably temporary as they still seek employment in the next or final destination. This is because for many of them, Dubai's employment and migration policies for foreign nurses and the opportunity for them to accumulate several forms of resources while working in Dubai become important motivations to move to the next "step," which could be another transit destination (like for example, UK, Australia and Singapore) or to their final destination.

Appendices 1 and 2 show the age and working experience in Dubai of the respondents. 70% of the respondents were in the 26-40 years old age range while the average age of all respondents was 35.1 years old. It was remarkable to see that the age dispersion of Filipino nurses in Dubai is wide, with some respondents aged beyond 50 years old who have been working there for more than 20 years, Dubai being one of the earlier destinations for Filipino nurses. On the other hand, the average number of years of work experience in Dubai was about five years, with about 20% living/working in Dubai for more than 10 years, and 25% for less than a year. Of the respondents, 42 (87.5%) were women, reflecting the trend of nursing as still a female-dominated profession. 67% of the respondents were married, many of whom had chosen to leave their children and husband in the Philippines, so that most of them live in the nurses' accommodation, usually provided (for free or subsidized) by the hospital. 19 of the respondents work in private healthcare and other institutions (for example, school) while 27 of them are employed by government hospitals.<sup>8)</sup>

### 3. Motivations for Choosing Dubai as a Destination

What attract Filipino nurses to work in Dubai? How does this destination fare compared with other destination countries? Table 4 shows the responses of the nurses when asked about the three top motivations for working in Dubai. Like many economic migrants, the respondents considered “high salary” (67%) as their top motivation, followed by “having the opportunity because Dubai actively recruits nurses from the Philippines” (54%) and “having family and relatives (already) working in UAE” (42%).

The tax-free salary of a nurse in Dubai is higher not only compared to the Philippines but also to other Middle Eastern countries and Singapore. Nurses in private clinics get a starting tax-free salary of about Dhs.5,000-6,000 (about US\$1,500-1,600) (Interview with a Filipino nurse working as Nursing Director in a private clinic in Dubai 2009); while the starting tax-free salary for a staff nurse level two (nurses with experience and license in their own country) employed by the DHA in its three hospitals in 2009 was Dhs.7,800 (about US\$2,124) (Interview with Brown 2009). This amount is about 5-7 times as much as the gross salary nurses get in the Philippines.<sup>9)</sup> While the gross salary of a foreign nurse in UAE and Singapore are almost the same, income tax is collected from those working in the latter, motivating those in Singapore to seek employment in UAE (Interview with a nurse in Singapore 2010).

**Table 4** Motivations/Reasons for Working in UAE as a Nurse

Motivations / Reasons (Top 3 Ranked in the Order of their Importance)	Respondents who Chose this Reason (n=48) (Multiple Responses)		Total Weighted Score
	Number	(%)	top choice: 3 pts; 2nd choice: 2 pts; 3rd choice: 1 pt.
1. High salary	32	67	74
2. Had the opportunity because UAE actively recruits nurses from the Philippines	26	54	58
3. Family and relatives live/work in UAE	20	42	44
4. Can become a professional nurse in UAE	14	29	22
5. High level of care technology	12	25	20
6. Low recruitment fees	6	13	11
7. Can speak English	6	13	10

Note: Only the results for the top 7 choices are included in the table.  
Source: Authors' calculations.

The second dominant motivation for working in Dubai was “had the opportunity because UAE actively recruits nurses from the Philippines.” This finding that Filipino nurses put heavy weight on “chance and opportunity” together with high salary in choosing their destination is rational. With very high unemployment rate for nurses in the Philippines and uncertainty in getting employment in the highly preferred destinations, the rational choice is to work in the destination which is willing to accept them at the least cost and shortest processing time at the moment when decision to leave the home country to work overseas is done.

Dubai's active recruitment policy of Filipino nurses has already been recorded by POEA as early as in 1982. In the 1980s, Filipino nurses were recruited in batches by the Government of Dubai through its Department of Health and Medical Services (DOHMS)<sup>10)</sup> for deployment in government-run hospitals every two years and such practice continued until around 1990s when there were more frequent and more varied ways of recruitment. Today, the Philippines is the only source country wherein DHA officials visit to administer the screening (paper test and interview) of migrant nurses. This long existing practice of active recruitment policy in the Philippines has been triggered by the increase in demand for nursing care as Dubai achieves economic progress and the fact that nursing is not a popular profession in UAE. It is even regarded the same status as the household maids thus deeming it "absolutely necessary" to import nurses (Interview with Brown 2009).

The relatively stable, open and active recruitment policy of Dubai works to the advantage of potential Filipino migrant nurses because their deployment to Dubai is more reliable, faster and cheaper compared to other destinations.<sup>11)</sup> According to a respondent who came in 1986, there were 150 nurses from the Philippines who came in that year. They were deployed in smaller batches from April to June. At that time (1980s), the requirements were three to five years of nursing work experience, a Bachelor of Science in Nursing (BSN) degree and the Philippine nursing license. After the job position was advertised in local newspapers, those who applied were given a preliminary interview, and those who passed were subjected to a final interview by three representatives from DOHMS. The successful applicants were asked to pay 10,000 pesos (about US\$2,000 at that time) to the POEA-licensed recruitment agency and promised to be paid a monthly tax-free salary of US\$650 (at the exchange rate of US\$1 = 5 pesos) (Interview with a nurse in Dubai 2009).

On the other hand, there were two different recruitment systems for the respondents who came in recent years, first, recruitment facilitated by an agency in the Philippines which is usually done by government hospitals under DHA and second, direct hiring in Dubai, which is the more common practice among private hospitals and clinics (78.9% of all respondents in this type of workplace).

As of November, 2009, for recruitment by DHA, the standard recruitment procedure which is done two to three times a year and targets nurses in specialized areas such as neonatal ICU, pediatrics, emergency, ICU and renal sections is as follows: An international recruitment agency, which usually has branches both in Dubai and the Philippines, is assigned to look for prospective applicants in the Philippines based on DHA manpower needs (particularly the number of nurses to be employed and specialty/skills needs). The applicants are administered an assessment examination in a nursing specialty area. Those who pass the examination will then be interviewed by nurse managers from the DHA hospitals. The candidates who pass the interview will then be asked to sign a contract, after which deployment papers and visa will be processed for about two to four months. Source verification of submitted documents (such as diploma, license, job experience cer-

tificate and letters of recommendation) is conducted simultaneously. At the time of fieldwork, a Dubai nursing license was not a requirement to be employed by a government-run hospital (Interview with Brown 2009).<sup>12)</sup>

Most of the respondents who were employed by DHA through recruitment agencies in the Philippines did not seem to have any problems with regards to financing and facilitating their deployment and settling down in Dubai as these were handled by the employers and recruitment agencies and monitored by the POEA. The nurses generally paid for their passport application and POEA fees, aside from the payment to the recruiter of a fee not exceeding one month salary.

Recruitment through direct hiring in Dubai, on the other hand, is an offshoot of the increase in number of Filipino workers in Dubai and Dubai's policy of allowing family and relatives to join the worker on a visit visa.<sup>13)</sup> (In this case, the latter plays the role of sponsor for family and relatives). There is an increasing trend of Filipinos coming to Dubai initially on a visit visa, with the purpose of looking for a job upon arrival in the emirate. According to two nurse respondents who belong to this category, they needed to take and pass the licensure exam of the DHA, and meet the requirements of (1) having a Philippine nursing license and (2) three years work experience. The direct hire nurses are commonly employed in private clinics and hospitals that offer lower salary compared to government hospitals. Also, to be able to work in hospitals outside Dubai, they need to pass an examination administered by UAE's Ministry of Health (MOH). It must be noted that for these nurses, the social network, consisting of family and friends in the destination, plays the most important role in facilitating their employment. This observation is supported by the survey result that the third strongest motivation to work in Dubai was "having family and relatives there."

While obtaining a tourist or visit visa can be a faster way to enter Dubai rather than getting hired directly from the Philippines, it could result in labor exploitation. Since those who come on visit visa are not monitored by POEA, there are observed cases in which the prospective migrant's visa is sponsored for a fee by some dubious Filipino migrant (not necessarily a family or relative) already in Dubai. One respondent who came in 2007 narrated that she obtained her visa for a fee from a Filipino worker who was a stranger to her, and upon arrival in Dubai, she was left on her own to find a job while being housed in a cramped dormitory-type accommodation, again for a fee. This practice results in many Filipinos being stranded in Dubai, overstaying and not finding jobs, and also of being exploited for cheap labor and doing illegal work. These instances prompted the Philippine authorities to make it compulsory for all Filipinos in the UAE to get a declaration of sponsorship or affidavit of support for visiting families and relatives and have such document notarized at the Philippine Consulate General in Dubai starting August 14, 2010 (GMA News TV online edition September 20, 2010).

Although it did not land in the top three choices, career growth, in terms of "becoming professional nurses in Dubai" and "acquiring high level of care technology (skills)" are also strong motivations (and expectation) for the respondents to go to Dubai (see Table 4). In contrast to other countries like Japan, Singapore and the USA that require Filipinos to pass the local nursing licen-

sure examination before being allowed to work as staff nurses, at the time of the survey, Dubai and most Arab countries only required a license obtained in the Philippines to be able to work as professional nurses.<sup>14)</sup> This made it easier for the respondents to practice their nursing profession especially in government-run hospitals in the Middle East. Some respondents also have high expectations that Dubai's hospitals will give them the opportunity to work with state-of-the-art medical instruments and practices that will enhance their nursing skills and make their tasks less physically demanding. One respondent who plans to go to UK is hopeful that with her working experience in Dubai, she can have a higher chance to land a job there. The choice of these two motivations points out to the desire of the respondents to develop their career, most likely not only to improve their economic (high salary for being in the higher step of the career ladder) and social standing, but also to increase their "capital" that can be used to get a greater access to the next destination. Uy (2008) also reports that one of the incentives for many Filipino nurses to go to Middle East is to obtain professional working experiences in better-equipped hospitals, as part of their preparation to go to US or Europe. They are compelled to do so, partly because of a long waiting list of nursing candidates at major tertiary hospitals in Metro Manila who want to obtain two years of working experiences at big hospitals, which are often required when one applies for a professional nursing job in European countries. Instead of waiting in the queue in the Philippines, some nurses decide to get the required experience in well-equipped government hospitals in Dubai and elsewhere in the Middle East.

In summary and in connection with the multi-step migration pattern, we found out from the survey that for Filipino nurses in Dubai, (1) the opportunity to work in Dubai and relatively easy, speedy and low-cost deployment due to its active recruitment policy for foreign nurses; and (2) their desire for career development through being able to practice their nursing profession and acquire skills that they think can be an advantage in seeking work in the next destination, together with (3) high remuneration, are regarded as the most important motivations to come and work in Dubai.

However, for many respondents, these motivations may not induce them to stay in Dubai throughout their working life. Some of them can even promote (instead of prevent) their departure from Dubai after a few years, with the aim of going to the next destination and not back to the Philippines. For these nurses, Dubai plays an important role as a "stepping stone" to achieve their goal of reaching their final destination. We further look into this aspect of multi-step migration in the following section.

#### **4. Dubai as a Stepping Stone**

Although the multi-step migration pattern is a trend among Filipino nurses that has been often cited in surveys and as anecdotes, not much really has been known about why and how it happens. In Carlos and Sato (2010), one of the earliest literature on the topic, it was confirmed that some Filipino nurses in UK did not directly come from the Philippines, but from other countries

like Saudi Arabia, UAE (Dubai) and Singapore. At the same time, some of these Filipino nurses are already planning to leave for the next destination, with many of them targeting the US as the final destination. In the UK case study, it was determined that the health and migration policies of UK as well as the changing priorities along the life course of the nurses greatly contributed to the development of such pattern. Moreover, it was learned that in addition to the accumulation of human and financial capital and the development of social network in UK, obtaining UK citizenship is considered by nurses as a substantial reason to consider UK as a “stepping stone” to the next destination.

Taking the lead from this previous study, we explore Dubai as another destination that Filipino nurses consider as a stepping stone. We show that many of the nurses currently working in Dubai have work experience in other countries and at the same time, they have plans of moving to the next destination. We also note that there are a few nurses who have chosen to stay in Dubai and thus we attempt to explain such behavior as well.

Of the 48 respondents, 15 (31%) have experience working as nurses in a country other than the Philippines. Of the previous destinations, Saudi Arabia tops the ranking, with 13 out of the 15 coming from this country. Apparently, this country, like UAE and other Middle Eastern countries, has become one of the initial destinations for Filipino nurses, dating back to early 1960s (Lorenzo et al 2007). In contrast to UAE, however, Saudi Arabia recruits only through agencies in the Philippines and does not allow direct hiring of nurses within Saudi Arabia.

In terms of foreign workers’ employment policies, there are also some significant similarities and differences between UAE and Saudi Arabia. In both countries, there are common practices of a system of hierarchy and wage discrimination in the workplace based on color and race and granting of housing and tax-free salary to its foreign nurses. Both countries observe Islamic nursing practices in hospitals and have fairly the same level of medical technology and standards, making it relatively easy for nurses from Saudi Arabia to be hired and adjust in Dubai hospitals (Interview with a nurse in Dubai 2009). However, Saudi Arabia pays lower tax-free salary to Filipino nurses compared to Dubai. One respondent who used to work in Saudi Arabia noted that the salary in Saudi Arabia, based on her experience and the type of hospital where she was employed, was lower than what she currently receives at Dhs.7,800 (US\$2,123)<sup>15)</sup> as a nurse in the government-run hospital in Dubai. Such salary difference, as well as the “lack of freedom”<sup>16)</sup> prompted her to move to Dubai.<sup>17)</sup> Moreover, in Saudi Arabia, if a foreign nurse wants to change employer, he should first go back to the Philippines, while in Dubai, this can be done without doing so. Despite these less favorable employment conditions compared to other prospective destinations, Saudi Arabia remains the top destination for nurses deployed directly from the Philippines (9,965 nurses or 74% of the total deployed in 2009) based on POEA data. Currently, it is estimated that there are nearly 130,000 Filipino nurses working in Saudi Arabia (Saudi Gazette Internet Edition May 30, 2010).

To determine the Filipino nurses’ propensity to leave Dubai for the next destination, the



respondents were asked about their future plans. Results show that 81% of the respondents do have plans to work in another country, and another 10% said it depends on the age requirement, salary and family reunification policy of the next destination (Table 5). This suggests that for the majority of the respondents, Dubai is one of the potential transit points and not the final destination in their multi-step migration process.

**Table 5** Plan to Leave UAE to Work in Another Country

Response	Frequency	Percent (%)
Yes	39	81
Not sure	5	10
None	3	6
No reply	1	2

Note: Total % may not sum up to 100% due to rounding-off.  
Source: Authors' calculations.

Moreover, in terms of the length of time they intend to work in Dubai, only a very small percentage of the respondents (3.6% of those working in government hospitals and none of those who work in private clinics) plan to work in UAE beyond 10 years (Table 6). About 70% would like to see themselves leaving this country within five years. Further, it is notable that a higher percentage of the respondents working in private institutions are more eager to leave UAE soon. Such relatively short period of time in one destination suggests that within his working life, a migrant worker can possibly work in several transit points until he reaches his most preferred (final) destination as a migrant laborer.

It must be pointed out however that there are a few respondents who have been employed as a staff nurse in Dubai throughout their working years, which is an exception to our general observation of multi-step migration and relatively short duration of stay of migrants in one destination. The reasons given on why they choose to stay in this country were (1) being used to living in Dubai and being inconvenienced by resettlement in another country and (2) age requirement for staff nurses being hired by some hospitals in other destinations (Interview with a Filipino nurse in Dubai 2009).

**Table 6** Planned Duration of Work in UAE

Duration (in years)	Type of Workplace	
	Government (%)	Private (%)
Less than 3 years	37.0	55.0
3 years to less than 5 years	29.6	25.0
5 years to less than 10 years	18.5	20.0
10 years or more	7.4	0.0
No answer	7.4	0.0

Note: Total % may not sum up to 100% due to rounding-off.  
Source: Authors' calculations.

These findings lead us to the question: what are the factors that motivate the respondents to leave Dubai for the next destination? Table 7 shows that lack of financial rewards and high cost of living, both economic factors, are the two top reasons given for wanting to leave Dubai. Based on

further inquiry with the respondents, it appears that their dissatisfaction with what they have been earning in Dubai is based on their perception about how much they “can possibly” earn in the next destination, and not because they feel that their salary is not commensurate with the work they perform in Dubai or because their expectations regarding economic returns in Dubai are not met. The third and fourth top reasons were slow career promotion and racial discrimination as mentioned in Section 2. According to a nurse respondent who has been working in Dubai in the same position for more than 20 years, years of experience and tenure are of minimal considerations for promotion, particularly in government hospitals. Supervisors are often hired from outside, usually a local or a Caucasian.<sup>18)</sup> These practices are not an extraordinary case. Such unhappiness with slow promotion for Filipino nurses is also reflected in the survey when the respondents were asked to rate their degree of satisfaction in several aspects of their work. This is shown in Table 8 where “salary and benefits” and “career growth” scored only 2.71 on a scale of 1 to 5. On the other hand, the respondents seem to be highly satisfied with their relationship with their co-workers, who are of the same or lower positions and mostly Asians, as well as with their patients.

**Table 7 Reasons for Wanting to Leave UAE**

Main Reasons for Wanting to Leave UAE (Top 3 Ranked in the Order of their Importance)	Weighted Score Most important: 3pts; 2nd most important: 2 pts.; 3rd most important: 1 pt.
1. Lack of financial rewards (Salary, benefits)	64
2. High cost of living	49
3. Slow career promotion	40
4. Racial discrimination	25
5. Difference in the way of life / culture	18
6. Homesickness / miss family back home	16

Note: Only the top 6 out of 14 choices are included in the table.  
Source: Authors' calculations.

**Table 8 Evaluation of Job Satisfaction**

Areas of Work	Average Score (Scale 1-5) 1: extremely dissatisfied 5: extremely satisfied
Salary and benefits	2.71
Working conditions	3.14
Career growth	2.71
Relationship with superiors	3.00
Relationship with coworkers	3.79
Relationship with patients	3.71

Source: Author's calculations

The desire to move out of UAE to another destination based on these motivations suggests that migrant nurses continually seek for the potential destination country that will alleviate their financial, professional and social positions in the (host) society. To many Filipino nurse respondents, the best candidate (most highly preferred) country to achieve these goals is the US, followed by Canada and the UK (Table 9). We find similar trend among Filipino nurses and nursing students in general (see for example, Nakai, Goto and Carlos (2008) in the case of nursing students

in the Philippines; and Carlos and Sato (2010) for Filipino nurses in UK). Currently, however, it is difficult for foreign nurses to work in the US because of visa retrogression and strict processing of required documents (Indino 2010).

**Table 9 Preferred Destinations of Filipino Nurses in UAE**

Preferred Destinations After Working in UAE	Weighted Score (1 <sup>st</sup> choice: 3 pts; 2 <sup>nd</sup> choice: 2 pts; 3 <sup>rd</sup> choice: 1 pt)
1. USA	96
2. Canada	69
3. UK	25
3. Australia	25
5. Japan	8

Note: Other countries mentioned were New Zealand, Saudi Arabia, Norway, Philippines and Spain.

Source: Authors' calculations.

**Table 10 Reasons for Choosing the Most Highly Preferred Destination After UAE**

Reasons for Choosing the Preferred Destinations After Working in UAE	Weighted Score (1 <sup>st</sup> choice: 3 pts; 2 <sup>nd</sup> choice: 2 pts; 3 <sup>rd</sup> choice: 1 pt)
1. High salary	90
2. Can obtain citizenship	43
3. Family and relatives live/work there	42
4. Can bring/petition family	41
5. High level of skills technology	19
6. The Philippine government actively recommends this country as destination	4
7. People are kind	3
7. Possibility to obtain that country's nursing license	3
7. Low recruitment and processing fee	3
10. Interested in the country's culture	2
10. Can speak its language	2
12. Near Philippines geographically	0
12. That country and the Philippines have good relationship	0
12. Same religion	0

Source: Authors' calculations.

As shown in Table 10, the five leading reasons ranked in the order of importance on why Filipinos prefer to move to these preferred destinations are as follows: (1) high salary, (2) can obtain citizenship, (3) family and relatives live/work there, (4) can bring/petition family and (5) high level of skills technology. It must be pointed out that the last three reasons mentioned can also be found in the case of Dubai. However, these are not enough reasons for the Filipino nurses to settle in Dubai.

While seeking greener pastures as the leading reason in moving on to the next destination is something that is not unusual for workers in general, "obtaining citizenship" as a driving force for multi-step migration owes further explanation. Based on our interviews, citizenship is pursued because of the following reasons:

- (1) It entitles the Filipino nurse with the same rights and privileges as the local citizens of the host country that are provided under the law<sup>19)</sup> such as social welfare benefits, employ-

ment benefits and permanent residency,

(2) It facilitates family reintegration and allows the members of the family to obtain citizenship in the future as well, and

(3) It enables further and easier international mobility (which most often translates to higher salary in the next destination).

It must be noted that “citizenship” here is mainly “formal citizenship,” a form of capital pursued by non-citizens to entitle him to participate in the national institutions and make claims to its authority, regardless of his race and color (Bauder 2008: 319-26).<sup>20)</sup> In an example cited in Carlos and Sato (2010), a Philippine-born nurse who holds a British passport plans to move to Dubai because she will get a higher salary compared to a Philippine-born nurse with a Philippine passport. Another respondent in the same study narrated her plan to move to Australia because having a UK rather than a Philippine passport will make getting a residency visa and finding work in Australia easier. Since the UAE does not allow Filipinos to acquire citizenship, Dubai is often considered a “stepping stone” rather than a final destination.

It is also noteworthy that cultural and geographical differences in terms of language, religion and cultural practices are placed at the bottom of Table 10. This implies that the respondents do not seem to put so much weight on these as factors (compared to economic and social factors and citizenship) to move to one destination.

Summarizing the discussions in this section, we can say that for Filipino nurses, Dubai is more of a transit point rather than a final destination. This trend can be attributed to the employment and immigration policies of UAE, particularly wage discrimination against Filipino and other Asian nurses, residency permission based on employment and inability to acquire citizenship which emerged as very important reasons that drive Filipino nurses to target the next destination. By contrast, Filipino nurses expect that the highly preferred (final) destinations can give them not only greater economic rewards but also citizenship which they consider to be more valued overseas than their Filipino citizenship.

## **5. Summary and Conclusions**

This paper examined the interplay between Dubai’s recruitment, employment and migration policies for foreign nurses and the multi-step behavioral pattern of migration of the Filipino nurses working there. From the analysis of Dubai’s labor market policies, we found out that foreign nurses, particularly those from Asia (Philippines and India among others) have continued to comprise the majority of the nursing sector workforce. Such trend exists for nurses despite the government’s nationalization (Emiratization) and Arab preference policy. It was also observed that the labor market for nurses has been rather dualistic, with locals, Arabs and Westerners taking up major administrative positions while those from Asia making up the bulk of staff nurses on the ground. There is also wage discrimination among foreign workers. Moreover, foreign workers are seldom granted Emirati citizenship and their residency is dependent on having an existing employment

contract. Despite these rather strict and discriminating employment and migration policies, Filipinos come to Dubai largely because of its active recruitment policy. Today, Filipinos comprise the second largest foreign nationality of nurses, next to India.

For the Filipino nurses, Dubai's active recruitment policy offered an easy gateway from unemployment in their own country. In addition to offering a comparable remuneration package (salary and benefits), Dubai also has a big community of Filipino nurses that provide a network support system for newly-hired nurses. Their decision to go to Dubai was also influenced by the restrictive immigration policy of other popular destination countries. We do not think it was just a coincidence that the number of Filipino nurses who were deployed to the UAE through POEA process increased during 2005-07 when it became increasingly difficult for them to find a job in the UK. Mid-2000s was also the time when foreign residents were briefly allowed to sponsor their "friends" to visit Dubai and look for a job. There are no statistical figures to prove that the number of Filipino nurses who obtained the job through direct hires increased during this period, but it is not difficult to imagine that they have contributed to the general increase in the number of nurses employed by the DHA in the past decade.

Although Dubai was an easy place to come, it seems that it is also an easy place to leave for Filipino nurses. While Emiratization did not replace foreign nurses with UAE nationals, it made it clear that UAE nationals are preferred workforce and they will be paid more and promoted quickly. Overt and covert ways of discrimination based on one's nationality were easily detectable and many of our Filipino respondents working in hospitals in Dubai were aware of them. This, together with the near-impossibility of obtaining citizenship in the UAE, seems to encourage Filipino nurse to move to another destination. More than 80% of our respondents were determined to leave the UAE, and majority of them were planning to do so within five years. For many of them, Dubai is just a stepping stone to move to another, better destination in their multi-step migration process.

#### Appendices: Profile of Respondents

##### Appendix 1 Age Profile of Respondents

Age	Frequency	(%)
~25	3	6
26~30	15	31
31~35	10	21
36~40	9	19
41~45	3	6
46~50	1	2
50~	6	13
No answer	1	2
Total	48	100
Average	35.1 years old	

Source: Authors' calculations.

##### Appendix 2 Length of Stay in Dubai as Nurse

Years	Frequency	(%)
~1 year	12	25
~2 years	2	4
~3 years	11	23
~4 years	4	8
5~10 years	9	19
11~15 years	4	8
15+ years	4	8
No answer	2	4
Total	48	100
Average	5.1 years	

Source: Authors' calculations.

## Notes

- 1) Recently two detailed works on Asian migration to the UAE have been published. Agunias (2010) discusses the role of recruitment agencies in the migration process in both the Philippines and the UAE, while HRW (2006) documents the plight of migrant construction workers in Dubai. Our paper discusses the conditions of Filipino nurses which, we think, being a professional job, will shed light on different views and concerns from migrants in the construction industry.
- 2) Figures for 2006-2009 were estimated based on the population census in 2005 (CSD 2008).
- 3) Apparently this is a common feature of labor markets in the GCC countries (Awad and Abimourad 2009: 5).
- 4) Shah (2005: 9) cites examples of the price of a work visa for an Indian as Dhs.7,500 (US\$2,042) and for an Iranian for Dhs.15,000 (US\$4,084).
- 5) In 1996 the UAE government implemented a general amnesty to those who were staying in the country illegally. It is reported that more than 200,000 immigrants, mostly South Asians, left the country during this period (UAE interact, May 26, 2002). Another general amnesty to illegal residents was introduced at the beginning of 2003, but it did not bring out the large scale exodus of foreigners as it happened in 1996 (UAE interact, December 30, 2002; March 11, 2003).
- 6) On the other hand, the tourist visa, which is issued with the travel agencies and hotels acting as a sponsor, was extended to all nationalities, while it had previously been issued only for 79 nationalities (UAE interact, July 24, 2008; July 25, 2008).
- 7) However, there are several health facilities in Dubai which are under the management of the Ministry of Health. 390 nurses (18 Emirati, 121 other Arabs, 240 Asians, 5 Africans, and 6 European and Americans) were working at these facilities in 2009 (FDON 2010: 52-3). We exclude them from our analysis in this section.
- 8) Two respondents did not reply to the question on type of workplace.
- 9) Under the Philippine Nursing Law of 2002, it is stipulated that nurses get a monthly salary of 24,000 pesos (about US\$480 at the exchange rate of US\$1 = 50 pesos in 2009). However, as of May 31, 2009, it has not yet been implemented (Philippine Nursing Association website). In May, 2009, the actual starting basic monthly salary of registered nurses employed in government-run hospitals in the Philippines was 18,000 pesos (about US\$360), while those employed in non-government clinics and hospitals receive only 12,000 pesos (US\$240) (Philippine Star Internet Edition May 31, 2009).
- 10) Dubai Department of Health and Medical Services (DOHMS) was changed to Dubai Health Authority (DHA) in late 2000s.
- 11) Other destinations which have active recruitment policy for Filipino nurses are other Middle Eastern countries and Singapore.
- 12) Subsequently, the DHA publicized its regulation concerning licensure requirements for nurses and midwives (DHA n.d.), and the UAE Nursing and Midwifery Council was launched in early 2010.
- 13) For Filipino nationals, the sponsorship of a UAE national (relative or friend), hotel, travel agency or company is required to obtain a visit visa, also known as the tourist visa. For a relative or friend to sponsor a tourist visa, he or she must earn over Dhs. 4,000 per month and hold a valid residence visa. A family visa can also be obtained by a foreign worker which will allow him/her to sponsor parents, spouse, daughters, and sons under the age of 18. Family visas can be issued if the sponsor earns more than Dhs. 4,000 a month (The Emirates Network 2011).
- 14) There are also some countries, like Singapore and the US, that require both licenses to be able to practice as professional nurses.
- 15) Based on exchange rates as of September 24, 2010 (<http://www.xe.com/>).
- 16) The problems of daily life for foreign female workers in Saudi Arabia mentioned by the respondent included strict rules towards women like wearing of *abaya*, restricted practice of religion and limited social life.
- 17) There are cases, however, of Filipino nurses choosing to stay in Saudi Arabia because of the free furnished accommodation, generous annual leave of up to 54 days, and low cost of living - benefits that

- may not be found in Dubai (E-mail correspondence with a Filipino nurse in Saudi Arabia 2010).
- 18) However, we met an exceptional case in Dubai. She is the Filipino nursing director of a group of private associated clinics. She has worked in Saudi Arabia, Qatar and the Philippines before coming to Dubai and directly applying first as staff nurse in the current company.
- 19) This however, may not eliminate social discrimination based on ethnicity and race.
- 20) According to Bauder (2008:319), citizenship is a “mechanism of distinction between migrants and non-migrants based on associations with place, origin, and national community.” Moreover, there are two kinds of citizenship, formal and informal. Informal citizenship is “membership in a national community related to practices and belonging” (Bauder 2008:323).

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**Interviews (excluding 48 Filipino nurse respondents in Dubai)**

1. Ms. Judith Brown, Chief Nursing Officer, Dubai Health Authority, 2 November 2009, Dubai.
2. Consul General Benito B. Valeriano, Philippine Consulate General in Dubai, 3 November 2009, Dubai.
3. Atty. Virginia P. Calvez, Labor Attache II, Philippine Overseas Labor Office, 3 November 2009, Dubai.
4. Ambassador Grace Relucio Princesa, Embassy of the Philippines, 5 November 2009, Abu Dhabi.
5. Prof. Habibul Khondker, Zayed University, 5 November 2009, Abu Dhabi.
6. Prof. Jahan Mehraj, Zayed University, 5 November 2009, Abu Dhabi.
7. Dr. Allen Bay, Manager, Processing Department, Nextcare, 6 November 2009, Dubai.