

Determinants of the Migrant's Decision to Stay or Leave the Current Destination: Family-related Factors in the Case of Philippine-Educated Nurses (PENs) in Scotland, UK and Kansai Area, Japan

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フィリピンで教育を受けた移民看護師は 現在の居住国に定着するのか ——スコットランド（英国）および関西圏（日本）在住のフィリピン人 看護師の事例から見た「家族」による決定要因——

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This paper discusses the factors affecting the retention of Philippine-educated nurses (PENs) in their current destination, particularly those who currently work as registered nurses in UK and certified careworkers under the Economic Partnership Agreement (EPA) in Japan. Some of the highlighted factors based on our qualitative in-depth interviews in both countries are (1) work-related (instigating factors), such as poor working conditions, heavy load and discriminating treatment by co-workers and difficulty in adjusting in the workplace because of intercultural differences; (2) desire for self-improvement (activating factors) such as opportunity for professional growth and career development, (3) perceived better conditions in other destinations (facilitating factors) resulting from more favorable policies and practices; and (4) family-related (mitigating factors) such as family integration and improved welfare for the members of the family. In this study, we especially focus on how the “family” plays a vital role in the migrant’s decision to stay or leave the current destination. Our results support the New Economics of Labor Migration’s main thought that in migration decisions, the main agent is the “family” and the target is to maximize the welfare of the entire family. Our findings also extend this thought by emphasizing that it is not only at the initial stage (from home country to first destination) but also in the succeeding stages in the multistep migration process that “family matters.” In the last section, we propose policies pertaining to the family that can be implemented if the Japanese government desires to keep its skilled foreign workers, particularly in sectors that have chronic labor shortage, such as the elderly care sector.

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本稿はフィリピンで教育を受けた看護師（ここでは **Philippine-educated nurses, PENs** と呼ぶ）、とりわけイギリス在住の有資格看護師及び経済連携協定に基づいて受け入れた在日介護福祉士の定着の決定要因を考察したものである。ここでは質的調査（インタビュー）を用いて、その要因を（1）職業に関する要因（移動を余儀なくさせる要因、例えば、劣悪な労働環境、重労働、日本人同僚による差別的な扱い、現場での適応困難）、（2）向上心（移動を促進させる要因、例えば、キャリア形成やスキルアップの機会）、（3）次の行き先の魅力的な政策や労務管理（移動を容易にする要因、例えば積極的な受け入れ、長期休暇制度など）、（4）家族に関する要因（移動に伴う様々なコストを軽減するような要因、例えば、家族の呼び寄せや統合が可能なこと）の四つのグループに分けることができる。本稿では特にこの4つ目の要因群に着目し、**PENs** は彼ら自身の幸福よりも家族全体の幸福が最大となるように、ある行き先（ここでは日本あるいはイギリス）で定着するかどうかを決定する。調査の結果は「労働移動の新経済学」の主張（つまり、労働者は母国から移動するかどうかを決定する際に家族の都合を中心に考えていること）を支持し、また、多段階的移動をたどる移動労働者は初期段階（母国から第一回目の行き先）だけでなく、それ以降の行き先への移動の決定に際しても家族の幸福を優先し、家族を中心とした視点で移動を行っていることも調査によって明らかになった。最後に、本稿では、日本がもし労働不足が深刻な介護分野において外国人労働者を定着させることを望むのであれば、家族の呼び寄せや家族統合プログラム、移民労働者に対する長期休暇制度の導入のような家族のための政策を導入することも必要であることを主張した。

Introduction

Healthcare-related jobs have emerged to become one of the most globally mobile professions. Traditionally, the international migration of health professionals was a one-way flow, mostly from the resource-poor countries to wealthier countries. In recent years, however, this trend has also emerged in the case of mobility between affluent countries. For instance, Australia is to be the favored destination countries for a number of nurses who leave the UK.¹⁾ While there have been many works on the issues surrounding the recruitment and employment of overseas-educated nurses (OENs), little research has been done on whether and why they stay or leave their current workplace. This is closely linked to the notion that migrant nurses are willing to stay to take over the jobs of local nurses who are thought to have higher turn-over rate. However, recent studies by Buchan et.al. eds. (2014) and Buchan et.al. (2014) found out that many OENs in UK have left for Australia and New Zealand; and that with the free flow of labor among EU countries, OENs are noted to move within member countries of EU. Similarly, in Japan, about 30% of Filipino and Indonesian licensed nurses and certified careworkers under bilateral Economic Partnership Agreements (EPAs) have already either returned home or quit working under the EPA scheme.²⁾

Interest on the retention of nurses is also brought about by the current global shortage of healthcare professionals. This shortage is created by increased demand for modern and better health services globally. The strong demand for more healthcare professionals is expected to increase continuously in future (Adhikari and Melia 2013; Kingma 2006; WHO 2006; Buchan *et al.* 2005), reaching 12.9 million in coming decades (WHO 2013). Shortage and maldistribution of health workforce, especially nurses and careworkers, are the two main consequences, which are further affected by the escalating international recruitment of them by affluent coun-

tries from low-income countries. Moreover, the intensifying shortage of health workforce has exacerbated in so-called least-desired areas of health services, particularly elderly care, in developed nations (Adhikari and Melia 2013 ; Carlos and Sato 2008). Affluent countries such as Japan and the UK have experienced shortage of staff to provide care for ageing population and they have the capacity to recruit workforce internationally (Cangiano and Shutes 2010). Such recruitment practice has led to a serious challenge globally and ultimately has stressed the need for more nursing and care workforce for now and for the forthcoming days in order to provide efficient care for the elderly population.

In the classical analysis of migration, the “individual” is regarded as the agent that makes the decision on whether to migrate or not ; as well as where to migrate. However, it was challenged by the New Economics of Labor Migration (NELM) which emphasized that it is the “family” that makes these migration decisions (Stark, O. and D. Bloom 1985). This paper extends the ideas proposed by the NELM—by arguing that within the multistep migration of OENs, it is also the family that makes the decision on whether to stay in one destination or move to the next. Indeed, the retention in one country is highly influenced by factors pertaining to the family.

This paper looks into the cases of Philippine-educated nurses (PENs) who are employed as professional nurses in UK and certified careworkers in Japan.³⁾ It attempts to contribute to the literature on the retention of overseas-educated nurses (OENs) in the following aspects. First, through interviews with PENs, we capture the factors contributing to their retention in their current destination (Section 4). Second, of these factors, we look closely at the crucial role of the family which, in our view, renders the strongest impact ; and other factors such as salary, career development or working conditions are all directed to raise the welfare of the entire family rather than the individual migrant (Section 5). Third, based on our findings, we recommend relevant policies that may promote higher retention rate of these PENs in Japan (Section 6). Prior to these sections, we present an overview of recruitment of PENs in UK and Japan (Section 1), and discussions of the analytical framework and methodology in Sections 2 and 3 respectively.

In our case study of Japan, we limited our respondents to certified careworkers because they play a big role in the elderly care services workforce in this country. Moreover, the elderly care sector is the one that is most seriously affected by shortage of health workforce. In this country, certified careworkers are not categorized as unskilled labor. This profession was created in the 1980s to take up part of the roles of nurses in elderly care institutions ; and certified careworkers are required to pass the national licensure examination that includes written and practical examinations in the areas of nursing care, personal care of the elderly and housekeeping.⁴⁾ The creation of this profession can be considered as one of the reasons why there is no serious shortage of nurses in Japan at present. Currently, nurses are largely employed in hospitals ; while in elderly care institutions, only one nurse is usually employed at daytime but are

“24 hours on-call.”

1. International recruitment of nurses and certified careworkers in Japan and UK

We begin the discussion with a brief background context of international recruitment of nurses and careworkers in these two countries.

1-1. Japan

In Japan, the recruitment of healthworkers (nurses and certified careworkers) directly from overseas did not begin until 2008 when the first batch of Indonesia-educated nurses arrived as candidate nurses and certified careworkers under the bilateral economic partnership agreement between this country and Japan. In the following year and in 2015, respectively, health careworkers from the Philippines and Vietnam also came under similar government-to-government scheme.⁵⁾

As of September 1, 2016, a total of 1,118 candidate nurses and 2,740 candidate careworkers arrived from three source countries (see Table 1). From the same table, we can also see that the numbers are very small, and while the quota for each source country is set at 200 for candidate nurses and 300 candidate certified careworkers annually, this has never been met by any country. We cannot find any clear trend with regards to the number of arrivals, as can be seen from Table 1. Based on this, we have the impression that the past eight years was a “teething” period for EPA, and that Japan’s stakeholders are yet to commit to making international recruitment as a solution to labor shortage in its health care sector.

Under the EPA scheme, only the designated government agencies from the two countries are allowed to recruit the workers, who come to Japan initially as “candidates.” The Japan International Corporation of Welfare Service (JICWELS) is the only agency that is designated by the government of Japan to process and facilitate the acceptance of workers under EPA. As part

Table 1 Number of healthcare workers recruited under bilateral economic partnership agreements (Fiscal Years 2008-2016)

Source Country	Fiscal Year of Entry									TOTAL
NURSES	2008	2009	2010	2011	2012	2013	2014	2015	2016	2008-2016
Indonesia	104	173	39	47	29	48	41	66	46	593
Philippines	—	93	46	70	28	64	36	75	60	472
Vietnam	—	—	—	—	—	—	21	14	18	53
ALL Sources	104	266	85	117	57	112	98	155	124	1,118
CAREWORKERS	2008	2009	2010	2011	2012	2013	2014	2015	2016	TOTAL
Indonesia	104	189	77	58	72	108	146	212	233	1,199
Philippines (work)	—	190	72	61	73	87	147	218	276	1,124
Vietnam	—	—	—	—	—	—	117	138	162	417
ALL Sources	104	379	149	119	145	195	410	568	671	2,740

Source : Japan Ministry of Health, Labor and Welfare website (2016)

of its mandate, it recruits host institutions that are willing to employ these workers and facilitates the matching and processing of their immigration papers. It also coordinates and monitors the pre-departure and post-arrival training programs of host institutions and provides consultations from both the foreign workers and the employers.

The Philippine Overseas Employment Administration (POEA), an agency of the Department of Labor and Employment of the Philippines, is JICWELS' counterpart in the Philippines. Under the EPA, private recruiters are not allowed to participate at any stage of the recruitment and employment, although there are cases when enterprising private organizations train Filipinos and introduce them to host institutions before undergoing the matching process.

Under the EPA scheme, candidate nurses are allowed to stay for an initial period of three years, and candidate careworkers, for four years (can be extended for another year) and within this period, they must pass the pertinent national licensure examination. If they fail, they must return to their home country. Workers under EPA, regardless of whether they are still candidates or have already passed the national examination, are granted a visa called "designated activities" under which they cannot change jobs; in case they want to change employer, they need to seek the approval of JICWELS. While some "teething" problems have already been resolved, there remains to be some vital issues that are linked to the low retention of these workers (to be discussed below).

There have been continuing and enormous efforts to make the scheme work, both from the sides of the government and the host institutions (hospitals and elderly care facilities). Classroom tutorials and on-the-job training to improve the Japanese language and work-related skills of the candidates are vigorously implemented. The national licensure examinations, which are administered in the Japanese language, have been modified to accommodate these non-Japanese native speakers. For example, the way of reading a Chinese character is written in small *furigana* (Japanese alphabet) above it; and the names of diseases are also written in English. The allotted time to answer the questions in the examinations is extended by 1.5 times for foreign candidates.

There have been efforts also to give the candidates more chances of taking (and thus passing) the examinations. The period of stay prescribed in the initial agreement has been extended for another year. Also former candidates are granted visa to come to Japan either just to retake the examination, or as students to be enrolled in review schools before retaking it. The Japanese government has also allotted a considerable budget to fund JICWELS and also to subsidize the pre-departure and post-arrival language and skills training of these candidates. The host institution also spends about US\$10,000 for the recruitment and pre-departure language and skills training of every Filipino EPA candidate. Moreover, it must assign someone from its staff to supervise the training of these candidates, and also are expected to allow the candidate to have language and skills training opportunities, both within and outside the workplace. Although many of the candidates are allowed to shorten their working hours to be able to study for the

examinations, the agreement requires that they be paid at least the same salary as their Japanese counterparts.

That the government and host institutions are willing to devote so much investment in terms of time, money and human resources on this scheme suggests that there is a perceived shortage of workers especially in the elderly care services sector ; and while the Japanese government does not admit it, managers of elderly care institutions recognize the role that these foreign workers can play to alleviate the labor shortage, perhaps not only in the short-run but more so in the mid- to long-run.

However, statistics from JICWELS show that the impact of EPA on the licensed nurses and certified careworkers' supply has been very minimal. In the past five years (2010-2015) the average passing rates in the national licensure examination were around 10% for nurses and 42% for certified careworkers. Of the first five batches (2008-2012), only 149 out of the 629 (around 24%) candidate nurses and 397 out of 743 (about 53%) candidate certified careworkers obtained their Japanese national license. Moreover, as mentioned above, of those who obtained the license, one out of four has already left Japan, either to work in the home country or move to another destination. Indeed, the scheme has not been successful in keeping these workers and in Section 3, we analyze why this is so by citing examples from in-depth interviews with some of them.

1-2. UK

UK has been one of the leading destinations for nurses and other type of health professionals from an increasing number of countries. The most commonly discussed reasons for this are : colonial connection, language and better earning potentials. Possibility for family reunion and permanent settlement in UK and better education opportunities for migrants' children and family members are attractions (or pull factors) also attributed to this country.

The National Health Service (NHS) United Kingdom, the biggest employer of health professionals in the country, has been recruiting nurses and careworkers educated overseas for several decades now. In some cases, the NHS hospitals have employed agreement schemes, such as with hospitals and nursing schools in Africa, to recruit internationally. Other times, health workers are recruited in open domestic labor recruitment market - all depending on labor demand in the UK and availability of health professionals within UK. Some are recruited from nursing homes and private hospitals that generally give its nurses less benefits and pay them salary on an hourly basis.

In the past 25 years, the international migration of nurses to UK saw periods of bust and booms that are inversely related to nurses educated in UK (Figure 1). The most recent wave occurred from the late 1990s and lasted for almost a decade (1998-2008), in what was characterized as a policy-led approach to recruit internationally in order to “modernize” the NHS (Marangozov, R., M. Williams and J. Buchan 2016 : 10). It was at the height of this boom that UK

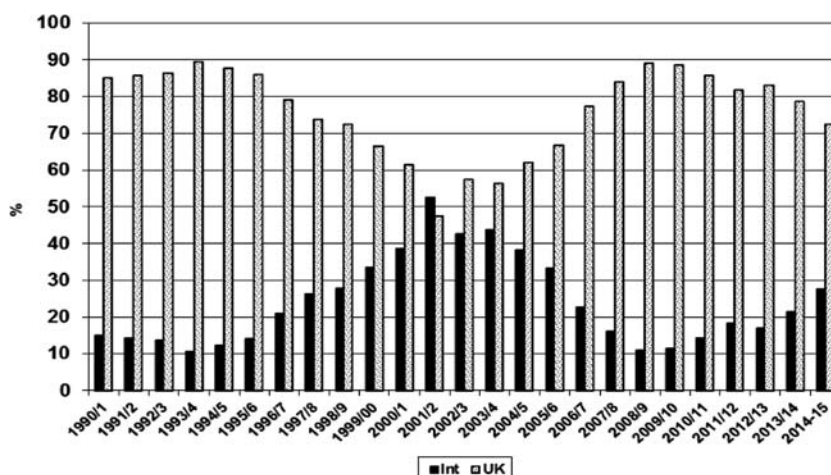


Figure 1 International (EEA and non EEA) and UK sources as a percentage of total new admissions to the UK nursing register, 1990/1-2013/14 (New registrations)

Source : Marangozov, R., M. Williams and J. Buchan (2016)

Notes : EEA : European Economic Area The fiscal year in UK begins on April 1 until March 31 of the following year.

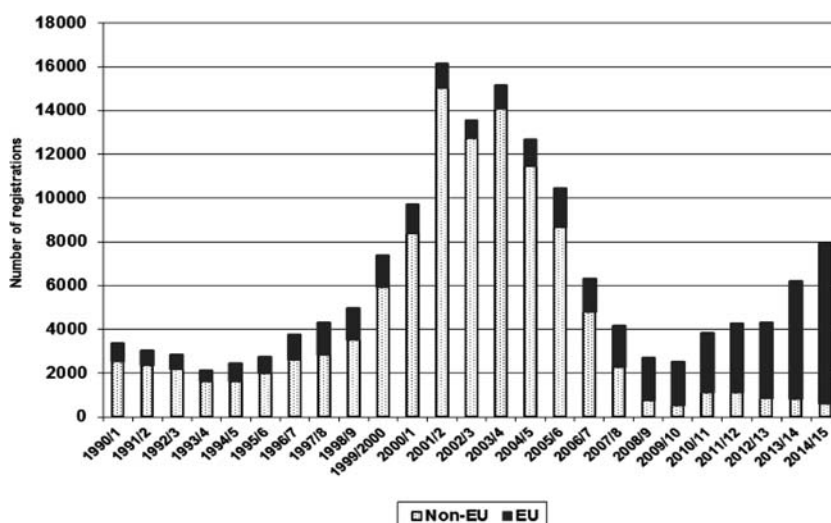


Figure 2 Annual registration of EEA and non-EEA nurses, 1990-2015

Source : Marangozov, R., M. Williams and J. Buchan (2016)

inked a bilateral agreement with the Philippines on the ethical recruitment of nurses.

Another feature of UK's recruitment of foreign-educated nurses since around 2007/2008 is the increasing percentage of international nurses coming from European Economic Area (EEA) sources, particularly Spain, Portugal and Ireland. From Figure 2, we can see this evident shift in sources, with nurses from non-EEA sources such as the Philippines and India comprising only about one-tenth of the total annual registration of nurses from international sources. This is in compliance with the EU agreement on intra-mobility of labor. Tighter immigration policies and more expensive registration requirements imposed by the Nursing and Midwifery Council towards registrants from non-EEA sources were also cited as other contributing factors to the de-

creasing number of recruits from these countries (Marangozov, R. M. Williams and J. Buchan 2016).

According to a report in 2015 by the NHS to the Migration Advisory Committee (MAC), a shortage in nursing workforce has been detected since 2013 (NHS Employers 2015) in what is termed as “panic buying.” It was reported that 83% of NHS hospitals were facing nurse shortage in 2013, and the ratio of OENs in NHS institutions has been on the rise. Such trend is brought about not only by the lack of funds but to ensure “safe staffing” which is emphasized after the release of the Francis Report in 2013. As intermediate solutions, NHS urged MAC to include nurses in the labor shortage list to allow it to recruit more nurses from non-EEA, specially from the Philippines and India (NHS Employers 2015 : 6).

Within the context of international recruitment of health professionals in Japan and UK, next we examine our research data on Philippine-educated nurses and certified careworkers (candidates) intention to stay or leave these two destinations.

2. Factors Affecting Non-Retention : A Simple Analytical Framework

Drawing from previous studies (like for example, J. Buchan 2005) on the migration of health professionals, the decision to migrate is affected by various ‘push’, ‘pull’ and ‘grab’ factors. However, there are rather limited studies on adhering factors, which enable health professionals to continue to stay in their current place or country of work. The most commonly highlighted reasons (also known as push factors) are lack of professional development opportunities, low pay, low job satisfaction, lack of modern facilities, including school for their children and other personal and family issues. Quite understandably, health professional seek for better opportunities for themselves and for the future of their families. For this, they tend to gravitate towards bigger cities (nationally and internationally) where they can enjoy better working environment, fulfil their dreams and aspirations of working in modern and high-tech facilities with better career promotion opportunities (these are commonly discussed as pull factors).

Padaiga et al. in Buchan, Wismar, Glinos and Bremner (2014 : 156) in their studies of migrant nurses from Lithuania, attempted to categorize the adhering factors affecting migrant nurses into (1) instigating (2) activating, (3) facilitating, and (4) mitigating factors (see Table 2). Instigating factors can be considered issues that are inherent in the nursing job, such as unsatisfactory salary, working hours and other work conditions. On the other hand, activating factors are external positive inducements that attract the nurse to leave the destination ; such as better quality of life and better career opportunities somewhere else. There are also factors that tend to facilitate non-retention, such as active recruitment systems and few barriers to entry in the profession. Finally, the mitigating factors are those that make both the physical move to the next destination and settlement less costly physically and psychologically. In this paper, we consider the “family-related” elements as the mitigating factors that will make the adjustment in the destination easier and bearable.

Table 2 Factors influencing non-retention of OENs

Factors	Components
Instigating	Low salaries, long working hours, perceived low prestige, unsatisfactory working conditions
Activating	Personal : better quality of life, desire for a life change, living experience abroad or relatives abroad Job-related : better professional opportunities, better working conditions and working environment, professional training abroad, professional and social recognition
Facilitating	Very active recruitment, very active induction schemes (e.g. free language courses, social programmes, fewer barriers to start professional practice, less bureaucracy)
Mitigating	Separation from family, language skills, settling down with family in a destination country

Source : Drawn from Padaiga et al. (2014)

3. Methodology and Profile of Respondents

This paper is based on multi-sited qualitative study in Japan and UK. Fieldworks were held in between August and November 2014 and in February and March, 2016. We conducted in-depth interviews with PENs (n=9), five of them based in Scotland, UK and four in Kansai Region in Japan. The profile of the respondents is found in Table 3. Discussion with employers through their representatives in-charge of the PENs were also held. In Japan, the research team visited a number of health facilities (big city hospitals n=2 ; nursing / care homes n=3). Key stakeholders in hospitals and nursing home were interviewed (Hospital Matrons n=2 ; nursing home in-charge n=3). In UK, informal discussions were also conducted with migrant nurse facilitators (n=2).

In comparing these two sets of respondents, we take into consideration the following differences in their attributes which may affect their views and opinions. UK respondents are relatively older and arrived in the host country earlier than the Japan respondents. This is because PENs were allowed to come to Japan as candidates only from 2009 through the EPA scheme. While all the respondents in Japan work in elderly care institutions as certified careworkers, most of the respondents from UK work in elderly care related institutions such as rehabilitation hospitals and elderly care homes.

In addition to the in-depth interviews, research literature and policy documents related to nursing shortage and workforce management strategies in these countries were also reviewed. Data were analysed by reading interview transcripts and identifying themes. Both the authors have crosschecked data for validity and consistency. Ethical permission was obtained from all institutions (hospitals and care homes) in Japan. In UK and Japan, the research team obtained consent (verbal as well as written) from all nurses and careworkers who participated in this study. All participating institutions and individual informants are coded to protect their identity.

Table 3 Profile of respondents

Host Country	Name (Code)	Sex	Age	Year of Arrival in Host Country	Current Job	Filipino Family in host country
UK	A	F	Late 50s	2004	Nurse- elderly care home	Husband and children, brother
UK	B	F	Late 30s	2003	Nurse- hospital	Husband
UK	C	F	Early 40s	2000	Nurse- hospital	Brother
UK	D	F	Early 40s	2004	Nurse- rehabilitation hospital	None
UK	E	F	Mid 40s	2005	Nurse- rehabilitation hospital	Husband
JPN	F	F	Late 20s	2012	Certified careworker- elderly care home	None
JPN	G	M	Mid 30s	2009 then 2014	Certified careworker- elderly care home	None
JPN	H	F	Late 20s	2010	Certified careworker- elderly care home	None
JPN	I	F	Mid 30s	2009	Certified careworker- elderly care home	None

Notes : All respondents, except G, are registered nurses in the Philippines. Also, the rehabilitation hospitals where Respondents D and E work provide assessment and rehabilitation services for older people.

4. The PENs' Intention to Leave or Stay in Destination and Factors Affecting It

4-1. Intention to Leave or Stay

At the time of the interviews, all respondents except A were contemplating on leaving the current workplace, and were willing to give up their current job when “better opportunities” come their way. The range of their next destination mobility targets is wide and varied—from working in the same healthcare setting (hospital or elderly care home) but with a new employer within the same country (Respondents C, D, I) or in another country (Respondents B, E) ; to working in another healthcare setting (from elderly care home to hospital as nurse) with a new employer in another country (Respondents F, H) ; and to working in the same country but not in the healthcare sector (Respondent G). Some of the countries mentioned as next destination were Australia, UAE, New Zealand and USA. Moreover, it was observed that in general, the respondents in Japan were less inclined to stay in this country for a longer term compared to those PENs based in UK.

Such variations in their next mobility targets can be explained by the different constraints and preferences that may change also as they negotiate their lives in the host countries. To sort these factors, we use Table 3 above and cite and quote specific and concrete instances gathered from our data. It must be pointed out, however, that this list is not exhaustive, and in future research, we hope to conduct more interviews to better capture the situation in both countries. Moreover, it must also be noted that there is no one single decisive factor, but rather an interplay of these varied factors, with weighing of the expected benefits and losses that are considered in the rational decision-making process of these migrant Filipino nurses.

Specific to Japan, reviews of bilateral EPA scheme and interviews with hospital managers involved in training internationally recruited nurses and PENs revealed that the EPA scheme has not been successful in terms of retaining foreign nurses and careworkers. From the point of

view of hospital matrons and nursing home managers, this is because the local employers were not involved in policy development and international recruitment and negotiation process. Hospitals and nursing homes visited were “requested” by the government authority to accommodate them, so they felt that they had very little to say and they did not have that “ownership” feeling for this scheme.

On the other hand, the retention rate for foreign-educated nurses is declining in UK ; and it has been losing increasing number of health professionals to other affluent countries such as Australia, New Zealand and USA. International migration of health professionals is therefore not just a one-way flow to UK, but as noted above, nurses and careworkers explore better future possibilities and move in various directions. For example, in the past, large numbers of Indian and Filipino nurses chose the Gulf as a stepping-stone before they moved to UK, US or Australia (Percot 2006). Similarly, in a study conducted by Buchan *et al* (2005), which looked at migrant nurses in UK and related policies, including migrant nurses’ future intention, migrant nurses indicated that they would consider moving to another country if they were not satisfied with working terms and conditions in UK.

4-2. Factors Affecting Retention

The instigating factor cited by respondents from UK was long working hours due to staffing shortage in NHS hospitals that was in turn due to budget cuts. Often, respondent C had to work more than eight hours without break in orthopedic surgery section as theater nurse because no other staff nurse was available. Respondent A also complained about her difficulty in taking her leave because of lack of staff to substitute for her. Respondents A and D mentioned about the “inferior” working conditions in UK elderly care homes compared to that in NHS hospitals.

Currently, while those employed by NHS work full-time and are paid monthly salary, nurses in the elderly care homes are paid on an hourly basis. They will not be paid when they take a leave due to sickness or other personal reasons. Respondent C also noted that there is very limited career development in elderly care homes ; and it will take 15-20 years before a nurse is promoted to deputy manager. Based on the experiences of Respondents A and C, work in the nursing home can be more stressful than in hospitals because the decision making is left to the nurse ; unlike in hospitals in which members of a team of doctors and nurses decide. Moreover, nurses in care homes generally have limited opportunities to train in specialized nursing skills. Given these conditions, in UK there is a strong preference for PENs to move from elderly care homes to hospitals as early in their career as possible.

In Japan, EPA workers complained about receiving low salary compared to their Japanese counterparts, despite the rule in the scheme that they should be equally paid. Some of the respondents were also unhappy with receiving lower salary compared to other fellow EPA workers. The unsatisfactory working conditions were manifested by the way the EPA nurses and

careworkers perceived how they were treated with low prestige by their Japanese counterparts ; and also the physical and mental difficulties entailed by carework. Respondent F (Japan) explained as follows regarding the physical and mental difficulties of carework.

“I’ve been here for two years already, it’s quite hard. Those that quit the program, they could not handle the pressure, so they decided to go back home. One reason why our health deteriorates here is because we lack staff. Too little staff in the hospital. We have 20 patients, 18 are in the wheelchair. And you have to do everything. You cannot expect help from the patient. There is 165 lbs. patient, who I have to carry. I am only 140 lbs. And there are lots of them. So it’s not really a shock when many complain about the work.”

She also felt that there was discrimination in her work place.

“Regardless of how many years we work, we’re always below the Japanese. ——— It’s really hard here to penetrate the medical field in Japan, not only the language barrier but I think it’s the attitude, the culture. It is all non-verbal work culture, mostly to do with trust. We foreigners are not trusted, I have not asked the authority (supervisor) for the reason, but this is how I feel. . .”

The negative perceptions of Filipino EPA workers towards working in Japan stem partly from intercultural differences especially in terms of work ethics and human relations. These issues take considerable time to be resolved, through understanding the culture both of the destination and the Philippines, finding out which works and which does not in the workplace, and adjustment from both sides.

With regards to the activating factors, all respondents, regardless of their current destination, believe that there are other countries that offer better quality of life as well as better working conditions and working environment compared to their current destinations. For example, in the case of respondents from Japan, the final desired destination still seems to be the USA, not only because they feel that they will have of the factors mentioned above, but also because they have relatives there ; the mother in the case of Respondent H and aunt in the case of Respondent I.

Better professional and social recognition in other destinations also emerged as potential activating factor for the respondents in Japan. The respondents who are professional nurses in the Philippines are eager to practice their nursing profession, if not in Japan, in other destinations. However, given the visa and professional licensure restrictions, their promotion from certified careworker to nurse is very difficult and this makes them think twice in staying in Japan. Since they are registered nurses in the Philippines, they are eager to pursue a nursing career in

the future (Respondents F and H), but such pathway is not available in Japan. Under the current EPA scheme, the foreign certified careworkers are given “Designated Activities” visa even after they pass the national examination and therefore they cannot shift to another profession or job although this restriction might change in the near future due to the passing of a new law in 2016. Moreover, the Ministry of Health, Labour and Welfare of Japan requires 12 years of pre-university or college education to be able to take the national licensure examination for nurses. However, in the case of the Philippines, only 10 years of elementary and high school education is required to enter the university.⁶⁾ Therefore, unless Japan changes its professional licensing policy, the career pathway from certified careworker to nurse is not available.

Career development is indeed important for migrant nurses. From the interviews, it appeared that the desire to move to another country is weaker among the respondents in UK rather than those in Japan. One of the reasons emphasized by the former is the availability of a career pathway in the health care sector, with working in a nursing home on student visa as entry point. Respondent B emphasized, “The nursing home is like my stepping stone to come here ; and then I said after my contract, my real priority is to go back to the hospital.”

In circa 2000, when all respondents migrated to UK, this was the most common pathway. Licensed nurses from the Philippines were granted student visa on the condition that they took the adaptation course for nurses while working in an elderly care home. While the course finished 3-12 months after arrival depending on the assessment by the supervisor, and even if they already qualified to work as nurses in hospitals, they were required under a contract to continue working in the same elderly care home for the first two years. Also, upon completion of their registration with NMC, they were granted a working visa, which could be converted to permanent resident visa after three years and to citizenship by naturalization after at least another three years. With this kind of favorable immigration policy during that time, all respondents are now holders of UK passport.⁷⁾

However, granting citizenship is not an assurance that they will stay to work in UK. In fact, the respondents in UK were considering moving to Australia or New Zealand permanently or UAE temporarily because relocating to these countries is easier as citizens of UK rather than of the Philippines. The UK respondents also often mentioned about their friends and their families resettling in Australia and New Zealand because of the weather, its geographical proximity to the Philippines, the recognition of their nursing license in these destinations and also a more relaxed environment to raise a family. UAE and Saudi Arabia were favorite temporary destinations because holders of European and American passports receive higher salary and better benefits (higher position, better housing, etc.) compared to those who possess Philippine passport, even though their tasks are the same. As an example Respondent A (UK) talked about her friend.

“I have a friend who just got her British citizenship. She and her family then moved back

to Dubai. If you work in a Middle East country and you are a Filipino citizen, you get paid little, but if you work there as a British citizen you get paid a lot higher, it's double."

For the respondents, "when better opportunities come" is often linked to the unpredictable immigration and nurse recruitment policies of the next destination. In the case of UK respondents,⁸⁾ their decision on where to relocate largely depends on the favorable conditions offered by these other destinations, such as, for example, a minimum grade in IELTS or active recruitment of UK nursing license holders. Australia and New Zealand have become a popular destination among PENs in UK since they can register with the Nursing Council even without taking the bridging or competence assessment program required of foreign-educated nurses. However, in very recent years, it has become increasingly difficult for them to work there because of these countries' requirement to obtain an over-all band score of at least 7 points in IELTS before qualifying to register.

5. The "Family" in the Retention of PENs in UK and Japan

In all the interviews, the "family" emerged as an overarching common theme. In this section, we discuss in details how factors concerning the "family" play a major role in the retention of the PENs in both countries.

From the in-depth interviews, it was found out that the "family" influences the PENs' migration decisions not only during the initial migration from the Philippines but also in decisions regarding step migration from one host country to another (stepwise migration).

For the respondents in this study, the "family" emerged as the top reason for migrating from the home country. All respondents, when asked why they decided to leave the Philippines, highlighted their intention to help the family financially. In the case of Respondent F (Japan), she was torn between not leaving the Philippines because she did not want to be away from her family and leaving the Philippines to be able to support her family. This kind of dilemma is very common among migrants, especially from the Philippines, which has a tradition of closely-knit family ties.

"Well in my case, I really didn't decide to go abroad. As I told you before, I was recommended by a Japanese patient. And since she knows I am supporting my family, she told me I can save much much better if I work here in Japan. At first I declined her offer because even if the salary in the Philippines is low, I am with my family. Then the next year she offered me again. Then I couldn't decline to her anymore because the economy in the Philippines is not really good. So I grabbed the opportunity and came here."

How the "family" is given attention in terms of immigration and employment policies in the host country largely determines whether the migrant nurse will stay there for long. At the

time when the PENs interviewed migrated to UK, there was a generous effort by this country to facilitate family integration. Being allowed to bring their family at an early stage of migration contributed to the willingness of nurses to stay as noted by Respondent B (UK).

“At first they provided us with lodging but we had to pay for it because you will come here single, but one of the benefits is that you can bring your family. After you finish your adaptation and you qualify, you can bring you family and start processing all your papers.”

Respondent E also praised UK's immigration policy in which the family members could be granted citizenship rather easily and at the same time with her as the principal applicant. In circa 2000s, the time when the respondents moved to UK, IELTS results were not a requirement for permanent residency or naturalization. Conversion of immigration status or obtaining the permanent residency (leave to remain visa) cost much less (for example, the leave to remain visa for the principal member (dependent) in 2004 was only 600 (400 pounds), in 2015 it increased to three times as much. Then, as permanent residents, they were allowed to avail of some public welfare programs such as housing and child support. The UK government is now stricter in granting such programs to non-UK citizens. These factors contribute to the hesitation of PENs who are currently not yet UK citizens to bring their families to this country.

That the “family” accounts as a major reason to leave the current destination is also evident among the PENs interviewed in Japan. For example, Respondent H wishes to move to the USA because her mother and her relatives live there and is just waiting for her family petition paper to be approved by the US. Respondent I also expressed her strong desire to work in the US, not only because her aunt who funded her nursing education is there but because she wants to petition her daughter and mother once she gets to the US. Under the current Japanese immigration rules, foreign workers with working visa are only allowed to bring immediate members (spouse and children), not the parents or siblings, to Japan. Respondent G is also eager to get the permanent residency visa, and then Japanese citizenship because he thinks these will give him greater chance to invite his family to stay and also work in Japan. The general requirement to obtain a permanent residency status in Japan is ten years of residency, which is very long compared to those in other countries like Canada (two years for live-in careworkers) and Australia (one to two years at the shortest).

Another factor that emerged from the interviews was the relative ease of the family members to integrate in the host society. For those whose families are already in UK, they are deeply concerned with the economic and social integration of their family members. Respondent A does not have plan to leave UK “because my family is already settled here.” She was proud to mention that her children are “doing good” in UK after being able to adjust to school and the weather. She feels that her children are “better off” in UK than in the Philippines. Therefore, she plans to just visit them when she returns to the Philippines after retirement. Respondent D

does not have any plan to migrate to the US because her husband, who works as a carer in her hospital, is already adjusted to the “simple” life in Edinburgh. Respondent B, who just got married, shares the same sentiments with her and added that her husband already has found work and has his own set of friends with whom he is happy to spend weekends playing basketball. Based on these testimonies, it becomes clear that indeed, for Filipinos, the intention to stay or leave the current destination largely depends on the extent in which family integration is realized in that destination.

Based on these observations, we can say that family-related concerns are indeed very important factors in the retention of PENs. For a rational welfare-maximizing migrant, reuniting with the family and having them integrated in the host society become the objectives in deciding whether to stay in the current destination or move to the next one. This finding is important because it extends the claim of supporters of the “New Economics of Labor Migration” from migration from the home country to the first destination to migration between two destinations in their stepwise migration behavior (Carlos 2014). It must be added too that for many respondents, the “family” is not exclusive to the members of the nuclear family, but includes members of the extended family—which for Filipinos, include the parents, siblings, aunts and uncles as well. For Filipino migrants, the welfare of the family, rather than self, becomes the priority. As Respondent A puts it very concisely and profoundly : “The nurses’ work is the same anywhere, you can find discrimination in any workplace, but *it’s all about the family.*”

6. Summary, Policy Implications and Recommendations for Japan

This paper discussed the factors affecting the retention of PENs who work as registered nurses in UK and certified careworkers in Japan. Some of the highlighted factors based on our qualitative in-depth interviews of nine PENs migrant nurses and careworkers in both countries are (1) work-related (instigating factors), such as poor working conditions, heavy load and discriminating treatment by co-workers and inability to adjust in the workplace because of intercultural differences ; (2) desire for self-improvement (activating factors) such as opportunity for professional growth and career development ; (3) perceived better conditions in other destinations (facilitating factors) resulting from more favorable policies and practices ; and (4) family-related (mitigating factors) such as family integration and improved welfare for the members of the family. In this study, we put particular attention on how the “family” plays a vital role in the migrant’s decision to stay or leave one destination. It adds to the arguments in support of the New Economics of Labor Migration’s main thought that in migration decisions, the main agent is the “family” and the target is to maximize the welfare of the entire family (Stark, O. and D. Bloom 1985).

The findings of this study implies that if Japan wants the PENs working as certified careworkers to stay in this country, it should be able to offer a more attractive package of policies intended for their families. It must be emphasized, however, that it should be comprehensive so

that their family members will also become productive members of the Japanese society in the long run. Based on the testimonies of the respondents, we offer the following suggestions for the integration of these PENs and their families.

One of the main worries of the PENs in Japan is with regards to their visa status of “Designated Activities.” This largely limits the options not only of the PENs but also of their dependents (mainly the husband) with regards to what kind of work and how long they can work. Currently, these dependents are allowed to work only 28 hours per week. Moreover, many elderly care homes do not allow the husband to work in the same elderly care home as the certified careworker. On the other hand, in the case of UK, such working hours and workplace restrictions are not detected, and thus it is easier for the PENs to live with their dependents and integrate them in the UK society.

Currently, the minimum required period of employment and training in an elderly care home before an EPA candidate is allowed to take the national examination is three years. During this period, the candidate is not allowed to petition the family members, even the spouse. Some of the candidates who are eager to be with their family choose to quit before reaching three years. One way of keeping them is to allow family members perhaps a year after the candidate careworker arrives in Japan ; albeit some conditions such as, for example, allowing only the spouse to come and availability of job and housing accommodations. In the case of UK, the respondents were allowed to bring their families within a year after arrival as long as they were able to prove their ability to support their needs.

Lastly, a feasible alternative to family reunification is the implementation of a system to allow the PENs to take an annual home leave, a practice that can be found in many destinations (for example, UK, USA, Australia, New Zealand, Singapore and Middle East countries). For example, in UK, the PEN is allowed to take a holiday for three to four weeks with pay. In Saudi Arabia and Singapore, the PEN is granted a one-month vacation for every two-year contractual assignment. Many EPA PENs, who are granted only a week, or two weeks at most, wish that they can spend more time with their families back home, which is also a way to mitigate especially the emotional cost of migration for the migrant worker and his family.

Notes

- 1) For a brief introduction about the trends in international migration of nurses in the 1990s to 2000s, see for example, Carlos and Sato 2008 ; Alexis et al. 2007, Sidebotham and Ahern 2011.
- 2) Asahi Newspaper Digital Edition Sept. 18, 2016 (in Japanese) [http : //www.asahi.com/articles/ASJ8J354HJ8JUTFL001.html](http://www.asahi.com/articles/ASJ8J354HJ8JUTFL001.html) accessed Jan 7, 2017.
- 3) That these two groups are analyzed in this study is justified by preliminary findings that it is in these areas where chronic labor shortage is observed. In Japan, there is no (or negligible) shortage of nurses in the hospital setting. Rather than drawing conclusions from a comparative perspective, we intend to highlight the lessons learned from each country's experiences.
- 4) The average passing rate among the locals is around 50-65% in the past ten years. The passing rate for the national licensure examination for nursing, on the other hand, is around 90%.

- 5) Until the implementation of EPA, only foreign-born wives of Japanese nationals and descendants of Japanese who have either obtained permanent residence or become naturalized citizens comprised the foreign workers in the elderly care sector.
- 6) The school system in the Philippines was revised in 2011 into what is now known as K-to-12 program. This covers Kindergarten and twelve years of basic education (six years of primary education, four years of junior high school, and two years of senior high school [SHS]). The first cohort under this program will pursue university studies from school year 2018 and for a four-year course, the first batch will graduate in 2022.
- 7) Nurses who arrived in recent years are subject to stricter immigration rules so that they cannot easily obtain the permanent visa or citizenship. Moreover, in 2015, UK imposed a minimum salary cap for foreign-educated nurses which is feared to be too high to be met by many of them.
- 8) The respondents in UK are not affected by the increasingly stricter rules to obtain a working visa (such as imposing minimum annual salary for nurses) since they are already UK citizens.

References

- Adhikari, R. and Melia, K. M. (2013) "The (mis) management of migrant nurses in the UK : a sociological study." *Journal of Nursing Management*, DOI : 10.1111/jonm.12141. accessed on 20/5/2015.
- Alexis, O., Vydelingum, V. and Robbins, I. (2007) "Engaging with a new reality : experiences of overseas minority ethnic nurses in the NHS." *Journal of Clinical Nursing*, 16, 2221-2228. accessed on 20/5/2015.
- Buchan, J., R. Jobanputra, P. Gough & R. Hutt (2005) *Internationally recruited nurses in London : Profile and Implications for Policy*. Kings Fund : London, UK. Available online at : <http://www.kingsfund.org.uk/sites/files/kf/IntRecruitedNurses.pdf> accessed on 26/11/2014.
- Buchan, J. et al. eds (2014) *Health professional mobility in a changing Europe*. Prometheus Part II World Health Organization : UN City, Copenhagen.
- Buchan, J. et al. (2015) "Policies to sustain the nursing workforce : an international perspective" *International Nursing Review*, Volume 62, Issue 2 (June 2015). pp.162-170.
- Buchan, J. (2015) *Nursing workforce sustainability : the international connection*. International Centre on Nursing Migration (GNM). <http://www.intlnursemigration.org/register-nurse-workforce-sustainability-publication/> accessed on 20/12/2016.
- Cangiano, A and Shutes, I. (2010) "Ageing, demand for care and the role of migrant careworkers in the UK" *Journal of Population Ageing*, 3 (1-2). pp.39-57.
- Carlos, M. R. D. and Sato, C. (2008) "Sending society's responses to international migration of nurses and its policy implications : The case of the Philippines" *Ritsumeikan International Affairs*, Vol.6, 27-51.
- Carlos, M. R. D. (2014) "The Filipinos' culture of multi-step migration and their retention as careworkers in Japan" in Shimizu, K. and W. Bradley (eds) *Multiculturalism and Conflict Reconciliation in the Asia-Pacific : Migration, Language and Politics*. Palgrave MacMillan : London, UK.
- Humphries, N., Brughra, R. and McGee H. (2009) "I won't be staying here for long" : a qualitative study on the retention of migrant nurses in Ireland" *Human Resources for Health*, Volume 7 : 68.
- Kingma M. (2006). *Nurses on the move : Migration and global healthcare economy*. Cornell University Press : Ithaca, NY and London.
- Marangozov, Williams R. M. and Buchan J. (2016) *The labour market for nurses in the UK and its relationship to the demand for, and supply of, international nurses in the NHS Final report*. Institute for Employment Studies, Brighton : UK in pdf file. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535657/The_labour_market_for_nurses_in_the_UK.pdf. accessed on 20/12/2016.
- Japan Ministry of Health, Labor and Welfare website (2016) "Introduction to EPA" (in Japanese) <http://>

- /www.mhlw.go.jp/file/06-Seisakujouhou-11650000-Shokugyouanteikyokuhakenyukiroudoutaisakubu/epa_base_2810.pdf accessed on 20/12/2016.
- Massey, D. et. al. (2005) *Worlds in motion : Understanding international migration at the end of the millennium (International Studies in Demography)*. Oxford University Press : London, UK.
- NHS Employers (2015) *NHS Registered nurse supply and demand survey findings*. NHS Employers : Leeds, UK.
- O'brien, T and Ackroyd, S. (2012) "Understanding the recruitment and retention of overseas nurses : Realist Case Study Research in National Health Service Hospitals in the UK." *Nursing Inquiry*, 9(1), 39-50.
- Padaiga et al. (2014) "Health professional migration in Lithuania : why they leave and what makes them stay" in Buchan, J., Wismar, M., Glinos, I. and Bremner, J. (eds) *Health professional mobility in a changing Europe : New dynamics, mobile individuals and diverse responses*. World Health Organization : Geneva, Switzerland.
- Percot, M. (2006) "Indian Nurses in the Gulf : From job opportunities to life strategies." In Agrawal, A. (ed). *Migrant women and work : Women and migration in Asia, Volume 4*. Sage Publications : New Delhi, India.
- Royal College of Nursing (2014) *Royal College of Nursing Response to Migration Advisory Committee call for evidence : Partial review of the shortage occupation lists for the UK and Scotland December, 2014*. (in pdf file) https://www2.rcn.org.uk/_data/assets/pdf_file/0011/603101/96.14_Call_for_Evidence._Partial_review_of_the_Shortage_Occupation_Lists_for_the_UK_and_for_Scotland.pdf accessed on 20/12/2016.
- Royal College of Nursing (2015) *International recruitment 2015*. (in pdf file) https://www2.rcn.org.uk/_data/assets/pdf_file/0007/629530/International-Recruitment-2015.pdf accessed on 28/10/2016.
- Sidebotham, M. and Ahern, K. (2011) "Factors influencing midwifery migration from the United Kingdom to Australia." *International Nursing Review*, 58, 498-504.
- Stark, O. and Bloom, D. (1985) "The new economics of labor migration" *The American Economic Review* Papers and Proceedings of the Ninety-Seventh Annual Meeting of the American Economic Association (May, 1985), Vol.75, No.2 pp.173-178.
- WHO Media Centre (2013) *Global health workforce shortage to reach 12.9 million in coming decades*. <http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/> accessed on 24/11/2014.
- Asahi Newspaper Digital Edition (Sept. 18, 2016) 「外国人看護師・介護士、難しい定着「もう疲れ果てた」」(The Difficulty in the Retention of Foreign Nurses and Careworkers—I am tired) (in Japanese) <http://www.asahi.com/articles/ASJ8J354HJ8JUTFL001.html> accessed 7/1/2017.