International Migration Aspirations of Myanmar-educated Nurses :
Implications for Japan as a Destination

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ミャンマー人看護師の国際移動
──海外就労についての希望と就労先としての日本へのインプリケーションに注目して──

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One of Japan's major policies to address the serious shortage of care workers today is the active employment of workers, many of them nursing graduates, from ASEAN countries, mainly the Philippines, Indonesia and Vietnam. However, in recent years, due to intense competition for human resources among receiving countries and also its shortage in the major source countries, Japan turns its attention to Myanmar. As a new phenomenon, research studies on Myanmar nurses coming to Japan to work in its nursing care sector are very few.

In this paper, we attempt to fill this gap by discussing the nursing education and labor market and also Japan's system in employing foreign care workers ; and identify the issues and concerns related to these. Then, through surveys and interviews, we examine the behavior of professional nurses and nursing students in Myanmar towards international migration and assess its implications for Japan as a destination. Our findings will be based on the results of our survey of nursing students (n = 154) and nurses currently working in hospitals (n = 185) in Mandalay and Yangon regarding their international migration behavior, particularly their aspiration to work overseas, their top three choices of destination and their criteria for choosing their aspired top destination.

To capture to what extent Myanmar can be a potential source of care workers, we also asked them if they wish to work in Japan or not, what kind of job they prefer to do, and the reasons for their answer. Based on our results, we found that many Myanmar nurses are interested to work in Japan primarily because of the high salary, skills acquisition, career growth and interest in its culture. These results are similar to those identified for other preferred destinations such as Singapore. However, in the case of Japan, there are major barriers in the smooth deployment of these care workers, including the perceived difficulty in gaining proficiency in the Japanese language and the nature of the job (working as care workers). We end this paper by offering some suggestions for the sustainable deployment of nurses from Myanmar to Japan.

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　超高齢社会日本では，介護労働者の確保が深刻となっており，その一つの解決法として，日本政府は４つの制度（経路）を設けているが，近年，受け入れ国の間の人材確保の競争が強まっており，また，主要な送り出し国側においても看護労働の不足が発生しているため，日本はさらに外国の介護人材の獲得の戦略を考えなければならない。今回は，供給源として注目されているミャンマーの看護師に焦点を当てて，彼女ら，彼らの日本での就労と定着の課題を考えてみたい。

　本論文では，ミャンマー人看護師および看護学生の海外就労に対する思いや日本の介護現場で働く可能性を検討する。ここでは，まずミャンマー　における看護教育制度，看護師の海外就労の現状，そして，日本の外国人介護士，とりわけミャンマー　人，の受け入れについて紹介する。次に，ミャンマー（ヤンゴンおよびマンダレー）の現役看護師（n＝185）および看護学生（n＝154）を対象にしたアンケート調査の結果を用いて，彼女ら，彼らの海外就労に対する思い・行動，とりわけ海外就労の希望の有無，最も行きたい就労先とその理由を分析する。さらに，彼女ら，彼らの日本への就労を希望しているかどうか，そしてその理由も紹介し，日本にとってミャンマーはどの程度介護人材の供給源となりうるのかを考察する。

　調査の結果，多くのミャンマー人は海外就労を希望し，また，日本は最も行きたい就労国の一つとなっていることがわかった。日本で就労したい主な理由は，収入は高いこと，技術が身に付けられること，キャリアー形成が可能なこと，そして，日本文化への興味・関心が挙げられた。しかし，日本にとって，ミャンマーが介護人材の持続的な供給国となるためには，幾つかの重要な課題，とりわけ，日本語取得の不安，仕事の内容（介護士として働くこと）に対応しなければならず，本論文ではその解決方法を最後に提案する。

キーワード：ミャンマー，日本，介護労働者，看護師の移動

The scale of international nurse migration is large and growing. Greater needs for health and nursing care[1] of the ageing population, the high attrition rate of nurses and reduced supply of nurse manpower in many receiving countries have propelled them to turn to international recruitment to alleviate the shortage. As a result, the percentage of foreign-trained (migrant) nurses has grown to be as high as 77% in Saudi Arabia and 97% in Qatar (Buchan, 2020). Moreover, in many host countries, such as New Zealand, Singapore and UK, a significant number of foreign-trained nurses are employed as carers or care workers in the nursing care setting (Carlos and Ozanne, 2019). In Japan, while only less than 1% of its registered nurses were educated overseas, there is an increasing trend of foreign-educated/foreign-trained nurses working in its nursing care sector as care workers.

On the other hand, thousands of nurses migrate to look for better compensation and working environment, continuing professional development, career mobility, a better quality of life and personal safety (Kingma, 2008). Furthermore, the constant changing of health and nursing care employment needs and vigorous international recruitment have contributed in these sending countries' difficulty in achieving a stable supply (Sherwood and Shaffer, 2014). In many sending countries, while migration can provide opportunities for nurses to gain knowledge, skills and experience, it is seen as a reason for the weakening of the national health system. Myanmar

is not an exception. While it has been sending nurses overseas, it has been listed as "one of the 57 countries facing critical health workforce shortages since 2006" (Saw, Y. et al, 2019).

According to the 2014 Population Census of Myanmar, more than two million Myanmar citizens migrated abroad, 70.2 per cent of them to Thailand and the rest mostly to other neighbouring countries such as Malaysia, China and Singapore ; as well as to the emerging destinations Korea and Japan. In an attempt to facilitate the smooth outflow of workers from the country and regulate the migration industry, the government of Myanmar launched the second five-year national level framework for international migrant workers deployed to ASEAN countries including Japan, South Korea and Middle East countries through its 277 accredited overseas employment agencies (Xinhua, 2019).

Specific to Japan, according to official statistics (see Figure 1), the number of Myanmar nationals in this country has dramatically increased from 8,577 in December 2010 to 13,737 in December 2015, and by June 2019, this number more than doubled at 28,860. More than 35% of Myanmar nationals in Japan are technical trainees and 20% are students. As such, they are allowed to work with certain restrictions, such as the maximum number of years of stay and prohibition from changing employers for technical trainees, and the maximum number of working hours (28 hours per week) for students. Ranking third (at 14.04%) are the engineers/specialist in humanities and international services. On the other hand, the number of Myanmar nurses and care workers in Japan is currently very, very small. However, with Japan expanding its nursing care labor market to foreign care workers, Myanmar has been eyed as one of the potential source countries, causing a significant increase in the number of recruiters and training agencies as well as language schools in Myanmar targeting nurses and nursing aides for deployment to Japan.[2]
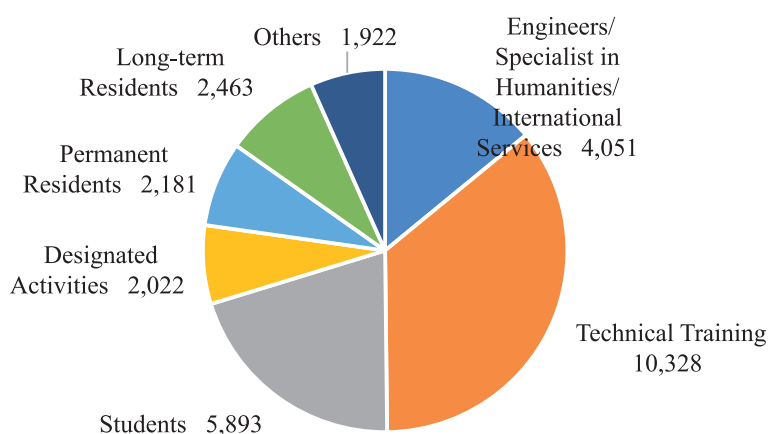

Figure 1   Myanmar Nationals in Japan (per status of residence, as of June 2019)
Source : Compiled from annual data from the Portal site of Official Statistics of Japan. Date accessed : 10 July 2020. https : //www.e-stat.go.jp/en.

It is against this backdrop of nurse shortage in both countries, and Myanmar being eyed as a potential source of nurses that we examine the international migration aspirations and behavior of nurses and their preferences in terms of destination countries, particularly Japan. Specifically, we pose the following main questions :

1. **Do Myanmar nurses aspire to work overseas? If so, where do they want to migrate and what are their reasons for choosing these destinations?**
2. **How do Myanmar nurses and nursing students think about working in Japan? What are their reasons for aspiring to work in Japan?**
3. **For Japan, what are the implications of our findings on Myanmar as a potential source country for care workers?**

This study draws from questionnaire surveys which were implemented in July-August 2018 to 185 currently employed nurses (professional nurses below) and 154 nursing students enrolled in private schools in Yangon and Mandalay. To further understand the survey results, we also conducted interviews in July-August 2018 and March 2019.

This paper is organized as follows. In the next section, we describe the current situation of the nursing education and nursing workforce shortage and identify their current issues in Myanmar. In section 2, we introduce Japan's programs in which Myanmar nurses can be deployed as care workers. Section 3 will explain the methodology adopted in this study. The next section (4) will discuss the international migration aspirations and preferred destinations of the respondents and the reasons for such. In section 5, we examine Japan as a potential destination and look at the reasons why Japan is preferred by the respondents. In the last section, we summarize our findings and offer some suggestions on how the deployment of nurses from Myanmar to Japan can be sustained and beneficial for both countries.

1. Nursing in Myanmar－education, training and the labor market

1.1. Nursing education and employment systems in Myanmar

In Myanmar, the education of nurses is currently exclusive to public learning institutions. There are three government sectors responsible for the training and production of different categories of the health workforce, namely, the Ministry of Health Department of Medical Sciences (DMS), the Ministry of Education and the Ministry of Defense. They are in charge of 15 universities and 50 nursing and midwifery training centres (Ministry of Health Statistics, 2014). Specific to nurses, two nursing schools offer undergraduate four-year bachelor's degree (BNSc) and post-graduate courses and admit around 400 students each year (Paing, T. H. 2017). On the other hand, the 23 nursing training centres have a three-year nursing diploma, and outstanding graduates can pursue a BNSc through a two-year nursing bridge course (Thanh Tun and Myint 2014). Across the three categories of BNSc, Diploma course and nursing bridge-BNSc, there is

no distinction in terms of salary, but graduates of BNSc have greater and faster chances of career promotion.

An estimate by Saw, Y. et al (2019) indicated that there were 36,054 nurses and 2,156 health assistants (nurse assistants) working in the 1,134 public hospitals managed by the Ministry of Health and Sports as of October 2016. There are also nurses who work in private hospitals but their number is unknown. As of 2019 March, it is reported that more than 9,000 students are learning at universities and training schools (Eleven Media Group, 2019). In the same year, the Ministry graduated 1,116 students in nursing science bachelor's degree and 1,658 nursing diploma.

Admission particularly to the BNSc course is competitive and is decided by the government. For example, at the University of Nursing, Yangon which offers the four-year BNSc, only 150 students are successfully admitted. Given the popularity of the course and the limited number of admissions under a quota system, nursing is one of the few professions in the country that requires high matriculation mark which is almost as high as that required for a student to enter a medical school (Yadhana, 2006).

All graduates are required to be trained in public health facilities throughout the country for three years in the case of diploma nurses and two years for BNSc graduates. If they abscond and transfer to a private institution within two years, they will be required to take the licensure examination. Those who opt to work for the private sector after training need to pay a "fine" to the government (Thanh Tun and Myint, 2014).

The Myanmar Nurse and Midwife Council (MNMC) leads and regulates the professional nursing and midwifery practice. It is also assigned as "the sole regulatory body to establish and control the standards and quality assurance of nursing and midwife education in both the public and private sectors" (MNMC, n.d.). As such, it has the sole responsibility to issue the license, create new nursing programs or new curriculum and accredit nursing schools.

1.2. How serious is the shortage of nursing staff in Myanmar?

The shortage of nursing staff has long been one of the problems hounding Myanmar's health care sector. To show how serious the shortage is, we look at several indicators. Myanmar's number of nurse personnel and proportion to its population is still very small compared to global standards (Saw, Y. et al, 2019). In 2018, WHO (n.d.) estimated that there were 9.993 nursing and midwifery personnel per 10,000 population in 2018, a considerably low ratio compared to the Philippines, the leading source of nurses in the region (at 49.351 per 10,000 population in 2018) and Singapore, the leading host country for Myanmar nurses (at 62.432 per 10,000 population in 2017). However, the most recent WHO data (n.d.) reveals that this density for Myanmar declined to 6.7 for every 10,000 population, which is much less than that of Japan at 121.7.

What gave rise to the serious shortage of nursing staff? On the nursing workforce "supply" side,

we can cite the limited number of schools that produce nurses (as mentioned above), as well as the declining supply due to international migration (to be discussed below). Similar to many developing countries, the demand for nurses, as represented by the number of nurses that can be employed by hospitals and other institutions is limited due to the lack of government budget for health, complicated by the difficulty to balance the distribution of health care workers between urban and rural areas.

Health care workers are largely concentrated in major cities like Yangon, Mandalay and other urbanized areas, leaving rural areas lacking nursing and other health care personnel. For example, the remote and less-secure areas of Mon and Bago (West) only had 0.10 nurse per 1,000 population in recent years (Saw, Y. et al, 2019). The serious shortage has a domino-effect on nurse production and the national health care system. The number of nurses has been on the decline since 2015 (Statista, n.d.). Due to the shortage of health professionals, many nurses are forced to work long hours and irregular work shifts, especially in public hospitals. These conditions lead to physical and mental health problems, medical errors, and poor quality of care that affects patient satisfaction. As a result, the public sector is constantly facing criticisms for providing substandard care (Interview with a head nurse, 2018).

To alleviate the shortage, Myanmar's Ministry of Health and Sports has increased the number of admissions into the nursing schools, from 1,800 in 2017 to up to 3,600 trainees the following year (Khmer Times Online, 2018). Another plan that can dramatically increase the number of nurses was the submission of the Nursing Education Privatization Bill that will allow private entities to operate nursing training schools. However, to date, it has not been passed yet. Although currently, several private nursing schools operate, their graduates cannot obtain the nursing license yet and thus can only work as nursing aides at the hospital that sponsor their nursing education. In addition to these recent measures, the government has to seek ways to make the nursing profession and local employment more attractive.

2. Japan's labor migration schemes for foreign care workers

Against the background of having the world's highest proportion of elderly persons (aged 65 and above) and nursing care being unattractive as a profession especially among the young people, Japan has introduced several programs in recent years so that foreigners can participate in the care workers' labor market.

Currently, there are four schemes in which a foreign care worker can be employed in Japan. In 2008 and 2009, Japan began to accept Indonesian and Filipino nurses and care workers respectively, under the bilateral economic partnership agreement (EPA) scheme in which the deployment of foreign care workers is guided by a comprehensive economic agreement between the sending country and Japan. Myanmar nationals, however, cannot be deployed through the EPA program, which is reserved for Filipinos, Indonesians and Vietnamese. It is also important to note that with the absence of an EPA scheme between Japan and Myanmar, it is very difficult

for Myanmar nurses to work as professional nurses in Japan. Instead, most of them are hired as care workers.[3]

Later on, three schemes were introduced to accommodate care workers from other source countries like Myanmar. Since 2017, graduates of a certified care worker training school in Japan are granted the "kaigo" (nursing care) residence status/visa. From November 2017, the technical intern training program (TITP) scheme was expanded to include nursing care. Finally, in April 2019, the specified skilled worker category 1 (SSW(1)) scheme in nursing care started to be implemented to allow foreign workers who have passed the pre-departure nursing care skills and language tests to work in the country (MHLW, 2020 a). The key similarities and differences are summarized in Table 1 and will be explained in detail below.

Table 1　Three Schemes for Employing Foreign Care Workers from Myanmar (2019)

Type of Scheme Or Pathway	"Nursing Care" Residence Status (*kaigoryugaku* or student) (from September, 2017)	Technical Intern Training (TITP) in Care Worker Occupation (from November, 2017)	Specified Skills Worker in Nursing Care (SSW 1) (from April, 2019)
Objective	Education & Employment	Skills transfer	Alleviation of labor shortage
Residence status (visa)	"Nursing care" ("Student" while attending care worker training school)	"Technical Intern Trainee" (TIT) 1, 2, 3	"Specified Skilled Worker (1)" (SSW(1)
Allowed period of stay in Japan	5 years, 3 years, 1 year or 3 months, Renewable	3 years for TIT 1 and 2 ; can be extended for 2 years (TIT 3) ; maximum of 5 years	1 year, 6 months or 4 months renewable for a total of 5 years
Education or skills requirements at the time of entry to Japan	At least high school graduate (12 years of schooling)	Experience in a similar job or close relationship between then home country and Japan employers	Pass pre-arrival tests for nursing care skills for SSWs *post- TIT workers exempted from language and skills tests
Language requirements at the time of entry in Japan	About JLPT N2 level (or enrolment in a Japanese language school for at least 9 months)	About JLPT N4 level at the time of entry and N3 during the stay in Japan	Pass the Japanese language exam for SSWs and JLPT N4 level
Certification examination	Qualified after completion of 2-year care worker course (currently exempted if work in Japan for five years)	Voluntary (if passed, residence status is converted to "nursing care")	Voluntary (if passed, residence status is converted to "nursing care")
Availability of support organizations as required by law	None (schools look after students)	Yes (supervising organization or individual enterprise)	Yes (registered supporting organization)
Family members can apply for "dependent" residence status	Yes	No	No
Recruitment/ Deployment	No specific restrictions, usually study-abroad companies or language schools	Accredited supervising/ implementing organization	Approved accepting organization or dispatch company

Sources : Compiled from documents released by the pertinent government agencies such as the Ministry of Health, Labor and Welfare, Ministry of Justice and Agency for Immigration and Residency.

The TITP scheme is the first initiative of the Japanese government to actively accept Myanmar nationals as care workers.[4] It is aimed to transfer nursing care skills overseas so that interns are required to return to the home country after a maximum of five years. To become interns, foreign workers must apply with a supervising organization that fields them to nursing homes/institutions. A plan which should contain the time frame and contents of their training must be submitted to the Japanese government. Partly because it was only implemented in late 2017, it still has a very modest impact on the labor market. As of March 2019 (the fiscal year 2018), 1,823

technical intern training plans were accredited, of which only 258 were from Myanmar (OTIT, 2020).[5] The requirements are an N4 level Japanese language proficiency[6] and some experience in nursing care.

Under this scheme, the supervising organization provides language and skills training in the home country to applicants. The deployment costs are usually high and jointly shouldered by the worker and the employer. Those who are selected are then deployed to Japan and initially attend orientation classes provided by the sending company. After a few weeks, they begin to work in nursing homes, which provide them with language lessons and on-the-job training. Based on the recent revision, trainees are allowed to stay and work in Japan beyond three years, up to five years and extendable as long as they can meet the requirements in skills qualification and Japanese language proficiency.

The second scheme introduced by the Japanese government is the student (*kaigo ryugaku*) pathway. It resulted from the creation of the "nursing care" visa category in the revised Immigration Law (2017). Under this scheme, foreigners who graduated from a two-year course offered by care worker training institutions in Japan are eligible to apply for the visa. The duration of the visa is a minimum of one year and a maximum of five years; however, there is no limit in the number of times the permit can be renewed. The nursing care visa also allows its holder to bring the family to Japan. Moreover, as an interim provision, if the student graduates until March 2027, the person is automatically given a "certified care worker" (*kaigofukushishi*) license even without passing the licensure examination as long as the person works in a nursing care facility for five consecutive years.

To enrol in a care worker training institution, the student has to have an N2 language proficiency level or enrolled for at least eight months in a Japanese language school in Japan. Language schools and care worker training institutions charge almost the same amount of tuition fees, about 800,000 to 850,000 yen per year, although the student has to pay more because of related fees for practicum, use of facilities and learning materials. A student is allowed to work for a maximum of 28 hours per week during the school term and eight hours a day during school holidays, usually in the sponsoring nursing care facility.

The *kaigo ryugakusei* scheme is implemented as a collaborative effort among the local junior colleges, the local association of nursing homes or geriatric health services facilities and the local Japan-Myanmar Friendship Association. For example, in Saga Prefecture, two colleges in Saga prefecture, the Nishikyushu University Junior College and Saga Women's Junior College had 50 students from Myanmar enrolled under this arrangement (Yomiuri Newspaper Online, 2019). Similar programs can also be found in Gifu, Aomori and Nagasaki prefectures. In FY 2019, there were 99 students from Myanmar enrolled in Japan's care worker training schools, which is thrice as many as that in SY 2018 (see Table 2). With the declining number of local enrollees and an increasing number of unfilled slots, taking in international students is important in the survival of these training schools.

On the other hand, the SSW(1) scheme is Japan's first foreign care worker employment policy that explicitly states "the alleviation of labor shortage" as its objective (see Table 1). The "semi-skilled" recruited workers are allowed to work fulltime after arrival and with minimal pre-entry on-the-job training. The care workers must pass two types of examinations before their deployment－the nursing care skills evaluation and two language proficiency tests. Myanmar's first examination was held in February 2020. Compared to the other schemes, it requires longer preparation, usually at least a year, in the home country. Nevertheless, it has gained popularity among applicants in the sending countries, and in a short time (nine months), the total number of qualified applicants (for all countries) in the nursing care category has exceeded the 2,000 mark.

Table 2   Trends in the Admission of International Students (New Enrollees) in Care Worker Training Institutions (by Nationality, FY 2014-2019)

Fiscal Year	2014	2015	2016	2017	2018	2019
Viet Nam	2	39	114	364	542	1,047
China	12	27	53	74	167	212
Nepal		15	35	40	95	203
Philippines	1		28	35	68	163
S. Korea		2	3	23	31	28
Myanmar		6	5	10	34	99
Sri Lanka		1	2	1	47	95
Indonesia				4	70	106
Others	2	4	17	40	88[1]	84
Total	17	94	257	591	1,142	2,037
No. of schools where international students are enrolled	N/A	29	49	96	136	167
No. of origin countries	5	9	15	16	20	26

Notes : The fiscal year begins in April and ends in March of the following year. It also coincides with the academic year.
[1] : Others include India (33), Mongolia (19) and Cambodia (12).
Sources : Compiled from the Japan Association of Training Institutions for Certified Care Workers (2018)
　　　　 http : //kaiyokyo.net/member/01_nyuugakusha_ryuugakusei.pdf and *Care Mane* Times (2019)
　　　　 http : //www.care-mane.com/pdf/news/201909/0906-5.pdf.

One of the major general concerns of the foreign care workers (except for those who are under the student scheme) is the difficulty to pass the licensure examination, written in Japanese, which is currently the prerequisite to be able to work in Japan as long as they want to. To give more chances for foreign care workers who are already in the country to pass the examination, Japan now allows limited extension of the period of stay and switching between the schemes (see Figure 2). For example, the technical interns, at the end of their five-year term, can now stay in Japan under SSW(1), allowing them more chances to sit for the certification examination. Even if they fail it, they can work in the country for another five years. In the case of SSW(1) scheme, the skills and language proficiency evaluation tests can now be taken in Japan by tourists or other short-term visitors.[7]

Indeed, the introduction and the active implementation of these three foreign employment policies suggest Japan's desire to expand the employment of skilled foreign workers in the nursing care sector in the light of the strong domestic demand and international labor market competition. The question is, can Myanmar become a major source of care workers for Japan?

3. Methodology

To be able to capture the trends in the migration behavior of nursing students and professional nurses (including graduates of BNSc, Diploma course and nursing bridge-BNSc) in Myanmar and their perceptions towards working in Japan, separate surveys were conducted in June 2018 and March 2019. The five-page questionnaire comprised of cluster questions as follows : (1) profile of respondents (years of experience, age, civil status, gender and type of nursing education), (2) motivations to take up nursing, satisfaction in being nurses, in general, and based on several aspects of the profession (only for currently-employed nurses) and the pressing problems that Myanmar nurses are facing ; (3) the aspiration to migrate and work in other countries, particularly Japan, their motivations and choice of destination, and (4) their plans. The questionnaire was pre-tested and translated into Burmese before dissemination. Ethical permission to conduct this study was obtained from Ryukoku University.

The questionnaire for professional nurses was administered in five hospitals in Mandalay and Yangon, while those for nursing students was implemented mainly in private nursing schools waiting for accreditation. Like the professional nurses, these students are required to serve in a hospital for a few years after graduation.

Regarding the profile of respondents (see Appendices 1 and 2), in the case of students, most of the respondents are single (96.70%), which can be explained by their young age. The respondents' composition in terms of gender, with the female (90%) overwhelmingly exceeding male (10%), reflects the general situation in Myanmar in which not many men enrol or work as nurses. 46.10% of the students were in their first year of the nursing course (Term 3), with about the same proportion of those on their second year (Term 6).

On the other hand, of the 185 professional nurse respondents, 89.60% per cent were female and 10.40%, male. All respondents were working in private hospitals, with about 90% concentrated in four hospitals. In terms of civil status, 74% of the respondents were single. In terms of years since graduation from the nursing school, which is also used as a proxy for years of experience, about 25% of the respondents graduated between 2011 to 2015 ; and the oldest respondent graduating 38 years ago. (The respondents' descriptive statistics are available upon request from the authors.)

Group interviews were also conducted in August 2018, March 2019 and August 2019 in Yangon and Mandalay to complement the data gathered from the surveys. There were 20 respondents during the interview done in three small groups, in which the respondents were from the academe and private hospitals. A meeting with the faculty members of the University of Nurs-

ing in Mandalay was also held in August 2018 to exchange views on nurse migration and nursing education in the country.

4. International migration aspiration and behavior of nurse professionals and nursing students

The choice between working in the home country or an international destination is one of the most researched topics in labor migration economics. The classical approach classifies the motivations for international migration into (1) the push factors (those that arise from conditions at home), (2) the pull factors (those that are attributed to conditions in the potential destination and (3) social and other networks at home, in the destination, and in between (transnational networks). Another major strand of analysis is an exposition of the migration decision of a rational worker based on weighing the "costs" (both pecuniary and non-pecuniary costs such as the psychological burden of being away from the family) against the "benefits" (salary and working conditions, physical security and convenience, and obtaining nationality and/or right to permanent settlement) of moving to an overseas destination. The discourse has expanded to also consider the choice between two destinations when a migrant worker takes up stepwise migration (see, for example, Carlos, 2013). Indeed, in today's world, explaining migration has become more complex, diversified, comprehensive and specific to various types of migrants (see, for example, Christensen, Hussein and Ismail (2017) and Crawley and Hagen-Zanker (2018) for some explanations on the choice of destination). In this study, we hope to shed light on how nurses from a developing country, Myanmar, think about working overseas, specifically Japan.

4.1 Who aspires to stay and who aspires to leave?

To capture the aspiration (or propensity) to migrate of nurse professionals, they were asked whether they want to work overseas in the future. The results are found in Table 3.

Table 3   Answer to the question, "Do you want to work overseas?"

Professional nurses	Frequency (n)	Percent (%)
No	61	33%
Yes	124	67%
Total	185	100%
Nursing students	Frequency	Percent
No	47	30.52%
Yes	107	69.48%
Total	154	100%

Note : For those who answered "no", they either plan to work in Myanmar, or pursue further studies or do not have specific plans yet.
Source : Author's calculation from survey data.

It is interesting to know that for both groups of professional nurses and nursing students, about

two out of three (two-third) aspire to work overseas. While this plan is feasible even shortly (2-3 years) for most professional nurses, it may be technically difficult for current students since they are "tied" to their sponsoring hospitals for 2-3 years from graduation. That many of them aspire to migrate is alarming. Unless the government imposes restrictions on migration or makes working in the country attractive, it will potentially result in the shortage of nurses in hospitals, which in turn will result in impacts already cited by Saw, Y. et al. (2019), namely the increase in the risks of medication errors, decline in quality of patient care and a rise in mortality rates for those who remain to work for long hours and under very stressful conditions. Unless something is done to encourage them to stay, the vicious cycle may lead to the collapse of Myanmar's health system, particularly in times of health crisis such as the COVID-19 pandemic.

When the professional nurses and nursing students who aspire to work overseas were asked to identify their top three destinations, it was found that Japan and Singapore were the two leading preferred destinations (see Table 4).[8] In both samples, Japan ranked first, followed by Singapore and then the USA.

Table 4　Top three (3) preferred destinations of professional nurses and nursing students from Myanmar

	Professional nurses (n = 124)		Nursing students (n = 107)	
Destinations	(%)	Rank	(%)	Rank
Canada	8.87	7	0.93	9
USA	33.87	3	64.49	3
UK	5.65	8	4.67	7
Australia	30.65	4	7.48	6
New Zealand	4.03	8	3.74	8
Japan	60.48	1	79.44	1
Korea	25.00	5	33.64	4
Europe	3.23	9	0.93	9
Thailand	17.74	6	25.23	5
Singapore	54.03	2	72.9	2

Source：Author's calculations from survey data.

From the results, we can see that Singapore is the strongest contender to Japan in terms of attracting nurses from Myanmar. In Singapore, overseas workers, mainly from Myanmar, Malaysia, China, Philippines and India, comprise 70% of all direct care workers (nurses, nursing aides, healthcare assistants and allied health care professionals) (Bautista, Yao-Tsun and Malhotra, 2018). There are four categories of direct care positions available for foreign nurses in this country－registered nurse (RN), enrolled nurse (EN), nursing aide (NA) and personal care assistant (PCA). Registered and enrolled nurses, which are regulated professions, require possession of a license issued by the Singapore Nursing Board (SNB), while the other two categories are not. For foreign nurses, many start as nursing aides or personal care assistant and get promoted to enrolled nurse and then registered nurse. Only a very small percentage of them can

work as enrolled or staff nurse immediately after arrival in this country.

Available statistics from the Singapore Nursing Board (various years) show that the number of registered nurses from Myanmar has been on the rise from around 2008 and 2009, when the total number of 840, or about 2.5% of the total RNs in the country (Figure 2). On the other hand, the number of enrolled nurses has a declining trend, reaching its peak in 2013 with 534 ENs from Myanmar, comprising 6.5% of the total EN workforce (see Figure 2). In addition to RN and EN, there are also nurses educated in Myanmar who are employed as nursing aides and health care assistants, and recently, there have been newspaper accounts that some of the nursing graduates from Myanmar engage in domestic work and live-in home nursing care. As for the motivations to aspire to work in Singapore, geographical proximity, ability to communicate in English, high salary, good training and existing networks were the factors identified during the interviews.
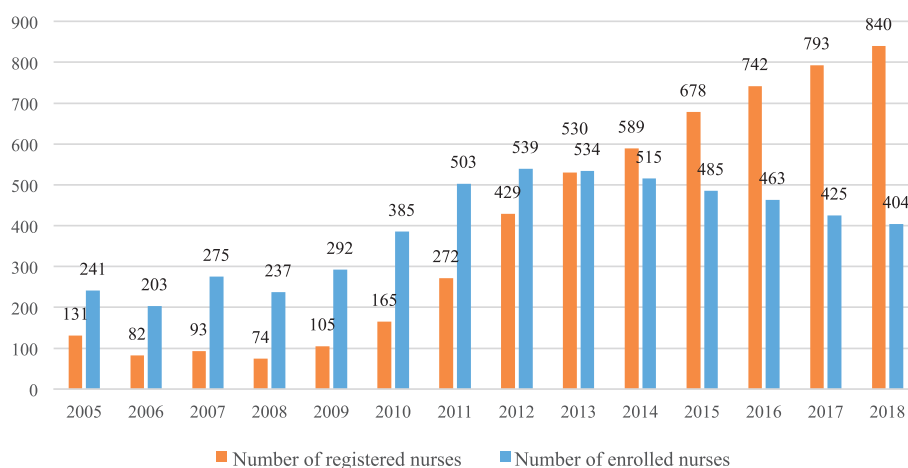

Figure 2 Number of Myanmar- born registered and enrolled nurses in Singapore (2005-2018)
Source : Compiled from the Singapore Nursing Board Annual Reports (various years).

Exploring further, we also inquired about the three main reasons for choosing the most preferred destination. The results are shown in Figures 3 a and 3 b. In the case of the professional nurses, for all preferred destinations, the top three reasons chosen were : (1) high salary and good benefits (55.65% of all who aspire to work overseas), (2) high level of nursing skills and technology (47.58%) and (3) good impression of the destination (33.06%) (Figure 3 a). Moreover, in the case of those who chose the US, most of them cited high economic benefits. On the other hand, "easy and cheap recruitment fees," "can obtain citizenship" "can bring/petition family," geographical proximity and "can speak its language" did not seem to be as important as the economic benefits, professional growth (skills acquisition) and subjective impression regarding the destination's culture.

Even among students, the economic benefits of working overseas rank high in their top three reasons (Figure 3 b). On the other hand, reasons related to family and relationships did not ap-

pear to be major determinants of the destination. Neither were geographical proximity, ease of recruitment and cultural understanding (language). Our results on salary as a strong motivation are consistent with previous studies on Myanmar's migrant workers. For example, Gupta (2016) in her study of Myanmar migrants in Thailand revealed that around 74.9% of surveyed migrants cited factors such as higher income or better employment opportunities as their primary reasons for migration.

In Myanmar, the salary of nurses and other workers in the health sector is much lower compared to all destinations. For example, data from a 2017 article (in Japanese) noted that the monthly salary of a nurse with four years of experience in a public hospital is about US$165 and in a private hospital, about US$280 (Miyano, 2017). Based on the interviews, working for an international NGO in Myanmar is a good option for many nurses and even doctors because it pays so much more (at twice or even four times) compared to the local employers. To increase earnings, many healthcare workers have private practice after office hours or work in other second jobs or both (WHO 2014).

Among the local employers, public hospitals and other government institutions pay the least. This is because the salaries are uniform across the country and are set by the Ministry of Planning and Finance. Moreover, these nurses neither get formal incentive payments nor
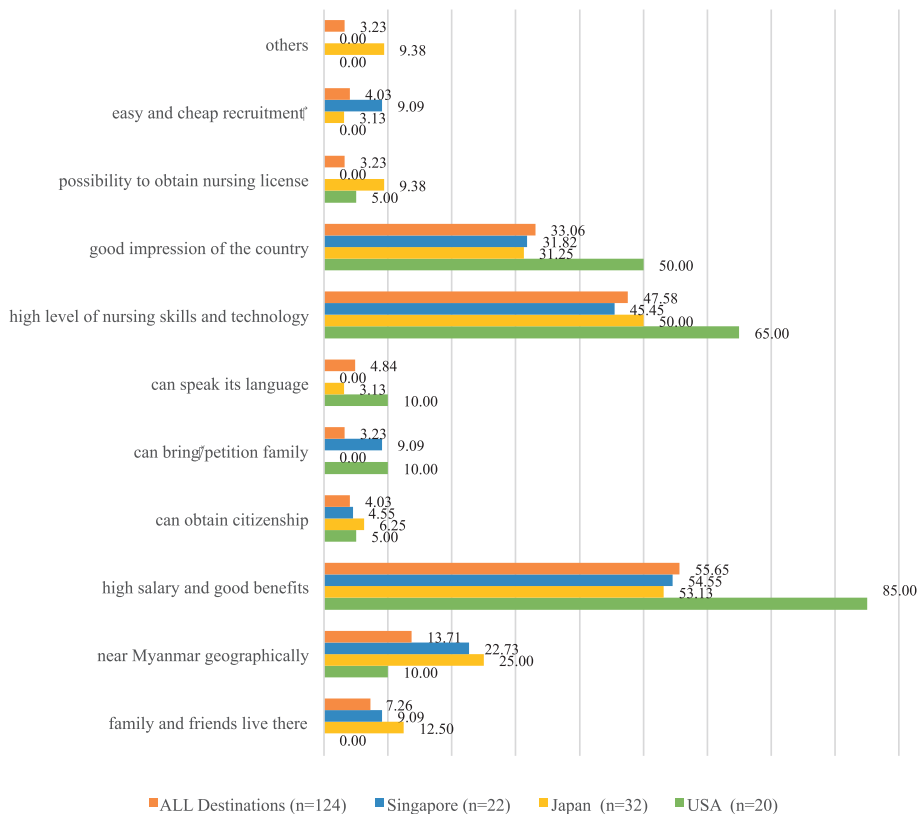

Figure 3a   Reasons for choosing the most preferred (top) destination (professional nurses)

performance-based payments or other allowances (Ministry of Health and Sports, Republic of the Union of Myanmar, 2019 : 24). Nevertheless, many nurses choose to work in public hospitals and health centres because of the "prestigious image of being a government officer, dedication and self-motivation." The retention rate for nurses is also high in these government institutions, as revealed by Lwin et al. (2017) in which it was pointed out that "recognition" is a significant predictor of nurses' intention to remain employed at the hospitals in Myanmar.

Meanwhile, in the most preferred destinations, the monthly salary is much higher. In a study conducted by Lien Foundation (2018) in Singapore on nursing care workforce, it was found that the average monthly salary in Singapore for registered nurses is S$3,000 (about US$2,100) and for enrolled nurses, S$1,800 (about US$1,300). While this may seem to be high, the other preferred destinations pay higher－in the case of registered nurses, for example, they receive S$5,780 in Australia, and S$5,700 in Japan (Lien Foundation 2018).

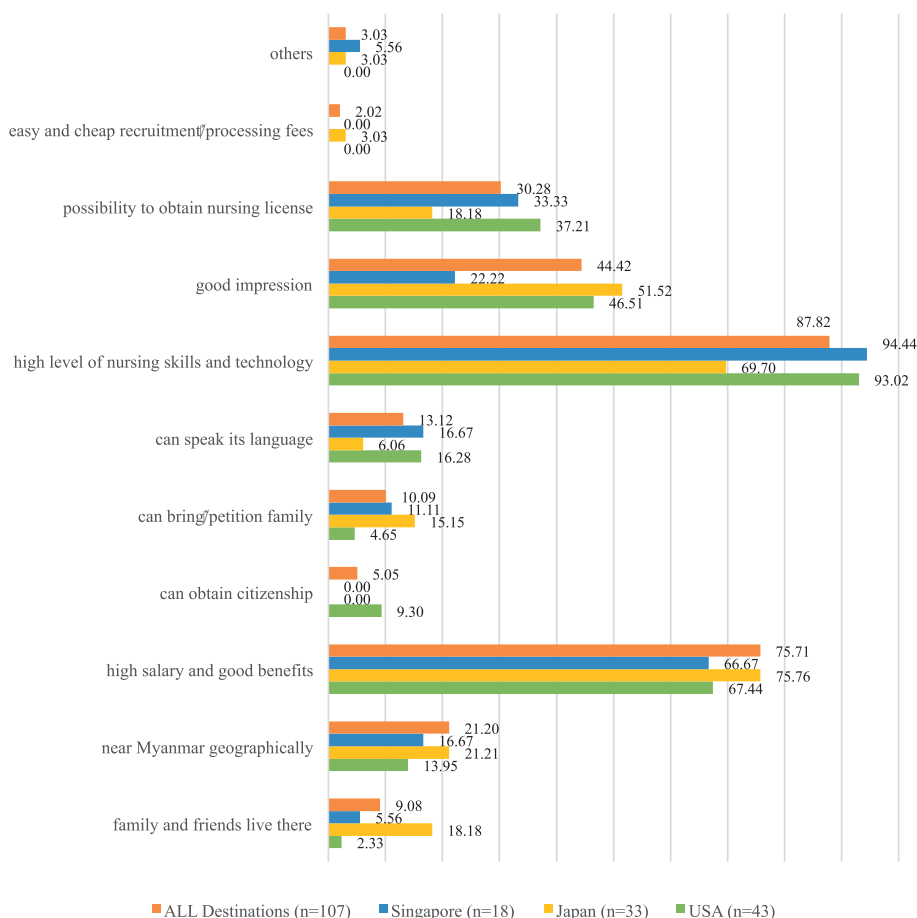The next most popular reason based on the survey was to acquire a high level of nursing skills

Figure 3b   Reasons for choosing the most preferred (top) destination (nursing students)
Note : The figures include only the results for the top three destinations. Other preferred destinations were Australia, Canada the, UK, Korea and Thailand.
Source : Author's computations from survey data.

and technology (Figures 3a and 3b). Miller and Lu (2018) ranked Singapore as the second in the world in terms of healthcare efficiency and is a popular destination for medical tourists because of its advanced medical technology and high quality of care. On the other hand, the nurses from Myanmar relate Japan with "robots" and "advance technology" and they "imagine" nursing homes having robots to assist in lifting or transferring patients and residents. One interviewee also mentioned that he saw on youtube a dog robot that entertains a person with dementia (Interview with a male nursing student, 2018).

The third most popular reason given was "good impression of the country" although such an impression may be subjective or biased and may not reflect the realities. Their impressions are also largely influenced by the TV shows, movies, youtube, facebook and stories from relatives and friends in the destinations.

The findings in the case of the nursing students also show similar trends, but in addition to these three top reasons, the choice "possibility of obtaining a license" also emerged as one of the leading factors. The nursing license is important not only in career promotion and higher income, but also as a requirement to be able to work longer in one destination. However, it must be noted that it is not easy for foreign-educated nurses to obtain a license and most often have to settle for a job as a care worker or nursing aide, potentially resulting in "deskilling." Many foreign nurses, however, are willing to become care workers because of the high salary compared to those that nurses receive back home. In the case of Singapore, most foreign-educated nurses must start as healthcare assistants or nursing aides in the nursing care sector, earning an average monthly salary of S$850 (an amount that is only half than what the locals earn) which is still about three times more than what a registered nurse earns in Myanmar (Lien 2019). The same source also indicated that the average salary of a nursing aide engaged in nursing care in Japan was S$3,000, and in Australia, S$3,290.

We further examined the results by cross tabulating with gender, civil status and years since graduation (only for professional nurses) and used the independent samples t-test to determine whether there are differences in the decision to aspire to work overseas (leave) or not (stay) based on these attributes. We found that there are no statistically significant differences based on gender and civil status, but there is in terms of the years since graduation as shown by the statistically insignificant F-value for Levene's test for equality of variance and statistically significant t-value for the t-test for equality of means.

5. The aspiration to work in Japan

When the professional nurse respondents were asked about their aspiration to work in Japan, 93 out of the 185 (50.27%) answered in the affirmative, while 54 (29.18%) said no and the rest did not answer this question.[9] On the other hand, in the case of the students, 85 out of 154 (55.19%) answered that they wanted to work in Japan. This reflects Myanmar's workers' growing interest in Japan as an international destination. The more relevant question, however, is

why the Myanmar nurses behave so. Their ranked answers for the three top reasons for aspiring to work in Japan are shown in Figure 4.[10]
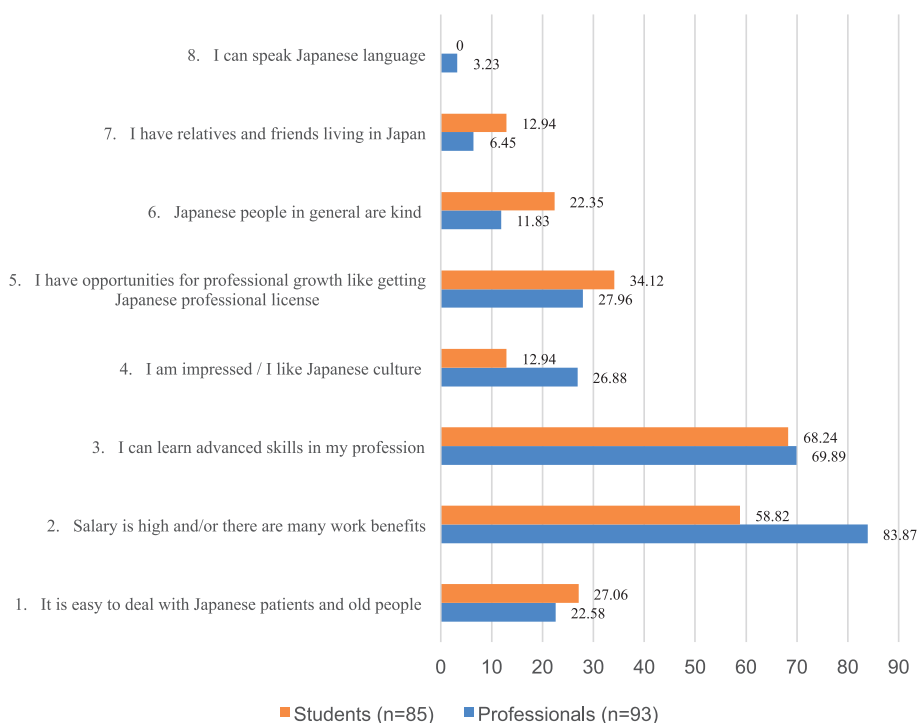

Figure 4   Answers to the question : "Why do you want to work in Japan?
(Write the NUMBER of your top THREE (3) reasons in order of preference.)"
Notes : The sample included all those who answered the question, regardless of their answer to the
question, "Do you want to work in Japan?" The sample that excludes those who do not aspire
to work in Japan but answered the question also yielded the same ranking for the choices.
Source : Authors' calculation from survey data.

Interestingly, the results in Figure 4 show that the major criteria for their choice of Japan do not considerably differ with the general trends for all destinations. The top criteria are mainly economic and professional enrichment/improvement concerns. First, similar to other popular destinations, Japan is attractive because of the impression that the salary in Japan is high and there are many work benefits. This factor was chosen by about 85% of the professional nurses and 58% of the nursing students. This is followed by skills acquisition, with 69.89% and 68.24% of all professional nurses and nursing students, respectively, choosing this factor and then, thirdly, opportunities for professional growth and career development.

On the other hand, the number of respondents choosing factors related to cultural attributes and impressions of Japan and the Japanese people, such as "Japanese people are kind," "impressed with Japanese culture," and "easy to deal with Japanese patients and elderly" were considerably less than for the top three choices. When asked in detail what their impressions of Japan are, the Myanmar nurses noted that the Japanese are very courteous and also rich and generous (Interview with female nurses in a hospital). One interviewee explained her impression of Japan as

"convenient" and "orderly." Such a good impression is largely influenced not only by the internet but also through the narrations of their relatives or friends who have been to Japan. One nurse in Yangon narrated her experience with a very courteous Japanese tourist who visited the hospital for an emergency procedure (Interview with a female nurse). Promoting the Japanese culture in this age of easy access to information through the internet and international tourism is effective especially in reaching out to the young generation. Utilizing such Japan's "soft power" can be an important instrument to attract more workers from Myanmar to work in Japan.

The role of recruitment agencies in promoting Japan as a destination is also apparent in our interviews. The survey respondents in Myanmar are aware of the available jobs in Japan through the numerous training schools for Japanese language and nursing care as well as recruitment agencies especially in Yangon and Mandalay, the areas where the fieldwork for this study was conducted. Based on our interview with the owners of a Japanese language school, their enrolment doubled from 2018 to 2019 and is expected to further increase once the TITP and specified skill worker schemes are implemented in full force.

It is also interesting to see the considerable difference between the professional nurses and nursing students in terms of percentage value attributed to each choice (see Figure 4). The ratios of professional nurses are higher than those of students choosing economic rewards (83.87% vs. 58.82%), and impressions about the destination (26.88% vs. 12.94%). On the other hand, more students (as a percentage of the total) are attracted to the Japanese people's kind character (11.83 % vs. 22.35%) and having relatives and friends living in Japan (6.45% vs. 12.94%). These results suggest that indeed, the choice of destination depends on the weight given to interlinked factors. Further studies are therefore necessary to determine the robustness of our results.

Based on our survey (Figure 5) with professional nurses and interviews, the lack of knowledge of Japanese language and culture and also the absence of friends and relatives in Japan are important reasons for the reluctance of Myanmar nurses to work in Japan. That the lack of language proficiency prevents foreign workers to come and stay in Japan is a major finding in many research studies. In a survey of Filipino nursing care students (Carlos and Suzuki, 2020), it was found that they feel very anxious about how to cope with their lessons undertaken in the Japanese language when they enter a care worker training school. One male student respondent also mentioned that he could not imagine how he could manage to do the elderly residents' documentation and charting without a command of the Japanese language. They were also concerned about failing the licensure examination for certified care workers which is written in Japanese. This language problem has been a long-standing issue for all care workers, regardless of the pathway through which they join the Japanese labor market.
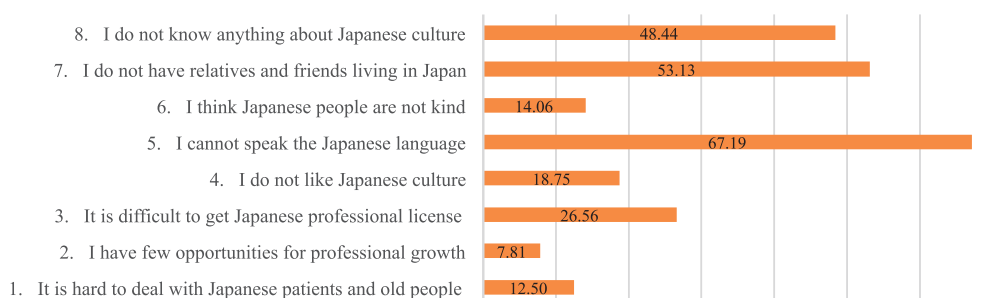
Figure 5   Answers to the question : "Why do you NOT want to work in Japan?
(Write the NUMBER of your top THREE (3) reasons in order of preference.)"
Notes : The sample includes all professional nurses who answered the question, regardless of their answer to
the question, "Do you want to work in Japan?" (n = 64) The sample which excluded those who do not
aspire to work in Japan but answered the question also yielded the same ranking for the choices.
Source : Authors' calculation from survey data.

The language problem experienced by those who are already in Japan can be attributed to very low proficiency upon entry in Japan. For example, the pre-departure Japanese language proficiency level required for technical interns is lowered from N3 to N4. However, they should pass N3 after working for a year in Japan. For nursing care students, they are allowed to come initially as language students, and the standards for language proficiency may vary among training schools. Furthermore, there are training schools that accept language school students even with low Japanese proficiency as long as they have been enrolled for at least eight months. For the specified skills workers, the questions in the skills examination, and also the instructions for the questions in the language examination are written in the language of the country where the examinations are administered. While these initiatives make it easier for foreigners to join the care workers' labor market (because of lower language requirement), they could have considerable impacts on the quality of nursing care as well as the retention of foreign care workers. These need to be looked at in future research studies.

We also asked the respondents about the job that they want to have in Japan, and as expected, about 9 out of 10 of them aspire to work as professional nurses (see Table 5). However, the current labor migration policies of Japan do not allow them to immediately work as such. Moreover, because of the ageing population, the current labor shortage in Japan is more serious in the nursing care sector. Therefore, it is much easier to find employment as care workers. Foreign-educated nurses who come as care workers are expected to take the licensure examination for certified care workers, which is substantially different from that for nurses in terms of competencies and contents. While it is not impossible for foreign-trained nurses turned care workers to pass the nursing licensure examination, it is very challenging as they have to do extra schooling or practicum to augment their knowledge and skills. While this issue may not be an immediate problem, and many nurses from Myanmar may accept nursing care as their first job in Japan, addressing it is necessary for their retention. This is because as noted above, one of the important incentives for Myanmar nurses, especially for students, to stay in the work-

place is recognition as nurses.

Table 5　Desired job in Japan of professional nurses and nursing students from Myanmar

Type of job desired in Japan	no. of students	as % of students	no. of professional nurses	as % of professional nurses
Professional nurse	101	88.60	91	87.81
Professional care worker	5	4.39	4	3.86
technical trainee	7	6.14	8	7.72
job other than nurse/care worker	1	0.88	7	6.75

Notes : The sample included all those who answered the question "What kind of job do you prefer to have in Japan?"

Source : Authors' calculation from survey data.

6. Summary and Recommendations

The main objectives of this paper are two-fold. First, to describe the nursing education and labor market and also Japan's system in employing foreign care workers ; and identify the issues and concerns related to these. Second, to examine the behavior of professional nurses and nursing students in Myanmar towards international migration and assess its implications for Japan as a destination through surveys and interviews. Based on the results, we evaluated the potential of nurses from Myanmar to be employed as care workers in Japan. Care worker pathway is the most popular and accessible to foreign-educated nurses because currently, there is no labor migration pathway (and visa) that allows nurses who are educated in Myanmar to be deployed to Japan as professional nurses (unless they already possess a Japanese nursing license).

We found that there is a serious shortage of nurse personnel in Myanmar. On the supply side, currently, in Myanmar, only government schools are allowed to offer quota-based nursing courses. As a result, the number of annual graduates is very small. International migration of nurses, particularly to Singapore and Thailand, has also contributed to the shortage.

In our survey, two-thirds of the respondents indicated their aspiration to work abroad mainly for its economic benefit (high salary), professional growth (gaining knowledge of nursing skills and technology) and interest in culture (good impression of the country). With regards to their preferred overseas destinations, the top three were Japan, Singapore and the USA. Singapore has been the major destination for Myanmar nurses, many of whom are deployed initially as nursing aides and health care assistants in nursing homes. While it is extremely difficult to find employment in the USA, this country has generally been the most preferred choice of migrant nurses from Asia. Cultural factors also appear to play an important role in the choice of a destination－interest, good impression and knowledge about a destination's culture reinforce their aspiration. On the other hand, the lack of language proficiency and unfamiliarity with the culture, as well as lack of family and friends in the destination, stand in the way of being selected as a preferred destination. That Japan is the top choice of destination in our survey is one evi-

dence that this country is gaining popularity as a destination for Myanmar workers. That the number of Myanmar nationals in Japan has doubled in the past five years is also another proof of this migration trend. Specific to nursing care, the number of enrollees in care worker training institutions has been dramatically increasing (three times from 2018 to 2019).

Based on our findings, we can argue that there is a strong potential for nurses trained in Myanmar to work in Japan. However, several major concerns are also identified in this study, which, when addressed properly and on time, can aid in the sustainable deployment of these nurses. First, the respondents expressed their concern about learning the Japanese language. It could be probably just an impression, but nevertheless, more effective ways and measures must be implemented to accommodate and ease the learning of the language. In addition to the proliferation of Japanese language materials over the internet and through the language schools, it is also important to begin a campaign that can diminish the apprehensions of those who want to learn this language and make the learning process an interesting and fun activity. Since many of the respondents expressed their interest in Japanese popular culture, one way to encourage foreigners to learn the language is to introduce *anime,* movies and other materials showcasing the Japanese culture. Mastering the language, and understanding the culture behind it, will not only inspire Myanmar nationals to come to work but also facilitate their smooth integration in the Japanese workplace and the wider society.

Another major barrier to the deployment and retention of Myanmar nurses is related to the kind of job that they will have in Japan. It must be noted that one of their bases for choosing the destination is "opportunities for professional growth and career development," which for many means being able to eventually practice nursing. Most of them aspire to work as nurses but the actual job available to them in Japan is as care workers. This practice of starting as a nursing aide or care worker is common in many destinations. However, compared to other host countries, it is not as easy to shift career from nursing care to nursing in Japan. The tasks of a registered nurse and a certified care worker are much more delineated and specific, and the competencies required in the licensure examinations are different. Therefore, introducing feasible ways and indicating a clear career course (pathway) from or between nursing care to (and) professional nurse is necessary for them to stay long in Japan. For example, those who already passed the national licensure for certified care workers and gained experience in nursing homes in Japan may be exempted in taking some parts of the licensure examination for nurses. Also, like in the case of Singapore, the UK and New Zealand, more positions for professional nurses in nursing homes can be created so that foreign-trained nurses may choose to stay there and work as professional nurses. They can be entrusted not only with administering medicines and performing medical procedures but also with supervising care workers. Raising the salary of certified care workers, comparable to what professional nurses receive, may also be one strong incentive to stay in the nursing care sector but this will put pressure on the fiscal expenditure for nursing care. In any case, to what extent these suggestions can be implemented depends on the political

will (especially in terms of the fiscal budget in which the salary of care workers depend on) and the commitment and willingness of stakeholders towards solving the manpower shortage in the nursing care through drastic changes in the systems for recruitment, employment and retention of foreign care workers.

In this paper, we focused on the aspirations of workers in the source country and their influence on the choice of an international destination and found that Myanmar-educated nurses can be a potential source of manpower in the nursing (elderly) care sector of Japan. However, it is also equally important to look at and compare the factors in Japan vis-à-vis other destinations, such as labor and migrant integration policies and the attitudes of the local community, particularly the co-workers. Presenting a comprehensive study of the issue is indispensable in coming up with solutions to sustain a mutually beneficial and stable supply of care workforce in both the source country and the destination.

Notes

1 ）Here, we will use the term "nursing care" or "care work" for "*kaigo.*" We also use the term "care worker" (*kaigoshi*) to refer to a laborer who is engaged in in the nursing care sector.

2 ）The "ethical" aspect of the "export" of health care workers despite the serious manpower shortage within the sending country is an important topic that needs to be looked at in future studies.

3 ）In Japan, there is a strong preference by Japanese nursing home employers to foreigners already trained or educated as nurses in their home country (Interviews in Fukuoka and Nagasaki 2019 and Osaka, 2020).

4 ）The other source countries for care workers under TITP are the Philippines, Vietnam, Nepal, Sri Lanka, Mongolia, Indonesia etc.)

5 ）A person who seeks to conduct technical intern training must prepare a technical intern training plan and receive accreditation of the suitability of the plan from the Organization for Technical Intern Training (OTIT).

6 ）Under the Japanese Language Proficiency Test (JLPT), non-native speakers of Japanese are evaluated and certified based on five levels of proficiency, the easiest of which is N5, followed by N4, N3, N2, and the most difficult level, N1.

7 ）In the case of Myanmar, the high recruitment cost borne jointly by the workers and the employers is another concern that must be addressed immediately.

8 ）The sample for this table included only those who want to work overseas (n＝124 for professional nurses and n＝107 for nursing students). They are probably biased in the choice of Japan because the survey was conducted by Japanese researchers. The increasing number of training centres for the Japanese language that offer nursing care training and the number of their enrollees are proof that indeed, Japan has emerged as one of the most popular preferred destinations for Myanmar nurses.

9 ）That both professional nurses and nursing students aspire to work in Japan may be influenced by the fact that the questionnaire was created and administered by a research group from Japan. The aspiration to work overseas in general and Japan in particular, were treated as independent sets of questions.

10）However, care must be taken in interpreting the results because all respondents have not been to Japan, thus their choices are based on information and impressions they get from friends and relatives, social networks, internet websites and other forms of media.

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Appendix 1   Profile of Respondents (Professional nurses)

Gender	Frequency	Per cent
female	164	88.60
male	19	10.30
no answer	2	1.10
Total	185	100.00
Civil Status	Frequency	Per cent
Never married	137	74.10
Others	47	25.40
no answer	1	0.50
Total	185	100.00
Hospital	Frequency	Per cent
Hospital N	42	22.70
Hospital P	43	23.20
Hospital M	41	22.20
Hospital V	17	9.20
Hospital C	42	22.70
Total	185	100.00
Year graduated	Frequency	Per cent
1980-1990	6	3.24
1991-2000	11	5.94
2001-2010	43	23.24
2011-2015	113	61.08
No answer	12	6.48
Total	185	100.00

(Maximum value : 38 years ; Minimum value : less than 1 year

Appendix 2   Profile of Respondents (Nursing students)

Gender	Frequency	Per cent
female	140	90.91
male	14	9.09
Total	154	100.00
Civil Status	Frequency	Per cent
Never married	147	95.45
Others	5	3.25
No answer	2	1.30
Total	154	100.00
Category	Frequency	Per cent
Diploma-Term 3	71	46.10
Diploma-Term 6	71	46.10
Others (CAN, etc.)	12	7.79
Total	154	100.00