

Chapter 2

Career Development of Foreign-Trained Nurses in Malaysia

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Career Development of Foreign-Trained Nurses in Malaysia

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Abstract

This chapter analyses foreign-trained nurses in Malaysia. Based on our survey of 104 foreign-trained nurses, we discuss the characteristics of working as a licensed or unlicensed nurse in Malaysia, why the nurses came to Malaysia, and their willingness to go to other countries. The results suggest that most of the licensed nurses work in private hospitals, while the unlicensed nurses work in nursing homes and private duty nursing. High salary and benefits play an important role in attracting foreign-trained nurses. However, Malaysia is largely regarded as a stepping stone for future career development. The intention to emigrate is quite high amongst the sampled nurses, particularly the Malaysia-unlicensed nurses. Malaysia needs to consider foreign-trained nurses' long-term career development when private healthcare facilities resume recruiting foreign-trained nurses in the future.

Keywords: International migration, health and hygiene, nurses, Malaysia, India

1. Introduction

Malaysia is one of the nurse-receiving countries in Asia. It was reported the country was suffering from a shortage of nurses. This was mainly attributable to the ageing of the local nursing workforce, growing demand for health care, and the emigration of Malaysian nurses (Barnett, Namasivagam, and Narain 2010). Moreover, the government's 'Malaysia My Second Home' programme requires more nurses who are able to deliver high-quality medical services for foreign nationals, especially older persons.

The Government of Malaysia has implemented various measures to overcome the shortage of nurses. There was a time when private hospitals relied heavily on foreign-trained nurses who had nursing licenses for their home countries. Malaysia signed agreements with seven countries, Albania, Bangladesh, India, Indonesia, Myanmar, Pakistan, and the Philippines, to allow their licensed nurses to practice nursing in Malaysia (Matsuno, 2009). In 2007, 40% of the nursing workforce in private hospitals was foreign-trained nurses (ibid.). In the peak year in 2009, 1,031 foreign nurses from non-ASEAN member states were newly registered, and the number of registered ASEAN nurses was 286.¹ However, the total number of foreign-trained nurses has declined to 52, as listed in the Nursing Board in 2018. This is mainly attributable to Malaysia promoting nursing education for its own nationals. The late 2000s witnessed the mushrooming of private nursing schools that produced as many as 10,000 graduates every year. As a result, the number of nurses had increased significantly by the early 2010s (World Health Organization, 2014). There were 42,836 local nurses in 2006, and this figure became more than double (87,476) by 2012.² As the number of local nursing graduates increased, the number of foreign-trained nurses declined gradually, and many health facilities are currently not actively recruiting foreign nurses.³

Over the decades, the degree of nurse labour market openness to foreign-trained nurses changed from time to time, depending on the country's medical care, immigration, labour, and employment policies so as to overcome a shortage of nurses. However, little has been researched on foreign-trained nurses in Malaysia. To our knowledge, this is the first attempt to analyse issues and challenges related to them. This chapter investigates foreign-trained nurses in Malaysia with a particular focus on (1) characterising the socio-economic characteristics of foreign-trained nurses in Malaysia; (2) investigating the factors influencing their decision to work in Malaysia; (3) describing their working experiences in Malaysia; (4) understanding the relationship between remittances and migrants; and (5) identifying the factors influencing the decision to migrate from Malaysia to other countries.

¹ <http://nursing.moh.gov.my/wp-content/uploads/2018/10/Statistik-ASEAN-Registered-Nurse-Workforce-31-Dec-2017.pdf> (accessed on 7 January 2019).

² Same as footnote 1.

³ There are criteria to employ foreign-trained nurses. For example, see the website (<http://nursing.moh.gov.my/wp-content/uploads/2017/07/Criteria-for-employment-of-foreign-trained-nurses-in-Msia-17072017.pdf>). According to an informant in October 2018, health facilities have to advertise vacant positions seven times for local nurses before recruiting foreign-trained nurses.

The structure of this chapter is as follows. Section 2.1 provides a literature review. Section 2.2 outlines the data collection process. Section 2.3 explains the basic characteristics of the sampled nurses. Section 2.4. illustrates the factors influencing their coming to work in Malaysia. Section 2.5 briefs their working experiences. Sections 2.6 explains the relationship between remittances and migrants. Sections 2.7 and 2.8 analyse the factors influencing the decision to move from Malaysia to another country. The final section summarises our findings and concludes.

2. Empirical Analysis

2.1. Literature review

A traditional push-pull factor analysis on migration explains that nurses migrate overseas mainly to achieve a higher salary, better working resources and conditions, more opportunities for training, transparent promotion, exposure to new advanced knowledge and technology, skill enhancement, higher occupational status, and so on in the destination countries (e.g. Kline (2003), Kingma (2006)). They are also compelled by 'push' factors, such as lower wages, poor working conditions, and so on in the country of origin. These push and pull factors are two sides of the same coin. From the nurse-receiving country's perspective, it is important to understand the pull factors towards providing training, education, and the working environment and conditions for foreign-trained nurses.

Migrants frequently change location from one country to another for better conditions until they settle in the final destination, or they repeat moving back and forth between the destination and their home country. In the process of career development, nurse migration is not an exception (for example, Carlos (2013), Paul (2015)). By examining cases of Filipino nurses, Carlos (2013) explains that nurses, for example, migrate first to a Gulf country, such as the United Arab Emirates and Saudi Arabia or to Singapore where they gain practical experience as a nurse and then migrate to another country for betterment. This process, called 'stepwise migration', continues until they reach a preferred destination, such as Australia or Canada.⁴ At the same time, when nurses reach their final destination, it is noted that nurses from the developing countries tend to be engaged in simpler tasks

⁴The migration pattern of travelling back and forth between the destination and the home country is called 'circular migration'. According to the definition by the United Nations, a circular migrant is defined as a person who crosses the national borders of the reporting country at least three times over a 10-year period, each time with the duration of stay (abroad or in the country) of at least 90 days (UNECE, 2016).

than local nurses or those from developed countries (O'Brien, 2007; Yeates, 2009; Bruyneel et al., 2013). This is attributable partly to the fact that a nursing career in other countries, particularly developing countries, is not often recognised by developed countries (Bach, 2003). Many foreign-trained nurses face structural obstacles, such as immigration policies, language and communication issues, racism and discrimination, acculturation, and nursing practice issues, that impede the pathway to become registered nurses in the destination country (Cuban, 2010; Moyce et al., 2015). As some foreign-trained nurses enjoy satisfactory careers and positively contribute to the nursing workforce in the destination country, it is imperative to examine who, why, and how foreign-trained nurses develop their career in the destination country.

A nurse's job satisfaction plays a significant role in the intention to leave the workplace in Malaysia. A study in a teaching hospital reports that 40% of the staff nurses intend to leave their employment, and the most important determinant of this is the low degree of job satisfaction (Ramoo et al., 2013). Updating knowledge and providing quality care are considered to be the most important factors that motivate nurses to participate in continuing professional education in Malaysia (Chong et al., 2011). In the Malaysian hospital and health care setting, some aspects of career development, including motivation to work, job satisfaction, and future prospects for foreign-trained nurses, need to be examined.

2.2. Methods

a) Survey participants

The survey participants are those who were born in overseas countries, studied nursing outside Malaysia, obtained a nursing license abroad, and are currently working as a nurse or any related occupations in Malaysia, excluding those working in the academic field.

In Malaysia, foreign-trained nurses in clinical areas that meet the criteria stipulated by the Nursing Board are qualified as registered nurses, and their employers comply with formal procedures to register them with the Malaysia Nursing Board.⁵ Due to the currently growing size of the local workforce and the restrictive government policy on recruiting foreign-

⁵ For details, see the website (<http://nursing.moh.gov.my/wp-content/uploads/2017/07/Criteria-for-employment-of-foreign-trained-nurses-in-Msia-17072017.pdf>).

trained nurses, according to the information provided by the board, the number of foreign nationals in the register is only 52, comprised of 32 from India, 7 from the Philippines, 3 from Singapore, 3 from the United Kingdom, 3 from the United States, and 1 each from Indonesia, Japan, Ireland, and Viet Nam. As there is no complete list available to us of who is in the register, we tried to cover as many Malaysia-registered foreign-trained nurses as possible using the snowball sampling technique, whereby respondents introduced us to their colleagues and friends, after a female nurse research assistant identified the first survey participant through her ex-colleagues' networks. At the same time, we found there were unlicensed foreign nationals working in nursing homes, etc. As there is also no official list of such people, i.e. they are not registered nurses in Malaysia, we also employed the snowball sampling technique whereby we identified the first survey participant through our local collaborator, the University of Putra Malaysia's social networks, and collected data from those complying with our criteria.

The sample size of 104 comprises 24 people with a nursing license in Malaysia and 80 who do not have a nursing license in Malaysia, based on our financial and time constraints.

b) Data collection

This survey of foreign-trained nurses in Malaysia was conducted from October 2018 to January 2019. The surveys were principally conducted using a questionnaire including items covering the person's personal profile, nursing education details, career development, and information about working in Malaysia. The questionnaire was seven-and-a-half pages of A4 in English. Question types were multiple choice, closed, and descriptive.

A female Malaysian nurse enumerator visited Malaysia-licensed nurses working mainly in hospitals in and around Kuala Lumpur, the capital city of Malaysia. At the same time, a male Filipino nurse enumerator visited Malaysia-unlicensed nurses. The questionnaire survey was administered in-person by the enumerators. The nurses were usually interviewed outside their work location hospital. The interview took an average of 40–60 minutes, excluding an initial 'ice-breaking' time when the enumerators met the respondents. The language of the survey was mainly English. However, if the Filipino nurses needed to elaborate on a question, the enumerator would elaborate using the local language in the Philippines. In parallel with the questionnaire survey, we also met some unsampled nurses from abroad, and Malaysian employers in nursing homes and those who hire or dispatch foreign-trained nurses. These interviews are indicated as in-depth interviews in this chapter.

2.3. Brief characteristics of the sampled nurses

The number of respondents in this study was 104. Twenty-four were registered with the Nursing Board and are defined as Malaysia-licensed nurses; 80 were not registered with the Nursing Board and are defined as Malaysia-unlicensed nurses. By nationality, 31 were from India (23 Malaysia-unlicensed and eight Malaysia-licensed nurses), 69 from the Philippines (all Malaysia-unlicensed nurses), and four from Pakistan (one Malaysia-licensed and three Malaysia-unlicensed nurses) (Table 2.1). In terms of the workplace, whether they were Malaysia-licensed or not, all the sampled foreign-trained nurses worked in the private sector. Of the 24 Malaysia-licensed nurses, 22 worked in private hospitals and most of them work in the intensive-care unit in some specific hospitals. In contrast, the Malaysia-unlicensed nurses worked in nursing homes (38 nurses),⁶ or in private duty nursing (38 nurses).⁷ These two sectors are not regulated by the Malaysia Nursing Board, i.e. the employers do not have to comply with formal procedures to register the employees with the Nursing Board.

Table 2.1: Basic Profile of the Sampled Nurses

	Malaysia-licensed	Malaysia-unlicensed	Total
No. of observations	24	80	104
Country of origin			
India	23	8	31
Philippines	0	69	69
Pakistan	1	3	4
Workplace			
Private hospital	22	1	23
Private clinic	0	3	3
Nursing homes	1	38	39

⁶ Some of the sample nurses reported that foreign-trained nurses in nursing homes earn RM1,800–2,000 per month.

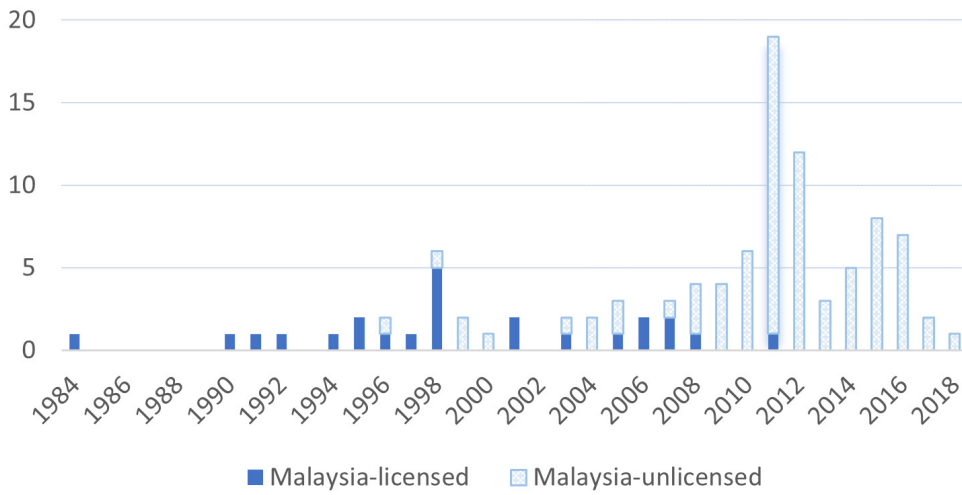
⁷ Private duty nursing is individual (health) care with the main purpose of rehabilitation, and temporary illness and long-term care for older persons. Our sampled nurses indicated that Malaysian-national nurses can earn RM25 per hour for private duty nursing, while Filipino nurses who are not registered by the Nursing Board of Malaysia can earn only RM15–20 per hour; RM10–13 per hour is paid to Filipino caregivers who do not have a Filipino nursing license; and RM4,000–5,000 per month for Indonesian male nurses.

Private duty	0	38	38
Non-profit organisation	1	0	1
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Gender			
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Male	4	28	32
Female	20	52	72
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Marital status			
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Single	2	36	38
Married	22	35	57
Widowed/separated/divorced	0	9	9
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Legal residential status			
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Permanent resident	11	1	12
Non-permanent resident	13	79	92
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Source: Authors' survey.

The Malaysia-licensed nurses tended to have a longer career experience than their counterpart Malaysia-unlicensed nurses (Figure 2.1). On average, the former group had 18.7 years of nursing experience, while the latter only 7.3 years. Eleven of the sampled Malaysia-licensed nurses (45.8%) had permanent residency in Malaysia, i.e. they are married to a Malaysian and settled in Malaysia. Those who were not married to a Malaysian would work in the same hospital, and they were brought back by the former employer after a cooling-off period, currently three months.

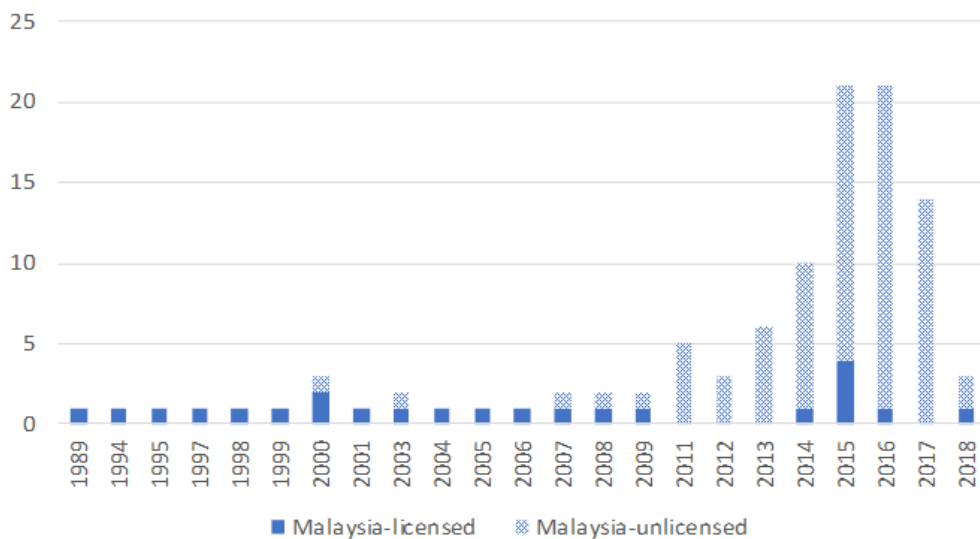
Figure 2.1: Year When the Sampled Nurses Obtained Their First Nursing Degree



Source: Authors' survey.

As the sampled nurses' careers show, the Malaysia-unlicensed nurses tended to have arrived in Malaysia in recent years. Approximately three-quarters of the unlicensed nurses arrived in Malaysia since 2014 (Figure 2.2). This implies that most unlicensed nurses are unlikely to stay in Malaysia for a long time. We will discuss this issue in sections 2.7 and 2.8.

Figure 2.2: Year of Arrival in Malaysia



Source: Authors' survey.

It is worthwhile mentioning that it is not at all common for Malaysia-unlicensed nurses to become Malaysia-licensed nurses. All of the sampled Malaysia-licensed nurses were licensed nurses from the beginning of their tenure in Malaysia. Foreign-trained nurses need to obtain a temporary practicing certificate from the Nursing Board through their employer if they are assigned to a registered nurse position. In contrast, most of the Malaysia-unlicensed nurses do have valid work permits. They are not in the hospital sector, and their employers are not regulated by the Nursing Board. Therefore, it is not possible for them to obtain a certificate. Moreover, foreign-trained nurses currently require at least three years of clinical experience after they complete their nursing studies and pass the specialisation exam in nursing. Of the Malaysia-unlicensed nurses, 18 (22.5%) had obtained their nursing degrees within the last three years, and it was impossible for them to accumulate years of clinical experience as nurses because their experience working in nursing homes and private duty nursing is not regarded as clinical experience. At the same time, demand for foreign-trained nurses is not low because it is not easy for nursing homes and agents for nurses to find Malaysian nurses to work for them.

2.4. Factors related to working in Malaysia

Why do nurses come to Malaysia? Table 2.2 shows the most important reason why they come. Malaysia-licensed nurses arrive in Malaysia because their family and/or relatives are there (11 nurses), closely followed by higher salary and benefits (nine nurses). Malaysia-unlicensed nurses are attracted to Malaysia due to the higher salary and benefits (46 nurses). Eight Malaysia-unlicensed nurses pointed out the low recruitment and processing fees to come. Indeed, 58 Malaysia-unlicensed nurses (43.8%) answered that the financial cost of migration to Malaysia is somehow manageable, followed by easily manageable (29 nurses, i.e. 36.3%). Only 15 Malaysia-unlicensed nurses (18.8%) answered that they think it is hard to manage the cost of migration.

Table 2.2: Most Important Reasons to Come to Malaysia

	Malaysia-licensed		Malaysia-unlicensed	
	N	%	N	%
Higher salary and benefits	9	37.50	46	57.50
Family/relatives live there	11	45.83	3	3.75
Low recruitment and processing fees	0	0.00	8	10.00
Self-respect	0	0.00	7	8.75
Better quality of life	1	4.17	5	6.25
High level of nursing skill	0	0.00	6	7.50
Interested in the country's culture	1	4.17	2	2.50
Can obtain citizenship	2	8.33	0	0.00
Can bring family	0	0.00	1	1.25
No answer	0	0.00	1	1.25
Children's education	0	0.00	1	1.25
Total	24	100	80	100

Source: Authors' survey.

To understand foreign-trained nurses' motivation to come to Malaysia more comprehensively, we asked to what extent they experienced difficulties in being a nurse in their country of origin on a four-point scale: '1' not at all difficult or no problem; '2' not particularly difficult or no problem; '3' fairly difficult/problematic; and '4' extremely difficult or problematic. The results are given in Table 2.3. As is shown, Malaysia-unlicensed nurses reported facing significantly higher difficulties or problems across a wide range of nursing aspects. Focusing on the scale points given by Malaysia-unlicensed nurses, they gave highest points (greatest difficulties) to the items of 'low salary and fewer benefits' (average scale point: 2.86), 'high ratio of patients to nurses' (2.85), and 'connection/corruption in getting employed and promotion' (2.80). Given the fact that the overwhelming majority of Malaysia-unlicensed nurses in the sample are from the Philippines, we compared the results with our previous tracer survey of alumni of a nursing college in the Philippines. The results show exactly the same trend. Nurses in the Philippines face the three problems

mentioned above, in particular. These problems seem to accelerate their motivation to work abroad.

Table 2.3: Difficulties in the Sampled Nurses' Country of Origin

	Malaysia-licensed		Malaysia-unlicensed		
	Mean	Std. dev	Mean	Std. dev	
Dealing with patients	1.54	0.15	2.26	0.08	***
Occupational hazards	1.83	0.16	2.56	0.08	***
Limited opportunities for career development	2.25	0.20	2.69	0.08	**
High ratio of patients to nurses	2.33	0.22	2.85	0.09	**
Low salary/fewer benefits	2.96	1.19	2.86	0.09	
Connection/corruption in getting employed and promotion	2.04	0.22	2.80	0.09	***
Inadequate facilities/infrastructure in hospitals	1.54	0.17	2.75	0.09	***
Poor working conditions	2.25	0.24	2.75	0.09	***
Difficult relationship with supervisors and fellow workers	1.71	0.19	2.49	0.08	***
Lack of nursing skill and knowledge	1.75	0.19	2.19	0.09	**
Gender discrimination by patients	1.54	0.13	2.16	0.09	***
Gender discrimination by management	1.50	0.15	2.07	0.09	***

Note: *** indicates that the difference between the means by students' t-test is greater than zero at a significance level of 1%.

Source: Authors' survey.

Further, we asked why the sampled nurses chose to study nursing when they were admitted to their first nursing degree course. Table 2.4 shows the results. Malaysia-licensed nurses chose nursing due to the high employability (six nurses), followed by working overseas (four nurses). However, unlicensed nurses chose nursing to help their families financially in the future (25 nurses), followed by higher salary and benefits (23 nurses). Interestingly, only 19 (23.8%) of the Malaysia-unlicensed nurses chose nursing based on their own motivations, showing that family and/or relatives play an important

role in choosing to study nursing. As 41 (51.3%) of the Malaysia-unlicensed nurses had a person working abroad from their family or a relative, families and relatives might also be a push factor for becoming a nurse and going abroad even if they are unlicensed in the destination.

Table 2.4: Most Important reasons to Become a Nurse

	Malaysia-licensed		Malaysia-unlicensed	
	N	%	N	%
I would like to help my family financially in the future	2	8.33	25	31.25
Higher salary and benefits	3	12.50	23	28.75
To work overseas	4	16.67	12	15.00
To provide service to the sick and needy	3	12.50	13	16.25
Ease of finding a job/Employability	6	25.00	3	3.75
Owing to family encouragement	2	8.33	2	2.50
To achieve a better social status	1	4.17	1	1.25
I was not admitted to other courses	1	4.17	0	0.00
My ambition	1	4.17	0	0.00
I was interested in nursing	1	4.17	0	0.00
Missing	0	0.00	1	1.25
Total	24	100	80	100.00

Source: Authors' survey.

2.5. Working experiences in Malaysia

How did the sample nurses evaluate their nursing career development in Malaysia? We asked the sampled nurses what the advantages or disadvantages of working in Malaysia were in their opinion. As Table 2.5 shows, high salary, skill enhancement, experience, and career development were the most popular advantages assessed by the sampled nurses, regardless of their Malaysian Nursing Board license status, while some differences between Malaysia-licensed and unlicensed nurses can be found. For example, more Malaysia-unlicensed nurses reported that it was easy to find a job, easy to work, and there

were easy procedures for the work (no statistical test done). In fact, our in-depth interviews revealed that some come to Malaysia under a tourist visa, and later change their status to stay legally in the country, often using the service of an agent. They can easily find a job after arriving in the country. This ease is inextricably linked to unclear contracts. Malaysia-licensed nurses in in-depth interviews indicate that no proper job description or contract is signed. Some nurses complained that the job description, particularly for private duty nursing, is at the mercy of the employer. Sometimes, they do household chores as well as health/elderly care. According to them, the employers in nursing homes and private duty nursing do not understand their professional medical knowledge and experience, even if the Malaysia-licensed nurses are registered nurses in their country of origin.

**Table 2.5: Advantages and Disadvantages of Working in Malaysia
Assessed by the Sampled Nurses (multiple answers)**

Advantages	Malaysia-licensed	Malaysia-unlicensed
High salary	11	22
Skills and experience, career development	6	15
Easy to find a job	0	17
Easy to work (job and the environment)	1	9
Easy procedure to work	0	6
Cost of living easy life	0	5
Multi-race and cultural diversity	4	0
Quality of life	3	0
Self-respect	2	0
No strict code of ethics	0	1
Geographical proximity	1	0
Easy to live (religion, culture, etc.)	0	1
None	3	0
Total no. of answers	31	76

Disadvantages	Malaysia-licensed	Malaysia-unlicensed
Racism/discrimination	4	13
Not recognised as a nurse	0	14
No job description/no contract	0	14
Language/communication	4	4
Getting work permit difficult	0	8
No job scope/no further education/career development	4	3
Lack of benefit for foreigners	1	5
Paper work	4	0
Home sick	1	3
Getting permanent residency/citizenship not easy	4	0
De-skilled/cannot use professional skills	0	4
Busy	2	1
Cannot bring spouse/family	2	0
Lack of job opportunities	0	1
Others	0	12
None	4	4
Total answers	30	86

Source: Authors' survey.

It is noteworthy that the sampled Malaysia-unlicensed nurses were likely to work longer than the Malaysia-licensed nurses. On average, the unlicensed nurses worked for 67.3 hours per week. In contrast, the average working hours per week for the Malaysia-licensed nurses was 43.9 hours weekly. The number of night shifts also significantly differs between the two groups. We asked the number of maximum and minimum nights per month they were on duty. The Malaysia-unlicensed nurses had, on average, a maximum of 12.0 night shifts and a minimum of 7.7 night shifts per month. Indeed, some private duty nursing requires only night shifts. However, the corresponding figures for the Malaysia-licensed nurses were a maximum 7.9 nights and minimum of 3.6 night shifts per month. As Malaysia-unlicensed nurses' working hours tend to be longer and their night shifts are much more than the Malaysia-licensed nurses, they are more vulnerable to illness, which was pointed out in our in-depth interviews with the Malaysia-unlicensed nurses.

As for their current satisfaction in career development in Malaysia, we asked 'Are you currently happy to choose nursing as your profession?'. Answers were given on a five-point scale: 1 = very unhappy; 2 = unhappy; 3 = neither unhappy nor happy; 4 = happy; and 5=unhappy. Malaysia-licensed nurses scored 3.63 on average, which is significantly lower than the average score (4.20) for the Malaysia-unlicensed nurses. We will further explore this issue in section 2.7.

2.6. Nurse migration and remittances

Out of the 104 sampled nurses, 91 nurses sent money back to their countries in the 12 months prior to the interview. The ratio of remittance incidence was 87.5%. Under the theory of New Economics of Labor Migration (Stark and Bloom, 1985), labour migration is considered as one of the family strategies to overcome several constraints and risks facing the migrant-sending family. It assumes that there is a reciprocal informal agreement between the migrant family and the migrant. The family finances the cost of migration and takes the roles that the migrant would have played at home during her/his absence. In return, the migrant remits money back home to fulfil the other part of the agreement.

However, a closer look at the data reveals some differences between Malaysia-licensed and unlicensed nurses. One such difference is the high ratio of remittance sending amongst unlicensed nurses and the low ratio of remittance sending amongst licensed nurses. Seventy-eight out of 80 unlicensed nurses (97.5%) remitted while only 13 out of 24 licensed nurses (54.2%) did so (see Table 2.6). Furthermore, there are a couple of notable characteristics amongst the 11 licensed nurses who did not transfer money to their families back home. Firstly, all eleven nurses were female and married at the time of interview, 6 of whom were married to Malaysians. Secondly, eight nurses held permanent resident status. These reflect that when a woman forms a new family with her husband or becomes a member of her husband's family after marriage, and as her tie with her original family becomes weaker, this results in the reduction or cessation of remittances (Raihan and Siddique, 2017).

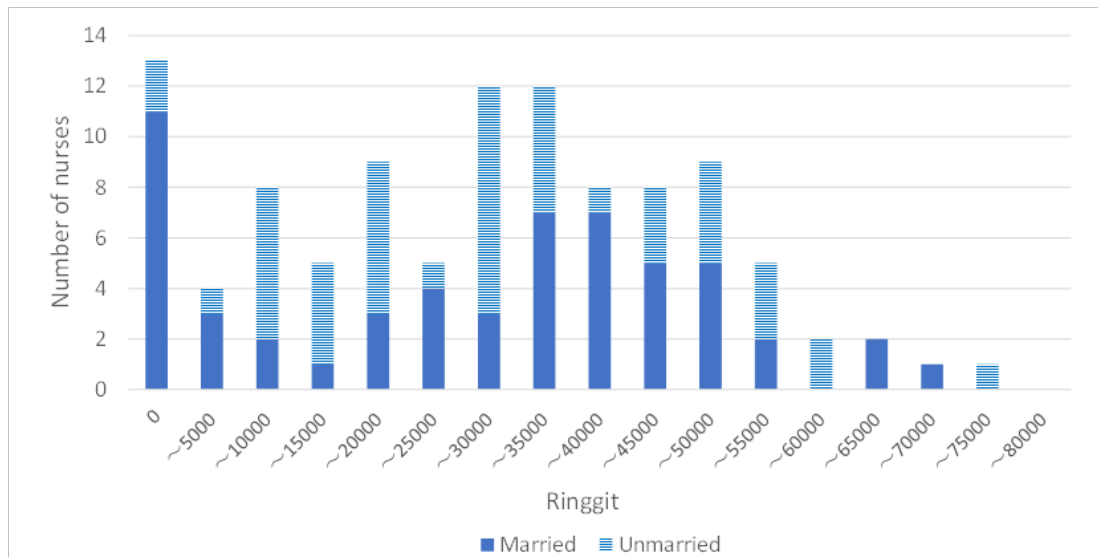
Table 2.6: Incidence of Remittances amongst the Sampled Nurses

	Yes	No	Total
Licensed	13	11	24
Unlicensed	78	2	80
TTL	91	13	104

Source: Authors' survey.

The average amount of remittances in the last 12 months amongst nurses who remitted (total 91 nurses) was RM29,607 (RM1 = US\$0.25), with a maximum value of RM70,000 and a minimum value RM300, while the overall average of all sample nurses including those who did not remit was RM25,907 (see Fig. 2.3 for the distribution of remittances). The average amount of remittances amongst married nurses was RM24,087, and the amount for unmarried nurses was RM24,860.

Figure 2.3: Distribution of the Volume of Remittances



Source: Authors' survey.

On average, married nurses remit less, but the difference is not statistically significant, and around 50% of married nurses did not wire money back home.⁸ This is probably due to the fact that the majority of unmarried nurses in our sample were unlicensed and working in private nursing homes or on private duty. These nurses tend to earn less than licensed nurses working in private hospitals. Only two nurses out of the 47 unmarried nurses were licensed, while 22 out of 57 married nurses were licensed.

Table 2.7 shows how the remittances are spent by the recipients. The most frequent use of the remittances is for financing the day-to-day needs of the family, and the second-most frequent is for education for the associated children or siblings. These are typical uses of workers' remittances and have been reported in existing literature (for example, see Oda (2007)). What is different from ordinary labour migrants in terms of the utilisation of remittances is that quite a number of the sampled nurses said that their remittances are accumulated in the form of personal savings. A little bit more than one-third of nurses who remitted for the last 12 months reported this. The 'personal saving' here probably means that the remitted money is accumulated for use in the future when the nurses return home. Nurses usually come from middle-class families, not from families in lower-income groups. Hence, they do not need to spend the entire remittances on daily needs or other items but can afford to keep some amount as personal savings for future use. In our sample, the education levels of the nurses' parents were relatively high. Eighty-six out of 104 fathers, and 84 of 104 mothers graduated from high schools, and 34 fathers and 42 mothers had university degrees and above (see Table 2.8). Only two fathers and one mother did not complete their primary school education. These high education levels in general indicate the overall good standard of living of nurses' families. For Malaysia-unlicensed nurses, their motivation to become nurses was mainly to help their family financially and attain a high salary and benefits or overseas employment. This result shows that the nurses accomplished their initial intentions that they had when they decided to become nurses.

⁸The t-statistics for the difference between the two averages is 0.607, showing no statistical difference between them.

Table 2.7: Utilisation of Remittances amongst the Sampled Nurses' Families

Utilisation	No.
Day-to-day needs of your family	80
Education of children/siblings	55
Personal saving	37
Pay existing loans	26
Pay for family's medical treatment	18
Purchase a car/motor vehicle	17
Purchase a house/land	14
Wedding	8
Investment (jewellery, gold, stocks)	8
Other	1

* Multiple answers
Source: Authors' survey.

Table 2.8: Education Levels of Nurses' Parents

Education levels of nurses' parents	Father		Mother	
	No.	%	No.	%
University graduate and above	34	32.7%	42	40.4%
Higher secondary school	12	11.5%	10	9.6%
High school	40	38.5%	32	30.8%
Middle school	11	10.6%	14	13.5%
Completed primary	5	4.8%	5	4.8%
Below primary	2	1.9%	1	1.0%
Total	104	100%	104	100%

Source: Authors' survey.

2.7. Stepwise migration of nurses from Malaysia

The tendency of stepwise migration or re-migration to another country amongst sampled nurses was highly observed. The ratio of nurses who answered yes to the question of whether they had plans to migrate to another country from Malaysia was around 70%. Seventy-three out of 104 nurses responded 'yes' (See Table 2.9). Given this number, it is evident that many of the interviewed nurses see Malaysia as a stepping stone to their next or final destination. In particular, a stronger tendency for the intention to re-migrate is seen in the group of unlicensed nurses. Amongst the 24 licensed nurses, 11 nurses had intentions to migrate, as did 62 of the 80 unlicensed nurses. Close to 80% of the unlicensed nurses said they plan to leave Malaysia for their next destination. A similar result is obtained when the sample data are divided into permanent residents and non-permanent residents. Amongst the 12 nurses possessing permanent resident status, only four nurses had intentions to migrate. On the other hand, 69 of the 92 non-permanent resident nurses, or 75%, said they plan to leave for their next destination (see Table 2.10). The interpretation of these results is that nurses who have a legitimate status, such as being licensed and/or permanent residency, are likely to remain in Malaysia because their jobs are more secure, and probably their working environments are far better than nurses who lack such statuses.

Table 2.9 : Ratio of Intention to Re-migrate to Another Country by Registration Status

	Licensed	Unlicensed	Total
Yes	11	62	73
No	13	18	31
TTL	24	80	104

Source: Authors' survey.

Table 2.10: Ratio of Intention to Re-migrate to Another Country by Permanent Resident Status

	Permanent	Non-permanent	Total
Yes	4	69	73
No	8	23	31
TTL	12	92	104

Source: Authors' survey.

Table 2.11 shows the next preferred destinations for the nurses who planned to migrate from Malaysia to another country. It seems that many of the nurses did not have concrete plans. Hence, the countries listed here are considered as their wish-lists. As may be expected, Western countries, such as the United States, the United Kingdom, Canada, and European countries are ranked top. Nursing positions in the Gulf countries, such as the United Arab Emirates and Saudi Arabi, also appealed to the sampled nurses. These countries usually do not provide citizenship to foreign workers, so they cannot be considered as final destinations.⁹ They are seen as another stepping stone to other preferred destinations.

Table 2.11: Next Destination Countries for Nurses

Destination	No.
United States	22
United Kingdom	14
Canada	14
Gulf countries	10
Europe (any)	9
Australia	7
New Zealand	3
Singapore	3
Netherland	3
France	3
Japan	2
Others	4
No idea	2

* Multiple answers

** Asked those who plan to migrate

Source: Authors' survey.

⁹ See, for example, the homepage of the UAE government for the information regarding its citizenship (<https://government.ae/en/information-and-services/passports-and-traveling/uae-nationality>).

The nurses listed various reasons for re-migration. The most important reason for nurses' leaving Malaysia was for upgrading their nursing skills, knowledge, and career development (see Table 2.12). Thirty-four out of the 73 nurses who planned to migrate answered this as the reason for moving to another country. This was followed by 'looking for more opportunities to practice as a nurse', as answered by 11 nurses. Migration for a higher salary came third. However, if the reasons are divided into two categories based on whether the nurses are licensed or unlicensed, some significant differences emerge. In fact, the top two reasons – 'for skills/knowledge/career development' and 'for more opportunities to practice as a nurse' – are heavily dominated by answers from unlicensed nurses. Only one licensed nurse answered that she would like to migrate to obtain skills and knowledge, and none of the licensed nurses said that they planned to leave for more opportunities as a nurse.

These answers reflect the job status and working conditions of unlicensed nurses. As already noted, unlicensed nurses basically work either in private nursing homes or do private duties largely at someone's house mainly to take care of the sick and/or older persons, and most of these duties do not require the professional skills and knowledge of nurses but rather those of caregivers. Such working environments, which contribute to the de-skilling of nurses, motivate them to leave for another country to upgrade their skills and knowledge as nurses. In addition, since they are unlicensed in Malaysia in spite of holding valid nursing certificates from their country of origin (and also due to the nature of their work), they are neither officially nurses in Malaysia nor recognised as nurses by patients or the people they are caring for. Such lack of recognition as a nurse is also a motivating factor for them to plan further migration.

There is a very important point to note here. Although unlicensed nurses feel the disadvantages and drawbacks of being nurses in Malaysia, their level of job satisfaction in general is quite high. Section 2.4 reports that the level of satisfaction amongst Malaysia-unlicensed nurses is significantly higher than the average level of the Malaysia-licensed nurses. The point is that they plan to migrate not because they are not happy with their current jobs in Malaysia, but because they would like to improve their career prospects by obtaining higher skills and knowledge necessary for finding nursing job opportunities in their preferred destinations.

Table 2.12: Reasons for Re-migration amongst Nurses Who Plan to Re-migrate

Reasons for re-migration	Licensed nurses	Un-licensed nurses	Total
For skills/knowledge/career development	1	33	34
For more opportunities to practice as a nurse	0	11	11
For higher salary/money	4	5	9
As a stepping stone	0	5	5
To get permanent residency/formal work permit/stable job	3	2	5
For better life	1	3	4
For seeking for promotion opportunities	1	1	2
For children's education	1	1	2
To explore other countries	0	2	2
For better working environment	1	0	1
Others	2	2	4

* Multiple answers
Source: Authors' survey.

2.8. An analysis of characteristics affecting nurses' plans to migrate

So far, we have looked at whether nurses plan to migrate from Malaysia to another country by categorising their status as licensed or unlicensed. However, there are of course other possible factors that may motivate nurses to plan re-migration. This section statistically characterises nurses who planned to re-migrate and compares them with nurses who did not plan to migrate. Here, we divide the expected factors affecting the likelihood of the nurses' re-migration into four categories and statistically examine the differences for each factor. The categories are: (1) individual and family characteristics, (2) nurses' status and variables related to their jobs in Malaysia, (3) financial conditions of the nurses' families, and (4) factors related to the nurses' education. Fisher's exact tests as well as independent t-tests are used for the analysis. The results are shown in Table 2.13.

Individual and family characteristics include the nurse's gender, marital status, religion, country of origin, and whether a member of his/her family or relatives works abroad as a nurse. For the analysis of marital status, nurses who were divorced or widows are dropped. For the country of origin, nurses from Pakistan are dropped. These are dropped due to the small number of samples. As for religion, the data is divided into Christians and others (i.e., Hindus and Muslims).

Amongst these, the gender and the country of origin of the nurse are significantly related with the likelihood of having a plan to re-migrate. Male nurses and Filipino nurses are more likely to plan to migrate than female and Indian nurses. Indian nurses tend to be married and, in particular, married to local Malaysians. Because of this, their mobility is limited compared to Filipino nurses.

Variables related to nurses' education are represented by the type of school from which the nurse graduated, the year of obtaining the first degree, and who motivated him/her to become a nurse. The types of school considered are a typical government-run school or a private school. Semi-government schools are included in the category of government schools. The person who motivated him/her to become a nurse is divided into two categories: the nurse's own decision or a decision influenced by others, such as parents or relatives. This is included to see how such decision-making is related to stepwise migration. The results show that none of these variables caused significant differences in the tendency of the nurses to plan further migration.

The financial conditions of the nurses' families seem to significantly affect nurses' motivations for re-migration. Two factors are considered. One is whether the nurse's family borrowed money to finance his/her nursing education. The other is whether the nurse remitted money to the family in the last 12 months before the interview. The tendency of having a re-migration plan is higher amongst nurses from families that took loans for financing their nursing education. Likewise, it is higher amongst nurses who remit money to their families. The reason for these results is that nurses plan to re-migrate for betterment in order to support their families back home and repay loans.

In order to scrutinise variables related to nurses' statuses and nurses' plans to migrate, the following five factors are examined: whether the nurse is a licensed or unlicensed nurse; whether the nurse is a permanent or non-permanent resident; whether the nurse works either in a private hospital or in a nursing home/on private duty; the nurse's year of

arrival in Malaysia; and the level of happiness of working as a nurse in Malaysia. The results indicate that nurses who are unlicensed and who are non-permanent residents have a higher tendency for planning re-migration compared to licensed nurses and those holding permanent resident status. As for the workplace, the ratio of planning further migration is higher amongst nurses working in private nursing homes or doing private duties compared to nurses in private hospitals. There is also a significant difference in the arrival years of nurses who have plans to migrate and those who do not. On average, the nurses who arrived later are more likely to have plans to migrate than those who arrived earlier. As for the level of happiness, there are no significant differences. Both types of nurses are equally happy to work in Malaysia.

The nurses' license status, permanent resident status, and their type of workplace are highly correlated, as Table 2.1 demonstrates. Nurses who are licensed usually have permanent resident status and work in private hospitals, while nurses who are unlicensed tend not to be permanent residents and work in nursing homes or do private duties at someone's house. The Malaysia-licensed nurses are not interested in exploring further opportunities abroad as they have legal status to stay in Malaysia for the long term and work as licensed nurses in hospitals. As a result, their tendency to have a plan to re-migrate is low. On the other hand, the unlicensed nurses' motivation to leave is high as they are not permanent residents, not recognised as nurses, and have to endure the risk of being fired at any time. These gaps cause differences between licensed nurses working in private hospitals with permanent resident status and unlicensed nurses working as caregivers in nursing homes or doing private duties without permanent resident status in terms of the nurses' aspirations to seek better opportunities abroad.

Table 2.13: Results of Statistical Analysis of Influencing Nurses' Re-migration¹

Variables	Number of nurses who plan to migrate	Proportion of nurses who plan to migrate	Difference
<i>Individual and family characteristics</i>			
Gender			
Male	28/32	0.875	0.250 **
Female	45/72	0.625	
Marital status			
Single	29/38	0.763	0.096
Married	38/57	0.667	
Religion			
Christian	54/75	0.720	0.120
Others	15/25	0.600	
Country of origin			
India	17/31	0.548	-0.205 **
The Philippines	52/69	0.754	
Member of family/relatives abroad as a nurse			
Yes	38/51	0.745	0.085
No	35/53	0.660	
<i>Nursing education</i>			
Type of school			
Government	15/21	0.714	0.015
Private	58/83	0.699	
Years of obtaining the first degree ^a			
Plan to migrate		2007.9	-1.123
No plan to migrate		2009.0	
Decision to be a nurse			
Self-decision	15/25	0.600	-0.134
By others	58/79	0.734	

<i>Financial condition of family</i>				
Loan to finance nursing education				
Yes	35/44	0.795	0.188	**
No	31/51	0.608		
Remittance				
Yes	68/91	0.747	0.363	***
No	5/13	0.385		
<i>Job and status in Malaysia</i>				
Licensed nurse in Malaysia				
Yes	11/24	0.458	-0.317	***
No	62/80	0.775		
Permanent resident status				
Yes	4/12	0.333	-0.417	***
No	69/92	0.750		
Type of workplace				
Private hospitals	11/23	0.478	-0.288	***
Nursing homes/private duties	59/77	0.766		
Year of arrival in Malaysia ^a				
Plan to migrate		2013.8	4.628	***
No plan to migrate		2009.2		
Level of happiness ^a				
Plan to migrate		4.137	0.234	
No plan to migrate		3.903		

***, **, * indicate 1%, 5%, and 10% level of statistical significance.

⁽¹⁾Fisher's exact test is employed to analyse the difference between two proportions except^(a), which uses the independent -test of differences between two sample means.

Source: Authors' survey.

3. Concluding remarks

This chapter analysed foreign-trained nurses in Malaysia. Based on our survey of 104 foreign-trained nurses, we discussed the characteristics of working as a licensed and unlicensed nurse in Malaysia, why the nurses came to Malaysia, and their willingness to go to other countries. The results suggest that most of the licensed nurses work in private hospitals, while the unlicensed nurses work in nursing homes or carry out private duty nursing. The high salary and benefits play an important role in attracting foreign-trained

nurses. However, Malaysia is regarded as a stepping stone for future career development, especially by Malaysia-licensed nurses. The intention to emigrate was quite high amongst the sampled nurses, particularly those who were unlicensed nurses and non-permanent residents. This implies a higher salary might not be sufficient for foreign-trained nurses to stay at first-destination countries for a long time.

One of the important areas identified in the Eleventh Malaysia Plan 2016-2020 is private healthcare. To achieve this goal, more nurses are required to increase the development of the private healthcare sector. The number of nursing students has recently declined due to the tighter admission policies and limited financial support for nursing students. Moreover, some private hospitals in Singapore actively recruit Malaysian nurses. In the future, private health facilities might need more nurses from abroad and need to be attractive to foreign-trained nurses. This chapter shows that the financial incentives are not enough for foreign-trained nurses to stay in Malaysia for the long term. Moreover, aged care facilities suffer from a shortage of nurses and caregivers, since Malaysian nurses and nationals do not prefer to work in the elderly care sector. Private health facilities and elderly care facilities need to consider foreign-trained nurses' long-term career development.

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References

- Bach, S. (2003), *International Migration of Health Workers: Labour and Social Issues*. Working Paper WP209, Sectoral Activities Programme, Geneva: ILO.
- Barnett, T., P. Namasivagam, D.A.A. Narain (2010), 'A Critical Review of Nursing Shortage in Malaysia', *International Nursing Review*, 57(1), pp.32–29.
- Bruyneel, L., B. Li, L. Aiken, E. Lesaffe, K. van den Heede, and W. Sermeus (2013), 'A Multi-country Perspective on Nurses' Tasks Below their Skill Level: Reports from Domestically Trained Nurses and Foreign Trained Nurses from Developing Countries', *International Journal of Nursing Studies*, 50, pp.202–09.
- Carlos, M.R.D. (2013), *The Stepwise International Migration of Filipino Nurses and its Policy Implication for Their Retention in Japan*. Afrasian Research Center, Ryukoku University Phase 2, Working Paper Series, Studies on Multicultural Societies No. 23.
- Chong, M.C., K. Sellick, K. Francis, and K.L. Abdullah (2011), 'What Influences Malaysian Nurses to Participate in Continuing Professional Education Activities'. *Asian Nursing Research*, 5(11), pp.38–47.
- Cuban, S. (2010), 'I Try Hard to Stay in England': Itineraries, Routes, and Dead Ends: An (Im)Mobility Study of Nurses who Became Corers'. *Compare*, 40(2), pp.185–98.
- Kingma, M. (2006), *Nurses on the Move: Migration and the Global Health Care Economy*. Ithaca, NY: Cornell University Press.
- Kline, D. (2003), 'Push and Pull factors in International Nurse Migration'. *Journal of Nursing Scholarship*, 35(2), pp.107–11.
- Matsuno, A. (2009), *Nurse Migration: The Asia Perspective*, ILO/EU Asian Programme on the Governance of Labour Migration Technical Note. http://www.ilo.org/asia/publications/WCMS_160629/lang--en/index.htm (accessed 16 July 2018).
- Moyce, S., R. Lash, and M. Lou de Leon Siantz (201), 'Migration Experiences of Foreign Educated Nurses: A Systematic Review of the Literature', *Journal of Transcultural Nursing*, 27(2), pp.181–88.
- O'Brien, T. (2007), 'Overseas Nurses in the National Health Service: A Process of Deskinning', *Journal of Clinical Nursing*, 16(12), pp.2229–36.
- Oda, H. (2007), 'Dynamics of Internal and International Migration in Rural Pakistan: Evidence of Development and Underdevelopment'. *Asian Population Studies*, 3(2), pp.169–79.
- Oda, H. (2015), 'Changing Dynamics of Remittance Flows and Their Impact on the Economy: The Case of Pakistan,' in D. Acosta and A. Wiesbrock (eds.), *Global Migration Issues: Myths and Realities*. United States: Praeger International.
- Paul, A.M. (2015), 'Capital and Mobility in the Stepwise International Migrations of Filipino Migrant Domestic Workers'. *Migration Studies*, 3(3), pp.438–59.
- Raihan, S. and T. Siddique (2017), 'Estimating the Impact of International Remittance on Households Expenditure in Bangladesh,' in S. Irudaya Rajan (ed.), *South Asian Migration Report 2017: Recruitment, Remittances and Re-integration*. Routledge.

- Ramoo, V., K.L. Abdullah, and C.Y. Piaw (2013), 'The Relationship between Job Satisfaction and Intention to Leave Current Employment amongst Registered Nurses in a Teaching Hospital'. *Journal of Clinical Nursing*, 22(21–22), pp.3141–52.
- Stark, O. and D. Bloom (1985), 'The New Economics of Labor Migration,' *American Economic Review*, 75(2), pp.173–78.
- UNECE (2016), *Defining and Measuring Circular Migration*. United Nations for Economic Commission for Europe. New York, NY and Geneva: UN.
- World Health Organization (2014), *Human Resources for Health Country Profiles: Malaysia*. Manila: World Health Organization Regional Office for the Western Pacific.
- Yeats, N. (2009), *Globalizing Care Economies and Migrant Workers*, Basingstoke and New York. NY: Palgrave Macmillan.