

พยาบาลกับการเคลื่อนย้ายแบบไร้พรมแดนในยุค AEC: ความท้าทายของพยาบาล

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บทคัดย่อ

การเปิดประชาคมอาเซียน (ASEAN Economic Community: AEC) ในปี 2558 ทำให้หน่วยงานภาครัฐและภาคเอกชนได้ตื่นตัวเพื่อเตรียมรับกับสถานการณ์ที่จะเกิดขึ้นมาอย่างต่อเนื่อง “พยาบาล” เป็นวิชาชีพที่ต้องมีการเข้าสู่ประชาคมอาเซียน เนื่องจากเป็น 1 ใน 7 วิชาชีพหลักที่สามารถเคลื่อนย้ายไปทำงานในประเทศกลุ่มประชาคมอาเซียน ได้อย่างเสรี การเคลื่อนย้ายอย่างไร้พรมแดนเป็นประเด็นที่ต้องให้ความสนใจ เนื่องจากอาจช่วยแก้ไขหรือในทางกลับกันอาจเพิ่มปัญหาการขาดแคลนบุคลากรพยาบาล ภาย ในประเทศ ซึ่งยังไม่มีคำตอบที่แน่ชัด การวางแผนที่ดีเพื่อรับกับการเปลี่ยนแปลงที่อาจเกิดขึ้น จึงเป็นความท้าทายในเชิงนโยบายและการบริหารจัดการอัตรากำลังของพยาบาลไทย

บทความนี้มีวัตถุประสงค์เพื่ออธิบายความท้าทายในวิชาชีพพยาบาล ต่อการเคลื่อนย้ายของพยาบาล ในภูมิภาคอย่างเสรีในยุค AEC โดยผ่านมุมมองของพยาบาลจากประเทศไทยเป็นส่วนที่ต้องการทำงาน ในประเทศไทย และจากการทบทวนวรรณกรรมที่เกี่ยวข้อง ผู้เขียนมุ่งหวังให้บทความนี้เป็นเพียงส่วนหนึ่ง ของแนวคิดที่ใช้ประกอบ การเตรียมความพร้อมของพยาบาลไทยเพื่อรับกับการเปลี่ยนแปลง ด้านบุคลากรพยาบาล และด้านนโยบายที่อาจจะเกิดขึ้นในอนาคตอันใกล้นี้

คำสำคัญ : พยาบาล อาเซียน การเคลื่อนย้าย ความท้าทาย

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Nurses and Borderless Mobility in AEC: Challenges for Nurses

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Abstract

ASEAN Economic Community: AEC in 2015 has impacted government and private organizations to be aware of all situations that could occur. Preparedness for ASEAN Economic Community has been continuously performed. Nurse is a profession that concerned about AEC because it is 1 of 7 professions that could mobile within ASEAN. This borderless mobility among nurses becomes an interesting issue in terms of if it may alleviate or on the other hand it may increase nursing shortage threatening the country in which no clear answer is presented. Appropriate planning of readiness for changes that may happen is challenging for Thai nursing manpower management and policy.

This paper aimed to discuss the challenges in borderless mobility of nurses in AEC region through a viewpoint of a Filipino nurse who would like to work in Thailand and from related literature reviewed. The authors aimed to present this paper to be merely a part of notions for prepared implication of Thai nurses in Thai nursing manpower and policy changes that may occur in the near future.

Keywords : nurses, AEC, mobility, challenge

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Introduction

ASEAN Economic Community: AEC in 2015 has impacted government and private organizations to be aware of all situations that could occur. As we all know that the Government of Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, Lao People's Democratic Republic, Malaysia, the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, and the Socialist Republic of Viet Nam, are the members of the Association of South East Asian Nations collectively referred to as "ASEAN". These countries agreed in the ASEAN mutual recognition arrangement (MRA) on nursing services, which is one of the steps in completing ASEAN FRAME WORK AGREEMENT ON SERVICES [AFAS], the mutual recognition facilitate mobility of nursing professional within ASEAN. It is being looked forward to have an exchange of information and expertise on standards and qualifications, promote adoption of best practices on professional nursing services that would provide opportunities for capacity building.¹ Even though some economists²⁻³ said that the implementation of this nursing borderless mobility could possibly remain slow because movement of professionals is completely subject to domestic regulations. However, this borderless mobility among nurses becomes an interesting issue in terms of if it could alleviate or on the other hand it could increase nursing shortage threatening the country in which no clear answer is presented. In addition, this mutual recognition could overwhelm nurses in both

host and exporting countries. Appropriate planning of readiness for changes that may happen is challenging Thai nursing manpower management and policy.

This paper aims to discuss interesting challenges in borderless mobility of nurses, awareness, preparation, and dilemmas of nurses in AEC through a viewpoint of Filipino nurses and from related literature review. In addition, the ideas of Thai nurses and the Filipino nurses will be also presented. The authors aim this paper to be merely a part of notions for prepared implication of Thai nurses in Thai nursing manpower and policy changes that may occur in the near future.

Nurses and Borderless Mobility : Challenges for Nurses

One of the attempts to facilitate labour mobility within the AEC is to develop mutual recognition of professional agreement⁴. The mutual recognition agreement involves 7 professions namely engineering, architecture, surveying, medicine, dentistry, accountancy and nursing. It is clear that most of ASEAN members are now, in some degree, suffering from nursing shortage.⁵ Although, the Mutual Recognition Arrangement could be the ideal opportunity to solve nursing shortage, it could conversely harm the nursing systems of those countries. However, Saowaruj³ believes not much will be changed by 2015. The biggest myth about the AEC is that there will be free flow of labour. But to this point it is only highly skilled labour that can move, and it isn't that free. However, despite of the mutual recognition, there are still challenges for ASEAN nurses.

One of the main challenges is the unequal distribution of nurses. Nurses from less developed countries would consider moving to more developed countries for better experiences and better compensation while poor countries would have to take the disadvantage they are left with less nurses.⁶ In addition further social problems such as inequitable access to medical services will arise because hospitals will bear greater cost in attracting and employing medical personnel.⁷ Since only Singapore, Philippines and Brunei have above average number of health care professionals including nurses based on the data from World Health Statistic in 2010 as a result medical service fees may increase. In addition, the preserve rules and regulations may border the movement of nurses. As stated in MRA code 3.3.2 prevailing domestic laws and regulation of the host country, including rules and regulations governing the practice of nursing in the host country; that could be overwhelming to foreign nurses. For example, nurses who wish to practice profession in Thailand have to obtain a license by passing the Nursing Licensure Examination of Thailand which is written in Thai. Furthermore, differences in culture, tradition and languages may also be a great obstacle in the borderless movement.

According to Mutual Recognition Arrangements, it is the must for nurses to have at least three years of clinical experience to work abroad. Although it is necessary to assure the quality of nurses who wish to work in the other countries, this regulation could worsen the problem of brain drain. Four years in the school

and another three years in a clinical practice is a long investment for an abroad work. The longer the nurse work in the home country before leaving, the more skilled nurses the home country loses.⁸ A very current review of Littlejohn, Campbell, Collins-McNeil, and Khayile⁹ (2012) pointed out that Philippines has a severe problem in assuring their quality of care because they lose “trained and skilled nursing workforce much faster than it can replace them due to migration” [p.24]. Therefore, it is challenging for Philippines on how to maintain nursing care quality in the country, if more skilled nurses leave their home to work in other countries. Moreover, the challenge of this upcoming AEC event for Thai nurses is that if Thai nurses including Thai nursing educational institutions are ready for AEC in terms of their nursing students and faculty’s English competency and its competitiveness.

Situations of Filipino Nurses

Philippine is the pioneer in sending nurses abroad. According to the Professional Regulation Commission (PRC) there are 463 nursing schools in the country that produces 200,000 graduates each year, which led to disproportionate patient- nurse ratio. In response to this situation, the Philippine Government is doing several ways to address the country’s problem. This country already supplies 25% of all overseas nurses worldwide and 83% of foreign nurses in the United States. With fewer jobs and less opportunities for nurses in the said country, many nurses and nursing students have

a desire to work overseas where salary is higher and that they feel compensated for their hard work.¹⁰ Since, Filipino nurses have a good command in English nurses aimed to practice their profession in United States but unfortunately this country is experiencing economic retrogression and is unable to hire nurses as they used to. Canada, United Kingdom, New Zealand, Australia, Middle East and other European countries are the other destinations for Filipino nurses. However, the procedure that nurses should undergo before they can be able to work in the countries mentioned above isn't just a walk in the park but is truly a headache considering the amount of money involved in the papers processing. In regards with nursing opportunities in Australia and New Zealand, nurses must have the financial power to pay the fees required to live and work in these countries.¹¹ Nurses should also pass several nursing related examinations and language examinations. For nurses who are not financially able, Middle East countries such as Saudi Arabia and the United Arab Emirates are the best destinations. In addition, these countries don't require extra licensure and English competency examinations like the U.S., Canada and United Kingdom while others use these countries as a stepping stone for the western world. This is in contrast with what their family believes before sending their children to nursing schools. Many Filipinos wanted nursing as a profession because they believe it was the only way to improve their lives and the lives of their families.

The mutual recognition arrangement (MRA) of AEC might support Filipino nurses' need for working in ASEAN. Although majority of ASEAN countries are facing the problem of nursing shortage, the Philippines on the other hand is facing a great problem of excessive nurses and the continuously growing number of nursing graduates each year. Many have hoped that it can address the nursing shortage problem elsewhere however it is not as easy as expected due to some certain rules and regulations. Fresh graduates and less experience nurses are forced to stay behind and work in Philippines Hospitals but unfortunately the number of hospitals cannot compensate the number of nursing graduates and even the number of nursing students who need to be trained in the hospital setting. In other words, the fresh graduates may need to ask the hospital to train for their clinical experiences without pay or even they may be asked to pay to the hospital for their training experiences after their graduation.

The Commission on Higher Education (CHED) in Philippines issued the CHED memorandum order (MO) No. 5, series of 2008 otherwise known as "Policies and Standard for Bachelor of Science in Nursing program" which added one more year to the nursing curriculum makes BSN a five year course, many have believed that this is to delay nursing graduates and make nursing course less attractive despite of CHED's explanation that their main intention is to upgrade and improve the existing nursing curriculum to ensure quality of nursing graduates and to increase NLE (Nursing Licensure

Examination) passing percentage. This memorandum will greatly affect nursing students, aspiring nursing students and their families. The 5 year nursing curriculum is viewed as a waste of money and time by the concerned parties. Therefore, in the years to come, it is uncertain if nursing will still be attractive to Filipinos and it is also uncertain if the Philippines would still produce massive number of nurses to export by the time MRA takes effect.

Filipino Nurses in AEC

Most ASEAN countries are preparing for the coming of AEC especially in Thailand wherein every detail about AEC is given to the people. Programs, seminars, school activities, curriculum adjustment and anything related to AEC are of the highest priority in Thailand today. In contrast, the Philippines is not doing any visible move towards AEC. The government's purpose in doing this is still unclear. Articles, reviews, and information about Filipino nurses towards AEC are inadequate. Many people (Nursing students, registered nurses in the Philippines and nursing working abroad including Thailand interviewed by the authors) have different ideas about AEC and why it is not a big issue in the Philippines. Most of nurses and nursing students that are residing in the Philippines are not even aware of AEC or MRA and what would happen in 2015 while most of nurses working abroad believe that one of the possible reasons why Philippines is not focusing in the mutual recognition agreement is the amount of remittance Overseas Filipino

Workers (OFW) working in South East Asian countries cannot surmount the remittance of OFW's working in Middle East and Western countries. It seemed that Filipino Nurses are less interested in working with ASEAN countries. However, in reality, the government's only concern is to produce nurses for "export" to bring in more OFW remittances.¹¹ Since the accumulation of foreign exchanged is driven by the remittance sent by citizens working abroad. In addition, it is already the aim of Filipino nurses to enter western countries though recently Singapore and Malaysia opens opportunity for Filipino nurses and both countries conduct special licensure examinations in English, many still consider it as just an option. Whether the Philippine government will provide adequate information or not, it would still depend on nurses to choose which country they are capable in working and which one would compensate them.

Nurses: Thailand and Philippines

From the prediction of health personnel manpower needed in 2017, health care system in Thailand still requires 160,661 nurses totally to support the full health care services.¹² Because of the nursing shortage in Thailand, it seems slightly possible for Thai nurses to work in the Philippines depending on the individual's interest. However, like Filipino nurses, Thai nurses seem to be more interested in working in western countries like USA, Canada, United Kingdom, New Zealand, Australia than working in Philippines, unless they have some limitation in English proficiency. However, from

the interviews of newly graduated nurses at a Thai nursing school, the graduated nurses want to work in either private or public hospitals in Thailand for 2-3 years. As they become more skilled and competent and more specialty and experienced nurses, they could have more choices to work in international private hospitals in Thailand or abroad with higher pay. Krisnan Lhaonhub (2012)¹² mentioned that the movement of health personnel could be a gradually changing phenomenon in Thai health care system in terms of their own interest and attempts, rather than being arranged by working agencies in which would not be able to impact to nursing shortage or nursing adequate of nursing personal of the country. Besides, the personal factors, the most important motivation of the health care personnel mobility was higher pay. This could happen in the situation of moving from public to private hospitals or moving from the country to outside the country.

As the second author of this article is a registered nurse in the Philippines working in a Thai nursing school, she had observed a lot of similarities and some differences in nursing education and nursing profession between the two countries mentioned above that would be a challenge for the nurses of both countries. Being a Filipino nurse, it could be reasonable for the second author of this article to analyze the situation and discuss the possibility for Filipino nurses to work in Thailand below.

Firstly, Philippines is known to be the first and still the number one country in exporting nurses all over the world. Philippines

consider Thailand as a neighboring country though they don't border each other however it is much closer compared to Middle East countries and western countries which are the common destination for Filipino nurses and one of the dilemmas of OFW nurses is the distance between them and their family. Therefore, there is a great possibility that Filipino nurses would choose to work in countries closer to the Philippines and Thailand is one of which.

Secondly, as stated earlier Philippines produce a large number of nurses each year and Philippines cannot employ their own nurses. In addition the main destination of Filipino nurses like U.S. and U.K. are unable to employ a large number of nurses than they used to, Filipino nurses would search for another possible destination and MRA could be an opportunity for the nurses who had already completed their 3 years experience and still unable to work in U.K., U.S. and even in Middles East countries.

Filipino nurses may also wish to work in Thailand to save placement cost. Some nurses who have more than 3 years' experience and passed several English examinations still cannot leave the Philippines due to expensive placement fees of the agencies. In order to work in western countries nurses need approximately 800,000 peso (630,000 baht) to cover all expenses including airfare, food, rent and school fees for the bridging program that one must undergo before engaging in full-time practice as a registered nurse and not everyone can afford it.¹¹ In the event that Thailand would open opportunity for Filipino nurses, those financially

challenge nurses would definitely grab that opportunity rather than staying in the Philippines as a volunteer nurse without earning even a single centavo. Furthermore, Filipino nurses may use Thailand as a stepping stone and to gain more and advance experiences before exposing themselves to the western world.

However, there could be several challenges for Filipino nurses. The main issue to consider is the language barrier. Though most Filipino nurses have a good command in English, it is still very necessary for them to speak, write and read Thai language to render maximum care to the patients. Learning language takes time and effort however Filipino nurses are experiencing the same in other countries like Germany, Norway, Spain, Japan and other non English speaking countries. In response to this problem, nursing colleges, training centers and language centers offer language programs to train and prepare Filipino nurses to eliminate language barrier issues. Therefore, if Thailand will be another prospect destination for Filipino nurses, it is not surprising that nursing colleges and training centers would include Thai language and culture in their curriculums. In addition, Thailand is doing their best effort in improving their English command so language barrier will no longer be an issue in the shared nursing workforce between Philippines and Thailand.

The authors believe that Filipino nurses moving between two countries is definitely possible. Thailand and Philippines both offers Baccalaureate program in nursing and conduct thorough assessment and quality assurance in

order to produce globally competitive nurses so it is not difficult for nurses in both countries to adapt. The Mutual Recognition Arrangement could be overwhelming however the advantages outrage the disadvantages.

Conclusions

In conclusion, AEC's Mutual Recognition Arrangement in Nursing Service is truly beneficial to a lot of practicing and student nurses as this will be a gateway for them to be more competitive and an opportunity for them to be seen and given importance by the government. Although at first this will be something that should take a lot of effort but this will give an opportunity to be better in the nursing field. On the other hand, less compensation pushes nurses to find a greener pasture (metaphor as higher pay) and later leads to unequal distribution of nurses, other countries enjoy the care of the nurses abroad while others suffer for the lack of manpower. In addition, the reciprocity of nurses in Thailand and Philippines is possible since both countries are doing their best effort to excel in the nursing and to produce globally competitive nurses. There could be some challenges on how shared nursing workforce could be a great opportunity for the improvement of both Thailand and Philippines. Hopefully, this paper could be a part of notions for prepared implication of Thai nurses in Thai nursing manpower and policy changes that may occur in the near future.

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