ATTITUDE AND MOTIVATION OF MEDICAL PRACTITIONERS TOWARDS LIBERALIZATION ON SKILLED LABOR UNDER AEC

BY

MISS KORBOON PETCHRUEANGRONG

AN INDEPENDENT STUDY SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS (ASEAN STUDIES)

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ENTITLED

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was approved as partial fulfillment of the requirements for the degree of Master of Arts (ASEAN Studies)

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ABSTRACT

One of the vision by Association of Southeast Asian Nations (ASEAN) is to promote health aspect to be at the centre of development by 2020 and ASEAN cooperation in health shall be strengthened to ensure that its people are mentally and physically healthy while living in harmony and safe environment with having sufficient accessible healthcare professionals, sharing experience for best practices. Liberalization of medical practitioners under the implementation of Mutual Recognition Agreements (MRAs) is active as a mechanism to freer the flow of working medical practitioners with ASEAN region.

The above mentioned action plan is an organization-led project. However, decision-making of workplace relocation is an individual matter. Therefore, this study is determining the attitude and motivation factors of

medical practitioners in 10 member countries towards the implementation as well as concerning the preliminary trends of destination countries in order to prevent the overflow that consequently lead to brain drain phenomenon and shortage of medical doctors in home countries.

This study uses a qualitative approach, using primary data and secondary data collection method. The primary data is collected from 21 samples from 10 member countries, consisting of medical practitioners and medical students (future doctors) by using structured interview. The secondary data of this research includes various reading materials that related to the topic such as published annual reports of relevant and selected organizations, online articles, journal articles, official statements, comments made by involving stake holders, previous studies, etc.

By reviewing and analyzing data materials, the result of the study reveals that the attitude of medical practitioners are positive as seeing the implementation of liberalization as an opportunity. The most influenced factor pushing and pulling them to work in another country is not only financial reason, but rather than self-improvement and personal achievement. In addition, the preliminary trend of movement can be implied as Singapore, Malaysia and Thailand are in a group of most attractive destination, while Indonesia and Philippines are the most possible exporting country. However, they point out that language usages and medical license examination are still a main obstruct that will block them away.

Keywords: ASEAN, ASEAN Economic Community (AEC), Skilled Labor, Worker mobility, Worker movement, Mutual Recognition Agreement (MRAs), Medical practitioners in ASEAN

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Miss Korboon Petchrueangrong

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INTRODUCTION

1.1 Significance and problem

The ambitious goal to fast track the establishment of ASEAN Economic Community (AEC) by 2015 has been agreed by ten ASEAN Member countries in 2007. The goal and vision is to integrate the cooperation among ASEAN member countries deeper and wider towards having a single market and production base in particular. In fact, the implementation of economic development plans are to promote economic growth in this region as a whole. The free flow of skilled labor within ASEAN Economic Cooperation has been considered as one of the important topics. Yet, it is translated to only labor with skills and professionals in 7 sectors, namely engineering services (2005), nursing services (2006), architecture services (2007), surveying qualifications (2008), dental practitioners (2008), and medical practitioners (2008).

In this study, it will be focusing on the movement of medical practitioners in particular because of its importance. Since medical professional serves a key role in health care provision of people in a country (Marktanarung, 2013) and is one of priority sector for regional cooperation in trade of services in ASEAN (Chris Manning andAlexandra Sidorenko, 2007). In addition, health professional is critical for the well-being of population in the country. Caring sick workers could maintain a stock of human capital in order to sustain the economic growth (Jutamas Arunanondchai and Carsten Fink, 2007). Not only for economic dimension, but a good performance of health care service is able to prevent communicable diseases and epidemics, such as HIV/AIDS, flu, malaria and respiratory and tuberculosis for citizen of the country. In terms of public health, that effects to stability of social fundamental, which consisting of production forces, relations of production, and labor power (Phaepattaraprasit, 2013). In other words, medical practitioners play a very important role in maintaining good health for people in society. The outflow of medical practitioner will down level of productivity of country as a whole.

Moreover, the capability of sufficient doctor can help preventing communication diseases and epidemic for population. For instances, when people get healthy, consequently, they can generate labor power effectively and transform it to production forces. Then the productivity will be appeared and be able to run the economic system forwards. In contrary, if people in the country are weak and unhealthy, level of their work performance will be surely decreased and productivity becomes less, then the economy will be slow down, accordingly. Therefore, it is sure that medical practitioners are a group of professions whom we should be more concerned.

The immigration and emigration of medical practitioner can lead to various affects to both sending country (home country) and receiving country (host country). Mutual Recognition Agreements (MRAs) on medical practitioner in ASEAN aims to liberalize the flow of professional movement from one to another countries in order to facilitate economic growth and extent information among member countries. Unlike the liberalization of migrant worker in European Union, ASEAN has still faced with internal regulation and procedure in each country as well as lacking of having common standard for occupation which may retard the movement of medical practitioners. However, it is on-going process of developing regulatory policy and reducing those barriers. Yet, the flow of medical practitioner can be preliminary forecasted the destination countries as well as the motivation and factors that affect decision-making to work outside of their home country. The study will help preventing the unexpected circumstances the overflow of medical practitioners may cause.

The increasing number of migrant skilled labor from developing countries leads to losing better-educated manpower to richer countries (Stilwell, Barbara; Diallo, Khassoum; Zurn, Pascal; Vujicic, Marko, 2004). Medical practitioner from a less-developed country will most likely move to work in a better-developed country (Tangchitnusorn, 2011) because of the diversity of GDP growth in ASEAN member countries. Moreover, even though, the advantage of free flow of medical practitioner will close the gap in demand for labor shortages and remit to the origin country, but if the number of medical practitioner emigration (going out) is large, it can cause an external

brain drain to that origin country. The origin country will lose a number of productivity and will have to face internal shortage for medical practitioners, eventually.

Based on a study of Stephen Castles, Mark J. Miller (2009), Migration in the Asoa-Pacific region, around 1980s to 1990s, the Philippines has lost their substantial skills because of out-flow medical doctors as of 60 percent of total out-flow emigrant workers. Mobility of skilled workers has emerged significantly in the last 30 years ad causes the brain drain phenomenon. Serious loss of human capital always happens in science, engineer, education and also medicine areas.

Besides brain drain in home country, the host country may have to take risk of foreign practitioner malpractice due to various curriculum and medical education system. By 1800s, the United States has realized to standardize practice and licensing certification (Weinrauch, 2015). However, the recognition and accreditation of medical schools in ASEAN are on the way. As a result of realizing diversity of medical education in ASEAN that obstruct liberalization of professionals, the ASEAN Dean Summit has been launched by collaborated ten leading medical schools in ASEAN countries, with aiming at recognition and accreditation as well as setting common standard of curriculum and practice (Prasert, 2012).

Hence, ASEAN should concern the impacts from movement of medical practitioner for both incoming and outgoing (immigration and emigration) and take a review at its advantages as well as disadvantages in order to be prepared and prevent unwanted circumstances. If looking at the labor free movement in European Union as a lesson learnt, England has recently declared itself to be resigned from a part of EU due to the impacts of liberalization for labor's policy. In the past ten years, a number of migrated labors from other EU's member countries spilled over the land of England under the mentioned free movement policy. The impacts are involved with an increasing number of unemployment within the country as well as the problems regarding social welfare since the government has to concern not only its own residents but also the migrant workers, leading to dissatisfaction of local workers.

To avoid this kind of problem and impacts, ASEAN as a young regional integration should pay more attention to its policy and regulation in order to control the

number of migrant workers as well as to prevent the unexpected circumstances from such an event.

However, in practical ways, due to the decision to choose a workplace is depending on personal desire and individual factors, therefore, in order to predict trends of movement, it is vital to study on individual attitude and motivation of medical practitioner in ASEAN towards this section of AEC implementation as well. Likewise, the decision making is subjective to changing personal circumstances with involving with economic and social context (Stilwell, Barbara; Diallo, Khassoum; Zurn, Pascal; Vujicic, Marko, 2004).

This research, therefore, aims to study the attitude and motivation of medical practitioners towards liberalization on skilled labor under AEC and will seek for the push factors and pull factors affecting their decision making.

1.2 Research Objectives

- This research is to study the attitude and motivation of medical practitioners in ASEAN countries towards free flow of skilled labor under Mutual Recognition Agreement.
- This research attempts to predict the preliminary movement of medical professional in ASEAN.
- This research analyzes driven factors as well as push factors and pull factors of medical practitioners to work in ASEAN countries.

1.3 Research questions

- How would medical practitioners in ASEAN prefer to move to work in another ASEAN member state?
- What country do they prefer to work the most and what are factors?

- What are their attitudes towards free flow of medical practitioner in ASEAN?
- What would the preliminary movement of medical professional in ASEAN look like?

1.4 Research Framework

This research is focusing on the preliminary movement of the medical practitioners within ASEAN countries, under Mutual Recognition Agreement on Medical Practitioner, including the factors explain situation. For primary data, it relies on data collected by interviews. Finally, the research analyzes pull factors as well as push factors that influence medical practitioners to work in ASEAN countries.

CHAPTER 2
LITERATURE REVIEW

This research pursues literature review based on information, obtained from books, researches, journal articles and online websites. In this part of research, it aims to seek for data and information both in regulation and principle as well as movement of medical practitioners. In addition, impacts of mobility are also explained

2.1 Regulation and Principle

2.1.1 Mutual Recognition Arrangements (MRAs) on Medical Practitioner

After review the policy on AEC Blueprint, it is clear that the liberalization of skilled labor in ASEAN region has been affected by the regionalism which opened the ways for labor mobility to work borderless more easily than what it used to be in the past decades. The free flow of skilled labor within ASEAN Economic Cooperation has been considered as one of the important topics. Yet, it is translated to only labor with skills and professionals in 7 sectors, namely engineering services (2005), nursing services (2006), architecture services (2007), surveying qualifications (2008), dental practitioners (2008), and medical practitioners (2008). The Mutual Recognition Arrangements (MRAs) of medical practitioner is in the line of ASEAN Framework Agreement on Services (AFAS). However, Mutual Recognition Arrangements (MRAs) on healthcare sector is emphasized and still ongoing to promote the healthcare system in terms of harmonization, promotion, and standardization, against infectious diseases, and other natural disasters that cause lost and damage of lives and health conditions.

Among an increasing of population, migrations from one country to another and climate changes, therefore, MRAs on health professionals (medical practitioners, nurses, and dental professionals) are pushed forward to strengthen regional capability to generate the exchanges of information, experiences, expertise, and practices.

The objectives of Mutual Recognition Arrangements on medical practitioners are as follows.

1. Facilitate mobility of medical practitioners within ASEAN
2. Exchange information and strengthen relationship and cooperation regarding mutual recognition in medical practitioners
3. Promote adoption of best practices on mutual standards and qualification
4. Provide opportunities for capacity building and training of medical practitioners.

2.1.1 Professional Medical Regulatory Authority (PMRA)

Medical practitioners must complete required professional medical qualification, and be licensed by the *Professional Medical Regulatory Authority (PMRA)* in the country of origin. However, this does not mean that a successful medical professional from country of origin can enter freely to work in another member country. It is not automatically recognized by the host country. It is because there are still some additional requirement from host countries besides five-year active experience in origin country. Licensing and registration are preserved.

PMRA is an authority body consisting of government of each member country, controlling and regulating medical practitioners and medical practices. The host country shall work on process of medical professional qualification under domestic rules, regulations, laws, by-laws, orders, directive and policies to the practice of medicine.

2.1.2 Medical Licensing Examination (MLE)

Medical practitioners must be required to complete *Medical Licensing Examination (MLE)* in national level under the PMRA's Domestic Regulation of the host country, before beginning their practice in destination country. MLEs in ASEAN member countries are run by the medical council of each country. They are often under the national Governmental Ministry of Health. Nevertheless, there are diversity of MLE' standard and process within ASEAN. For example, Thailand offers a life-long medical certification, while Vietnam requires medical practitioners to renew their certificate every 5 years. This

difference would make ASEAN difficult to harmonize standard of practice and for accreditation. (see table below).

Table2.1

Comparison of Medical Licensing Examination across 10 ASEAN Countries

Country	Thailand	Philippines	Singapore	Indonesia	Malaysia	Vietnam	Myanmar	Cambodia	Lao PDR	Brunei
National authority	Center of Medical Competency Assessment and Accreditation	Philippines Board of Medicine	Singapore Medical Council	Indonesia Medical Council	Malaysia Medical Council	Health Ministry/ Provincial Agency	Myanmar Medical Council	National Exit Exam Committee and Medical Council of Cambodia	National Medical Council of Laos	Brunei Medical Board
Language in Exam	English 50% Thai 50%	English	English	Bahasa Indonesia	English		English Burmese	Khmer	English Laos	No
Official Language	Thai	Philipino English	English Malaysian Chinese	Bahasa Indonesia	Malaysian English	Vietnamese	Burmese	Khmer	Laos	Bahasa Malayu
No. of Steps of MLE	3	1	5	1	1		1	1,3	1	0
# Medical Schools	21	43	2	73	24	12	8	2	1	1
Duration of Years:										
Pre-clinical	3	3	2	3	2	3	3	6	3	No
Clinic	3	1	2	3	3	3	3-3.5	2	3	No
Total	6	5	5	6	5	6	6-7	8	6	No

Note. Adapted from Globe Health action 2014

In terms of MLE systems in each member country are also different based on their colonial roots. For instance, Thailand and Indonesia have set a national

MLE system, but none in Singapore and Vietnam since they accept the examination in universities. Thailand has adopted the USA's 3-step approach to examine the knowledge of pre-clinical, clinical principles and clinical skills

In addition, once the medical practitioners are granted a permission to practice in the host country, the medical practitioner will be tied with the professional and ethical codes of both importing country and host country. Moreover, even though MRAs will help facilitating primary professional qualification, the medical practitioners still have to be required to have insurance of liability. At the end, freedom of movement in medical practitioners within ASEAN does not mean immediately free.

In terms of medical professional and healthcare system implementation, among the diversity of economics, educational systems, colonial roots and socio-cultural contexts in ASEAN, all member states and relevant departments and stakeholders are making an attempt to harmonize and to have common standard of medical practitioner, especially preparation for medical education system which ASEAN University Network has worked in order that free flow of medical professional will be more deeper integrated and freer move. An effective measurable indicators is needed for roadmap of integration development.

2.2 Movement of Medical Practitioner in ASEAN member states

2.2.1 Density of existing medical practitioner

Due to movement of migrant workers are related to situations of hosting country as well as the destination country, data of medical practitioners in each ASEAN country must be displayed.

According to Table 2, all ASEAN member countries have less than one medical doctor per 1,000 people, meaning that all countries face shortage of medical practitioners. These contries that have not enough medical doctors are relatively as a result of their lower economic growth and high number of population such as Indonesia. Among ten member states, Malaysia is likely doing the best in having more doctor taking care of patient.

Table 2.2

Number of Medical Practitioner per Patient

Country	Medical Practitioner (person)	Medical Practitioner: Patient
Cambodia	3,393	1:4,348
Brunei	564	1:1,887
Indonesia	65,722	1:3,448
Lao PDR	1,614	1:3,704
Malaysia	25,102	1:1,064
Myanmar	23,709	1:2,174
Philippines	93,862	1:1,538
Singapore	8,323	1:2,381
Thailand	43,434	1:1,476
Vietnam	107,131	1:1,639

Note. Adapted from World Health Organization mentioned in work life balance affecting to the decision cross-border mobility in ASEAN Economic Community: Physicians, 2013

2.2.2 Demand and Supply of Medical Practitioner Recruitment

Among ten ASEAN member countries, they can be divided into three groups in order to view the context of pattern of demand and supply of intra-regional medical professionals' movement according to the data of World Bank.

2.2.2.1 Group I: High and Upper-Middle income country. High income country comprises Singapore and Brunei Darussalam which gain GNI per capita more than USD 12,736. While the Upper-Middle income consists of Malaysia and Thailand where they gain GNI per capita in between USD 4,126 to USD 12,735. These countries are playing a leading role of regulating and open the regimes. In recent years, Singapore has faced the shortage of medical professions so that Singapore has needed to recruit more foreign doctors. A foreign doctor must meet the requirement of Singapore

Medical Council for registration. However, family and follower cannot be attached with the registered doctor (for S Pass).

The number of aging people have more and more, whereas the working-age has been declining. The demand for health care services and medical practitioners, therefore, have been increasingly needed.

2.2.2.2 Group II: Low-Middle income country which take a majority in this region, consisting of Indonesia, Philippines, and Vietnam. The Philippines is the largest export market of skilled labor including medical practitioners. While Indonesia and Vietnam are an exporter of labor but this related to unskilled labor (Chris Manning and Alexandra Sidorenko, 2007).

2.2.2.3 Group III: Low Income country includes Cambodia, Lao PDR, and Myanmar. The import of professionals in this country rely on FDI. Most of the exporting manpower are unskilled labor towards neighboring countries.

Not only that the demand of professional in service sector is upon a considerable extent on the growth and level of GDP since they have more power to recruit manpower from foreign countries (Chris Manning and Alexandra Sidorenko, 2007), but also the demand of medical professionals involved with the ageing population growth. In ASEAN, the growing up of number of ageing people is undeniable, even in the low income countries, Vietnam, for example will have to face ageing society's issues (population aged over 65 years old) in the next 15 years (Jones, 2013).

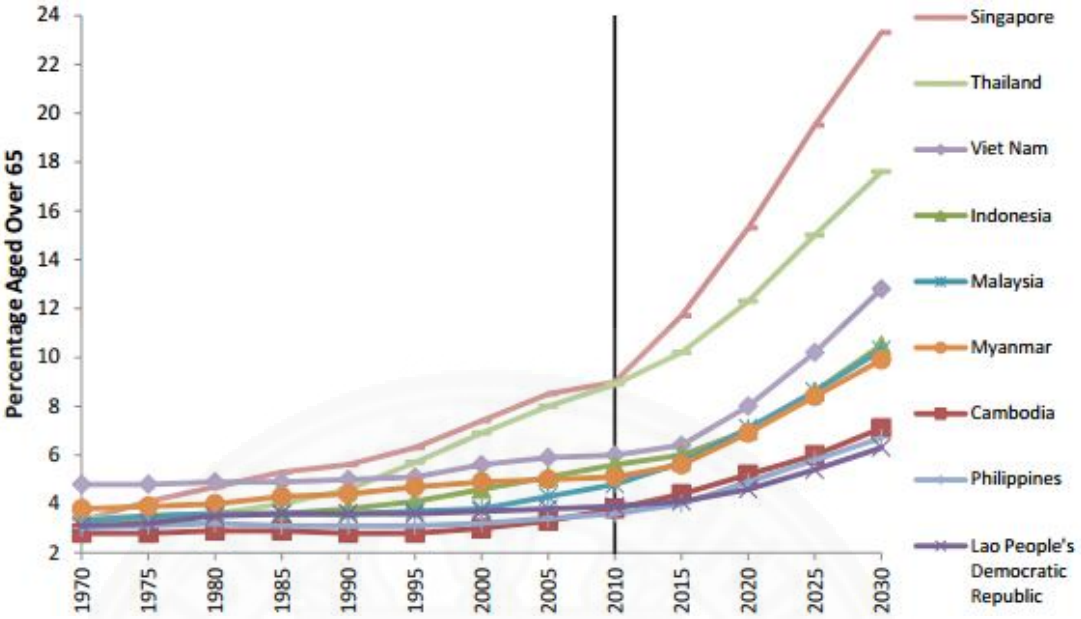

Figure 2.1 Percentage of Population Aged over 65, 1970-2030 (Jones, 2013)

In a mean time, the total fertility rates (TFR) in ASEAN member countries tend to be decreased continually (see figure 2.2.2).

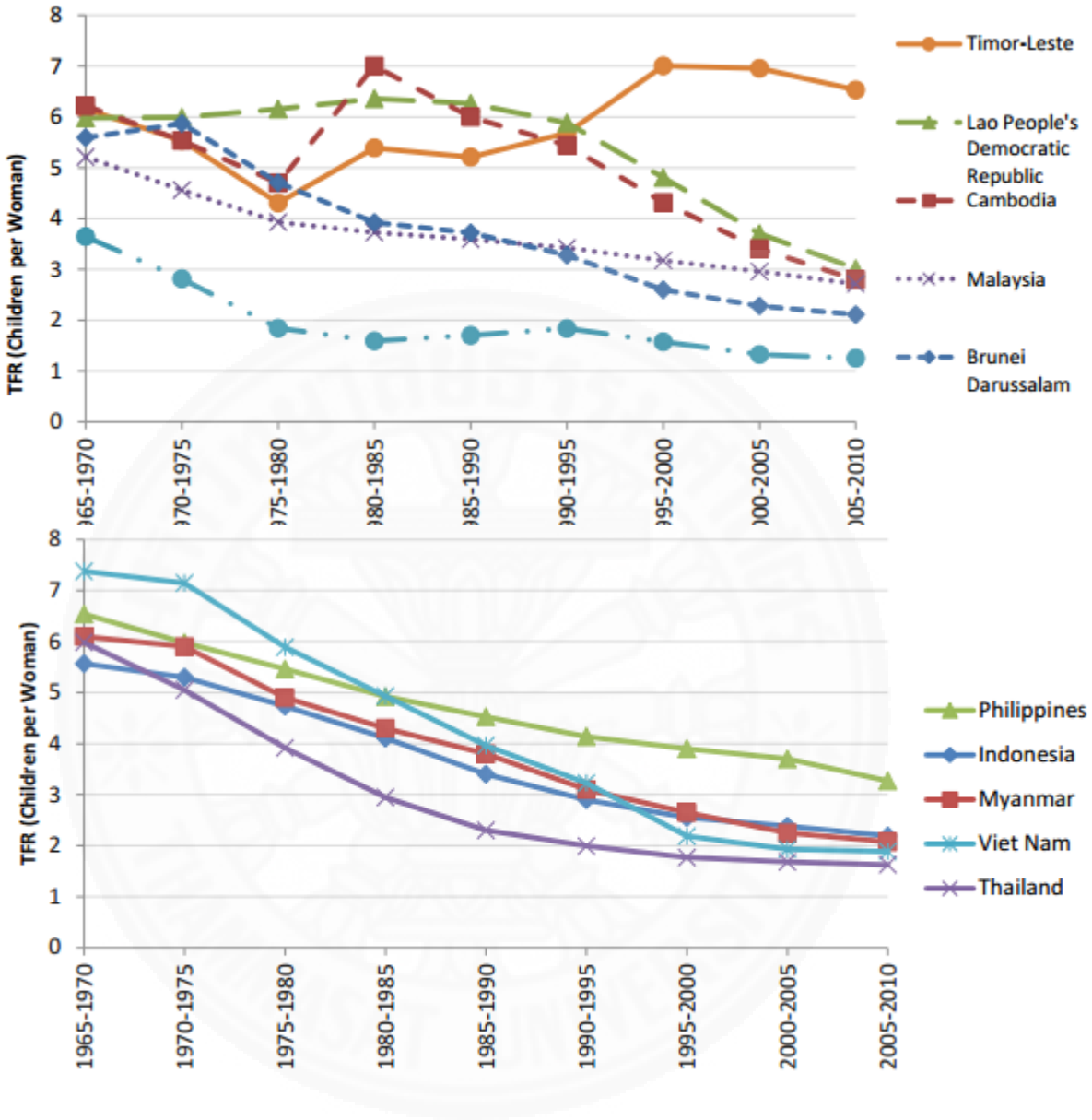

Figure 1..2 Trends in Total Fertility Rates in ASEAN (Jones, 2013)

This can be implied that the population rate in all ASEAN member countries goes to the same direction. Increasing elderly people and declining of birth rates, therefore, there will be less working age in ASEAN community, plus elderly is a sensitive stage of life that needs a lot of taking care. This will lead to the demand of manpower to

run the country's economy, including medical services and medical professionals to take care of elderly population.

However, the higher income countries are more ready to open for professionals from foreign countries. Since the growing in per capita income is one of the long-term influenced factor on demand. Furthermore, the shortage of medical professional in a country against the oversupply of medical professional in another country can encourage migration in both demand and supply side (Stilwell, Barbara; Diallo, Khassoum; Zurn, Pascal; Vujicic, Marko, 2004).

Among ten member countries, Singapore seems to be the most possible importer of medical professionals (most demand). Moreover, Singapore has invested a big proportion of budget on health care sector and that even can be expanded the demand of market from time to time. As it is one of the popular destination for medical tourism, that cause the needs of more medical professionals from oversea countries to facilitate those incoming patients (Cha-aim Pachanee and Suwit Wibulpolprasert, 2008). For other upper-middle income countries; Malaysia and Thailand show the same growing demand for health services and medical practitioners in the future following Singapore.

As heath care service is a universal service that people can choose where they get treatment, internationalization promoted overseas patients to come to Southeast Asia as a destination for health services. Singapore, Thailand and Malaysia gained plentiful reputation for standardized health services. This situation even rose the supply of medical professionals to cover patients. To emphasize the situation, moreover, Thailand has initiated and promoted the country to be 'Medical Hub of Asia', while, Malaysia has announced to promote health care system under the 'My Second Home Program'. The main targeted patients or consume is from Middle East countries.

On the other hand, the Philippines tends to be a major exporter for professional to destination countries (largest supplier), despite the trend of fertility rate is going down, but the level of percentage is still bigger than other countries. Furthermore, Philippines is also one of the country that has produced more medical professional than such a number they can employ (Cha-aim Pachanee and Suwit Wibulpolprasert, 2008). Likely Indonesia is another exporting country that has produced medical practitioners

more than the national capacity of employment. The export potential among professionals of other high-fertility members in the lower income group, Lao and Cambodia, are limited partly because of inadequate access to education (Jones, 2013).

2.2.3 Direction of International medical practitioner movements

Since medical practitioner is a special professional that need high standard skills both in academic contents and clinical practices. Therefore, the lower income country consequently has lower quality of educational institutions, has less influence to the region as a supply of manpower in health sector.

2.2.3.1 Group I: High and Upper-Middle income country Among Singapore, Malaysia, Brunei and Thailand, those countries who have better economic growth rate are an important importer of manpower for medical service sector, however, a few number of medical practitioner from oversea countries (Jones, 2013). While, it is not common for Thailand to have foreign medical professionals working in health care sector.

Moreover, due to the shortage of capacity to build up a number of medical practitioners in Singapore cannot meet demand, therefore; Singapore has aimed to recruit for medical practitioners from foreign countries. Particularly, Malaysia is surprisingly both importer and exporter for medical doctors. According to the study of Arunanondchai and Carsten, Malaysia has imported hundreds of foreign medical doctors into both private and public hospitals in the past decades, while Malaysia has also sent Malaysian medical doctors to Singapore, for example, as higher income (Jutamas Arunanondchai and Carsten Fink, 2007).

In accordance with a study of Cha-aim Pachanee and Suwit Wibulpolprasert, showing that the liberalization of movement of health professional in all ten member countries have been recognized. Those countries who are interested in exporting manpower are namely Philippines, Indonesia and Myanmar. While, Thailand, Brunei and Singapore prefer importing personnel to meet the national demand (Cha-aim Pachanee and Suwit Wibulpolprasert, 2008).

2.2.3.2 Group II: Low-Middle income country Professionals from Philippines, Indonesia and Vietnam in this level, have limited opportunity to work abroad

especially for medical professionals due to the quality of professional education in the home country.

2.2.3.3 Group III: Low Income country Similar to the countries in Group II, Lao PDR, Cambodia and Myanmar are in the difficult step to export medical professionals to foreign countries. While, the majority of imported manpower are more related to industrial company.

2.3 Factors related to movement of medical practitioners in ASEAN

Push and pull factors are involved directly to decision making for workers to choose their place to work. Workers will usually move from low-pay, poor working condition (Stilwell, Barbara; Diallo, Khassoum; Zurn, Pascal; Vujicic, Marko, 2004) and limitation of career opportunity to a better position in another place.

2.3.1 Push Factors

Main push factors driving people work outside home country are poverty, land shortage and population density (Phaepattaraprasit, 2013). Compatible with the research of Janejira Marktanarung entitiled Work life balance affecting to the decision cross-border mobility in ASEAN Economic Community: physicians, said that main rationales that push doctor to resign are low paid-salary, heavy load of work tasks, long working hours, risk of being sued and low opportunity in career path (Marktanarung, 2013).

- **Unemployment rate and under-employment** are consequence, implied that that particular country produce manpower more than the accepted job placement (over supply). This leads to supply of professionals in the country to go abroad and relative to demand.
- **Lower wage salary** when compare to the same occupation's wage in destination country can also be a push factor to seek for higher paid salary.

● **Poorer opportunity for career path** of medical practitioner in particular. Since high-skilled labor naturally has passion to enhance and broaden range of knowledge and skills.

● **Inadequate human development policy** in developing countries, particular, may not have enough capacity to support human resource development as well as provide up-to-date technology and equipment's.

● **Social context and value** which vary in each country and in a social level. Going and working abroad may be one of social values of the society in order to standardize and internationalize oneself.

● **Internal economic conditions** can push manpower to seek their job outside of home country if the national economic predicament cannot subsidize their family.

2.3.2 Pull Factors

In contrast to push factor, pull factor in host or destination country is relative to demand of requiring more medical professional (Chris Manning and Alexandra Sidorenko, 2007). The pull factors that motivate people to work are opposite to push factors. Pull factors are higher-paid salary, hiring demand, possibility of growth and social conditions. Moreover, labors are generally seeking a better-conditioned country to be their workplace (Tangchitnusorn, 2011). Therefore, in this case once country can be both home country and destination country, depending on matching country. For example, Thailand could be a destination country to work for Laos, Myanmar and Philippines, because of better economy when comparing to those countries. While, Thai labors also would like to work in Singapore because of the same reason.

According to the study of Janejira Marktanarung, 2013, pull factors can be categorized by different aspects as follows.

● **Shortage of manpower** which happens not only in developing countries, but also developed countries. Significantly, medical practitioner in health care system in most countries of ASEAN region have faced this issue. Manpower from oversupplied countries would take this situation as their gateway to move.

● **Higher-wage salary** from more developed countries will persuade manpower from less developed countries to come.

● **More opportunity and better facilities** for enhancing knowledge and skills that can persuade manpower from poorer opportunity and less supporting facilities.

● **Political context and social value** in the destination countries such as non-discrimination policy would be attractive for manpower who seek for freedom.

However, beside the push and pull factor, there are also some other elements that motivate worker to move to another country. First, to getting closer with friends, family or relatives who existing in the destination country and the newcomer can be facilitated easily. Secondly, an inspiration to explore new environment in another country. Lastly, the need to be free from internal conflict in the home country such as persecution and political conflict (Rubrico, 2015).

2.3.3 Herzberg's Factor Theories

According to Frederick Herzberg (mentioned in Janejira Marktanarung, 2013), there two main factors that affect to motivation to work of worker.

● **Motivator Factor** is encouraging worker to work, consisting of five elements once workers are promoted, so-called, individual achievement, recognition, work-itself creativity, responsibility, and advancement.

● **Hygiene Factor** is considered as to sustain motivation of workers. There are salary and promotion, possibility of growth, relationship between worker and commandant, status of occupation in society, working condition and surroundings, and security or stability of their work.

2.4 Impacts of movement of medical practitioner in ASEAN

The movement of medical practitioner would come with benefit and issues that left in host and home countries. In this part, the study will demonstrate a review of advantages and disadvantages from various sources of previous studies.

2.4.1 Advantages

Moving to work in another different geographical location will bring many advantages (Rubrico, 2015). The incoming flow of medical practitioners will help reducing labor shortages in destination country. The destination country will also have more choices (more labor recruitment) among such a competitive environment among healthcare service sectors in ASEAN, especially Singapore, Malaysia and Thailand. Moreover, it helps running economy of the host country as well as persuade investment from foreign countries (Rubrico, 2015). For local wages are also rose by 0.4 percent due to the incoming labor mobility (World Bank, 2006).

Moreover, the medical professionals who work in another country will most likely transfer their income to patronize their family in origin country and that helps enhancing internal economic growth. In accordance with the data of World Bank, when the exported worker to higher income country return to their lower-income home country, they will gain around five times of wages when converse to their home country's currency for the similar occupation's wage. That means they have higher purchasing power (Rubrico, 2015). The Remittances to their home country will not only facilitate family individually, but also be able to push up the economy in the home country since holding higher level of purchasing power allows increasing saving, better education, and healthier life (World Bank, 2006).

2.4.1.1 Brain Gain: Beyond economic perspective towards advantages, working in better-condition country enhance skills and broaden knowledge of skilled labor. Medical professional, in particular as a highly skilled manpower can induce diaspora networks of knowledge and skills to the sending country (Chris Manning and Alexandra Sidorenko, 2007)

2.4.2 Disadvantages

As medical education in ASEAN countries is not yet standardized, the destination country who are going to hire foreign doctors from other ASEAN countries will put their hospital's reputation to the risk. Host country may have to take risk of foreign practitioner malpractice due to various curriculum and medical education system.

By 1800s, the United States has realized to standardize practice and licensing certification (Weinrauch, 2015).

Shortage of manpower in health sector will be even more severe, if medical practitioners from lower-paid-wage countries tend to leave their home country despite of lacking enough medical professional in all ASEAN countries. Consequently, doctors become less number that could not be enough to cover patients, then doctors will have more work tasks and longer working hours that reducing doctors' efficiency because of fatigue. In addition, if more doctors decide to work abroad, the origin country that produces them will waste lots of budget on medical education for nothing.

2.4.2.1 Brain drain: meaning a state of movement of skilled labor from a country to another better-conditioned country (Marktanarung, 2013). There is a possibility to the sending country to face brain drain once the professionals decided to move out for working in another country. The loss of human capital could lower productivity of human resources of the home country. Moreover, disadvantage goes to the origin country in terms of brain drain from lost skilled workforces within country. Brain drain can be caused by two main reasons, according to Janejira Marktanarung, as follows.

(1) Internal forces includes low wage, social welfare, overload of work tasks (too many patients per one doctor), risk of being sued, dissatisfaction to work and justice, including poor medical equipment.

(2) External forces consist of higher paid wage, greater facilities and welfare, smaller volume of work tasks, less taking risk of being sued by patients.

Thailand, for instant, has faced brain drain phenomenon in past decades (Marktanarung, 2013). It is about when skilled labors who are sophisticated going out to work abroad, it impacts to the development of national economics especially for developing countries. Brain drain or another word, *Human Capital distribution*. Particularly, in the fields of science and technology, skilled labors from a home country to a host country will completely reduce the growth rate of GDP in their home country.

To summarize the impacts of medical practitioner mobility within ASEAN region cannot be determined for the exact result whether it is advantage or

disadvantage, due to it is subjective to the medical practitioner whether the movement is temporary or permanent nature. In case it is a permanent stay, it can cause severe to the origin country and can let the internal existing issues worse in the country. In contrast if the movement is only a certain period of time, then the benefit would be brought back to the home country as new skills and knowledge enhanced.

However, Rubrico' study states that the mobility of skilled labor in ASEAN region can be implied as a temporary employment due to ASEAN's promotion does not aim to get rid of documentary requirement entirely. It will be done through visa facilitation and employment approval paper. The approved skilled labor will have to leave their home country when their contract or visa expired.

2.5 General Barriers to Migration of Professional

The MRAs on medical practitioners in ASEAN region is a sort of temporary employment in another member country. Moving out to one country to another country for working is a serious matter that needs to be concerned and that influence to professionals to decide to work abroad. The barriers can be categorized to regulation and policy context and social context.

Barriers in terms of regulation and policy context for medical practitioner to work in another foreign countries are visa requirements and procedures, medical license examination, recognition of professional qualification are required. These can be barrier and obstacle of working in another country. The national regulatory policy to distinguish their national citizen and foreign workers which is a sort of limitations on national treatment can be served as one of the barriers. For example in Indonesia and Philippines includes citizenship requirement to practice a professional.

Standard of education accreditation, recognition and qualification are also major barriers for ASEAN member states to push forward the medical professionals' mobility within the region.

Barriers caused from social context or cultural sensitivity (Cha-aim Pachanee and Suwit Wibulpolprasert, 2008) are significantly language barriers, especially for

medical professionals who are highly acquired to have locally communication with patients for patient safety. Language barriers seem to be a gigantic obstacle for medical professionals who are willing to work abroad in non-English speaking countries, even though the standards of education and practice are not very much distinguished. For example in Thailand, national language is a major concerning requirement for medical practitioners as for the basis of a patient protection argument.

Also, to work and live in another country despite of a short-term, cultural differences and adaptation are still undeniable. These are counted as individual decision-making process against the benefits of higher wages and better opportunity of carrier path (Jones, 2013).

2.6 Challenges

For home country, besides facing brain drain, the shortage of skilled labor especially medical practitioner in developing countries with an existing chronic shortage will be also getting intensive severe situation when the home country cannot control the outflow movement.

For host country, pressure to control inflow movement and employment to meet satisfaction of local worker is another difficulty. Singapore as an example of main importing labor market, has faced curbing foreign employment with ensuring that local worker are provided priority in job availability. Malaysia and Brunei are also the less extent importing country for foreign migrant workers which recently stated that they would like to decline the dependency on foreign workers in certain industries (Rubrico, 2015).

To summarize, the increasing of demand for greater and wider of integration for medical practitioner under Mutual Recognition Agreements in ASEAN region is a continuing consequences of temporary movement before the ASEAN Economic Community has been implemented. The free flow skilled labor in ASEAN is a bold big step toward having the institutions and mechanisms to push mobility of skilled labor forward. The need of international skills for ASEAN economics has increased (according

to the report of Labor Migration, skills & student Mobility in Asia). Medical practitioners tend to be attractive by push and pull factors including motivation and hygiene factors that influence one's decision making to work in another better member state. However, there are some limitation of access caused by restriction in national regulatory policy that could retard the flow of movement. Moreover, the following impacts of movement are expected both in origin and destination countries.

The authorized institution in the origin country of skilled labor in particular can play a very important role in recognition of qualification which is a key procedural element. Also, the institution should pay attention to the supply or shortage number of the destination countries. Even though ASEAN has set the agreement and continuingly developing standardize, still, it does not guarantee that, in practical way, it would bring us the smooth simplicity of practice. The institution in both origin and destination country should work together in terms of enriching and ensuring recognition to reach the goal and make the free mobilization happen.

The labor market should be consisted of regulation, access, mobility and recognition of qualifications. It also should be for both pre- and post-period. The government should concern on the controversial barriers to the mobility such as visa process, work permit and security and health care policy.

CHAPTER 3
METHODOLOGY

This study is a qualitative approach, using primary data and secondary data collection method. The primary data includes attitude and opinions collected from a group of samples by using structured interview. The group of interviewees are both medical practitioners and medical students (future doctors) from all 10 countries member state of ASEAN, 21 persons in total.

All twenty-one interviews were once undertaking a training program in medical school in Bangkok Thailand from 1 to 3 months. All are working/ studying in governmental hospital and public university. The time frame of interview process is one month.

Table 3.1

Interviewees from ASEAN countries categorized by grouping and position in medical field.

Category	Country	Interviewee		Total Number
		Medical Practitioner	Medical Students	
Group I: High and Upper-middle Income Countries	Singapore	1	0	1
	Brunei	1	0	1
	Malaysia	1	0	1
	Thailand	0	3	3
Group II: Middle Income Countries	Indonesia	2	1	3
	Philippines	1	2	3
	Vietnam	2	0	2
Group III:	Cambodia	1	2	3

Low Income Countries	Lao PDR	2	0	2
	Myanmar	2	0	2

Note. Created by the author.

Remarks: All interviewees had been undertaken a clinical elective/ clerkship at the Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand in the time between 2015 to 2016

In this study, the samples are grouping to 3 different groups sorted by country in accordance with GDP per capita of country; consisting of and high and upper-middle income countries, middle income countries, and low income country.

The structured interview is used in order to shape the interview direction more precisely on point.

Part I: Motivation and intention of working in other ASEAN countries

Part II: the destination countries and motivated factors (Push and Pull Factors)

Part III: Obstacles and Barriers

Part IV: Attitude towards free flow of medical practitioners in ASEAN

The secondary data of this research includes various reading materials that related to the topic such as published annual reports of relevant and selected organizations, online articles, journal articles, official statements, comments made by involving stake holders, previous studies, etc.

The methodology of this study will be explained as descriptive qualitative and explanatory in order to study the attitude and motivation of medical practitioners towards liberalization in skilled labor. Also, the study aims to understand why and how of phenomenon decision making toward movement of medical practitioners.

CHAPTER 4
RESULT OF STUDY

In this chapter of result of the study, interviews of 21 samples from 10 ASEAN member countries, there can be divided by three main groups of participating countries according to the World Bank. Moreover, the results of the interviews will be analyzed by three main categories; motivation and intention of working in other ASEAN countries, the destination countries, push and pull factors, and attitude towards the movement of medical practitioners among ASEAN members under ASEAN Economic Community.

The samples of interviewees are a combination of medical practitioners and medical students from ten countries whom have ever been trained in Thailand before. Therefore, there is no argument on their English competency.

4.1 Motivation and intention of working in other ASEAN countries

Table 4.1

Motivation and intention to work in other ASEAN countries of interviewees

Country	Work in other ASEAN countries	Work at home country
Group I: High and Upper-Middle Income Countries	1 out of 6 of interviewees seek to work abroad	5 out of 6 mutually prefer working at home country
Group II: Middle Income Countries	6 out of 8 interviewees seek to work in other ASEAN countries	2 out of 8 interviewees prefer working at home country
Group III: Low Income Countries	4 out of 7 interviewees seek to work in other ASEAN countries	3 out of 7 interviewees prefer working at home country

Note. Created by the author.

In respond to the question whether they would rather work in their home country or other country in ASEAN, the results are as follows.

4.1.1 Group I: High and Upper-middle income countries, including Singapore, Brunei, Malaysia and Thailand. The majority of answers directs working in their home country. That is agreeable with the notions in the literature review (chapter 2) that demand of doctors in Singapore, Thailand and Malaysia will be rising. The needs for doctors in respond to their national policy in health care services are also a case. It is because the reputation in health care standard of Singapore, Malaysia and Thailand are already well-known globally. As a result, the number of foreigners travels as a so-called medical tourism to those countries. Malaysia is also promoting the concept of hub for tourism, education, business & investment, healthcare tourism, and Malaysia My Second Home (MM2H). Thailand is also aiming to be a medical hub for Southeast Asia region. Therefore, it would be reciprocated if doctors from those countries stay and work for their home country.

4.1.2 Group II: Middle Income Countries; including Indonesia, Philippines, and Vietnam. More than half of the interviews revealed that they are looking forward to work abroad in other countries in ASEAN which harmonized with the study of Chris Manning and Alexandra Sidorenko said Philippines and Indonesia are the largest export market of skilled labor which including medical practitioner.

4.1.3 Group III: Low Income Countries; including Cambodia, Laos and Myanmar. The results of study in this group are almost equal between the side of working in home country and working in other ASEAN member countries. This result can be implied that even though Cambodia, Laos and Myanmar have lower wage comparing to other countries in ASEAN, but they also face shortage of medical personnel within the country. Therefore, the reasons effecting motivation of them will be explained in the next topic.

4.2 The destination countries and motivated factors (Push and Pull Factors)

From the question, what country would be the destination of working as a medical practitioner, the answers will be categorized into two bodies. The first part explains pull factors for those who choose to work within home country. And the second part demonstrates destination countries, including push and pull factors.

4.2.1 Working within home country

Table 4.2.1

Destination countries, push and pull factors of medical practitioners who chose to work within home country.

Country	**Destination Country**	**Push Factor**	**Pull Factor**
Group I	Singapore Malaysia Brunei Thailand	-	-High technology and advanced skills - Well developed country - Familiar culture and language - Friends and family' supports - Good economic growth - Religious community
Group II	Indonesia Philippines Vietnam	-	- Service national health care is priority - Familiar culture and environment - Family and friends
Group III	Cambodia Laos Myanmar	-	-personal possession to family, culture, and country - Reciprocate to motherland - Limited quality of education (not recognized internationally)

Note. Created by the author.

4.2.1.1 Group I: High and Upper-middle income countries: Singapore, Malaysia, Brunei and Thailand

Destination countries: Singapore, Malaysia, Brunei and Thailand

Pull Factors: Pull factors motivate doctors in Singapore, Brunei, Malaysia, and Thailand to remain working in their home country consist of high technology and advanced skills in medical research and education, friend and family relations, cultural and social intimacy (including language usage, religious community).

From economic aspect, the interviewees saw themselves that they are already in a good-condition country in terms of the opportunity to advance their knowledge and skills, reasonable salary and overall domestic economy. Looking from social aspects, friends and family are very important as well as cultural matters and language usage. As a doctor, the relationship and understanding between doctor and patient is very significant. In a unison with this research's assumption, it is obvious that reasons in the social aspects can have a very big impact towards decision making of workers, not only economic matters.

4.2.1.2 Group II: Middle Income Countries: Indonesia, Philippines, and Vietnam

Destination countries: Indonesia, Philippines, and Vietnam

Pull factors: Pull factors collected a few interviewees from countries in Group II who prefer to work within the country are about to reciprocate to their motherland so they rather stick in their home country. Moreover, like Group I's rationales, family and friends are concerned when worker choose the place to work. A few interviewees from this group who rather stay in their home country possibly take social perspective and responsibility to motherland as a priority, not only looking to higher salary that they will most likely gain from other more developed countries, like Singapore, Malaysia and Thailand.

4.2.1.3 Group III: Low Income Countries: Cambodia, Laos, and Myanmar.

Destination countries: Cambodia, Laos, and Myanmar

Pull factors: Almost half of interviews in this group agreed on working in their own country. The pull factors are about family and friends bonding as well as the realization of shortage on domestic doctors in their country. Therefore, they saw working domestically would help the country strengthen their health care system. Moreover, the unequal standard of medical education within ASEAN is another factor that convinces doctors considered themselves not going to be recognized if they go to work abroad.

4.2.2 Working in other countries in ASEAN

Table 4.2.2

Destination countries, push and pull factors of medical practitioners who chose to work in other ASEAN countries.

	Destination	**Push Factor**	**Pull Factor**
Group I	Singapore Thailand Vietnam	- Get out of comfort zone - Self- improvement	- High technology and advanced skills - English-speaking country - Higher wages -More opportunity to advance knowledge - Similar culture - People are nice
Group II	Singapore Thailand Malaysia	- Less opportunity in career path - Passion to explore new things	- High technology and advanced skills - English-speaking country

		- Limited range of skill and knowledge - Lower wage/ salary	- Higher wages - Geographic reason - Better condition of living - Similar culture
Group III	Singapore Thailand Malaysia	- Challenge the new things with a better country - Lack of knowledge - Lower wage	-Potential to further development - Good experience - More challenging - Higher salary

Note. Created by the author.

4.2.2.1 Group I: High and Upper-middle income countries: Singapore, Brunei, Malaysia and Thailand

Destination countries: Singapore and Vietnam

Only one interviewee from six agreed on working outside of home country. Vietnam and Singapore are destination respectively.

Push factors: they are related to self-improvement and personal passion to travel and explore new things in unfamiliar atmosphere like Vietnam and Singapore. This motivator factor parallels to the study of Janejira Marktanarung (2003), Herzberg's factor theories, the individual achievement and work-itself creativity can encourage worker to work in particular place.

Pull factors: To Vietnam, the pull factors claimed by the interviewee based on her personal experience that she ever traveled to Vietnam and got in touch with people there. Therefore, in her opinions, she would like to learn more about Vietnam's culture and traditions which she expects it would be similar to her culture (Thai).

To Singapore, the pull factors are different from going to Vietnam's as mentioned above. The interviewee revealed that Singapore has got better and higher technology and skills for health care areas and it can be said that Singapore is the most advanced country in this

region. Moreover, Singapore is also an English-speaking country so that worker do not have to pick up another language in order to communicate for works.

To Thailand, the pull factors for this particular interviewee who came from Malaysia and later admitted that if the time and opportunity opens up for him to come to Thailand as a working doctor, he would definitely do that because he is curious in infectious diseases and tropical medicine which is very advanced developed in Thailand. Therefore, the pull factors for going to Thailand is for further learning academically in this case.

4.2.2.2 Group II: Indonesia, Philippines and Vietnam

Destination countries: Singapore, Thailand and Malaysia

Push factors: They are namely less opportunity in their career path, plus limited capacity of skills and knowledge including technology available in their home country. Individually, it is also about self-encouragement to learn and explore things in new country. Financially, they are seeking for a higher-paid wage in another better-developing country. All in all, these factors accord with Marktanarung, 2013 that the main push factors that drive people work outside home country are lower wage salary, poorer opportunity for career path, and internal economic conditions.

Moreover, the unemployment rate and under-employment rate in domestic job market is another concerned factors. In this case, it can be implied to the Philippines as two Filipino were taken interviews, both are enthusiastic to go abroad and work outside.

Pull factors: To Singapore, factors are higher wage, English speaking country, better condition of living and high standard of technology and advanced skills.

To Thailand, same reasons as Singapore's. It is because higher salary, advanced facilities and resources and better standard of living. Some interviewees admitted that they would choose Thailand as the first destination country for working only if they do not have to pick up Thai language to get medical license to work. Yet, some have already prepared themselves by learning and practicing Thai language in order that when it is time for them to work in Thailand, it will be much easier for them to get into Thailand.

To Malaysia, the factors are similar to Singapore and Thailand in terms of higher wage, better living condition, and more facilities in medical and health care. In additions, because of geographical reason, Indonesians and Filipino rather come to Malaysia than to Thailand, after the number one country, Singapore. Malaysia is close to both Indonesia and Philippines surrounded by archipelago so that the migrant workers can move easily between their home country and host country. Furthermore, the social context and value, especially in terms of religious practices are very influenced to what decision they make to work in other places. As we already know that the main religion for maritime Malaysia and Indonesia is Islamic. Also, their linguistics between these two nations are similar. Indonesian doctor, according to interview, therefore, tended to choose Malaysia over Thailand.

4.2.2.3 Group III: Cambodia, Laos, and Myanmar

Destination countries: Singapore, Thailand and Malaysia

Push factors: For those interviewees who rather seek a job outside of their homeland have been encouraged by the factors, namely, lack of efficiency skills and technology, lower wage of salary, self-achievement to experience new things.
In accordance with Marktanarung, 2013, that lower wage is the most influenced factor drive people work in better paid place. However, in the study of Marktanarung did not mention about the motivation of seeking knowledge which currently mentioned significantly in the interviews.

Pull factors: the interviewees in this group see Singapore, Thailand and Malaysia as a source for knowledge, higher income, and new potential experience that they would gain from. Therefore, the pull factors are about seeking higher salary, better skills, knowledge and performances in medical field. Moreover, doctors from Laos rather come to Thailand than any other countries because of commonalities in languages, culture and traditions between Thailand's and Laos' Therefore, social context and value is also mentioned at this case.

4.3 Obstacles and Barriers

The interviews were also conducted in aims of finding the obstacles and barriers that block the movements.

Table 4.3

Obstacles and barriers of movements that influenced medical practitioners' decision to work overseas.

Countries	Obstructs and Barriers
Group I	- Language Barriers - Family relations - Friend connections - Religious diversity - Food diets - National law and policy
Group II	- Language Barriers - Family relations - Friend connections - Religious diversity - Food diets
Group III	- Language Barriers - Country background - Social adaptation - Competition - Discrimination - Low quality of education

Note. Created by the author.

4.3.1 Group I: Singapore, Brunei, Malaysia and Thailand

The most worrying obstruct for all interviewees is language barrier. Especially, for those non-English-speaking countries. Friends and family are also influential to the decision making of where to work. Religious belief and consequently practices, including dietary rules are taken into consideration in order to fit in another society smoothly. An interviewee from Singapore discloses that the government has not much encourage workers and doctors to pursue their career in other ASEAN member states. Therefore, the recognition and facilitation from government to support migrant and immigrant workers should be taken to account.

4.3.2 Group II: Indonesia, Philippines and Vietnam

Barriers and obstacles from this group are similar to the Group I. Language barrier, friends and family attachments, religious belief and consequently practices, including dietary rules. As most of interviewees who agreed to work outside, choose Thailand as their first destination country. But it is because of realizing that to get into work in Thailand, foreign doctors must pass the national medical license exam which is conducted in Thai, they turn direction to Singapore afterwards.

4.3.3 Group III: Cambodia, Laos, and Myanmar

Similar the other two groups, language barrier is the most concern. Besides, social context and value aspects are extensive. Anxiety in social adaptation, acceptation, and competitive environment in the destination countries may block workers not to work abroad. Lower standard of education and unrecognized accreditation are a major reason that draw the anxiety when they experience internationally.

4.4 Attitude towards liberalization

Table 4.4

Attitudes/ reaction and suggestion from medical practitioners towards the liberalization of medical practitioners in ASEAN

Countries	Attitude/ Reaction	Suggestions
Group I	Extend knowledge and skills Temporality movement (5 years)	Facilitation for visa issuance Medical license exam and process National policy supports regional policy
Group II	Gain credits and knowledge Higher wage and more opportunity Temporality movement (5 years)	Common language Medical license process exam and process
Group III	Meaning more studying than working	Accreditation in medical curriculum

Note. Created by the author.

4.4.1 Group I and Group II: Singapore, Brunei, Malaysia, Thailand, Indonesia, Philippines, Vietnam

The interviewees from both groups see this liberalization of medical doctors in ASEAN as an opportunity not only in gaining financial benefits, but also broadening and enhancing knowledge and skills which are very important for medical professionals. For those who would like to work in other ASEAN countries, they intentionally will do trial for temporary period of time. Going back to brain drain and

brain gain that already mentioned in the Chapter 2, according to the result of study, ASEAN movement of medical practitioners would not cause brain drain phenomena. Because the stay of working time is only taken in certain period of time.

In terms of suggestion, they all agreed that the national policy from each government and ASEAN's framework and implementation should be supported each other. Also, for the medical licensing process in each country still has difficulty, especially for language conducted in the exam, for instances, Malaysia and Thailand.

4.4.2 Group III: Cambodia, Laos, and Myanmar

The opinions of interviewees in this group are slightly different than the other two groups above. For them, working in other ASEAN countries under the liberalization of medical practitioner is more studying and/ or training. They can gain more experience, develop their clinical skills, broaden the research and involve with higher technological facilities in better developed countries. The only suggestion from them to policy maker is to enhance and accredit the medical education curriculum in their country so that it will be accessible for job application to other ASEAN countries.

4.5 Key findings

Singapore is the most selected country for working abroad by less developed countries in all groups, in accordance with notion in Chapter 2 saying that Singapore has aimed itself to recruit medical doctors and has invested a big portion of budget onto health care system in nationwide. Not only to be prepared for foreign patients, but also to serve national populations since Singapore is soon going to be an aging society.

Brunei is the only one country among country in Group I that has no interviewee choose as a destination country. In unison with the information in Chapter 2 that Brunei is a very rich but small country. It has no intention in recruiting foreign workers.

Thailand is the second most wanted working place for countries in Group II and Group III. Thailand's national policy in healthcare aims to be a medical hub for Southeast Asia and to be able to deal with more coming medical tourists. When supply

meets demand, benefits would go to both home and host country. However, language barrier is still a big obstruct since the required language for medical doctors who work in Thailand is Thai. Also, to be able to work legally through receiving medical license, the doctor has to pass an examination in Thai.

Malaysia is the third country that interviewees would like to pursue a job there. The study finds out that most of the selectors are from Indonesia and Philippines. For Indonesia, It is because of similarities in religious practices, cultures and languages and because of geographical reason for Philippines. Malaysia is also striving to the national policy, My Second Home project that facilitates all service movement for foreigners.

It matches with the explanation of Cha-aim Pachanee and Suwit Wibulpolprasert mentioned that Philippines and Indonesia the most exporting country for manpower. While, Laos, Cambodia, and Myanmar are in a difficult step in exporting medical doctors to oversees because of limited accessible education curriculum and standard.

CHAPTER 5
CONCLUSION

5.1 Direction of the movement of medical practitioners in ASEAN

As a result of the study, the doctors from countries categorized in Group II and Group III, namely Indonesia, Philippines, Vietnam, Cambodia, Laos and Myanmar, will tend to move to Group I, namely Singapore, Thailand and Malaysia, respectively.

There is also a movement within Group I. Therefore, doctors from Malaysia and Thailand tend to move to Singapore. Besides, some doctors from Malaysia would like to work in Thailand with expectation to learn more about some certain specialties.

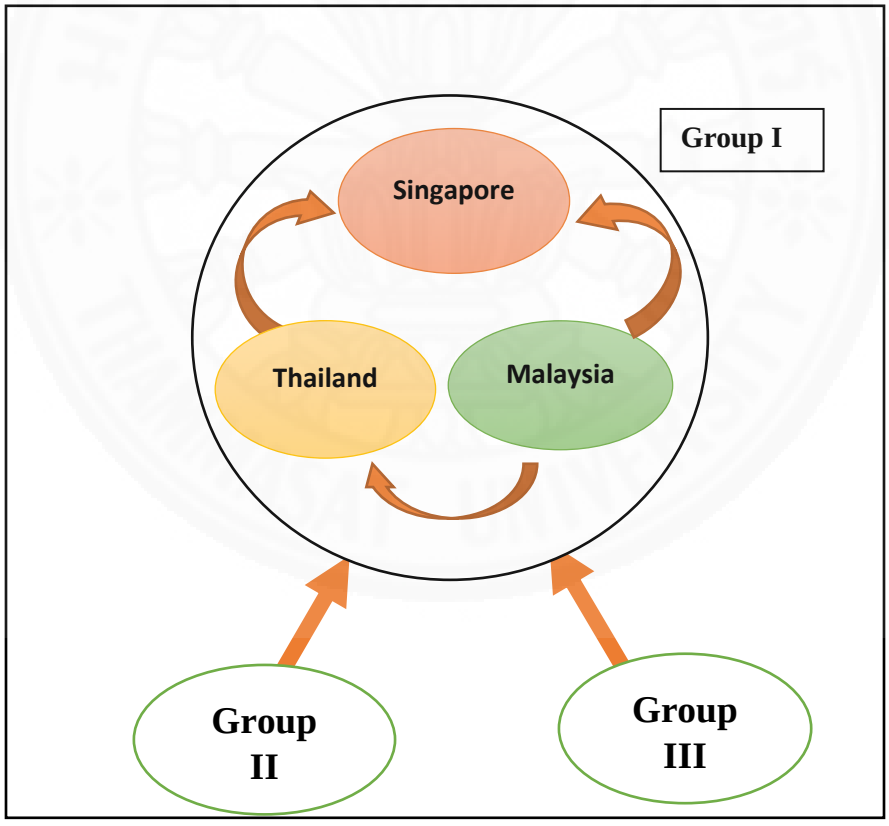

Figure 5.1 Direction of Movement of Medical Practitioners in ASEAN. Created by the author.

5.2 Push and Pull Factors

The push and pull factors that motivate worker to stay in or out of their home country are not only relative to economics or financial matters--less paid wage country with poorer condition of living/ working tends to move to a higher-paid wage with better condition country. The other factors also relate to social context and value, self-achievement, personal passion, and educational background.

For the doctors who rather stay in their home country are from well developed countries namely, Singapore, Brunei, Thailand and Malaysia because of the high technology and advanced skills are already available in the country. However, the study found that some doctors from less developed countries such as Laos and Cambodia rather stay within the country as well. It is because they see working for home country is an obligation of worker to help running the country's growth.

Friends and family relationships are one of the most influential factors to be taken into the decision making process whether work domestically or internationally. Traditionally, Southeast Asian culture shares similarity of valuing their family. Matured children are supposed to take care of their parents. Parents are, on the other hand, supposed to watch their family and children. However, it depends on each family tradition and life style as well as timing.

As mentioned earlier, social context and value between home country and host country is as concerned as economic factors. Since ASEAN accumulates a diversity of cultures, ethnics, traditions and religious beliefs, it is also understandable that migrant worker would consider and figure how they can fit to another society out there. Therefore, the study found out that doctor from Muslim countries; Brunei, Malaysia and Indonesia will move around in another Muslim country in order to ease their life style and be able to maintain their religious practices such as Halal dietary rules. On the other hand, doctor from Laos found it is less difficult to work in Thailand as the two countries share a bunch of similarities in culture, folks, and languages.

Intellectual reasons in push and pull factors for doctors are very vivid in the result of study. To pursue new knowledge, gain experience and enhance skills in a higher-

technology country would definitely bring back the benefits (brain gain) to home country. Some doctors even see this opportunity as training and studying rather than working for getting paid.

However, unrecognition of medical education in some medical schools in ASEAN can effect to self-confident and decision making of doctor. Doctor from less developed countries—Cambodia and Laos, and Myanmar, according to this study are afraid that they will not be accepted from the doctors from other countries.

In summarize, there are a lot of factors from individual/ personal level, social level to policy level. The range of factors are various in scope of economic/ financial, social context and value as well as intellectual reasoning.

5.3 Attitude of medical practitioners

According to the study, the attitude of medical practitioners are positive. They see this implementation of liberalization as an opportunity for themselves and country to explore and exchange between each other who are in the same industry. The range of stay based on this study, is not more than 5 years in destination country. They are seeking for enhancing skills and improving their ability in medical field rather than seeking for more money. However, they point out that language usages and medical license examination are still a main obstruct that will block them away. Therefore, the policy maker of both country and ASEAN community should minus the barriers and more facilitate the movements of medical practitioners for mutual benefits towards being a prosperous community together.

5.4 Recommendations

As a result of the study, even though the response of medical practitioners from the sample group are positive, but there are still some burdens that may withhold the flow of movement such as paper work process for immigration and work permit from both importing and exporting skilled labor. Therefore, to eliminate the burdens and support more on the freer flow of skilled labor, the government should be taking part on law and

regulation amendment. When the paper working processes are smoothly and friendlier, it would increase a number of skilled labor mobility.

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