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# A Proposal for a Series of Studies to Explore the Phenomenon of the International Migration of Indonesian Nurses

Nila Kusumawati Elison

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GROUND CONCLUSION IN IMPORTANCE  
OF THE ISSUES OF INTERNATIONAL NURSING  
MIGRATION.

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Nila Kusumawati Elison

A Proposal for a Series of Studies to Explore the Phenomenon of the International  
Migration of Indonesian Nurses

Nila Kusumawati Elison

A Capstone Submitted to the Graduate Faculty  
of Georgia State University in Partial Fulfillment

of the

Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA

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## ABSTRACT

Nila Kusumawati Alison

A Proposal for a Series of Studies to Explore the Phenomenon of the International Migration of Indonesian Nurses (Under the direction of Rodney Lyn, Ph.D. and Bruce Perry, M.D., MPH)

On January 1<sup>st</sup>, 2014, Indonesia began implementing universal health coverage. Despite the fact that the density of human resources for health (HRH) is far lower than the International Labor Organization's benchmark, the Indonesian government is ambitiously committed to providing equal, quality, and extended healthcare services to an estimated population of 257.5 million people by 2019 without putting them in financial hardship. In addition, the government expects to ensure a minimum of 85% of the health recipients is satisfied with attained healthcare services. With respect to nurses, the massive international migration of qualified and motivated Indonesian nurses that has taken place over the last decade is alleged to be one of the factors responsible for the low density. However, at this point, very little publicly available information exists that comprehensively displays the phenomenon. As such, to help stakeholders understand the phenomenon, mitigate the recurrence of massive international migration of Indonesian nurses, and make relevant data-driven HRH policies, a proposal for a series of studies to reveal the phenomenon of the international migration of Indonesian nurses is developed. An 18-month research project with various sampling methods, research instruments, and research methods will be conducted to explore four main international nursing migration issues from multiple study populations. The study populations include migrating and returning Indonesian nurses, nursing organizations both in Indonesia and in four foreign countries, local recruitment agencies, two government agencies in Indonesia, and several Indonesian embassies overseas.

**INDEX WORDS:** universal health coverage, international nursing migration, international migration of Indonesian nurses, migrating nurses, returning nurses, recruitment agencies, Indonesian National Nurses Association, the Indonesian government



## Chapter I

### Introduction

The 2005 World Health and the 2012 United Nations General Assemblies have been important landmarks in the implementation of universal health coverage (UHC) (WHO, 2005; WHO 2010; UN, 2012). They encouraged many nations to provide healthcare services to all their citizens without putting them into financial hardship (WHO, 2012). Indonesia began transitioning to the UHC on January 1<sup>st</sup>, 2014 as regulated by the 2004 National Social Security System and the 2011 Social Security Agency (BPJS) laws and guided by “The Road Map Towards National Health Insurance – INA Medicare 2012-2019”, (RI, 2012). With the expected increase in total health expenditure of gross domestic product from 2.7% in 2011 to around 4% in 2014, the Indonesian government is ambitiously committed to covering a projected population of 257.5 million, providing equal medical and non-medical benefit packages, and ensuring a satisfaction of minimal 85% of BPJS health services recipients by 2019 (RI, 2012; GHWA & WHO, 2013; Widowati, 2013).

A strong health system manifested by sufficient, competent, motivated and equitably distributed human resources for health (HRH), including nurses and midwives, is crucial to achieve UHC (WHO, 2005; WHO, 2010; WHO, 2012; UN, 2012; GHWA&WHO, 2013; ICN & ICM, 2013). According to the International Labor Organization (ILO), to be able to provide quality, expanded healthcare services, a country requires a 34.5 HRH per every 10,000 people (GHWA & WHO, 2013). The data revealed that in 2012 the density of physicians, nurses, and midwives in Indonesia was only 20.6 per every 10,000 people (cited by Padilha et al., 2013). Even though this number

increased from 16.1 per every 10,000 people in 2010 (GHWA & WHO, 2013), it was still far lower than the ILO's benchmark. With respect to the availability of nurses, the migration of thousands of the Indonesian nurses overseas is also responsible for this low density (WHO SEARO, 2010).

The international nursing migration in Indonesia is not a new issue (WHO SEARO, 2010). Facilitated mainly by local recruiting agencies, the migration, which began more than a decade ago, made Indonesia one of the major sending countries in Asia (Hugo and Stahl, 2004; Matsuno, 2009; WHO SEARO, 2010). Economic, professional and educational, personal, social, and political factors are found to be primary drivers that motivate nurses to migrate (Dywili, Bonner, O'Brien, 2013). Despite its potential benefits for both nurses and countries, an international nursing migration that leads to the loss of qualified nurses in sending countries makes a fragile national health system weaker, which further hampers the attainment of UHC (ICN, 2004; WHO, 2004; WHO, 2005; Padilha et al, 2013; Sousa, Scheffler, Nyoni & Boerma, 2013).

While Indonesia is transitioning to UHC, nurses are expected to deal with new demands and challenges (Padilha et al, 2013). As nursing legislation is not in place, or when HRH policies are not data driven, which is currently happening, the transition to UHC negatively impacts nurses' outcomes, including nursing retention (GHWA & WHO, 2013). This fact, which is bolstered by some studies, found that a poor nurse work environment leads to nurse burnout, job dissatisfaction, and intention to leave the job (Stimpfel, Sloane & Aiken, 2012; Kutney, Wu, Sloane & Aiken, 2013). These professional issues drive attrition, international migration, and emigration of nurses (Dywili, Bonner & O'Brien, 2013). Further, they can discourage people to enter the

nursing profession and threaten the availability, accessibility, acceptability and quality of future Indonesian nurses.

If the Indonesian government does not accompany an aspiration to achieve UHC by 2019 with strategic planning of nursing profession, UHC may turn into a push factor that leads to a recurrence of massive international migration of the Indonesian nurses. Indeed, by 2035 both developing *and* developed nations will face around a 12.9 million shortfall in skilled HRH. The United States of America (the U.S.), Europe, and Australia, which currently have the highest density of HRH equal or greater than 59.4/10,000 people, are projected to lack 500,000 nurses by 2025, 2,000,000 by 2020, and 109,000 by 2025 consecutively (GWAH and WHO, 2013).

Due to various issues, inter alia, aging HRH and student nurses and faculty recruitment challenges, countries such as the U.S. are projected to keep recruiting foreign nurses (Wheeler, Foster & Hepburn, 2013). While there are countries whose international recruitment of foreign nurses policies are not in place, some others have already had an international recruitment code of conduct, yet these codes are not legally binding. Accordingly, these countries will be potential destination countries for both Indonesian recruitment agencies and nurses.

To prevent or to mitigate the impact of a perpetual international nursing migration, the WHO (2004) and International Council of Nurses (ICN) (2007) have long recommended that countries resolve the reasons for international nursing migration, regulate recruitment agencies, establish collaboration with any institutions, and help monitor the movement of HRH. They also requested that countries develop a mechanism to support nurses who want to return to their home countries because of the benefits they

may bring (WHO, 2004; ICN, 2007). There are numerous studies on international nursing migration in other countries. However, there is limited information and publicly available data on the international migration phenomenon of Indonesian nurses including the implementations of the ICN's and WHO's recommendations.

Therefore, a study will be conducted as a contribution to the Indonesian government that explores overseas placement occurrence as a strategy to improve health human resources management as stated in the Indonesia Human Resources for Health Development Plan 2011-2015. The findings are also expected to provide stakeholders with a complete picture of international migration of the Indonesian nurses needed to make both evidence-based and relevant HRH policies while the country progresses toward the attainment of UHC by 2019. Thus, the study will attempt to address the following issues and questions:

**Reasons for International Nursing Migration:**

- 1) What personal, social, professional/educational, economic, and political factors motivate the Indonesian nurses to work overseas?
- 2) Which motivating factors strongly drive the Indonesian nurses to work overseas?

**Return Migration Experiences:**

- 3) What are the Indonesian nurses' experiences with return migration?

**Recruitment Agencies:**

- 4) How do recruitment agencies work with respect to recruitment and placement practice, nurses' movement monitoring, and return migration promotion?

**Actions of the Indonesian Government and Nurses Associations:**

- 5) What information can be learned from the Indonesian government and the nurses associations about regulating local recruitment agencies, supporting return migration, and monitoring nurses' movement?

## **Chapter II**

### **Literature Review**

#### **Universal Health Coverage**

Universal health coverage is defined as a goal to ensure that all people have access to healthcare services without suffering from financial hardship (WHO, 2010; WHO 2012). This concept had been long recognized in the 1948 WHO's constitution and the 1978 Alma-Ata declaration that acknowledged that health is a human right (WHO, 2010; WHO 2012). However, universal health coverage was out of many countries' political agenda until the WHO's 192 member states convened at the 58<sup>th</sup> World Health Assembly in May 2005. In this assembly, a number of member states conveyed their concerns about health financing, which is fundamental to help protect public from a financial hardship risk while they are seeking healthcare services. The concerns of these member states prompted the WHO to adopt the "Sustainable Health Financing and Universal Coverage and Social Health Insurance" resolution (WHA58.33) (WHO, 2005a; WHO, 2005b).

Since then, the UHC has become the WHO's priority agenda. Efforts were put together to help guide member states either to transition into or progress towards the UHC. One of the endeavors was by issuing the 2010 World Health report that comprehensively discussed health system financing for UHC (WHO, 2010c).

UHC gained momentum in December 2012 while the United Nations (UN) recognized the world's commitment to UHC and urged the member states' government to move towards UHC (UN, 2012a; UN, 2012b). Encouraged by the UN's support, the

WHO and World Bank then convened a ministerial meeting in February 2013 to start exploring the best way for countries to progress toward UHC. The finance and health ministries from 27 countries attended this summon. It included some delegates from Indonesia (WHO, 2013).

### **Universal Health Coverage in Indonesia**

Worth noting as well, the aspiration to provide quality and expanded healthcare services for all population in Indonesia had been initiated in 2004. This goal was manifested by the enactment of law on the National Social Security System No. 40/2004, which mandated the country establish the National Social Protection System (*Sistem Jaminan Sosial Nasional* (SSJN)) (Widowati, 2013). Due to lack of political commitment and some challenges, the implementation of the law did not progress as expected.

Four years later the notion of UHC resurfaced in the nation. Another act titled the Social Security Act was enacted in 2008, and National Social Security Council was also established. However, it was in 2009, when a presidential election campaign was being held, that the law attracted the attention of politicians (Widowati, 2013).

A year later health financing and health insurance issues accompanied the country's aspiration to transition into UHC. Disputes between national parliament and central government occupied political situation. On one side, national parliament that drafted the bill of National Security Agency (Badan Penyelenggara Jaminan Sosial (BPJS)) insisted on merging four state insurance companies into one non-profit social protection agency. On the other side, the central government, especially the Ministry of State Owned Enterprises, stood firm on the idea of keeping those four insurance companies as profit oriented entities. With some mutual solutions, finally, BPJS and the

central government agreed to enact the BPJS bill that became the law No. 24/2011 in 2011 (Widowati, 2013).

The law officially ordered the country to establish two national agencies: BPJS I and II. While BPJS I has to handle health insurance, BPJS II must focus on employment benefits that include injury, retirement, pension and death. Also, the law mandated that by 2029 the state-owned insurance companies (Jamkesmas, government-financed health insurance programme for the poor and near-poor; other health insurance programs, such as Askes, Jamsostek; and some local health insurance schemes (Jamkesda)) would hand over their beneficiaries to both BPJS I and II. PT Askes, previously a profit health insurance programs for Indonesian civil servant, was then altered into BPJS I, a non-profit agency that will manage national social health insurance programs (Widowati, 2013).

To guide the country to transition into UHC on January 1<sup>st</sup>, 2014, the Ministry of Health supported by other ministries and national and international relevant stakeholders designed “A road map to National Health Insurance-INA Medicare 2012-2019 (Peta Jalan Menuju Jaminan Kesehatan Nasional 2012-2019) (RI, 2012)”. With this road map in place, Indonesia is committed to progressing toward the attainment of UHC by 2019. To be able to measure the achievement, the roadmap highlighted two stages with 16 targets (RI, 2012).

Stage one, set up for January 2014, has eight targets. Those targets are: 1) necessary implementing regulations are in place, 2) BPJS is operated in January 1, 2012 as per Law No. 24/2011, 3) minimal 121.6 million people are covered by BPJS I, 4) medical benefits are equal for all populations, though there are some differences in non-



medical benefits, 5) action plan for health facilities development is in place and will be gradually implemented, 6) at least 75% of beneficiaries are satisfied with health services of the BPJS, 7) at least 75% of health facilities are contented with the BPJS service, and 8) BPJS financial management is transparent, efficient and accountable (RI, 2012).

The second stage is established for 2019. This stage also has eight targets. They are: 1) people fully trust BPJS, 2) all populations, projected to be 257.5 million, are covered by BPJS, 3) both medical and non-medical health services are equal for all participants, 4) health facilities are equally distributed, 5) laws and regulations are adjusted according to situation and condition, 6) a minimum of 85% of the participants are contented with services provided by both health facilities and health services of the BPJS, 7) at least 80% of health facilities are satisfied with BPJS' services, 8) the BPJS financial management is fully transparent, efficient and accountable (RI, 2012).

### **Universal Health Coverage and Human Resources for Health**

To successfully achieve those 16 UHC's established targets, a functional health system is essential. In order for a health system to function, human resources for health (HRH), which is one of building blocks of a health system, are critical (GHWA&WHO, 2013b; WHO, 2013a). Padilha, et al (2013) asserted that a country will not attain UHC without HRH, and lack of HRH hampers the attainment of UHC. Not only do HRH have to be well trained, competent and motivated, but they also have to be adequate in numbers (WHO, 2005; WHO, 2010; WHO, 2012; UN, 2012).

In addition, HRH need to fulfill four dimensions that are congruent with the dimensions of effective health services as established in the 2012 International Labor Organization's (ILO) Social Protection Floors. These dimensions are availability,

accessibility, acceptability and quality (Adlung, 2013; GHWA&WHO, 2013). First, availability means the adequate supply and demand of competent HRH. To help countries estimate HRH requirement while providing expanded healthcare services to people, the ILO establishes a staff access deficit indicator. The benchmark is 34.5 physicians, nurses and midwives per every 10,000 people. Second, accessibility refers to available HRH that are equitably accessible to all people. More precisely, accessibility means population in rural and remote areas seeking healthcare services can access HRH as equal as those in urban areas. Third, acceptability refers to HRH whose characteristics meet the expectations of people seeking healthcare services. Having cultural competence and sensitivity and having attitude and behavior that build trust are some of these characteristics. Lastly, quality is a package of HRH's behavior, knowledge, competency and skill that is in congruent with professional norms (GHWA&WHO, 2013).

Of all dimensions of HRH, availability is the basis for the other dimensions. However, in many developing countries, the availability of HRH is low, and this availability issue hinders countries to either transition to or progress toward UHC (Sousa, et al, 2013). To solve this global issue, a country's global HRH crisis was mapped out by using an HRH benchmark, a 22.8 HRH per every 10,000 people, set up by the Joint Learning Initiative from 2002 to 2004. In 2006, the WHO further developed the benchmark. This benchmark showed that in 2013 around 83 countries experienced low HRH density and low service coverage (GHWA & WHO, 2013).

Additionally, to resolve access deficits in the coverage of population when healthcare services are being expanded, the ILO developed a benchmark. The benchmark entitled a staff access deficit indicator (SAD), sets a higher HRH threshold than that of

the WHO's. The SAD's threshold is 34.5 physicians, nurses, and midwives per every 10,000 people. The ILO's benchmark revealed that approximately 100 countries fell below the threshold (GHWA&WHO, 2013). Based on the WHO's and ILO's benchmark, it is clear that Indonesia has low HRH density and healthcare services coverage.

### **International Nursing Migration**

Of several factors that result in HRH availability issue, international migration is the most central and has grabbed global attention. The International Organization of Migration (IOM) defines migration as “a process of moving, either across an international border, or within state” (IOM, 2004). Migration can take place among developing countries, among developed countries, and from developing to developed countries (Dywili et al, 2013).

Migration cannot be prevented. It is, in fact, one of the human being's rights that are guaranteed in the article 13 of the universal declaration of human rights (UN, 1948). With respect to nursing migration, the International Council of Nurses (ICN), the federation of over 130 national nurses associations, has recognized the right of nurses to migrate regardless of their reasons. The ICN endorses this nurses' right on “the Nurse Retention and Migration” position statement (ICN, 2007).

### **Causes of International Nursing Migration**

While nursing shortage in many developed countries (receiving countries) is the leading cause of international nursing recruitment, fragile health system in developing nations (sending countries) is the main reason for international nursing migration (ICN, 2007). Many studies revealed that the existences of push and pull factors are the main drivers of international nursing migration. Pull factors refer to lucrative conditions in

foreign countries that attract nurses to migrate and work overseas. Push factors, on the flipped side, are conditions in home country that push nurses to leave (Kline, 2003).

Both push and pull factors primarily can be economic, social, professional/educational, personal, and political reasons (Dywili et al, 2013). Economic factor delineates money, politic factor relates to government decisions or power, and professional/educational factor is associated with the job as a nurse. Additionally, personal factor is correlated to preference or choice and social factor relates to family and society. While both push and pull factors drive nurses overseas, they offer valuable opportunities for both public and private sectors, such as recruitment agencies, to run and develop huge profit-making business (Kingma, 2008).

### **Recruitment Agencies**

According to the WHO (2003), recruitment agencies have played a fundamental role in the occurrence of international nursing recruitment and migration. On one side, they have diminished the problems of hospitals that are suffering from massive nursing shortage by recruiting foreign nurses. On the other side, recruitment agencies have helped nurses who want to work to foreign countries regardless of those nurses' reasons by sending them overseas.

Realizing their important position, not a few recruitment agencies perform an unethical recruitment and placement practice. This unethical practice frequently happens to nurses who have a serious aspiration to work overseas but have to rely on the services of recruitment agencies. Some of unethical practices that recruitment agencies do are failing to provide nurses with clear information, giving fake promises and treating nurses with a deportation. Worth knowing, even though recruitment agencies charge a hospital

either a standard fee or an hourly basis fee for international recruitment services they provide, many recruitment agencies also charge nurses with a big amount of money. Nurses have to struggle to get money to pay a recruitment agency but will never get their money back when recruitment agencies fail to send them overseas. Unfortunately, nurses' strong desire to work overseas has put most of them in a lower bargaining position (Gostin, 2008).

### **Impacts of International Nursing Migration**

International nursing migration poses both positive and negative repercussions. Even though it gives nurses more advantages than drawbacks, the migration brings positive and negative to a country. Negatively, the migration causes nursing shortage or brain drain, which is defined as the loss of motivated, highly educated, and trained nurses (WHO, 2010). As HRH is one of the health system's building blocks, the loss of competent nurses makes the national's health system weaker (WHO, 2004; Gostin, 2008; Matsuno, 2009). Further, a weak health system impedes the achievement of international targets, such as the Millennium Development Goal or universal health coverage (WHO, 2006).

On the flipped side, international nursing migration poses positive impacts (WHO, 2010). While nurses are working overseas, they are sending money, remittance, to their home country. Money they send will not only improve the prosperity of their family members, but also increase country's economic development. When nurses return to their home country, the country benefits from nurses' new and advanced skills, knowledge, and experience (ICN, 2007). Further, quality healthcare services returning

nurses deliver to people help strengthen countries' health system (ICNM, 2008; WHO, 2010).

### **Return Migration**

A return migration is “the process of a person returning to his/her country of origin or habitual residence...” (Cited by ICNM, 2008). According to King (2000) as cited by ICNM in 2008, there are several factors that cause return migration. They are economic, social, family/life cycle, and political factors. One common example of economic factor is a contract termination. While the issues of integration difficulty in foreign countries and homesickness are examples of social factor, retirement, children's education, and marriage become family/life cycle factors that influence nurses to return home. Additionally, the example of political factor is the end of governments' agreement on sending and receiving workforce.

If managed well, return migration can benefit a country. As such, as recommended by the ICN (2007) and the WHO (2010), a country should establish a mechanism that supports nurses to return home. A country also should prepare the return process of migrating nurses and help returning nurses ease challenges they may face. Some of the challenges the returning nurses often experience are difficulty to readjust to the home country due to unwelcome attitudes of coworkers and limited resources to apply new skills and experience (ICNM, 2008). Failure to resolve these difficulties may encourage nurses to re-migrate, discourage other nurses to return to home country and motivate many nurses to emigrate.

## **International Organizations' Recommendations**

International migration of HRH, mainly nurses' migration, is not only the concern of many nations, but also of international health organizations, such as the WHO and the ICN. These organizations have performed a great number of efforts to mitigate the impacts of international migration. Some of those endeavors were the adoption of the international migration-related resolutions, codes of practice, world health reports, and position statements.

The first resolution on HRH's international migration the WHO adopted was the World Health Assembly (WHA) 57.19 in 2004 entitled the "International Migration of Health Personnel: a Challenge for Health Systems In Developing Countries." The resolution appealed to member states to establish strategies to mitigate the negative impacts of international migration of HRH and to develop effective policies. The resolution also urged member states to support a G-to-G agreement with receiving countries to regulate international migration (WHO, 2004).

A year later, the WHO adopted the resolution on "the International Migration of Health Personnel." The resolution asked the WHO's Director General to establish programs for HRH development. The adoption of this resolution took place at the same WHA as the adoption of the resolution on "Sustainable Health Financing and Universal Coverage and Social Health Insurance" (WHO, 2005b).

In 2010, the prevailing international migration of HRH drew many countries' attention. Accordingly, on May 21, around 193 member states of the WHO assembled to find a solution for regulating HRH's international migration practices. These countries agreed to adopt "the WHO Code of Practice on the International Recruitment of Health

Personnel.” The code requested that the member states’ national government establish a national authority to implement the code and periodically report the international migration practices. Concerning recruitment agencies, the code recommended that the WHO’s member countries use only agencies that abode by ethical recruitment principles. Since the code was adopted, the national authorities have been established in many countries.

In addition, the code called for stakeholders who were concerned about HRH international recruitment and migration to help gather evidence-based data to be shared worldwide through the WHO secretariat. The data will be used to help countries put forward effective national actions on alleviating the negative impacts of HRH’s inflow and outflow. Moreover, the evidence will help invigorate global cooperation to regulate international recruitment and migration and strengthen national and global health system (WHO, 2011a).

To be committed to strengthening health systems, in the sixty-fourth WHA, the WHO adopted five resolutions. Of those resolutions, two were related with HRH. They included the WHA 64.6 (2011) on “Health Workforce Strengthening” and the WHA 64.7 (2011) on “Strengthening Nursing and Midwifery.” Additionally, with respect to UHC, the WHO adopted the resolution on “sustainable Health Financing Structures and Universal Health Coverage of Health Care and Services” (WHO, 2011b).

Similarly, to regulate international nursing migration, the ICN, the federation of more than 130 National Nurses Associations in the world, issued two position statements. Those position statements were “Ethical Nurse Recruitment” and “Nurse Retention and Migration.” They recommended that the ICN’s country members mitigate the impacts of



international nursing migration by resolving the reasons for migration and strengthening nursing profession. The ICN also requested that the countries regulate the recruitment agencies, monitor the movement of nurses, and corroborate the return migration of nurses.

To protect nurses from exploitation and other international recruitment practice's harms, the ICN asked for its country members to regulate recruitment process and establish a disciplinary mechanism for recruitment agencies that violate ethical recruitment. To track the nurses' movement, the ICN suggested that the countries collaborate with relevant organizations and institutions. Furthermore, the ICN highlights principles of nurses' rights that have to be fulfilled when the nurses are sent overseas. Some of those principles include full employment access, movement and discrimination freedom, consistent working contract, equal remuneration, and safe work environment (ICN, 2007).

Lastly, these organizations also encouraged the development of international nursing migration-related codes of practice. Some of the receiving nations that established the code of practice were Commonwealth countries, the U.K, and U.S. The Commonwealth countries established its "Commonwealth Code of Practice for the International Recruitment of Health Workers" in 2003. The code stated that the commonwealth countries were not allowed to recruit foreign nurses from countries that were suffering from nursing shortage (The Commonwealth, 2003). Similarly, in 2004 the U.K developed the "Code of Practice for International Recruitment of Healthcare Professionals." This code mandated any entity not to recruit foreign nurses from developing countries (DH-UK, 2004; Matsuno, 2009). Likewise, in 2008, the American

Nurses Association developed the “Code of Conduct for the Ethical Recruitment of Foreign Educated Nurses to the United States” (ANA, 2008). The code regulated the recruitment of international nurses who were interested in working in the U.S.

### **The Profile of Human Resources for Health in Indonesia and the International Migration of Indonesian Nurses**

From a global perspective, as reported by the WHO, in November 2010, Indonesia was one of 57 countries that suffered from a critical HRH shortage with the density of only 16.1 physicians, nurses, and midwives per every 10,000 people (WHO, 2010a). Even though the HRH density showed an increase to 20.6 HRH per every 10,000 people in 2012 (cited by Padilha et al., 2013), Indonesia still fell into the group of countries with a low HRH density and service coverage (GWHA & WHO, 2013). As reported by the Ministry of Health of Indonesia to the WHO, in 2012 Indonesia had 13.83 nurses and midwives per every 10,000 people and around 2.04 physicians per every 10,000 people. In 2013 Indonesia was one of 83 countries that had skilled HRH lower than 22.8 per every 10,000 people, and coverage of births attended by skilled birth attendants was less than 80% (GWHA & WHO, 2013).

According to the former president of the Indonesian National Nurses Association, the mismanagement of nurses’ recruitment and placement nationally was one of the reasons that cause the low numbers of nurses in Indonesia. In addition, the attrition of nurses as they both were not employed and chose to work in another sector was also responsible for the lack of the Indonesian nurses (Senior, 2010). In 2010, the WHO South East Asia Region (WHO SEARO) added that another reason that causes the nursing shortage was the international migration of Indonesian nurses.

As of now, there is no study that has been conducted to prove the relationship between the international migration of Indonesian nurses and the prevailing nursing shortage. However, in its report, the WHO SEARO disclosed that up to 2009, approximately 2,829 qualified Indonesian nurses migrated overseas, such as to the United States of America, Asia, the Middle East, and European countries (WHO SEARO, 2010). The inconsistency of the number of the Indonesian nurses who migrated overseas was found when Anggriani (2011) reported that around 9,705 had migrated overseas from 1989 to 2010.

Similar to other sending countries, the international migration of Indonesian nurses was primarily facilitated by a recruitment agency through either private-to-private (P-to-P) or private-to-government (P-to-G) nurses placement program agreements. The P-to-P program agreement is an arrangement between an Indonesian's recruitment agency and either a foreign recruiting agency or a foreign private health institution. Conversely, the P-to-G program is an agreement between an Indonesian recruitment agency and either the Ministry of Health or the government's hospital overseas.

However, since the negative impacts of international migration became the center of the world's attention, many countries such as U.K have issued a code of practice to regulate international recruitment practices (The Commonwealth, 2003). Most of those codes discourage a country from recruiting nurses from the developing countries where the health system has been already fragile. This recommendation greatly affects local recruitment agencies in Indonesia. Accordingly, many recruitment agencies lose a lucrative global labor market. Some of the recruitment agencies even have collapsed as many developed countries, such as the United Kingdom, have stopped recruiting

international nurses, including Indonesian nurses. Regardless of the existence of these codes of practice, some local recruitment agencies still maintain their business by targeting countries that do not have a strict regulation on international nurses recruitment. In addition, the facts that the world is experiencing a shortage of 12.9 million HRH, and developed countries are heading to an impending nursing shortage (GWA & WHO, 2013) have encouraged many recruitment agencies to continue to exist.

Besides nurses' recruitment and placement practices by recruitment agencies, the Indonesian's Board for Development and Empowerment Human Resources for Health also has actively sent Indonesian nurses overseas. Through G-to-G placement program, the government has sent 1,048 nurses to Japan between 2008 and 2013. This practice is projected to continue since the head of this agency is committed to taking a chance of significant demands of skilled and professional workforces offered by the Asia Pacific region, the Middle East, Europe, and Africa (BNP2TKI, 2011).

Following "The WHO Global Code of Practice on the International Recruitment of Health Personnel" (the code), Indonesia, a country that recognizes the impacts of the international nursing migration established a national authority named the Board for Development and Empowerment Human Resources for Health (BDEHRH) Ministry of Health of Indonesia in 2010. The BDEHRH is responsible to implement the code and report HRH international migration information to the WHO on a regular basis. In addition, supported by the Global Health Workforce Alliance and Deutsche Gesellschaft für Internationale Zusammenarbeit, the Indonesian government has also developed "The Indonesia Human Resources for Health Development Plan 2011-2025". In this HRH

plan, Indonesia is committed to improving the management of HRH by regulating the international nursing migration.

## Chapter III

### Methods and Procedures

#### Study Populations

To be able to investigate the phenomenon of the international migration of Indonesian nurses, the researcher uses multiple study populations. They are: 1) migrating nurses, 2) returning nurses, 3) recruitment agencies, 4) the Indonesian government and 5) the Indonesian National Nurses Associations.

#### Inclusion and Exclusion Criteria

##### *Migrating Nurses*

The study defines migrating nurses as the Indonesian nurses who are working overseas in any nursing fields either part time or full time. Nonetheless, the study will not include nurses who are Indonesians but receive their initial nursing credentials in any foreign country. The researcher uses migrating nurses to explore their reasons for taking part in international migration. Due to the reason that migrating to foreign countries for the first time is different from that for the second time (Alonso-Garbayo & Maben (2009), the study will solely focus on the first migration. Lastly, since the reason for leaving the home country is much influenced by dissatisfaction with the nation's conditions, the researcher will ask the nurses only about the reasons that drive them to migrate overseas for the first time.

### ***Returning Nurses***

To investigate return migration experiences, the study uses the returning nurses.

Returning nurses are those who have returned to Indonesia from their international migration and are no longer bound by any working contract overseas.

### ***Recruitment Agencies***

To investigate recruitment agencies, the study only includes the Indonesian recruitment agencies based in Indonesia that have experience with recruiting and sending Indonesian nurses overseas.

### ***The Indonesian Government***

To examine the actions of relevant stakeholders on international nursing migration, the study involves the Indonesian government. The relevant Indonesian government agencies that are considered to directly relate with the phenomenon of the international migration of Indonesian nurses are the Board for Development and Empowerment Human Resources for Health of Ministry of Health of Indonesia (BDEHRH), the National Board for the Protection of Indonesian Overseas Workers (BNP2TKI), and the Indonesian embassies in foreign countries where the Indonesian nurses work.

### ***The Indonesian National Nurses Associations (INNA)***

The study will only include the central board of INNA in Jakarta, which heads 34 provincial INNAs. Also, this study involves all branches of the Indonesian National Nurses Associations established in foreign countries—Japan, Kuwait, Netherlands and Qatar.

## **Sampling Methods**

### ***Migrating Nurses***

Since there is no accurate information about which foreign countries the Indonesian nurses migrate to and work in, the study is not able to create a sampling frame for a probability sampling. Thus, this study will use snowball sampling.

### ***Returning Nurses***

Similarly, there are no available data of nurses who have returned to Indonesia. Therefore, this study will use snowball sampling.

### ***Recruitment Agencies***

Snowball sampling, which is a type of purposive sampling, is used to persuade local recruitment agencies in Indonesia to participate in the study.

### ***The Indonesian Government***

The study deliberately selects BDEHRH and BNP2TKI because they are the government agencies that considerably deal with the international migration of the Indonesian nurses. Thus, an expert sampling, which is part of purposive sampling, is used. However, the study uses chain referral sampling to identify the Indonesian embassies overseas where the Indonesian nurses work.

### ***The Indonesian National Nurses Associations***

To select the INNAs, the study uses expert sampling. The INNAs included are the Central Board of INNA and all four branches of INNAs established in Japan, Netherlands, Kuwait and Qatar.



### **Institutional Research Committee (IRB)**

The study will seek approval from the IRB at National Institute of Health Research and Development, Ministry of Health, Indonesia.

### **Recruitment Methods, Informed Consents, and Data Collection Methods**

#### *Migrating Nurses*

Once the study gets research approval from the IRB, the researcher will email potential study participants and the presidents of the branches of INNAs in Japan, Kuwait, Netherlands, and Qatar. The researcher will notify them that she is going to conduct the study on the reasons for the international migration of Indonesian nurses. Not only will the researcher ask whether they are willing to participate in the study, but she will also ask if they can help identify other potential study participants. If they agree with these requests, the researcher will send them two follow-up emails. One email embeds the link of anonymous Internet survey for them to complete and any other is an invitation email for them to forward to other future study participants.

To acquire as many study participants as possible, the researcher will also post a survey invitation in Facebook page group of the branches INNAs. Even though not all of the Indonesian nurses working overseas are members of this social network, many have joined as members. The identified available Facebook groups are the Indonesian National Nurses Association in Japan (INNA-PPNI Japan) (Japan), INNA-K PPNI (Kuwait), PPNI Belanda (Netherlands) and PPNI Perwakilan Qatar (Qatar).

If the researcher receives either email or Facebook message from potential study participants, the researcher will send them a reply to provide information about the study. In this email, the link of Internet survey is embedded. For this study population, a tacit

informed consent will be attained; that is, when study participants click the link for the Internet survey, they are providing their consent. There is no incentive for this study population. Data collection will be carried out over four months.

### ***Returning Nurses***

Some Indonesian nurses who no longer work overseas and have returned to Indonesia will be contacted. A minimum of 20 participants is expected to join the study. Through a phone call, email or Facebook message, they will be notified about research that will be conducted. The researcher will ask them if they are interested in participating in the study. If they agree to participate, the researcher will conduct a semi-structured interview in Indonesian through either phone or face-to-face interview.

Prior to interview, the researcher will have study participants sign an informed consent form. If the interview is a phone interview, informed consent will be taken via email prior to the interview (Appendix B). If the interview is a face-to-face interview, the researcher will attain informed consent when meeting with study participants. The interview will then be conducted in a comfortable, confidential place. A tape recorder will be used to record the conversation with the approval of study participants. The estimated time of interview will not exceed 90 minutes. However, study participants are free to withdraw at any time during the interview without any penalty. However, only study participants who complete interview receive an incentive as much as 100,000 rupiah or ten U.S dollars.

Study participants are also asked if they can help the researcher to identify other Indonesian nurses who no longer work overseas and have returned to Indonesia. Once the researcher gets a response from those potential candidates, the researcher will explain the

study and its purpose. To collect the data, potential study participants will be treated as the same way as their referees.

### ***Recruitment Agencies***

The researcher will visit several recruitment agencies she is familiar with to meet either the director or representative of the agencies. These individuals will be notified that the researcher will be conducting a study about international migration of the Indonesian nurses. If they agree to participate in the study, then the researcher will hand in an informed consent form for them to sign (Appendix C). A semi-structured interview in Indonesian will then be conducted for not more than 90 minutes. The interview will be recorded by using a tape recorder with the approval of study participants. However, there is no incentive allocated for participating recruitment agencies.

To get more recruitment agencies, the researcher will also ask if the recruitment agencies are willing to help the researcher identify the other local recruitment agencies. Once the researcher receives an email from potential recruitment agencies showing an interest to participate in the study, the researcher will then come to the agencies' offices to explain the study. If they agree to participate, the researcher will perform the same treatments as those given to their referees.

### ***The Indonesian Government***

Once the researcher can identify the foreign countries in which migrating nurses work, the researcher will then send an email about ongoing research to the available Indonesian embassies. This email invites the embassies to participate in the study. If they agree, they will receive another email where they can find an informed consent form to sign (Appendix A). Once the researcher receives the signed informed consent form, a

semi-structured international phone call interview will be set up. With the approval of study participants, the interview conducted in Indonesian will be recorded by using a tape recorder. Interviews will not exceed 90 minutes. There will be no incentive allocated for this study population.

With respect to BDEHRH and BNP2TKI, the researcher will come to the offices of these two government agencies. A meeting appointment with representative of these boards will be set up. The researcher will explain the study and ask if the agency can participate. If they agree, the researcher will give an informed consent form to sign (Appendix D and Appendix E).

A semi-structured interview conducted in Indonesian will be recorded by a tape recorder with the approval of the study participants. The interview will be conducted by the researcher and will last no more than 90 minutes. There will be no incentive for this study population.

#### ***The Indonesian National Nurses Associations***

Once meeting appointment is made, the researcher will come to the Central Board of INNA in Jakarta to explain the study that is being conducted. The president or representative will be asked to participate. If they agree, the researcher will ask them to sign an informed consent form (Appendix F). The researcher will conduct a semi-structured interview in Indonesian for no more than 90 minutes. The interview will be recorded by a tape recorder with the approval of the study participant. There will be no incentive for this study population.

To collect data from the branches of INNAs in Japan, Kuwait, Netherlands and Qatar, the researcher will send them an email about the study. They will be asked if they

are interested in participating. If they agree to participate, they will receive another email from the researcher. This email will embed an informed consent form (Appendix G). A semi-structured international phone call interview in Indonesian will be conducted for no more than one hour. The interview will be recorded by a tape recorder with the approval of the study participants. Similarly, there will be no incentive for this study population.

### **The Research Instruments**

The study uses two types of research instrument. They are interview topic guide and questionnaire.

#### **Topic Guides for Interview**

The topic guides that have list of key questions are developed for interviewing returning nurses, recruitment agencies, BDEHRH, BNP2TKI, the central Board of INNA, the branches of INNAs overseas and the Indonesian embassies overseas (Appendix H, I, J, K, L, M, N). The topic guide for returning nurses asks participants to provide personal information before and while working overseas, information about the return and reintegration processes. The topic guide for recruitment agencies will explore recruitment agencies' general information, recruitment and placement practices, nurses' movement monitoring, and return migration promotion.

The topic guides for BDEHRH and BNP2TKI will investigate recruitment agencies' practice regulations, nurses' movement monitoring and return migration support. The topic guide for the Indonesian embassies overseas and the central Board of INNA will request INNA's general information, recruitment agencies' practices regulations, nurses' movement monitoring, and return migration support. Whereas, the

branches of INNAs overseas will only cover INNA's general information, nurses' movement monitoring and return migration support.

### **Questionnaire for Internet Survey**

Internet survey will be conducted for migrating nurses. To keep study participants' confidentiality, the questionnaires are designed to be anonymous. Questionnaire that will be distributed to migrating nurses is written both in Indonesian (Appendix O). The link of the questionnaire will be embedded in the email.

The questionnaire for migrating nurses has six sections and 36 items. Section one investigates the Indonesian nurses' reasons for working overseas. In this section, five of the biggest driving factors of international nursing migration are enumerated. Those factors encompass personal, social, professional/education, economic, and political reasons. Each type of reason is defined briefly to give study participants an idea about the definition. Under each type of reason, several specific reasons are listed. Personal and social categories have three specific reasons. Professional/educational category has six specific reasons, economic category has four specific reasons and political category has three specific reasons.

Study participants will have to respond to each specific reason listed under each category by selecting one of six points Likert-type scales. The points on the scale range from very strong, strong, somewhat strong, somewhat weak, weak and very weak. To allow study participants to write other reasons they might have, the researcher provided a space in the second section.

Section three will explore study participant's information before they migrate and work overseas. This section consists of nine questions. Those questions are age

(continuous variable), highest nursing education (categorical variable), and years of working experience (continuous variable). Also, this section asks about workplace (categorical variable), last nursing position (categorical variable), type of institution (dichotomous variable) and location of the workplace (dichotomous variable). In addition, this section will investigate who facilitated their international migration (categorical variable). The participants will further be asked if they ever had bad experiences with any Indonesian recruitment agency (dichotomous variable).

Section four will explore nurses' current information. This section consists of seven questions. Those seven questions probe their country of current residency (open-ended question), gender (dichotomous variable), current nursing education level (categorical variable), current workplace (categorical variable), current nursing position (categorical variable), and current citizenship (categorical variable). In addition, this section asks whether they have a plan to return and work again in Indonesia (categorical variable).

## **Validity and Reliability of the Research Instruments**

### ***Questionnaire Validity***

Before the questionnaire could be drafted, the researcher conducted a focus group. The focus group consisted of seven Indonesian nurses who no longer work overseas and have returned to Indonesia. The focus group was held from March 7 to March 11 2014 to discuss about some hypothetical reasons that drive the Indonesian nurses to migrate overseas.

To improve questionnaires' structure validity for migrating nurses, three faculty members of the School of Public Health at Georgia State University helped review the

questionnaire. For this purpose, the researcher used the questionnaire that she wrote in English (Appendix P). Their feedback was then used to revise the questionnaire. To enhance questionnaire's content validity, the researcher will do four steps. These four steps will involve five Indonesian nurse leaders who have firsthand experiences with international nursing migration and one professor who used to get involved in the recruitment agency. In addition, the professor was the former president of the central Board of INNA Jakarta.

The first step will be carried out by asking for input from two nursing leaders who have returned to Indonesia from their international migration to Kuwait and Saudi Arabia. Second, the researcher will contact an Indonesian nursing leader who used to be the head of the International Nurse Trainer's organization in Qatar. Third, the drafts of the questionnaires will be sent to two Indonesian nursing leaders who are currently studying master and doctoral science of nursing in the Philippines and Canada. These two nurses also used to work for local recruitment agencies and have experience with international nursing migration. Lastly, the questionnaires will be sent to the former president of the Central Board of INNA.

### ***Questionnaires Reliability***

To check the reliability of the questionnaire for migrating nurses, the researcher will complete two steps. First, the researcher will conduct a pilot study through the test-retest reliability. The researcher will then measure the internal consistency of the questionnaires.

To do the test-retest reliability, the researcher will use 15 Indonesian nurses who have returned to Indonesia from their migration. The first step will only involve five



nurses. These nurses will receive the questionnaire. They are asked to respond to the questionnaire and then to give feedback. Their feedback is then used to improve the questionnaire's items. After one week, the researcher will test ten other nurses. They will be asked to do the same. Again, based on their feedback, the researcher will improve the questionnaire.

To examine questionnaire's internal consistency, these completed 15 surveys from 15 nurses will be analyzed. The researcher will use a Cronbach's Alpha Coefficient by using the IBM SPSS 21. Negatively worded questions will be reversed. Reliability statistics, item statistics, inter-item correlation matrix, summary item statistics, item-total statistics and scale statistics will be reported.

The Cronbach's alpha value is expected to be greater than .8. The corrected item-total correlation in the item-total statistics is expected to be more than .3. The Chronbach's alpha if item deleted is expected to be less than the Cronbach's alpha value. If findings of the reliability test violate the values above, poor items of the questionnaire will be deleted and/or the number of items will be increased.

### ***Interview Topic Guides Validity / Trustworthiness***

To improve topic guides' trustworthiness, the researcher will complete all interview topic guides' content validity. One faculty member of the School of Public Health at Georgia State University who excels at qualitative study helped the researcher review the interview topic guides on March 2014. The next step is that the researcher will use six Indonesian nursing leaders. One of these nurses is the former president of the Central Board of INNA Jakarta and the remaining five nurses used to work for local

recruitment agencies. They are expected to give feedback, and their input will then be used to improve the interview topic guides.

### ***Interview Topic Guides Reliability***

To test the reliability of the topic guides, a pilot interview will be conducted. Four nursing leaders who previously worked overseas and got involved in a recruitment agency in Indonesia will be used. The researcher will ask these four nursing leaders to review the content of the improved interview topic guides. They are also asked to give input if the key questions listed are relevant and culturally and politically appropriate. Feedback will then be used to improve the topic guides.

Next, the researcher will do an interview practice with those nursing leaders. The time will be recorded to identify if the interview runs too short or too long. Less than a ninety-minute interview will be expected for each interview practice. Finally, the improvement of interview topic guides will be finalized when these two steps are completed.

### **Data Analyses**

To answer the research questions, the study uses statistical analyses as described below:

#### **1. Reasons for International Nursing Migration:**

##### **a. What personal, social, professional/educational, economic, and political factors motivate Indonesian nurses to migrate and work overseas?**

To answer this question, a quantitative research method is used. A univariate statistical method, which is statistical descriptive, will be used to report the profile of the migrating nurses. A multivariate statistical method, which is logistic

regression, will be used to predict reasons for international migration of the Indonesian nurses.

**b. Which motivating factors strongly drive the Indonesian nurses to work overseas?**

The researcher will use an analysis factorial ANOVA to answer this question.

**2. Return Migration Experiences:**

What are the Indonesian nurses' experiences with return migration?

To answer this question, the transcendental phenomenological approach of qualitative design is used. The statistical method will provide a profile of the returning nurses and reveal the returning nurses' experiences with the return and reintegration processes.

**3. Recruitment Agencies:**

How do recruitment agencies work with respect to recruitment and placement practice, nurses' movement monitoring, and return migration promotion?

The researcher will use the systematic procedures of the grounded theory approach of qualitative design to answer this question.

**4. Actions of the Indonesian Government and Nurses Associations:**

What information can be learned from the Indonesian government and the nurses associations about regulating local recruitment agencies, supporting return migration, and monitoring nurses' movement?

This question will be answered by using the systematic procedures of the grounded theory approach of qualitative design.

## **Data Management**

### ***Quantitative Research Method***

First, the researcher will develop a codebook for the questionnaire. Both closed and open-ended data collected from all study participants will be coded. The dataset will then be imported into IBM SPSS 21. Before statistical analysis can be run, the data will be screened for errors for each categorical and continuous variable. Individual items that make up the scale will also be checked. For categorical data, minimum and maximum values, as well as cases valid numbers and missing cases will be evaluated. For continuous variables, mean and out-of-range values or outliers will be also tested. If errors are found, they will be corrected. To double check errors, frequencies will be reexamined.

Once the data file is free from errors, descriptive statistics will be performed both for reporting the characteristics of study participants and checking variables for any assumption violations that will be needed to determine the use of either parametric or non-parametric statistical analysis. For categorical variables, frequencies will be examined. For continuous variables, missing data and normality will be assessed.

To carry out a logistic regression, the scales will be recoded. In addition to the process described above, three points of the Likert scale; very strong, strong, somewhat strong, will be treated as the reasons that drive nurses to migrate overseas. A “yes” will be assigned. Meanwhile, the other three Likert scale’s points; very weak, somewhat weak and weak, are treated as the reasons that do not motivate nurses to work overseas. Similarly, a “no” will be assigned. Therefore, the value of 1 will be given for “yes” and 0 will be for “no”.

Additionally, to conduct a factorial ANOVA, each reason for international nursing migration will be treated as an independent variable. A code will be assigned for each of these variables. Then, the researcher will calculate the total score of the Likert scale for each study participant. The total score will be treated as dependent variable.

### ***Qualitative Research Method***

Data recorded by a tape recorder will be transcribed to Microsoft Word. However, before the transcript is analyzed, the researcher will perform a stakeholder check to ensure the validity of the obtained data. Within 48 hours after interview is conducted, all study participants will be emailed the researcher's written interpretation of sensitive or important data pulled from the interview. However, the transcript study participants will receive only contains some important information they gave during interview. They are asked to review any misinterpretation made by the researcher. Once the researcher receives feedback from each study participant, the transcript will be edited; personal information such as the study participant's name will be de-identified; and a thematic analysis of the data will be performed.

The first step in the thematic analysis is that the transcript will be read several times for preliminary observation. Second, the researcher will start identifying themes by looking at the transcript in detail. Third, the researcher will classify the data by developing a coding scheme. Lastly, the transcript will be imported into NVivo 10, qualitative research software, for further analysis.

### **Timeline**

All studies planned in this proposal will be conducted from June 2014 to August 2015.

Detail of the timeline is described in the appendix Q.

## Chapter IV

### Potential Impacts of the Studies

Findings of the studies have impacts on:

#### 1. Public Health Field

To achieve universal health coverage (UHC), functional health system is highly crucial. One of six building blocks of health system is human resources for health (HRH). One of HRH is nursing profession.

By 2019, the Indonesian government is committed to providing healthcare services to around 257.5 million people, equally providing both medical and non-medical health services to all participants in all provinces, and ensuring a minimum of 85% of the participants will be satisfied with services provided by both health facilities and health services of the BPJS. To achieve these ambitious targets, nurses are one of HRH who will stand on the front line of healthcare services provision. Further, nurses will be important part of health professions to perform ten essential public health services while the country progresses toward UHC.

The international migration of Indonesian nurses has caused the loss of motivated and qualified nurses, which further has weakened the Indonesian's health system. If this issue is not well managed, the international nursing migration will keep continuing and can negatively impact the attainment of UHC by 2019. The country's inability to achieve UHC means the country's failure to protect people from suffering from financial hardship while trying to fulfill their right to attain healthcare services.

As such, the findings of the studies are expected to help the country comprehensively understand all facets of the phenomenon of the international migration of Indonesian nurses. With the expected comprehensions, the country can mitigate the impacts of the issues and manage nursing professions, which are crucial to support the country to achieve its UHC targets.

## **2. The Indonesian Government**

Since the “WHO Code of Practice on the International Recruitment of Health Personnel” (the code) was adopted, the Indonesian government established a national authority named the Board for Development and Empowerment Human Resources for Health under the Ministry of Health of Indonesia (BDEHRH). The government mandated that the BDEHRH implement the code and monitor its implementation. In addition, the BDEHRH must submit a regular national report to the WHO every three years (WHO, 2011). The national report has to cover the migration of health personnel, health personnel information systems, human resource for health data, recruitment and migration laws, regulations, and HRH policies (WHO, 2011).

The Ministry of Health of the Republic of Indonesia, supported by International organizations, also developed the Indonesia Human Resources for Health Development Plan 2011-2015. The plan highlighted the importance of finding effective strategies for international nursing migration issues. However, in their 2013 report, the Global Health Workforce Alliance and the WHO disclosed that Indonesia had limited data on HRH that can help inform government and

policy makers in the country to develop appropriate and effective policies. The policies include the data on international nursing migration.

As such, the researcher expects that findings of the studies will give several contributions. First, findings will provide the BDEHRH with the holistic picture of the phenomenon of the international migration of Indonesian nurses. It includes the reasons for the international migration of Indonesian nurses, the experience of returning nurses, and the recruitment and placement practices of recruiting agencies'. Additionally, the data will inform the government what actions have been carried out by relevant stakeholders in regulating the international migration of Indonesian nurses. Therefore, the government can synergize to strengthen national health systems through strengthening both nurses and nursing profession.

Second, by having a complete picture of the international migration of Indonesian nurses' phenomenon, the BDEHRH can have a better comprehension of the issue. As such, the BDEHRH can comprehensively evaluate actions and strategies that they have taken and have to be taken in the future. Also, the data will help the BDEHRH and relevant policy makers analyze and make effective policies to regulate and mitigate the negative impacts of the international migration of Indonesian nurses. The researcher also expects that findings will help the Indonesian government regulate or manage nursing profession while the country is progressing toward UHC. Consequently, the country does not need to suffer from severe nursing shortage while progressing toward UHC by 2019.



### **3. Indonesian Nursing Profession and Nurses**

The researcher expects that the findings will have an influence on the government. Thus, decisions and actions that the government make will directly and indirectly be in the Indonesian nurses' favor. The researcher hopes that the findings will affect the national government in several ways.

First, the study will reveal why the Indonesian nurses prefer to leave the country to work overseas. The researcher hopes that the nurses' reasons for migrating will help inform the country's health system weaknesses that have to be evaluated and corrected. Second, the study will inform the government challenges or issues that the returning Indonesian nurses experience. Since Indonesia progresses toward UHC and the country requires many qualified and skillful nurses, the researcher expects that the government can help the returning nurses overcome challenges that they may have. One example of a possible challenge is finding a nursing job in Indonesia. Additionally, the researcher hopes that the national government can facilitate the returning nurses to reintegrate easily, which will contribute to the Indonesian nurses motivation and retention.

Finally, the study will reveal how local recruitment agencies carry out recruitment and placement. Any unethical recruitment or placement practice that harm the Indonesian nurses will be disclosed. The researcher expects that the government can use the evidence to regulate recruitment agencies. Thus, the Indonesian nurses who plan to migrate in the future, regardless of their reasons, will be treated fairly and honestly.

#### **4. Nursing Organizations**

The study will disclose how relevant stakeholders collaborate with each other to regulate the international migration of Indonesian nurses. The collaboration includes monitoring the Indonesian nurses' movement and developing nursing information systems that do not exist yet. The researcher expects that the finding will help strengthen the synergy between Indonesian National Nurses Associations in Indonesia and overseas. The synergy will not only fortify nursing profession, but also the role and functions of nursing organization for Indonesian nurses.

#### **5. International Health Organizations Concerned with Ethical International Recruitment and Human Resources for Health Migration.**

Health organizations, such as the WHO, call for stakeholders, including all people who are concerned about international nursing migration, to get involved in conducting sustainable research about this issue. The findings of the series of studies that the researcher will carry out can help the WHO comprehensively discern the phenomenon of the international migration of Indonesian nurses. Accordingly, understanding this phenomenon can help not only the WHO but also the WHO's member states to make a careful decision about recruiting Indonesian nurses.

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## APPENDIX A

### Informed Consent Form for the Indonesian Embassy Overseas

**Topic of the Research Project:** The International Migration of Indonesian Nurses

**Name of the Researcher:** Nila Kusumawati Elison

**Researcher's Email Address:** [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com)

#### A. Purpose and Background

The researcher (Nila Kusumawati Elison) is a member of the Indonesian National Nurses Association.

The purpose of the project is to help understand the International migration of Indonesian nurses.

#### B. Procedures

You are being asked to respond to the questionnaire. The questionnaire will ask you about:

- a. The regulation of recruitment agencies' recruitment and placement practices
- b. Promotion of return migration of the Indonesian nurses
- c. Indonesian nurses movement tracking actions

In addition, you will be asked about some general information.

#### C. Risks

A few of the research questions will request information that may cause discomfort. However, you are free to refuse to respond or withdraw from the interview at any time without penalty.

#### D. Benefits

There are no direct benefits for your participation in this research. However, information you give will help improve the regulation of the international migration of Indonesian nurses.

#### E. Confidentiality

Your agency name will not be recorded. Your responses will be kept anonymous and confidential.

#### F. Alternatives

If you choose not to participate in the study, then an alternative procedure is not required

#### G. Compensations

There will be no compensation in this study.

**H. Questions**

If you have any questions related to the study, you can send queries by email to the researcher (Nila Kusumawati Elison) at [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com) or by phone 081310303086.

**I. Agreement: Informed Consent**

PARTICIPATION IN THE RESEARCH STUDY IS VOLUNTARY. I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty.

**Research Participant**

**Signature** \_\_\_\_\_ **Date**

**Researcher**

**Signature** \_\_\_\_\_ **Date**



## APPENDIX B

### Informed Consent Form for Returning Nurses

**Topic of the Research Project:** The International Migration of Indonesian Nurses

**Name of the Researcher:** Nila Kusumawati Elison

**Researcher's Email Address:** [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com)

#### A. Purpose and Background

The researcher (Nila Kusumawati Elison) is a member of the Indonesian National Nurses Association.

The purpose of the project is to help understand the international migration of Indonesian nurses, especially return migration experience of the Indonesian nurses who no longer work overseas and have returned to Indonesia.

#### B. Procedures

You are being asked to attend an interview. The interview is conducted in Indonesian for not more 90 minutes. The conversation will be recorded by a tape recorder. The interview will request information about your experiences with:

- a. Return process
- b. Reintegration

In addition, you will be asked for your current information and personal information before working overseas.

#### C. Risks

A few of research questions will request some personal information that may cause discomfort. However, you are free to refuse to respond or withdraw from the interview at any time without penalty.

#### D. Benefits

You will receive an incentive 50,000 rupiah (\$5) if you complete the interview.

#### E. Confidentiality

Your name will not be recorded. Your responses will be kept anonymous and confidential.

#### F. Alternatives

If you choose not to participate in the study, an alternative procedure is not required

#### G. Compensations

There will be no compensation in this study

**H. Questions**

If you have any questions related to the study, you can send queries by email to the researcher (Nila Kusumawati Elison) at [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com) or by phone 081310303086.

**I. Agreement: Informed Consent**

PARTICIPATION IN THE RESEARCH STUDY IS VOLUNTARY. I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty.

**Research Participant**

**Signature** \_\_\_\_\_ **Date**

**Researcher**

**Signature** \_\_\_\_\_ **Date**

## APPENDIX C

### Informed Consent Form for Recruitment Agencies

**Topic of the Research Project:** The International Migration of Indonesian Nurses

**Name of the Researcher:** Nila Kusumawati Alison

**Researcher's Email Address:** [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com)

#### **A. Purpose and Background**

The researcher (Nila Kusumawati Alison) is a member of the Indonesian National Nurses Association.

The purpose of the research is to help understand the nurses' recruitment and placement practices performed by local recruitment agencies.

#### **B. Procedures**

You are being asked to attend an interview. The interview is conducted in Indonesian for not more than one hour. The conversation is recorded by a tape recorder. The interview will request information about your experiences with:

- a. Recruitment and placement practice
- b. Promotion of return migration
- c. Nurses movement track down

In addition, you will be asked for some general information.

#### **C. Risks**

A few of research questions will request information about the nature of your work that may cause discomfort or stress. However, you are free to refuse to respond or withdraw from the interview at any time without penalty.

#### **D. Benefits**

There are no direct benefits for your participation in this research. However, information you give will help regulate international migration of the Indonesian nurses.

#### **E. Confidentiality**

Your agency name will not be recorded. Your responses will be kept anonymous and confidential.

#### **F. Alternatives**

If you choose not to participate in the study, an alternative procedure is not required

#### **G. Compensations**

There will be no compensation in this study.

**H. Questions**

If you have any questions related to the study, you can send queries by email to the researcher (Nila Kusumawati Elison) at [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com) or by phone 081310303086.

**I. Agreement: Informed Consent**

PARTICIPATION IN THE RESEARCH STUDY IS VOLUNTARY. I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty.

**Research Participant**

**Signature** \_\_\_\_\_ **Date**

**Researcher**

**Signature** \_\_\_\_\_ **Date**

## APPENDIX D

### **Informed Consent Form for the Board for Development and Empowerment Human Resources for Health Ministry of Health of Indonesia**

**Topic of the Research Project:** The International Migration of Indonesian Nurses

**Name of the Researcher:** Nila Kusumawati Elison

**Researcher's Email Address:** [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com)

#### **A. Purpose and Background**

The researcher (Nila Kusumawati Elison) is a member of the Indonesian National Nurses Association.

The purpose of the project is to help understand the regulation of the International migration of Indonesian nurses.

#### **B. Procedures**

You are being asked to attend an interview. The interview is conducted in Indonesian for not more than 90 minutes. The conversation will be recorded by a tape recorder. The interview will request information about your experiences with:

- a. The regulation of recruitment agencies' recruitment and placement practices
- b. Promotion of return migration of the Indonesian nurses
- c. Indonesian nurses movement track down

In addition, you will be asked for some general information.

#### **C. Risks**

A few of research questions will request information that may cause discomfort. However, you are free to refuse to respond or withdraw from the interview at any time without any penalty.

#### **D. Benefits**

There are no direct benefits for your participation in this research. However, information you give will help improve the regulation of the international migration of the Indonesian nurses.

#### **E. Confidentiality**

Your agency name will not be recorded. Your responses will be kept anonymous and confidential.

#### **F. Alternatives**

If you choose not to participate in the study, an alternative procedure is not required

#### **G. Compensations**

There will be no compensation in this study.

**H. Questions**

If you have any questions related to the study, you can send queries by email to the researcher (Nila Kusumawati Elison) at [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com) or by phone 081310303086.

**I. Agreement: Informed Consent**

PARTICIPATION IN THE RESEARCH STUDY IS VOLUNTARY. I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty.

**Research Participant**

**Signature** \_\_\_\_\_ **Date**

**Researcher**

**Signature** \_\_\_\_\_ **Date**

## APPENDIX E

### **Informed Consent Form for the National Protection Board for Indonesian Overseas Workers**

**Topic of the Research Project:** The International Migration of Indonesian Nurses

**Name of the Researcher:** Nila Kusumawati Elison

**Researcher's Email Address:** [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com)

#### **A. Purpose and Background**

The researcher (Nila Kusumawati Elison) is a member of the Indonesian National Nurses Association.

The purpose of the research is to help understand the regulation of the International migration of Indonesian nurses.

#### **B. Procedures**

You are being asked to attend an interview. The interview is conducted in Indonesian for not more than 90 minutes. The conversation will be recorded by a tape recorder. The interview will request information about your experiences with:

- a. The regulation of recruitment agencies' recruitment and placement practices
- b. Promotion of return migration of the Indonesian nurses
- c. Indonesian nurses movement track down

In addition, you will be asked for some general information.

#### **C. Risks**

A few of research questions will request information that may cause discomfort. However, you are free to refuse to respond or withdraw from the interview at any time without penalty.

#### **D. Benefits**

There are no direct benefits for your participation in this research. However, information you give will help improve the regulation of the international migration of the Indonesian nurses.

#### **E. Confidentiality**

Your agency name will not be recorded. Your responses will be kept anonymous and confidential.

#### **F. Alternatives**

If you choose not to participate in the study, an alternative procedure is not required

#### **G. Compensations**

There will be no compensation in this study.

**H. Questions**

If you have any questions related to the study, you can send queries by email to the researcher (Nila Kusumawati Elison) at [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com) or by phone 081310303086.

**I. Agreement: Informed Consent**

PARTICIPATION IN THE RESEARCH STUDY IS VOLUNTARY. I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty.

**Research Participant**

**Signature** \_\_\_\_\_ **Date**

**Researcher**

**Signature** \_\_\_\_\_ **Date**



## APPENDIX F

### **Informed Consent Form for the Central Board of the Indonesian National Nurses Associations Jakarta**

**Topic of the Research Project:** The International Migration of Indonesian Nurses

**Name of the Researcher:** Nila Kusumawati Elison

**Researcher's Email Address:** [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com)

#### **A. Purpose and Background**

The researcher (Nila Kusumawati Elison) is a member of the Indonesian National Nurses Association.

The purpose of the research is to help understand the regulation of the International migration of Indonesian nurses.

#### **B. Procedures**

You are being asked to attend an interview. The interview is conducted in Indonesian for not more than one hour. The conversation will be recorded by a tape recorder. The interview will request information about your experiences with:

- a. The regulation of recruitment agencies' recruitment and placement practices
- b. Promotion of return migration of the Indonesian nurses
- c. Indonesian nurses movement track down

In addition, you will be asked for some general information.

#### **C. Risks**

A few of research questions will request information that may cause discomfort. However, you are free to refuse to respond or withdraw from the interview at any time without penalty.

#### **D. Benefits**

There are no direct benefits for your participation in this research. However, information you give will help improve the regulation of the international migration of the Indonesian nurses.

#### **E. Confidentiality**

Your agency name will not be recorded. Your responses will be kept anonymous and confidential.

#### **F. Alternatives**

If you choose not to participate in the study, an alternative procedure is not required

#### **G. Compensations**

There will be no compensation in this study.

**H. Questions**

If you have any questions related to the study, you can send queries by email to the researcher (Nila Kusumawati Elison) at [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com) or by phone 081310303086.

**I. Agreement: Informed Consent**

PARTICIPATION IN THE RESEARCH STUDY IS VOLUNTARY. I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty.

**Research Participant**

**Signature** \_\_\_\_\_ **Date**

**Researcher**

**Signature** \_\_\_\_\_ **Date**

## APPENDIX G

### **Informed Consent Form for the Branches of the Indonesian National Nurses Associations Overseas**

**Topic of the Research Project:** The International Migration of Indonesian Nurses

**Name of the Researcher:** Nila Kusumawati Elison

**Researcher's Email Address:** [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com)

#### **A. Purpose and Background**

The researcher (Nila Kusumawati Elison) is a member of the Indonesian National Nurses Association.

The purpose of the research is to help understand the International migration of Indonesian nurses.

#### **B. Procedures**

You are being asked to attend an interview. The interview is conducted in Indonesian for not more than one hour. The conversation is recorded by a tape recorder. The interview will request information about your experiences with:

- a. Promotion of return migration of the Indonesian nurses
- b. Indonesian nurses movement track down

In addition, you will be asked for some general information.

#### **C. Risks**

A few of research questions will request information that may cause discomfort. However, you are free to refuse to respond or withdraw from the interview at any time without any penalty.

#### **D. Benefits**

There are no direct benefits for your participation in this research. However, information you give will help improve the regulation of the international migration of the Indonesian nurses.

#### **E. Confidentiality**

Your agency name will not be recorded. Your responses will be kept anonymous and confidential.

#### **F. Alternatives**

If you choose not to participate in the study, an alternative procedure is not required

#### **G. Compensations**

There will be no compensation in this study.

**H. Questions**

If you have any questions related to the study, you can send queries by email to the researcher (Nila Kusumawati Elison) at [gbc\\_nia@yahoo.com](mailto:gbc_nia@yahoo.com) or by phone 081310303086.

**I. Agreement: Informed Consent**

PARTICIPATION IN THE RESEARCH STUDY IS VOLUNTARY. I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty.

**Research Participant**

**Signature** \_\_\_\_\_ **Date**

**Researcher**

**Signature** \_\_\_\_\_ **Date**

## APPENDIX H

### Topic Guide on the Return Migration Experiences of the Returning Nurses

#### **I. Personal Information before working overseas:**

**Can you tell me about what you did before you migrated and worked overseas?**

Expected important information and prompts:

- a. Nurse's age
- b. Nursing education
- c. Years of nursing experience
- d. Nursing position
- e. Workplace and its location

**Tell me why you chose to work overseas for the first time?**

Expected important information and prompts:

- a. Reasons for migrating
- b. Agency facilitated this nurse to work overseas
- c. Fees this nurse had to pay to the agency and its payment methods
- d. Positive and negative experiences with recruiting agency

#### **II. Personal Information while working overseas**

**Tell me about your experience when you firstly arrived overseas?**

Expected important information and prompts:

- a. Immigration process this nurse had to go through in the Indonesian embassy
- b. Recruitment agency's action
- c. Communication with branch INNA

**Can you tell me about your professional experience when you were working overseas?**

Expected important information and prompts:

- a. Workplace
- b. Nursing position
- c. Years of working
- d. Working contract; promised salary, benefits, and other working conditions
- e. Advanced education continuation
- f. Communication with agency and branch INNA

### **III. Return Process to Indonesia**

#### **Why did you return to Indonesia?**

#### **Can you tell me about your experience when you were about to return to Indonesia?**

Expected important information and prompts:

- a. Nurse's feeling
- b. Process this nurse had to go through
- c. Communication with INNA and embassy overseas as well as recruiting agency?

#### **What did you do to prepare for your nursing career in Indonesia?**

Expected important information and prompts:

- a. Did this nurse apply for a job while being overseas?
- b. Where did she get information about nursing jobs in Indonesia?
- c. What was the response from the nursing institution she applied for?

### **IV. Reintegration Process in Indonesia**

#### **Can you tell me about your experience in finding a nursing job in Indonesia?**

Expected important information and prompts:

- a. Challenges in finding a job
- b. Waiting time to get a job
- c. Workplace
- d. Challenges in applying skills and knowledge acquired overseas
- e. Other challenges in workplace
- f. Roles of relevant stakeholders in facilitating this nurse

#### **What will you do if there is another chance for you to go migrate and work overseas?**

Expected important information and prompt:

- a. The occurrence of circular migration

## APPENDIX I

### Topic Guide on Recruitment Agencies

#### I. General Information

**Can you tell me about the Indonesian nurses that you sent overseas?**

Expected important information and prompts:

- a. To which countries does this agency send Indonesian nurses?
- b. Based on your current data, how many Indonesian nurses has this agency sent to each country?

#### II. Recruitment and Placement Practice

**Can you tell me about your experience of finding overseas nursing jobs for Indonesian nurses?**

Expected important information and prompts:

- a. Complete process that the agency has to go through until this agency can legally recruit and send nurses overseas
- b. Stakeholders that this agency involves

**How do you recruit Indonesian nurses?**

Expected important information and prompts:

- a. The media this agency uses to advertise the program
- b. The process this agency uses to recruit nurses
- c. Information they give to nurses
- d. Characteristics of nurses they prefer to recruit

**How do you place those nurses overseas?**

Expected important information and prompts:

- a. Stakeholders they involve
- b. Fees nurses have to pay and its payment methods

**What do you think about the laws/policies/regulations/position statements that regulate international nursing migration?**

Expected important information and prompts:

- a. Knowledge of sanctions for unethical nursing recruitment
- b. International nursing migration policies that this agency implements

### **III. Nurses' Movement Monitoring**

**What do you normally do with the data regarding nurses you sent overseas?**

**Prompts or important information that is expected:**

Expected important information and prompts:

- a. Data of nurses this agency sent overseas
- b. Data of nurses who move on to another foreign country
- c. Data of nurses who return to Indonesia
- d. Stakeholders this agency involves
- e. Reporting system this agency uses

### **IV. Return Migration Promotion**

**What do you think about return migration of nurses?**

Expected important information and prompts:

- a. Negotiation this agency does with recruiting countries/agencies
- b. The nurses' working contracts with respect to return migration



## APPENDIX J

### **Topic Guide on the International Migration of Indonesian Nurses for the Board for Development and Empowerment Human Resources for Health, Ministry of Health of Indonesia (BDEHRH)**

#### **I. Recruitment Agencies' Recruitment and Placement Practice Regulation**

**Would you like to let me know about local recruitment agencies that send Indonesian nurses overseas?**

Expected important information and prompts:

- a. Number of local recruitment agencies actively sending the Indonesian nurses overseas
- b. Location of local recruitment agencies
- c. Process that local recruitment agencies have to get through to recruit and send nurses overseas

**How do you regulate local recruitment agencies that send nurses overseas?**

Expected important information and prompts:

- a. Laws, policies or regulations that the government agencies have to regulate nurses
- b. The implementation of the WHO's code in Indonesia
- c. Dissemination of those policies
- d. Policies implementation monitoring
- e. Government's actions for local recruitment agencies that violate ethical recruitment and placement practices
- f. Disciplinary action for local recruiting agencies that violate ethical nurses recruitment and placement? Who developed it? What have you done to disseminate it? To whom have you disseminated it?
- g. Collaboration with relevant stakeholders studied in the series of studies.

#### **II. Nurses' Movement Monitoring**

**What should the government do to monitor the nurses' movement?**

Expected important information and prompts:

- a. Government's information system for nurses
- b. The availability of nurses' database
- c. Collaboration with other stakeholders, mainly those studied in this series of study

### **III. Return Migration Support**

**As Indonesia is progressing toward UHC, what should the government do to promote the return migration of nurses?**

Expected important information and prompts:

- a. Strategies the government has to improve nurses' motivation and retention
- b. Collaboration with other stakeholders, mainly those studied in this series of studies
- c. G-to-G agreements with receiving countries

## APPENDIX K

### **Topic Guide on the International Migration of Indonesian Nurses for the National Protection Board for Indonesian Overseas Workers (BNP2TKI)**

#### **I. Recruitment Agencies' Recruitment and Placement Practice Regulation**

**Would you like to let me know about local recruitment agencies that send Indonesian nurses overseas?**

Expected important information and prompts:

- a. Numbers of local recruitment agencies actively send the Indonesian nurses overseas
- b. Location of local recruitment agencies
- c. Process that local recruitment agencies have to get through to recruit and send nurses overseas

**How do you regulate local recruitment agencies that send nurses overseas?**

Expected important information and prompts:

- a. Laws, policies or regulations that the government agencies have to regulate nurses
- b. The implementation of the WHO's code in Indonesia
- c. Dissemination of those policies
- d. Policies implementation monitoring
- e. Government's actions for local recruitment agencies that violate ethical recruitment and placement practices
- f. Disciplinary action for local recruiting agencies that violate ethical nurses recruitment and placement? Who developed it? What have you done to you disseminated it? To whom have you disseminated it?
- g. Collaboration with relevant stakeholders studied in the series of studies.

#### **II. Nurses' Movement Monitoring**

**What should the government do to monitor the nurses' movement?**

Expected important information and prompts:

- a. Government's information system for nurses
- b. The availability of nurses' database
- c. Collaboration with other stakeholders, mainly those studied in this series of study

#### **III. Return Migration Support**

**What should government do to promote the return migration of nurses concerning Indonesia is progressing toward UHC?**

Expected important information and prompts:

- a. Strategies the government has to improve nurses' motivation and retention
- b. Collaboration with other stakeholders, mainly those studied in this series of study
- c. G-to-G agreements with receiving countries

## APPENDIX L

### **Topic Guide on the International Migration of Indonesian Nurses for the Central Board of the Indonesian National Nurses Association (INNA) Jakarta**

#### **I. General Information**

##### **Can you tell me about this organization?**

Expected important information and prompts:

- a. Year of establishment
- b. Number of members
- c. Functions related to international nursing migration
- d. Department in INNA responsible for international nursing migration regulation

#### **II. Recruitment Agencies' Recruitment and Placement Practice Regulation**

##### **How do you regulate the international migration of Indonesian nurses with respect to local recruitment agencies?**

Expected important information and prompts:

- a. Knowledge about existing local recruitment agencies that send nurses overseas: number, location, and recruitment and placement practices of local recruitment agencies
- b. INNA's collaboration with recruitment agencies
- c. Policies or position statements that INNA establishes to regulate recruitment agencies
- d. INNA's actions against recruitment agencies for unethical recruitment and placement practices of nurses
- e. The issue of international migration of Indonesian nurses in the nursing legislation

#### **III. Nurses' Movement Monitoring**

##### **Can you tell me about Indonesian nurses who have migrated overseas?**

Expected important information and prompts:

- a. Knowledge about Indonesian nurses who leave the country to work in another foreign country: destination country, numbers of nurses per each foreign country, nurses who moved on to another foreign country, and nurses who return to Indonesia
- b. Collaborations with stakeholders: local recruitment agencies, Indonesian embassies in foreign countries, and INNAs overseas, to monitor nurses' movement
- c. Information system and nurses' database

#### **IV. Return Migration Support**

##### **What do you do to support return migration of nurses?**

Expected important information and prompts:

- a. Collaborations with INNAs overseas to disseminate nursing job vacancies in Indonesia
- b. INNA's actions to facilitate returning nurses to get a nursing job
- c. INNA's action to prevent circular migration of returning nurses

## APPENDIX M

### Topic Guide on the International Migration of Indonesian Nurses for the Branches of the Indonesian National Nurses Association (INNA) Overseas

#### I. General Information

##### Can you tell me about this branch INNA?

Expected important information and prompts:

- a. Location
- b. Role and function of branch INNA with respect to migrating nurses

#### II. Nurses' Movement Monitoring

##### Can you tell me about the Indonesian nurses in this country?

Expected important information and prompts:

- a. Number of nurses
- b. The actions of monitoring the nurses' movement
- c. Database and its maintenance
- d. Information system
- e. Communication with the central board INNA Jakarta
- f. The existence of communication with the Indonesian embassy and recruitment agencies

#### III. Return Migration Support

##### What do you think about the return migration of the Indonesian nurses?

Expected important information and prompts:

- a. Dissemination of nursing job vacancies in Indonesia
- b. Collaboration with the central board INNA Jakarta with respect to nursing job vacancies in Indonesia for nurses who plans to return.

## APPENDIX N

### Topic Guide on the International Migration of Indonesian Nurses for the Indonesian Embassies Overseas

#### I. General Information

**Would you like to tell me about this embassy with respect to the international migration of Indonesian nurses?**

Expected important information and prompts:

- a. Location of the embassy
- b. The existence of counselors' office that deals with the international migration of Indonesian nurses
- c. Functions of existing counselors' office that deals with the international migration of Indonesian nurses

#### II. Recruitment Agencies' Recruitment and Placement Practices Regulation

**What is your experience with the International migration of Indonesian nurses?**

Expected important information and prompts:

- a. The availability of regulation for recruiting agencies that plan to recruit Indonesian nurses?
- b. Process

#### III. Nurses Movement Monitoring

**What do you do with the Indonesian nurses who come to this country?**

Expected important information and prompts:

- a. Number of nurses that do a self-report to the embassy
- b. The actions of monitoring the nurses' movement
- c. Database and its maintenance
- d. Information system
- e. Collaborations with relevant stakeholders in Indonesia

#### IV. Return Migration Support

**What do you think about the return migration of Indonesian nurses?**

Expected important information and prompts:

- a. Collaborations with relevant stakeholders in Indonesia to provide nursing vacancies available in Indonesia



## APPENDIX O

### Survey on Reasons for the International Migration of Indonesian Nurses in Indonesian

Informasi yang anda berikan akan sangat membantu untuk memahami alasan perawat Indonesia bekerja ke luar negeri. Jawaban anda bersifat rahasia dan hanya diketahui oleh peneliti.

#### I. Alasan Bekerja Sebagai Perawat di Luar Negeri

**Petunjuk: Apakah alasan anda bekerja ke luar negeri. Tentukan seberapa kuat alasan tersebut?**

<b>A</b>	<b>Faktor Personal (Berkaitan dengan alasan pribadi)</b>	<b>Sangat Kuat</b>	<b>Kuat</b>	<b>Agak Kuat</b>	<b>Agak Lemah</b>	<b>Lemah</b>	<b>Sangat Lemah</b>
1	Bekerja di luar negeri adalah mimpi saya						
2	Saya ingin merasakan hidup dengan cara yang berbeda						
3	Saya ingin melihat dunia						

<b>B</b>	<b>Faktor Sosial (Berkaitan dengan keluarga dan masyarakat)</b>	<b>Sangat Kuat</b>	<b>Kuat</b>	<b>Agak Kuat</b>	<b>Agak Lemah</b>	<b>Lemah</b>	<b>Sangat Lemah</b>
1	Saya ingin meningkatkan kesejahteraan keluarga saya						
2	Saya termotivasi oleh teman yang bekerja di luar negeri						
3	Bekerja di luar negeri menguntungkan bagi						

	perkembangan anak-anak saya.						
--	------------------------------	--	--	--	--	--	--

<b>C</b>	<b>Faktor Pekerjaan dan Pendidikan (Berkaitan dengan pekerjaan anda sebagai perawat)</b>	<b>Sangat Kuat</b>	<b>Kuat</b>	<b>Agak Kuat</b>	<b>Agak Lemah</b>	<b>Lemah</b>	<b>Sangat Lemah</b>
1	Kondisi kerja di Indonesia buruk (contoh: beban kerja yang berat)						
2	Lingkungan pekerjaan tidak mendukung peningkatan kompetensi dan keahlian saya						
3	Saya tidak puas dengan pekerjaan saya sebagai perawat						
4	Penghargaan masyarakat untuk perawat rendah						
5	Hubungan dokter dan perawat buruk						
6	Kesempatan untuk melanjutkan pendidikan kurang						

<b>D</b>	<b>Faktor Ekonomi (Berkaitan dengan keuangan)</b>	<b>Sangat Kuat</b>	<b>Kuat</b>	<b>Agak Kuat</b>	<b>Agak Lemah</b>	<b>Lemah</b>	<b>Sangat Lemah</b>
1	Gaji yang saya terima tidak sesuai dengan						

	beban kerja						
2	Gaji saya tidak cukup membantu keuangan keluarga						
3	Situasi ekonomi di Indonesia tidak stabil						
4	Fasilitas yang didapatkan sebagai perawat di luar negeri lebih menggiurkan (contoh: jumlah hari cuti)						

<b>E</b>	<b>Faktor Politik (Berkaitan dengan pemerintahan)</b>	<b>Sangat Kuat</b>	<b>Kuat</b>	<b>Agak Kuat</b>	<b>Agak Lemah</b>	<b>Lemah</b>	<b>Sangat Lemah</b>
1	Undang-undang keperawatan tidak ada untuk melindungi saya sebagai perawat						
2	Adanya nepotisme di lingkungan pekerjaan saya						
3	Saya kecewa dengan sikap pemerintah terhadap perkembangan profesi keperawatan						

**II. Jika anda mempunyai alasan lain yang tidak tercantum pada tabel di atas, silahkan isi pada tempat yang tersedia di bawah ini dan cantumkan seberapa kuat alasan tersebut.**

1.....

2.....

**III. Informasi Sebelum Berangkat ke Luar Negeri**

1. Berapa umur anda saat bekerja ke luar negeri untuk yang pertama kalinya?  
20 – 25  
26 – 30 tahun  
31 – 35 tahun  
35 tahun ke atas
2. Apa pendidikan terakhir anda sebelum bekerja ke luar negeri untuk yang pertama kalinya?  
SPK  
Diploma III  
Sarjana Keperawatan (S. Kep)  
Ners  
S2 Keperawatan
3. Berapa jumlah tahun pengalaman bekerja anda sebagai perawat sebelum bekerja ke luar negeri untuk yang pertama kalinya  
1-2 tahun  
3 - 4 tahun  
5- 6 tahun  
Lebih dari 7 tahun
4. Dimana anda bekerja sebelum berangkat ke luar negeri?  
Rumah sakit  
Puskesmas  
Klinik  
Institusi pendidikan keperawatan
5. Apa posisi terkahir anda di institusi ini?  
Staf perawat  
Perawat spesialis di rumah sakit  
Klinikal Instruktur  
Manajer Keperawatan  
Tenaga pengajar  
Kepala Institusi pendidikan  
Bila posisi anda tidak disebutkan di atas, silahkan tulis disini.....
6. Apa jenis institusi ini?  
Institusi pemerintah  
Institusi swasta
7. Dimana Institusi tempat bekerja anda ini berada?  
Di daerah terpencil  
Di kota
8. Siapa yang memfasilitasi anda bekerja ke luar negeri untuk yang pertama kalinya?

Pemerintah Indonesia  
 Perusahaan perekrutan dan penempatan Indonesia  
 Perusahaan perekrutan dan penempatan asing  
 Bukan salah satu di atas

9. Apakah anda pernah mengalami pengalaman buruk dengan agency yang menempatkan anda ke luar negeri?  
 Ya  
 Tidak

**IV. Informasi saat ini:**

1. Negara tempat bekerja saat ini:
2. Jenis Kelamin: Perempuan      Laki-laki
3. Apa pendidikan keperawatan anda saat ini?  
 SPK  
 Diploma III  
 Sarjana Keperawatan (S.Kep)  
 Ners (Post-undergraduate program)  
 S2 Keperawatan  
 S3 Keperawatan
4. Dimana anda bekerja saat ini?  
 Rumah sakit  
 Institusi pendidikan keperawatan  
 Bila institusi tempat anda bekerja tidak tertulis di atas, silahkan tulis disini.....
5. Apa posisi anda di institusi ini?  
 Staf perawat  
 Spesialis keperawatan di rumah sakit  
 Klinikal Instruktur  
 Manajer Keperawatan  
 Tenaga pengajar  
 Kepala Institusi pendidikan  
 Bila posisi anda tidak disebutkan di atas, silahkan tulis disini.....
6. Apa kewarganegaraan anda saat ini?  
 Saya penduduk Indonesia  
 Indonesia namun saya juga pemegang green card / permanent residency  
 Saya sudah menjadi warga negara asing
7. Apakah anda berencana untuk bekerja di Indonesia suatu saat nanti?  
 Ya                      Tidak                      Saya belum yakin

## APPENDIX P

### Survey on Reasons for the International Migration of Indonesian Nurses in English

All information received on this questionnaire will be treated as confidential. Please fill out the questionnaire completely and accurately. The information is essential to understand the reasons for international nursing migration.

#### I. Reasons for Working in Nursing Profession Overseas

**Direction: Select reasons that motivated you to work overseas for the first time. Determine how strong they were.**

A	Personal Factor (Related to your personal needs or desires)	Very strong	Strong	Somewhat strong	Somewhat weak	Weak	Very weak
1	Working overseas was one of my dreams						
2	I wanted to experience a different way of living						
3	I wanted to see the world						

B	Social Factor (Related to your family and broader society)	Very strong	Strong	Somewhat strong	Somewhat weak	Weak	Very weak
1	I wanted to improve my family's prosperity						
2	I was encouraged by someone who worked overseas (ex: spouse, family or friends)						
3	Working overseas benefitted my						

	children in many aspects (ex, culture, education, foreign language)						
--	---	--	--	--	--	--	--

<b>C</b>	<b>Professional/ Educational Factor (Related to your job as a nurse)</b>	<b>Very strong</b>	<b>Strong</b>	<b>Somewhat strong</b>	<b>Somewhat weak</b>	<b>Weak</b>	<b>Very weak</b>
1	Working conditions in Indonesia were poor (ex: job workload, hours of work, imbalance nurse-to-patient ratio)						
2	Work environment did not support me to improve my nursing professionalism (ex: competency, skills)						
3	I was not satisfied with my nursing job						
4	There was low societal respect for nursing profession						
5	There was poor collaboration with other health professionals						
6	Chances to pursue an advanced nursing education in Indonesia were very few						

<b>D</b>	<b>Economic Factor (Related to money or financial issues)</b>	<b>Very strong</b>	<b>Strong</b>	<b>Somewhat strong</b>	<b>Somewhat weak</b>	<b>Weak</b>	<b>Very weak</b>
1	My salary in Indonesia was not commensurate with my responsibilities						
2	My salary in Indonesia was not enough to support my family financially (ex: spouse, parents)						
3	Economic situation in Indonesia was unstable						
4	Employment in a foreign country offered a better benefits package (ex: annual leave)						

<b>E</b>	<b>Political Factor (Related to government power or decisions towards nursing profession)</b>	<b>Very strong</b>	<b>Strong</b>	<b>Somewhat strong</b>	<b>Somewhat weak</b>	<b>Weak</b>	<b>Very weak</b>
1	The Nurses Act in Indonesia was not in place						
2	There was nepotism in work environment in my country						
3	I was						



	disappointed with how government did not support nursing profession development in Indonesia						
--	--	--	--	--	--	--	--

**II. What are your other reasons for migrating overseas? In the space below indicate whether they are very strong, strong, somewhat strong, somewhat weak, weak or very weak.**

1.....

2.....

**III. Personal Information Before Working Overseas:**

1. What was your age when you worked overseas for the first time?
  - 20 - 25 years old
  - 26 - 30 years old
  - 31 - 35 years old
  - Over 36 years old
  
2. What was the highest nursing education you had obtained before working overseas?
  - SPK
  - Diploma III
  - Sarjana Keperawatan (BSN)
  - Ners (Post-undergraduate program)
  - MSN
  
3. How many years was your total nursing experience before working overseas?
  - 1-2 years
  - 3 - 4 years
  - 5- 6 years
  - Over 7 years
  
4. In which nursing institution did you last work before working overseas?
  - Hospital
  - Community health center (Puskesmas)
  - Health Clinic
  - Nursing school

5. What was your last nursing position in this institution?  
 Staff nurses  
 Clinical nurse specialist  
 Clinical Instructor  
 Nursing manager  
 Faculty member of nursing school  
 The head of nursing school  
 If your nursing profession is not stated above, please specify here...
6. What was this institution?  
 Government institution  
 Private institution
7. Where was this institution located?  
 In rural area  
 In urban area
8. What agency facilitated you to migrate overseas for the first time?  
 Indonesian Government  
 Indonesian-based recruiting agency  
 Overseas-based recruiting agency  
 None of the above
9. Did you ever have any negative experience with your placement process?  
 Yes  
 No

**IV. Current Personal Information:**

1. In which country does you currently work?
2. What is your gender? Female          Male
3. What is your current nursing education level?  
 SPK  
 Diploma III  
 Sarjana Keperawatan (BSN)  
 Ners (Post-undergraduate program)  
 MSN  
 PhD in Nursing
4. Where do you currently work? You might be working in several different workplaces. If so, please select or specify the institution in which you spend most of your working hours in a week.  
 Hospital  
 University  
 If your workplace is not stated above, please specify here...



## APPENDIX Q

### Research Timeline

Timeline of a Series of Studies to Explore the International Migration of Indonesian Nurses																			
No	Activities	Year																	
		2014									2015								
		June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November
1	<b>Pilot Tests</b>																		
	Questionnaires and interview topic guide pilot tests																		
2	<b>IRB Application</b>																		
	Ministry of Health of Indonesia																		
3	<b>Data Collection</b>																		
	Migrating Nurses																		
	Returning Nurses																		
	Indonesian Embassies Overseas																		
	Recruitment Agencies																		
	BDEHRH																		
	BNP2TKI																		
	Indonesian National Nurses Association in Jakarta																		
	Indonesian National Nurses Association Overseas																		
4	<b>Data Analysis</b>																		
	Research Question 1&2 (Migrating Nurses)																		
	Research Question 3 (Returning Nurses)																		
	Research Question 4 (recruitment Agencies)																		
	Research Question 5 (The Indonesian Government and Nurses Associations)																		
5	<b>Manuscript Writing</b>																		
	Manuscript 1 on reasons for migration																		
	Manuscript 2 on return and circular migration experiences																		
	Manuscript 3 on recruitment agencies and the actions of the Indonesian government and nurses associations																		
6	<b>Data Dissemination</b>																		
	Manuscript 1																		
	Manuscript 2																		
	Manuscript 3																		