

# The Post-Placement Empowerment of Nurse Returnees in Indonesia

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**Abstract**—A large number of health workers especially nurses (79%) who work abroad raises new problems when they return to their homeland, for examples the difficulty of finding work with appropriate income or rewards. On the other hand, the potential possessed by post-placement overseas nurses such as language excellent, increased knowledge and skills, needs to be utilized and transferred to other health workers. Therefore, the aim of this study was to get an overview of the post-placement empowerment of nurse returnees. This type of research was qualitative research. The study was conducted in Jakarta, West Java and East Java that choose purposively. Informant were nurse returnees and also director or representation of stakeholders' division who related to this study. Data collection was done through an in-depth interview and focus group discussion and then analyzed using thematic analysis. This result shows that stakeholders take some efforts to empower nurse returnees such as socialize job opportunities and have plans by providing career opportunities to nurse returnees. The career opportunities are become a civil servant, nurse or clinical instructor, lecturer, being a resource person, taking part in a special assignment program from Ministry of Health or join a resettlement program abroad with appropriate income or salary. This research concludes that stakeholder have not mapped the career opportunities and have no specific mechanism to empower nurse returnees, but they had plans to empower nurse returnees.

**Keywords**— nurse, returnee, empowerment, post-placement

## I. INTRODUCTION

Human resources for health are the most important part of the health system. History had stated it, that human resources for health's role are described as "The glue of the health system", because they manage and synchronize all of the resources, such as financing, infrastructure, knowledge and information, and technologies and drugs [1].

In 2017, National Institute of Health Research and Development, Ministry of Health, Republic of Indonesia conducted National Health Workforce Research and according to its results, the number of nurses in 9.699 primary health care throughout Indonesia was 132.316 nurses. In each primary health care, there were around 41 health workers and 31 among them were midwives and nurses. Most nurses in primary health care were civil servants, but there were still 28.4% who were volunteers [2]. Based on data of the National Agency for the Delivery and Empowerment of Indonesian Workers in 2018, there were

43,150 nurse graduates from 863 nurse education institutions throughout Indonesia. The available nurse jobs have only reached 14.000-15.000 vacancies, so there were around 28,000 nurse graduates who have not gotten jobs every year [3].

In the current era of the ASEAN Free Trade Area (AFTA), health workers were one of the components of the nation that competes, and professional competency was an absolute requirement that must be possessed to be able to compete with health workers from other countries. According to data from National Agency for the Delivery and Empowerment of Indonesian Workers of 2008 to 2018, as many as 2.445 people have been placed in Japan in the context of the Indonesian-Japan Economic Partnership Agreement (IJEPA), which consists of 653 nurses and 1.792 caregivers. In addition, the National Agency for the Delivery and Empowerment of Indonesian Workers also offers thousands of nursing jobs in other countries such as the Middle East and the Asia Pacific. Indonesian nurses are needed in other countries such as United States, Australia, Saudi Arabia, Kuwait, Qatar, United Arab Emirates and Taiwan [3].

Generally, health workers including nurses who work abroad have several advantages both in terms of language and skills. Work experience abroad and also certificates of training or conferences obtained while working abroad can be taken into consideration in achieving a level of competence. So, it becomes very important to think about how to empower post-placement nurse returnees in the context of sharing of knowledge and skills to other health workers, when they return to their homeland. In addition, looking at the nurse migration cycle, Indonesia has been focusing more on pre-migration aspects (before placement) and during migration (during placement). There have not been many studies conducted about post-placement. So, this study aims to get an overview of post-placement empowerment of the nurse returnees in Indonesia. □

## II. METHOD

### A. Study Design and Data Type

This type of research was qualitative research. Study sites were Jakarta Capital Special Region, East Java, and West Java that chosen purposively because they had a large number of nurses who work abroad. Collected data consists of primary and secondary data. Primary data was qualitative

data collected by in-depth interview and focus group discussion, while secondary data were collected by literature review.

### B. Informant

Informant who were involved in focus group discussion were nurse returnees, while informant who were involved in in-depth interview were a Director or representation of deputy or division in ministry and other stakeholders who were related with this study, such as from Ministry of Law and Human Right, National Agency for Delivery and Empowerment of Indonesian Workers, Private Indonesian Employment Placement Company, Ministry of Manpower, Ministry of Health, Ministry of Research, Technology and Higher Education, and Diploma 3 Nursing Polytechnic of Ministry of Health. Informant nurse returnees, Private Indonesian Employment Placement Company, and Diploma 3 Nursing Polytechnic of Ministry of Health choose purposively in Jakarta (represent Jakarta Capital Special Region), Surabaya (represent East Java), and Bandung City (represent West Java).

### C. Instrument and Data Analysis

Instruments that were used on this research were a focus group discussion guideline and in-depth interview guideline. The instruments consist of questions about characteristics of the informant, motivation to work abroad, problems faced by nurse returnees, post-placement empowerment of nurse returnees that had been done or conducted by government and/ or stakeholders, and informants' expectation about the post-placement empowerment. Data were collected by researcher and data were analyzed by using thematic analysis.

## III. RESULT AND DISCUSSION

### A. Informant characteristic

The research results showed that informant stakeholders were 64,28% male and 35,71% female on age group 34-58 years old. While informant nurse returnees were 50% on each sex, were 27-55 years old and came from West Nusa Tenggara, South Sumatera, West Java and East Java. As much as 38,89% have postgraduate education, 33,33% have bachelor education, and 27,78% have Diploma 3 education. As many as 66,67% informant nurse returnees had worked in Japan, 22,22% in Saudi Arabia, and 5,55% in each Netherlands, Kuwait, Qatar and Malaysia.

### B. Motivation to Work Abroad

Most informant nurse returnees mention that motivations to work abroad includes of many reasons, such as it was difficult to get a job in Indonesia, earn a lot of income or salary, get a lot of facilities, and want to gain experiences. It was like WLN, an informant nurse returnee said,

*"Because it was difficult to get a job in Indonesia, so I tried to apply for a job abroad."* (WLN, nurse returnee)

There are many push factors that affect nurses to work abroad. The motivation that showed in this research had similarities with the result of the study by Chen and Wang [4] that found some motivation to work abroad such as novelty seeking and decent pay scale. Another study by Wahyuni in 2013 [5] also found that lack of job vacancies in

the homeland and the increasing workforce, push people to be migrant workers and work abroad. The study also explains about two types of international migration, namely neoclassical and structuralize historic. According to the neoclassical, large numbers of out-migration from one region to another will have a positive effect on the area of origin because it is able to contribute to economic development. In contrast, the structuralize historical views international migration as having a negative impact on the area of origin due to large numbers of population movements. In this context, national development which is expected to be able to prosper the people has not been able to improve people's lives evenly. Higher population growth than economic growth, along with limited employment opportunities, encourage people to carry out international migration. On the one hand, migration is seen as a strategy to increase development through remittance delivery. But on the other hand, migration will reduce the availability of labor for development because most of the productive workforce chooses to migrate abroad. For example, a study conducted in the Philippines by Lorenzo, et al [6], concluded that a large number of Filipino nurses who migrated abroad made the Philippines short of skilled nurses and massive retraining from doctors to become nurses elsewhere had caused problems for the Philippine health system, including the closure of many hospitals. As written by Kingma [7] in the book title "Nurses on the move: migration and the global health care economy", nurse migration has implications especially on the health side, where a shortage of nurses can be a threat in the health system in countries around the world.

Moreover, the survey results on assessing the ability of a country to retain talented and skilled personnel in the country to participate in the economy carried out by the Institute of Management Development [8] put Indonesia in 44th place out of 61 countries in 2016, down from 41st in 2015. The rating was the result of a calculation of the development and investment factors, the attractiveness factor of a country, and the factor of human resource readiness, and each factor is divided into several other details. It can be concluded that Indonesia has not succeeded in maintaining talented and skilled personnel to remain and work in the country. These talented people are not only from the health sector, but also in other sectors. According to Poppe, Wojcowski, Taylor, Kutalek, and Peersman [9], some unintended consequences of the migration of health workers include understaffed facilities, decreased standards of care and higher workloads. This study concludes that safety and structural stability were important points that can affect the return of migrant health workers to the source country.

### C. Problems faced by nurse returnees

This research results also showed that 55,56% of informant nurse returnees did not get jobs after returning from working abroad, 22,22% worked in educational institutions, 16,67% in companies, and 5,56% others. Most informant nurse returnees felt difficult to get a job in Indonesia because of their competency and experience while work abroad was not considered by job vacancy provider and with inappropriate salary. Currently, the job of most informant nurse returnees is not appropriate with what they want because it's not directly related to nursing. BBN, an informant nurse returnee, said: □

*"Well, this is my highlight, sist, honestly...we want that we, returnee, embraced by Ministry of Health or Ministry of Manpower or other related Ministry, related agencies, at central or regional level, because all this time we feel...feel respected, feel appreciated by Japan Embassy with open job order, so....come on...state to the Ministry of Health, make us a civil servant or other jobs..." (BBN, nurse returnee)*

Work experience is one of three domains that used to assess competency qualification level. Presidential Decree Number 8 of 2012 [10] stated the domains used to assess competency qualification level, namely education, work training, and work experience. Article 8 stated that qualification recognition and equalization on The Indonesian National of Qualification Framework with qualification framework from other countries done by cooperation agreement. The qualifications level of the Presidential Decree Number 8 of 2012 consists of 9 levels namely Levels 1-3 are classified into Operators positions, Levels 4-6 are grouped into Technicians or Analysts positions, and Levels 7-9 are grouped into Experts positions. So, nurses who ever had worked abroad can consider achieving the appropriate qualification level. □

This competency level is related to nurses' career level. The study by Suroso [11] concluded that nurse's career level system was a system to improve work performance and professionalism corresponding with the work field through improving competencies. The evaluation of career level system was implemented based on competency in some hospitals in Indonesia. This is proved clinically, and research found that it can improve work satisfaction and quality of health services.

#### *D. Post-placement Empowerment Effort by Stakeholder and Nurse Returnees' Expectation*

Related to empowerment effort from the policy perspective, most informant stakeholders mentioned that Law Number 18 of 2017 about Protection of Indonesian Migrant Workers and the Minister of Health Regulation Number 37 of 2015 concerning The Empowerment of Overseas Health Workers used as a reference to placement of health workers including nurse overseas. But, most informants said that there was no specific regulation about a post-placement mechanism. □

According to most informant stakeholder said, there were socialization about job order to nurse returnees, cooperated with job vacancy portal. But indeed, more job vacancies were to work abroad again. While, informant nurse returnees want to work on their homeland. FDZ, an informant stakeholder said:

*"We cooperated with the private sector that provides job vacancies portal. This time, we cooperate with job info portal...." (FDZ, stakeholder)*

Job order socialization was implemented by a few stakeholders that were involved in this research. In the Colombo Process in Sri Lanka on the last August of 2016, Indonesia proposed the two important things. First, countries should develop networking on the labour market information system, and second, countries should develop labour inspector networking. Labour market information system would make migrant workers get job vacancies information easier, such as information about skill needed, companies, employment contract, rights to be obtained. While labour

inspector networking would make supervision and advocacy of migrant workers also easier [12].

Most informant stakeholders said that they have not mapped or provide career opportunities to nurse returnees. They claimed that there was no mechanism yet, how to channeling work to them. Only a few informant stakeholders already carried out an assessment of the returnees work plan, but this does not include for nurse returnees. On this assessment, there were two choices, first was become productive migrant workers, or second, become an entrepreneur. Kind of job opportunities for nurse returnees that offered by informant stakeholders such as a become nurse in the hospital or other health services providers, like a lecture or clinical instructor in educational institutions, as a civil servant in central or regional government, or as a resource person at training or conferences. Moreover, a small number of informant suggested nursing returnees to take part in a special assignment program from the Ministry of Health or join a resettlement program abroad.

The results of this study also showed that the nurse returnees hope to get a job as a lecturer, nurse, civil servant, clinical instructor, or resource person but with appropriate income and rewards. The work is also a mechanism to transfer knowledge and skills from nurse returnees to other health workers. That is in accordance with what is stated in the Global Code of Practice on the International Recruitment of Health Personnel from World Health Organization that the Member States should facilitate circular migration of health personnel, so that skills and knowledge can be achieved to the benefit of both source and destination countries [13]. This is supported by previous studies by Palaganas, et al [14] that health workers migration have both negative and positive consequences for the Philippines health system and health personnel. One of issue that becomes the focus of stakeholders was the opportunity to transfer knowledge and technology.

#### IV. CONCLUSION

Stakeholders have not mapped or provide career opportunities to nurse returnees, but they already have plans. Moreover, job providers still not take consideration about competencies and work experience. Lecturer, nurse/clinical instructor, civil servant, and resource person with appropriate income and level of qualification are the expectations of nurse returnees' job.

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