

The Impact of Indonesian Nurses Migration to the Hospital and Retention Program Development

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BACKGROUND OF INFORMATION

Profile of Indonesia

Indonesia is recognized as the largest archipelago in the world with 17,504 islands, including 992 island inhabitants. In 2009 Indonesia has 33 provinces, 497 districts/municipal/cities, 6,543 sub-districts, and 75,226 villages. Indonesia has 237,556,363 population makes it the world's fourth-most populous nation. The island of Java is the most populous island in the world, 57.99% of Indonesian live in Java island and becomes one of the most densely populated areas in the world. Annual population growth rate, 1.49%/year. It is predicted that in the year 2020, Indonesia will be the third populated elderly in the world.

The majority of Indonesian is Muslim 86.1%, followed by Protestant 5.7%, Catholic 3%, Hindu 1.8%, others 3.4%. Bahasa Indonesia is used as the national language throughout Indonesia. There are 365 local languages are still important in many areas, however English is the most widely spoken foreign language. Education is compulsory for children through grade 9. In primary school, 94% of eligible children are enrolled whereas 57% of eligible children are enrolled in secondary school. Per

capita income (2009 est., PPP): \$4,149.

The national development of 2004-2009 has improved from a per capita gross national income (GNI) of US\$1.185 in 2004 to become US\$ 2.271 in the year of 2008 (MOH, 2010). Human Development Index (HDI) of Indonesia has significantly increased from 0,697 in 2003, to be 0,726 in 2006 and 0,734 in 2007 (Human Development Report 2009 – *United Nations Development Programme/ UNDP*).

National health development, population and family planning has been progressing significantly with the following health indicators: Infant Mortality Rate (IMR) from 35/1,000 live births in 2003 has reduced to 34/1,000 live births in 2007. Maternal Mortality Rate (MMR) from 307/100,000 live births in 2003, to 228/100,000 live births in 2007. Life Expectancy Rate (LER) has increased from 69,4 years old in 2005 to 70,5 years old in 2007.

The changes of demographic and epidemiological have been causing the pattern of disease prevalence in Indonesia from chronic diseases to a double burden of diseases. In 2008, the first ten of diseases to be treated in the hospital and causing the death is: Diseases related to blood circulation; infectious and parasite diseases; prenatal & pregnancy; pulmonary system; digestive system; injury,

poison; nutrition, endocrine and metabolic; urological system; neoplasm. Some preventable communicable diseases such as: malaria, TB, dengue, diarrhea and gastroenteritis.

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Government Policy on Health

The vision of Ministry of Health is the independent and healthy community with the missions to improve the health status of people through people empowerment; protect people health by ensuring the accessibility of excellent, quality and equity health services; assure the availability of motivated and equity of health professionals; establish the good governance.

Health Development Reformation 2010-2014: Revitalization of health service; adequate distribution and retention and quality of health professionals; adequate distribution, safety, quality and accessibility to drugs, vaccine and health equipment; health insurance; orientation to remote and under developed areas; beurocracy reformation; and world class health care. Five main values of Ministry of Health are; pro poor, inclusive, responsive, effective and efficient, and clean.

The Government of Indonesia is committed to improving both financial and physical access to quality health care. Past and ongoing reforms aim to improve the supply, quality and utilization of care to produce better health outcomes, particularly in remote areas and among the poor (World Bank, 2010). Decentralization of health services and establishment of more community health centers to make the people more accessible to health services. Health insurance program for the poor has been introduced. Medium term of Health Planning Development 2010-2015 focusing on the welfare of people by enhancing the quality of human resources to master the knowledge and technology to strengthen the economy competition. Eleven Government priorities are: Birocracy Reformation & Administration; Education; Healthcare; Dealing with poor; Food Preservation; Infrastructure; Investation and Business Climate; Energy ; Life Environment and Management of Disaster; Remote Areas, remote islands and Post-Disaster and Conflict; Cultural, Creativity and Technology Innovation. These priorities are directed to achieve the Millenium Development Goals. Supporting regulation and policies are enacted to ensure the optimal implementation of those priorities. The Nursing Act has still been processed in the Parliament to be issued in the year 2011.

Nursing Workforce

The issue of migration of health professionals has been at the forefront of international health policy debate since the late 1990s (WHO,

2003). Health care is labour intensive, and the availability of sufficient well-qualified and motivated 80% of sufficient well-qualified and motivated staff is a key determinant of effective health service delivery. Nurse migration as the consequence of nurses' shortage has an implication to ethical, social, economic and health. Eighty percents of global health professionals are nurses. Nurses are considered as the gatekeepers of service quality. About sixty percent of health professionals working at the hospital health care setting in Indonesia are nurses. As a first contact person to the patients and their family, nurses have a strategic position in coordinating care and providing advocacy to the recipient of health care at all health care settings.

THE PURPOSE OF STUDY AND METHOD

The research purpose was to explore the impact of Indonesian nurses placement to Japan on the hospital and the development of retention program to prevent and minimize the impact. Qualitative method was used to explore the data using in-depth interview. Data was collected from BNP2TKI (National Board for Placement and Protection of Indonesian Workforce); Ministry of Health, and Director of Nursing, and Head Nurses of four selected hospitals; Indonesian National Nurses Association, and Nursing students and fresh graduates.

Regulation for Placement of Nurses to Japan based on the Law No.39/2004 on Placement and Protection of Indonesian Workforce

working abroad; Presidential Order No. 06/2006 on Placement and Protection Policy Reformation; Presidential Decree No. 81/2006 on BNP2TKI; MOU between JICWELS & BNP2TKI. The placement of Indonesian nurses to other countries can be arranged through Licensed Private Agencies appointed by Government; Placement for own company; Government to Government or Government to Private, and Individual placement

RESULT AND DISCUSSION

The result of this study will be presented as follows: the profile of Nurses to work in Japan, motivation to work in Japan, encountered challenges to work in Japan, impact of hospital and response, proposed hospital retention program, and hospital's expectation.

Profile of Nurses. Most of nurses recruited for IJEP Program were experienced young staff nurses. They have experienced minimal 3 years working at the hospital at ICU, ICCU, Emergency Unit, and Medical Surgical Unit. Most of them worked at "international standardized" hospitals, prior to placement. The nurses knew about the recruitment through internet and peers. The self exploration and proactively searching for information concerning the job opportunity was reported by most of respondents. They are not only young, but full of enthusiasm and considered of having good English.

Placement of Indonesian Nurses to Japan

Year	Placement		
	Nurse	Careworker	Total
2008	104	104	208
2009	173	189	362
2010	39	77	116
Total	316	370	686

Motivation to work in Japan. The nurses responded to the reasons of wanting to work in Japan because they were motivated to improve their nursing competences. In line of improvement of competences, then they expected to have higher income as compared to working in Indonesia. They also expressed that they were eager to learn about Japanese culture and situation. Most of Indonesian nurses stated that they need recognition from others that they were professionally competent. Self actualization through personal and professional growth was one of inner motivator of nurses.

Encountered challenges working in Japan.

They found that Japanese language used for working and examination was extremely difficult. Learning the kanji characters and terminology used were not easy. They also need to adapt to different culture and season. As known that Indonesia has only two seasons,

raining and dry seasons, but in Japan there are four seasons. Most of Indonesian nurses are not used to have winter. It's difficult for them to adjust to cold climate. The Indonesian nurses were from different part of Indonesia with different ethnicity and different local language and culture. For Javanese it is not so difficult to adapt to Japanese culture which is used to be polite and speak in a soft voice. But for others, it might be difficult. For nurses who are Moslem, they need to pray at least 5 times a day. For this religious practice, they need time break and small quite place to pray. However, most of them said it could be arranged in such a way that it would not disturb their responsibility to provide care. Other challenges were expressed high workload and ethos of working. They reported that the workload is so high and the Japanese nurses worked very seriously. Sometimes, they don't have time to have a break at all during a shift. No place to sit and rest. No humor, they could not tease each other when they worked. Their responsibility was not only working but also studying to prepare for national examination. Each hospital has different arrangement and level of supports to Indonesian nurses for preparing national examination. It was arranged from no support at all. If they requested for off duty, then they have to pay back by working or reduction of their salary. They were hospitals very supported, not only freeing them from working to enable them to study, but also providing the nurses with tutor. Almost all of respondents stated that they have to have a tied time management.

Other concerns were “de-skilling” and “brain waste”. The loss of skills due to lack of regular practice or active use. Nurses who did not pass the national board exam required to be licensed to work as a professional nurse, only can work with very limited responsibility such as giving bath, moving patients using wheel chair, very basic nursing activities. As a consequence of not having licensed to practice, the nurses’ salary and fringe benefit was not high as expected. Yet, most of Indonesian nurses were experienced nurses working in intensive care unit and high technology of international standardized hospital, prior to their placement in Japan. It led to frustration among nurses. They also have to deal with home sickness, particularly for the first 6 months of their stay in Japan. Communication using internet and other information technologies were helpful.

Impact of hospital and response. The data was collected from the Director of Nursing and Head Nurses of four selected hospitals. The Head Nurses claimed more affected as compared to Director of Nursing when the nursing staffs resign from work. The consequences of staffing level will be more influenced to Head Nurses as a front line manager who manages day by day patient care in their unit. One month short notice prior to leaving workplace was regulated by the Hospital. However, it was found difficult for head nurse to find replacement within her scope of responsibility. The Director of Nursing then has to work it out with other nursing unit, by mobilizing other nurses to replace the resigned

nurse. Most of nurses recruited were well trained nurses who have been trained by the hospital and at least with 3 years of working experience. Two of the hospitals have collaboration with nursing education institution/school for recruitment of new graduates. The hospital has to arrange extra training for fresh graduate nurses over and over again. Considering that the nurses who leaved their work did not break the hospital rules, and there was no contract with the hospital, then there was no way to retain them to work. The nurses have a freedom to work wherever they want without any consequences to them, as long as they informed their Nursing Manager one month prior to leave the hospital. The Director and Head nurses expressed that they have to respect the nursing staff choice to work. Even though they have a mix feeling of letting them go and retaining them to work. One of Nursing Director said that “*we are also proud if our nurses could have higher salary, especially for male nurses as a head of the family. I am happy that I can help them to work abroad for their better life*”. No contract base to retain the nurses. They have to let the nurses leave the hospital. The nursing managers, especially the head nurses kept on maintaining the communication with nurses working in Japan. And when asked about the possibility of those nurses return to the hospital after resigning and working in Japan, all of them stated that they would like to have them back, but they have to follow the recruitment system of the hospital as applied to other new recruited nurses. One of the hospitals has one private clinic for

providing services to Japanese. The returned nurses can work at this clinic, considering that they have communicated in Japanese language.

Hospital's expectation. All Hospital Nursing Managers expected that the nurses would inform the hospital at least 3 months prior to resigning. Both Governments should regularly monitor the condition of Indonesian nurses in Japan and make sure that the nurses would be well protected during their live in Japan. They also expected that they would be supported in minimizing the language barriers to pass the exam. When they were accepted to work in Japan, they suggested that the nurses to be placed in a group at each hospital, so that they could support each other and prevent them from home sick. It's in fact, for equal recognition cross countries, Indonesia should have nursing act to regulate the nursing credentialing system of Indonesian Nurses by standardizing the competences.

Proposed hospital retention program. Considering the push and pull factors of nurse migration, hospitals in Indonesia has considered the important of minimizing the push factors related to in country problems of deployment, utilization, working conditions, and empowerment. The recruitment and incentive structures for health providers have undergone several changes over time, especially regarding remote compensation for nursing working in the community health care setting (Rokx et.al, 2010). The hospitals have designed retention program by increasing the salary, better fringe benefit and incentive. The

hospitals also provide full health insurance coverage for outpatient health service and 90% coverage for inpatient health service, and 50% coverage for family members of the nurses. The hospitals also develop staff development program using the professional career ladder in the context of reward system. One hospital used the mobilization of nurses working in other countries as a mean for marketing the hospital. Only qualified nurses who meet the required competences can work in other countries, and it will reflect the quality of hospital.

CONCLUSION

It is very difficult to make a judgment whether Indonesia is phasing surplus or shortage of nurses when lacking of data base system for appropriate decision making and policy formulation for effective management of nursing workforce. However, if we logically calculate the number of graduates from a total of 780 schools (473 D3 + 307 BSN). If each school produces at least 50 students, then each year Indonesia produces about 39,000 new nursing graduates. And yet the Government of Indonesia and the private sectors have low capacity to utilize Indonesian nurses. Indeed it is in the long term plan of Indonesia to develop system of nursing workforce management. For the short term and medium term, having Indonesian nurses working abroad for utilization of nurses and transformation of science and technology by having clinical experiences working in other countries is one of Government strategy. The IJEP Scheme

particularly for care worker arrangement need to be evaluated and the agreement need to be modified as required. Indonesian National Nurses Association and Indonesian Government are working toward the brain circulation against brain drain. We use the ethical recruitment of ICN for our reference. The Nursing Act has been a priority of the Parliament to be issued in 2011. The regulation framework should be toward the reciprocity of cross border nursing regulation with mutual recognition and benefit for involved countries.

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研究成果の刊行に関する一覧表（平成22年度の研究成果で分担者のみ）

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〔図 書〕

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