

Chapter 6

Indonesian International Nurse Migration: Assessing Migration as Investment for Future Work

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Chapter 6

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1. Introduction

International labour migration is a complex global phenomenon connecting countries of origin and destination as suppliers and users. Origin and destination countries benefit economically from labour movement in different ways. Indonesian migrant workers (IMWs) work abroad to earn more as their country has limited job opportunities (Aswatini, 2006; Raharto, 2013, 2017). Data for 2014–2020 show that 64%–72% of IMWs had at most a junior high school education. As of 2020, IMWs made up 33%–58% of the formal sector;¹ the proportion decreased during the coronavirus disease (COVID-19) pandemic, from 48% in 2019 to 33% in 2020 (Anaf et al., 2022). Even though most IMWs have modest levels of education, their employment and income prospects can be viewed as a return on an investment made before leaving Indonesia. Some countries in Asia are well known as global suppliers of nurses, the Philippines being the most significant (Matsuno, 2009). Indonesia is not widely recognised as a worldwide provider of nurses, although the deployment of Indonesian nurses to work in the United Arab Emirates, the Netherlands, Kuwait, the United Kingdom, and Saudi Arabia, amongst others, began in 1996 (Efendi et al., 2019). Indonesia sent nurses to the Netherlands in 1969–1974, at the Dutch government's request, but stopped in 1974 (Hosen and Raharto, 2013). Recruitment of Indonesian nurses was first dominated by private agencies, then by the government under the Migrant Workers Protection Agency (Badan Perlindungan Pekerja Migran Indonesia, BP2MI), through several placement mechanisms, namely government to government/private (G to G/P), private to private (P to P), independent, and for the benefit of the company (Kurniati et al., 2020). The regulation on placement of Indonesian nurses abroad through a government scheme is based on a bilateral agreement that started in 2008 with Japan and was followed by Timor Leste (Efendi, 2019).

Many developed countries such as the United Kingdom, Japan, and Germany have a shortage of nurses and must recruit nurses from abroad (World Health Organization, 2020), especially because their populations are ageing. The situation allows countries with a surplus to place their nurses in such

¹ The formal sector has an organised system of employment with clear written rules of recruitment and agreement, and has a standardised relationship between the employer and the employee that is maintained through formal contract. The employee is expected to work fixed hours and receive a fixed salary in addition to incentives and perks. He/she has to work in a decent environment and is entitled to benefits such as leave, savings, loans, and others. He/she has an organised association or union where his official grievances are addressed. Besides, he/she is covered under social protection benefits such as life insurance, health insurance, pension, gratuity, and others (FundsforNGOs, 2009).

countries. Nurses migrate from countries in Asia, Africa, and the Caribbean to the Middle East and to countries in the same Asian region (WHO, 2020).

The number of nursing school graduates has exceeded Indonesia's needs. In 2018, the ratio was 2.46 nurses per 1,000 population, above the government's target of 1.8 in 2019 and 2.0 in 2025. The availability of nurses nationwide can be seen from the number of nurses assessed as competent to practice nursing, as evidenced by their *surat tanda registrasi* (STR),² which is valid for 5 years. (Kurniati, 2020; Astari and Efendi et al., 2020). By the end of 2020, the cumulative number of nurses who were registered and had received an STR was 985,889. But only less than half reported working in hospitals, public health centres (*puskesmas*), and other health facilities (Efendi and Kurniati, 2020; Kurniati et al, 2020). The rest may be assumed to be working in fields other than health or to be unemployed (Efendi and Kurniati, 2020)

Based on the projected need for nursing staff and the number of nursing school graduates, Indonesia will experience an estimated nursing staff surplus of 695,217 in 2025 (Kurniati et al., 2020). However, the distribution of nurses is uneven, so some provinces have a ratio above the national target and some below (Efendi and Kurniati, 2020; Raharto and Noveria, 2020). The data show that Indonesia has the potential to send nurses to work abroad. However, their placement has not taken advantage of global job opportunities.

Data for 2017–2021 show that placement of Indonesian health workers (including nurses, caregivers, and care workers) abroad was highest in 2019 and decreased in 2020 and 2021 (Table 6.1). The decrease in 2020 and 2021 could have been influenced by the COVID-19 pandemic, which limited internal and international mobility. Caregivers had the highest number of placements, but how many are nursing school graduates is unknown; not all caregivers need to graduate from nursing school. Some are senior high school graduates who trained as caregivers to prepare to work abroad.

Table 6.1. Placement of Indonesian Migrant Workers as Nurses, Caregivers, and Care Workers, 2017–2021

Position	2017	2018	2019	2020	2021
Caregiver ^a	44,033	51,353	55,125	23,452	5,403
Care worker ^a	na	na	309	354	295
Nurse	240	227	232	85	NA
Total	44,273	51,580	55,666	23,891	5,698

NA = data not available.

^a 'Caregiver' and 'care worker' are used in different countries to refer to nurse or other qualified worker caring for the elderly and/or children.

Sources: BNP2TKI, 2019, 2020; BP2MI, 2021, 2022.

Table 6.2 shows the placement of Indonesian nurses in Japan under the government-to-government scheme, 2017–2020. The data are separated by job title, nurse, and care worker. Care workers, mainly women, dominate placement through Japan's government-to-government scheme. The placement is under the Indonesia–Japan Economic Partnership Agreement (IJEPA) programme, which started in 2008. Placement of nurses is divided into prospective care workers (*kaigofukushishi*) and prospective nurses (*kangoshi*). Prospective care workers must have at least a DIII,³ and DIV or S1 Nursing.

² The STR is issued by the Health Workforce Council to health workers who have a certificate of competence. Health workers with an STR can provide health services (Kurniati, 2020; Astari and Efendi et al., 2020).

³ DIII or Diploma III is the 3-year nursing course at a nursing academy, after finishing 3 years of senior high school. Diploma IV is equal to S1 or bachelor of nursing from a university faculty of nursing (Shobichatul, Wardoyo, and Pangastoeti, 2018; Raharto and Noveria, 2020).

Prospective nurses must have those as well as an STR and 2 years of nursing experience starting from the date of issue of the STR (Shobichatul, Wardoyo, and Pangastoeti, 2018).

Table 6.2: Placement of Indonesian Migrant Workers to Japan Based on Position, According to the Government-to-Government Scheme, 2017–2020

Year	Nurse		Care Worker		Total
	Male	Female	Male	Female	
2017	7	22	94	201	324
2018	11	20	110	188	329
2019	15	23	99	201	338
2020	8	15	82	190	295

Sources: BNP2TKI, 2019, 2020; BP2MI, 2021.

The ‘desire’ or ‘plan’ to work abroad can be a driving factor for investment in human resources. One way to invest is through formal and informal education, such as training in certain skills and expertise needed in the region or country where they will work (Aswatini et al., 2019). Migration itself can be seen as an investment in human capital, considering that it requires resources to cover costs incurred by migrants or prospective migrants. The returns obtained include higher income and access to better opportunities (Sjaastad, 1962). Another return is improved skills and insights from working abroad, which can be considered capital for future work.

2. Labour Migration and Human Capital Investment

Human resource investment analysis refers to understanding two definitions: human resources and human capital. Human resources can be defined as a group of people who make up an organisation’s workforce that can be utilised by the organisation to achieve its goals and to improve itself (Hadi, 2015; Heathfield, 2021; Betterteam, 2022).

Human capital is the capacity of human resources. It can be broadly defined as knowledge, skills, health, and other personal characteristics, including motivation, social values, and attitudes, as well as communication skills that can increase productivity (Hertog, 1999; Eide and Showalter, 2010; Bottone, 2018; Longley, 2021; Lulle, Janta, and Emilsson 2021; World Bank, 2022; Amadeo, 2022; Kenton, 2022).

Individuals accumulate human resources or capital throughout their lives. Such capital is enhanced through investment in the form of education, skills training, on-the-job training and experience in the workplace, nutritious food, and healthcare (Becker, 1962, 1975; Schultz, 1961, 1971, 1981; World Bank, 2022). Human resource investment is an activity requiring the sacrifice of resources incurred by individuals to get a return: higher income and employment status.

In the human capital model, migration is an investment (Schultz, 1961; Sjaastad, 1962; Becker, 1962, 1975), one that increases the productivity of human resources through analysis of the cost and return of migration (Sjastaad, 1962). Migration is an investment that requires resources that must be allocated in the form of migration costs, which can increase the productivity of individual migrants. The costs are money and non-money. Money costs are from all expenses incurred during the migration process, whilst non-money costs include loss of income (of previous work in the area of origin). Non-money costs are ‘psychic’ costs, including, amongst others, adjustment to conditions in the

destination and the burden of leaving family, relatives, and friends. 'Psychic' costs do not involve calculating economic resources but greatly influence migration. Migration will occur when 'psychic' costs can be overcome. The benefits are assessed in economic terms: better employment and income than in the area of origin. The returns obtained from migration include, first, money (a higher income than in the migrant's own country) and access to better opportunities than current activities. The second return is non-money, arising from increased individual work efficiency and productivity (Sjaastad, 1962).

This chapter does not address the money and non-money migration costs or the analysis of money return but focuses on understanding the non-money return gained by nurse migration, assuming that working abroad is an investment. The non-money return of migration is increased efficiency and productivity (Sjaastad, 1962). The non-money return can include improvement of the quality of migrant workers' human capital: increased individual and specific skills such as language proficiency (Adda, Dustmann, and Görlach, 2021), interpersonal skills, self-confidence, and knowledge gained from migrant work (Lulle, Janta, and Emilsson, 2021). It is important to understand whether the non-money return increases human capital that will affect future work.

3. The Study

Indonesia is the second-largest migrant worker-sending country in Southeast Asia after the Philippines, especially of female workers (International Labour Organization, 2015; McAuliffe et al., 2019; IOM, 2019). The main factors influencing Indonesian workers to migrate and work abroad are economic, including lack of good jobs and low wages (push factors) as well as high wages abroad (pull factor) (Raharto, 2002, 2013; World Bank, 2017). However, a study conducted amongst Indonesian nurses who used to work abroad and nurses working in Indonesia who never worked abroad showed that economic factors were not always the main reason to work or to desire to work abroad. An important reason was to gain work experience, improve skills, and acquire better career development opportunities (Raharto and Noveria, 2020)

IMWs go mainly to Malaysia, Taiwan, Hong Kong, and Singapore in Asia, and mainly to Saudi Arabia in the Middle East (BP2MI, 2021, 2022). In 2020 and 2021, during the COVID-19 pandemic, Taiwan and Hong Kong were the main IMW destinations, as they needed care workers to look after their rapidly increasing elderly (Wen-Chi, 2019; Wong and Yeung, 2019).

Nurses and care workers make up a small share of IMWs: 20% in 2019, 21% in 2020, and 9% in 2021 (BNP2TKI, 2019, 2020; BP2MI, 2021, 2022). Indonesia has excess of nursing graduates but this has not led to increase in deployment of nurses to work abroad. From 2015 to 2020, only 6,393 IMW nurses worked abroad (Kurniati, et al., 2020). They held positions as nurses, nursing assistants, or care workers in elderly-care institutions. Some problems that hindered placement abroad included the general lack of competency of available nurse graduates vis-a-vis demand in the destination country and the nurses' lack of interest in a career abroad (Kurniati et al., 2020).

Indonesian nurses with work experience abroad and returning to their country are expected to improve some skills based on their work experience and certifications. This study aims to understand whether the benefits that Indonesian nurses gain from working abroad are capital for future work. The analysis covers issues related to reasons for working abroad; intention to work abroad (amongst nurses who did not have experience working abroad); skills improvement gained from working

abroad; reasons for returning to Indonesia; economic activities after returning to Indonesia; and migration as investment, considering skills improvement from working abroad as capital for future work.

The study applies a qualitative approach. Data were collected through in-depth interviews with informants: 12 nurses who had worked abroad and returned to Indonesia, and 10 who were working in Indonesia and had no work experience abroad. All had at least a DIII nurse education. Data collection began in early 2020, but because of the COVID-19 pandemic, interviews were suspended and resumed only in early 2022. Data analysis is descriptive to understand the purpose and experience of IMW nurses working abroad in relation to investment in human capital that can provide returns in term of skills improvement that will benefit future work. The data collection was funded by the Economic Research Institution for ASEAN and East Asia (ERIA) under the project on Human Resources Development, Employment and International Migration of Nurses and Caregivers in Asia and the Pacific Region, 2020–2022.

4. Findings

4.1. Reasons for Working Abroad

International migration occurs for a variety of reasons, based on push factors in the country of origin and pull factors in the destination country (Lee, 1966; Hofmann et al., 2020; Koczan et al., 2021). The reason for working in a foreign country can be interpreted as a pull factor whilst reasons for leaving the origin country as push factors. Pull and push factors can be economic, social, and political. Pull factors of destination countries can include higher income, better jobs, and opportunities for career development, whilst push factors can include limited jobs, poverty, and natural disasters in the origin countries.

The nurse informants cited three main reasons as pull factors for working abroad: earning higher income, acquiring work experience, and improving career development by increasing nursing science knowledge.

The economic factor (earning a higher income) was the most important reason stated by 7 of the 12 informants (Appendix). The intention was to help improve the family's economic condition, as stated by MG6,⁴ MG8, and MG5.

MG6, a female nurse who had worked in the United Arab Emirates for 20 years as a nurse and was promoted as deputy section chief (Appendix), explained that her salary in Indonesia was not enough to meet even just her personal needs. She had expected a high salary after graduating from a nursing school.

MG8, a 30-year-old female nurse who had worked in Dubai as a caregiver and in Saudi Arabia as a nurse, said she was working abroad to register as a nurse with a greater salary and incentives and to increase her quality of life.

Working abroad and earning a high salary allows nurses to save money to pay for further education, explained MG5, a 44-year-old male nurse with a DIII in nursing and who had been a nurse in a Kuwait

⁴ MG refers to a nurse and caregiver informant who had worked abroad. MG6 means informant number 6 (Appendix).

hospital for 12 years. In 2015, MG5's salary in Kuwait was IDR40 million per month, 10 times higher than his salary would be in Indonesia.

Three of the 12 nurses who had worked abroad said they expected and wanted to gain experience by working abroad. Not all of them worked as nurses, so their experiences were not all related to clinical work as nurses, explained MG1, MG2, and MG4. MG1, a 43-year-old female nurse, had worked in an international non-governmental organisation (NGO) in Zimbabwe preventing HIV transmission from mother to child. Before going to Zimbabwe, she had worked with the same NGO in Indonesia, where she mainly managed the programme whilst working closely with people with HIV at clinics and hospitals.

MG2, a 41-year-old female nurse, went to Japan as a nurse candidate (*kangoshi*) under the IJEPA programme. She passed Japan's national examination on her third try. However, she did not continue working in Japan as she had to go home to get married and take care of her sick and aged father.

MG4, male, 49 years old, worked in Singapore from 2002 to 2006 and returned to Indonesia at age 34. He said he had wanted to gain experience and insights by working abroad so he applied to work in Saudi Arabia. The process was not as easy as he had thought and applying for a working permit was complicated. He was finally deployed to Singapore by a labour-sending agency.

Three (MG7, MG9, MG12) of the 12 nurse informants worked as caregivers. All stated that the main reason for working abroad was the higher salary and incentives, which could help improve their family's economic condition. They cited some non-economic reasons such as 'improved language ability' (referring to the language of the destination country). None cited 'to increase knowledge and skill' as reason for working abroad. Their reasons were likely based on what they had done and gained working abroad. Deskilling of Indonesian nurses who worked as caregivers abroad often begins on the first day of work as a caregiver, when they are shocked to be allowed to perform only duties such as feeding, bathing, and walking patients, and not the clinical duties they used to perform in Indonesia (Kurniati, Chen, Efendi, and Ogawa, 2017). However, their salaries as caregivers were certainly higher than those of nurses in Indonesia.

4.2. Intention to Work Abroad

The 10 nurse informants who had never worked abroad had all worked as nurses in clinics and hospitals after their nursing education (diploma of nursing or bachelor of nursing [Appendix]), indicating that continuity of work as a nurse in Indonesia is sustainable. Although some had changed work places, they were still working as nurses. Five expressed the intention to work abroad, and two cited economic reasons for wanting to work abroad: 'to change fate' and 'earn a higher salary.'

Parents seemed to have had an important influence on nurses' decision to work abroad. NMG1⁵, for example, had made all preparations to work abroad only to cancel the plan because her parents did not permit her to leave.

The nurses who had no intention to work abroad said their reasons were family and the convenience of working in Indonesia.

Clearly, nurses who had not worked abroad but were intent on doing so cited economic and non-economic reasons as important pull factors, whilst the family might be a restraining factor that kept

⁵ NMG, non-migrant, refers to a nurse and caregiver informant who has not worked abroad. NMG1 means informant non-migrant number 1 (Appendix).

them working at home. The importance of family influence on nurses' decision to work abroad was found in a 2018 survey; about 71.4% of the nurses did not have any intention to work abroad because 'family did not approve of working abroad' (Raharto and Noveria, 2020).

4.3. Improved Skills from Working Abroad

Working abroad can improve the quality of Indonesian nurses, especially in foreign-language proficiency, which is mainly related to language training they must take before leaving and language practice whilst working abroad. They have the opportunity to improve work-related skills and general skills, such as ability to communicate, knowledge of different work systems and cultures, and systematic work. However, some country-specific skills are not transferable, which means some skills lost their value in the destination countries (Emilsson and Mozetic, 2021), e.g., native language skills and work culture.

Local language skill or proficiency was cited as a common improvement by Indonesian nurses and caregivers working abroad, as they have to understand the country's language—and English—to better perform their duties. Language can be learnt in Indonesia in preparation for their work and can be improved as they work abroad through formal training (Mutiawanthi, 2017) or daily communication with local people.

MG7, who had worked as a caregiver in Taiwan, explained that she could not master Mandarin by the time she left Indonesia as she had only 3 months to learn it. She said that in Taiwan, the ability to read and write is not important; what matters most is to converse, which she eventually could.

Indonesian nurses improve their nursing skills through training and practical work in certain areas of specialisation and as assigned by their workplace. MG4, a nurse in the neuro section of a hospital in Singapore, said work there is highly focused on assigned tasks and she trained to confirm diagnoses.

MG5 said he improved his nursing skills in Kuwait as a result of working, for the first time, in a psychiatric hospital. He attended seminars, something he had never done in Indonesia.

Some nurses' jobs might not always be directly related to clinical nursing. MG1's work for the HIV prevention NGO in Zimbabwe was mainly programme management and advocacy in clinics and hospitals. She said that working abroad improved her ability and skills to communicate and negotiate with her superiors.

MG6 had 20 years' experience working in the United Arab Emirates, where she first worked as a general nurse until she was promoted to deputy section chief in a government hospital. The new position mostly involved hospital management rather than clinical duties. She said that her work allowed her to learn much about people of various nationalities.

The nurses said the skills expected of them were not different from what they had learned in Indonesia. MG2, who had worked as a nurse in a rehabilitation centre hospital in Japan talked of improved self-confidence and general knowledge. She said nursing knowledge is basic, and that the differences lie in the surroundings and culture, including systems, work discipline, teamwork, and division of labour.

Of the nurses who had worked abroad as caregivers, all said that the main skill they had improved was mastery of a foreign language, as their work did not need clinical nursing skills (Kurniati, Chen, Efendi, and Ogawa, 2017). They increased their language proficiency by communicating daily with local colleagues and others. MG7, a 35-year-old nurse who worked as a caregiver at a nursing home in

Taiwan, said she learned much through practical work as a nursing assistant, receiving guidance from officers on how to care for sick elderly. However, she said she was never allowed to perform medical and nursing actions or interventions such as inoculating patients.

Indonesian nurses working as nurses abroad enhanced their skills by attending specialised training in their field of work and doing specific tasks. Some nurses did not perform clinical work because they were in a management or administration department, although such position is considered a promotion, with a higher salary. For nurses who worked as caregivers, they were most likely deskilled as they were not allowed to perform medical and clinical interventions. Deskilling often began on the first day of work, when they performed duties such as feeding, bathing, and walking patients, or tasks that were different from those in Indonesia (Kurniati, Chen, Efendi, and Ogawa, 2017; Mutiawanthi, 2017). As the nurses were unfamiliar with the caregiver job description, they could not anticipate what they had to do (Nugraha and Hirano, 2016). The most important skill Indonesian nurses and caregivers gained from working abroad was language proficiency, although such proficiency may not be transferable should they work in another country.

4.4. Reasons for Returning to Indonesia

Migration of nurses across national borders is part of international labour migration, which is mainly driven by economic reasons. Labour migration occurs because of differences in economic opportunities (Todaro, 1980). In the context of international nurse migration, jobs that offer higher salaries are available in some countries. According to the theory of the new economy of labour migration (NELM), workers migrate to obtain economic and non-economic benefits. They stay in a destination country to achieve specific goals. Once they have done so, they return to their country or region of origin and use the outcome to conduct economic activities (Cassarino, 2004).

In line with the NELM theory, migrants, including international workers, migrate temporarily and return to their country of origin at a certain time (Krieger, 2008), and those who leave their country want to return some time (Battistella, 2018). Returning to the country of origin is the closing phase of the migration process (Callea, 1986).

Migrants who return to their area or country of origin are called return migrants. Return migration is the movement of migrants after staying in another country for some time and intending to remain in the country of origin for at least 1 year (United Nations, 1998; Gmelch, 1980⁶). Migration to the home country is voluntary (Dustmann and Weiss, 2007).

American migrant workers returning to southern Italy, for example, were categorised into four groups (Cerese, 1974):

those who failed to get the jobs they expected (return of failure);

those who had accumulated sufficient savings in the destination country and intended to return to the origin country and buy a plot of land (return of conservatism);

those who spent their economically productive years working in the destination country and returned to their country of origin to retire (return of retirement); and

⁶ He used the same definition but did not mention the time reference.

those who intended to stay in the destination country for a certain time to accumulate financial capital by saving part of their income, after which they returned to their home country and used the money for applying innovation strategies in economic activities (return of innovation).

Return migrants may be grouped into three clusters, based on a study of Albanian migrant workers returning from Italy and Greece (Garcia-Pereiro, 2018):

those who faced integration problems, unpleasant social and cultural circumstances, and retired in destination countries;

those who finished their education and training in the destination countries; and

those who lost their job in destination countries; had family and health problems; finished their working contracts; did not have a permit to extend their stay in the destination countries; or missed their origin countries, where they had better job opportunities and could invest and engage in economic activities.

This section discusses why the informants returned to Indonesia after working abroad. Although the underlying reason for migration is economic, the reasons for returning to the origin country are not just economic but also family ties and a feeling of comfort.

4.4.1. Expiration of Employment Contract

Nurses migrate based on employment contracts, usually with a hospital or a clinic. In some countries, the contract period is 2 years, which can be extended upon agreement by both parties. MG4, a male nurse who had worked at a hospital in Singapore, reported that his employment contract was for 2 years, which was extended for another 2 years. He returned to Indonesia after the extended employment contract expired. He spent his income on building a house.

Although those who had completed their employment contracts could extend their stay in the destination country, some did not do so as they had met their financial target, which is in line with the findings of the study on Albanian return migrants (Pareiro, 2018). Several conditions in the country of origin prevented some informants from extending their employment contracts.

4.4.2. Caring for Sick Parents

Some informants left their elderly parents behind. Most Indonesians strongly value caring for the elderly, especially the sick and dependent, and some informants did not extend their contracts for this reason.

Several studies found that family and social connections influence migration. Strong family and social bonds in the place of origin can prevent an individual from migrating (Hugo, 1981), whilst family members, relatives, and friends in the destination area can encourage migration (Cuba, 1991). This study found that strong family ties and the need to care for sick parents led some informants to return to Indonesia. Migrant workers returning to care for the elderly occurs in other countries, too, such as China (Liu et al., 2018).

4.4.3. Furthering of Education

One reason that informants work abroad is to earn more. Wages earned overseas are spent for various purposes, including higher education. MG7, who worked abroad after completing 3 years of nursing education, expressed the desire to further her education to earn 4-year bachelor's degree (S1). She saved a huge part of her salary in Taiwan. After returning to Indonesia, she enrolled at a university in

Semarang, Central Java. An informant who had worked in Kuwait for 2 years (MG5) and another in the United Arab Emirates for 20 years (MG6) returned for the same reason.

Migration has money and non-money returns (Sjaastad, 1962). Non-money returns include accumulation of knowledge and skills that can be used when migrant workers return to their place of origin. Of our informants, some wished to further formal education, not just acquire work knowledge and skills. In some countries, migrant workers can pursue formal education because some NGOs provide access to it (Aswatini et al., 2019). As the study's informants were unable to take formal education whilst working in the destination country because of the high cost, they returned to Indonesia to continue their education, using the income earned abroad.

4.4.4. Married and Raising Children

Economic, family, and social factors play a role in migration. Social factors influence not only the flow of migration from place of origin to destination area but also the reverse flow. This study found that some informants returned to Indonesia for family reasons (other than caring for sick parents), even though they still wanted to extend working abroad.

Two informants' stories show how important family ties are in migration, including labour migration. MG2 had passed the nursing examination in Japan after her third try but returned to Indonesia to get married. Her husband wanted to join her in Japan but never passed the test. MG1 worked in an African country but returned to Indonesia and stayed because she gave birth, and her husband was against her leaving as they had been apart for so long.

4.4.5. Homesickness

Another reason for return migration is the desire to live in the familiar social and natural environment of home (Pareiro, 2018). MG5 said she missed Indonesian food, the beauty of her country, the ability to travel anywhere, and live music. Great differences in environments and ways of life make migrants homesick, despite their higher incomes.

4.5. Activity after Returning Home

This section discusses the economic activities of informants after returning to Indonesia. They can be categorised into three groups based on their jobs and economic activities. The first include those who still worked as nurses in health facilities (five former nurses and two former caregivers overseas). The second group includes those who were not practicing nurses but were performing other economic activities. Two former nurses in Singapore and Kuwait were running their own businesses, whilst one former caregiver in Taiwan was running a training institute for prospective caregivers to work overseas. A former nurse in Kuwait was working as a part-time homecare nurse. The last group includes those who were not working or running a business: one informant was studying for a bachelor's degree and the other was taking a break from work but planning to look for a job as a nurse.

Some of informants with a Diploma III before being deployed overseas continued their education to earn a bachelor's degree (S1) whilst working as a nurse. Higher education is needed to maintain and advance a nursing career since many hospitals require nurses to have at least a bachelor's certificate. Advanced education is funded by hospitals where nurses work, which is one reason why the informants were still studying at nursing schools whilst working in health facilities.

MG2 returned to work as a nurse. Before working abroad, she had worked as a nurse for 8 years in a private hospital in Jakarta whilst studying at a private nursing college for a bachelor's degree (S1), with funding from her employer.

MG3 started working as a nurse in a primary health clinic of the religious organisation that had sent him to work in Ethiopia. At the time of the interview, he was studying at a private nursing college in Jakarta.

MG1, whose husband and children were living in Papua province at the time of the study, returned home after completing her employment contract in Zimbabwe and was accepted as a government official nurse. She was working in a government hospital in the province.

Besides investing in property, MG5 was working part-time as a nurse for a foundation that provides home care services and was on call to care for expatriate patients.

The former caregiver who returned from Taiwan established and was managing a training institute for caregiving skills. She finished her bachelor's degree in Indonesia. Her employer asked her many times to return to Taiwan. Because demand for caregivers is high in Taiwan and other countries, she was intending to produce reliable caregivers who meet requirements to work abroad.

MG1 said that the work experience abroad of returning nurses who want to work in government hospitals is not considered. Instead, they start at level I, commensurate to their level of education.⁷ Private hospitals have a similar system. MG2 said, fortunately, work experience abroad enables nurses to enjoy faster salary increases than those with no such experience. MG 9 and MG12, who had worked overseas, were promoted within 3 years of returning even though they had started at the lowest level.

One informant's work did not directly relate to nursing but to distribution of medical devices. He had planned the business whilst working as a nurse in Singapore and observing the hospital's advanced and modern equipment. He was earning much more than he would as a nurse.

4.6. Improved Skills from Working Abroad: Capital for Future Work

Generally, by improving their nursing and other skills abroad, Indonesian nurses gain benefits that further enhance their work performance. Proficiency in the local language and English is an important skill gained by those who work as nurses or caregivers. Better clinical nursing skills, mainly related to duties in related departments, are gained by those who work as nurses at hospitals. Nurses who worked as nursing assistants, however, did not see any skills improvement. Those who worked in Japan, for example, were not permitted to perform medical actions and were supervised by Japanese nurses until they passed the Japan national examination (Mutiawanthi, 2017).

Migrant nurses improve skills not related to clinical nursing, such as communication and negotiation, knowledge of different work systems and cultures, ability to work systematically, self-development such as increased self-confidence, amongst others. Nurses working as caregivers learn only practical skills in caring for the elderly since they are not allowed to perform medical or nursing interventions. Thus, they are deskilled, unable to practice the clinical nursing skills learnt in Indonesia.

⁷ Regulation of the Minister of Health Number 40 of 2017 concerning the Development of Professional Career Paths for Clinical Nurses (<https://peraturan.bpk.go.id/Home/Details/112121/permenkes-no-40-tahun-2017>)

Skills improvement and work experience are non-money returns on investment, human capital enabling migrant nurses to get better jobs when they return to Indonesia or return to work abroad. Still, they have problems finding rewarding jobs (Mujiati and Hendarwan, 2019).

The study found that after returning to Indonesia, nurses usually (i) return to nursing work, (ii) change jobs, or (iii) stop working. Of the 12 informants who had worked abroad, 7 continued working as nurses after returning to Indonesia. Amongst the nurses who had worked as caregivers abroad, two returned to work as nurses in Indonesia. However, work experience and skills improvement gained abroad do not necessarily translate to better opportunities at home. Some returnees must restart their careers from scratch. MG1 returned to Indonesia after working in Zimbabwe for 2 years and was hired as a nurse in a government hospital in her hometown. She continued her education to obtain a bachelor's degree in nursing under the sponsorship of the hospital where she was working.

Of the 12 informants, 6 continued their nursing education after returning to Indonesia whilst 1 was planning to do so.

The study found that low salaries and lack of social protection are factors that prevent returned nurses from working as a nurse in Indonesia; they prefer better-paying jobs. MG5 chose to study for a bachelor's degree in nursing, since he had saved money from working abroad. He planned to run a private nursing training centre in his hometown after finishing his education. MG5 said that work experience of nurses abroad does not have any impact on better working class or rank when they return to work as nurses.

Private hospitals consider work experience in calculating nurses' salary. MG2 worked as a nurse in a private hospital in Indonesia and then for 3 years as a nurse in Japan. Upon returning, she was accepted at a private hospital as a general nurse, the lowest level. She said, however, that she could negotiate her salary based on her experience abroad.

MG3, a 38-year-old male nurse who worked in Ethiopia for 4 years, said that his work experience was considered there as capital related to his expertise. He did not have to start from scratch after changing jobs, but only if the job was the same, as a nurse in the same country. Not so in Indonesia, he said, where returning nurses must start from 'zero'.

The experience and skills gained abroad can be capital for other jobs. MG4 did not work as a nurse after returning to Indonesia but used the knowledge he gained working as a nurse in Singapore to build his own business.

MG7, who used to work as a caregiver in Taiwan, was running a training institute for prospective caregivers. After returning to Indonesia, she earned an S1 degree and declined offers to return to work in Taiwan because she was teaching at the private Nursing Education Institution (Lembaga Pendidikan Keperawatan-LPK), aside from family reasons. Finally, she quit teaching to establish a nursing education institution that trains care workers who intend to work abroad, especially in Taiwan.

Former migrant nurses did not think their overseas work experience would help them obtain better jobs in other countries, possibly because it had not resulted in transferable skills, including in language and patient care. For example, an Arabic language certificate would not be useful in English-speaking countries.

5. Conclusion

Indonesian nurse migration can be seen as an investment since it has money and non-money returns. Money return is the income nurses receive from working abroad, which is much higher than what they would receive working domestically. This income can cover the cost of migration, maybe even the cost of nurse education (investment) in Indonesia. The non-money return from this investment is improved skills gained from work experience, on-the-job training, and training related to work.

This study shows that improved skills gained by Indonesian nurses whilst working abroad as nurses or caregivers cannot immediately be considered capital when they return to work as nurses domestically or as nurses or caregivers abroad. After returning to Indonesia, experience as a nurse or caregiver abroad does not have a direct impact on career advancement because the returning migrants must start their career from scratch, especially at government hospitals. Indonesian nurses who work abroad are often deskilled, which hinders them from re-entering the nursing profession in Indonesia.

Some improved skills open up work opportunities outside the nursing profession, allowing nurses to develop and run businesses that can be more profitable and provide a better income than a nurse's salary. Therefore, they prefer to leave the nursing profession and work in fields supported by their new expertise but still related to their expertise as health workers. Using their improved skills as capital to return to work abroad is also a problem for returning Indonesian nurses because the skills are not always transferable to other countries. To return to work abroad, they must take exams in the destination countries.

Policy Implication

The improved skills of Indonesian nurses working abroad are expected to increase their work productivity and effectiveness, which can improve their future work and provide health services to the community. However, this study shows that skills improvement amongst Indonesian nurse returnees is less rewarding in terms of career advancement and being useful to the community. Those who return to the nursing profession struggle on their own to improve their nursing skills by continuing their education. Cases abound of nurse returnees leaving their profession and choosing jobs that provide better economic benefits, rendering the investment in nursing education useless, which was not cheap. Some policies that could be considered to improve this condition are as follows:

- (i) The government could provide support to nurses returning from working abroad to refresh their nursing skills, as some (especially those who worked as caregivers) have been deskilled, hindering their return to the nursing profession.
- (ii) The government could develop a method of measuring the skills of nurse returnees based on the experience and training they obtained abroad, to set the minimum standards of rank or class of job and salary.
- (iii) The government could facilitate the distribution and placement of former overseas nurses in areas that lack nurses (referring to the target ratio of nurse and population), since they are trained health personnel. Incentive schemes need to highlight and reward nurses who are willing to work in understaffed areas, which are generally areas far from city centres and the government centre.

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Appendix

Table 6A.1: Informants: Nurses and Caregivers Who Had and Had Never Worked Abroad

No.	Informant ID/Age/Sex/Current job	Highest educational level	Last working place abroad	Last occupation abroad	Duration of working abroad	Main reason to work abroad	Main reason to return to Indonesia
1.	MG1/43/F/Works as a nurse at a government hospital	Bachelor of nursing	French NGO Zimbabwe	Manager, programme on advocacy for HIV prevention in clinics and hospitals	2006–2007	Get experience	Finished working contract
2.	MG2/41/F/Works as a nurse at a private hospital	Diploma of nursing	Hospital in Japan	General nurse	2008–2011	Get experience	Family reason (getting married and looking after sick and aged father)
3.	MG3/40/M/Works as a nurse at a privately owned clinic	Diploma of nursing	Ethiopia Health Center, Ethiopia	Nurse at intensive care unit	2011–2013	Assigned by Catholic Church	Assigned by employer to return to Indonesia
4.	MG4/49/M/Works as product manager with a medical device supplier	Diploma of nursing	Hospital in Singapore	General nurse with special task on neuro care	2002–2006	Get experience	Finished working contract, after being extended for 2 years
5.	MG5/44/M/Works as a freelance home care worker and runs a rental house business	Bachelor of nursing	Psychiatric hospital, Kuwait City	General nurse	2003–2015	Earn higher salary	Family reason (to look after aged mother and feeling homesick)
6.	MG6/55/F/Continuing nurse education; planning to work after finishing education	Diploma of nursing	Government hospital, United Arab Emirates	General nurse; deputy section chief (latest position)	1997–2017	Earn higher salary	Family reason (aged parents) and because management change in hospital, higher educational qualification now required for position as supervisor

7.	MG7/35/F/Runs a private training institution for caregivers who intend to work abroad	Bachelor of widwifery; continuing education after returning to Indonesia	Nursing home, Taipei, Taiwan	Caregiver at nursing home	2008–2011	Earn and save money for further education	Saving is sufficient for further education in Indonesia
8.	MG8/30/F/Does not work	Bachelor of nursing, with additional 1 year nursing education for achieving professional nurse certification (STR)	Dental clinic, Najran, Saudi Arabia	Dental general nurse	2015–2018	Earn higher salary	Finished working contract
9.	MG9/32/F/ Works as a nurse at a government hospital	Bachelor of nursing	Nursing home, Jepang, Indonesia	Caregiver	2013–2015	Earn higher salary and save money to improve economic life of family	Finished working contract
10.	MG10/48/F/Works as a nurse at a private hospital	Bachelor of nursing, with additional 1 year nursing education for achieving professional nurse certification	Medical Centre, Amsterdam, Netherlands	General nurse	1999–2001	Earn higher salary and save money	Finished working contract
11.	MG11/58/F/ Works as a nurse at a private hospital	Bachelor of nursing, with additional 1 year nursing	Hospital, Los Angeles, California, USA	Student worker (sent by working place to a hospital in Jakarta)	1999–2001	Career development, increase nursing science knowledge	Finished period of study and duty abroad

		education for achieving professional nurse certification					
12.	MG12/30/F/Works as a nurse at a government hospital	Bachelor of nursing, with additional 1 year nursing education for achieving professional nurse certification.	Nursing home, Jepang, Indonesia	Caregiver at nursing home	2013–2015	Earn higher salary	Finished working contract

A. Nurses and Caregivers Who Never Worked Abroad (but are working)

No	Informant ID/Age/Sex	Highest educational level	Last occupation (in Indonesia)	Duration of work (all work)	Intention to work abroad
1.	NMG1/44/F	Diploma of nursing	Head of Private Eyes Poly Clinic, Jakarta	Since graduating in 1998, still working in the health sector (nurse)	Wants to change fate Already registered and prepared to depart but failed because parents denied permission to work abroad
2.	NMG2/40/F	Diploma of nursing	General nurse at a private acupuncture clinic, South Tangerang, Province of Banten	Since graduating until now, still working as nurse but thrice changed working place	None
3.	NMG3/40/F	Bachelor of nursing, with additional 1 year nursing education for achieving professional nurse certification (STR)	General nurse at (NICU/PICU), at a private hospital, Jakarta.	Since graduating in 2001 until now, still working as nurse	More professional status working abroad, better welfare
4.	NMG4/25/F	Bachelor of nursing, with additional 1 year nursing education for achieving	General nurse, at a government hospital in Jakarta	Since graduating in 2016 until now, still working as nurse	More appreciation for nurses, proportional workload, certainty of legal protection

		professional nurse certification (STR)			
5.	NMG5/31/F	Bachelor of nursing, with additional 1 year nursing education for achieving professional nurse certification (STR)	General nurse, at a private hospital in Jakarta	Since graduating in 2002 working as nurse	Higher salary and appreciation, better opportunities to improve skills and education
6.	NMG6/32/F	Bachelor of nursing, with additional 1 year nursing education for achieving professional nurse certification (STR)	General nurse at adult ward, at a government hospital in Jakarta	Since graduating in 2014 working as nurse	None. Family does not allow her to work-abroad. Wants job close to parents
7.	NMG7/40/M	Bachelor of nursing, with additional 1 year nursing education for achieving professional nurse certification (STR)	General nurse at intensive care unit (ICU), at a private hospital in Jakarta	Since graduating in 2001 working as nurse	None
8.	NMG8/55/F	Bachelor of nursing, with additional 1 year nursing education for achieving professional nurse certification (STR)	General Nurse, (haemodialysis), at a private hospital in Jakarta	Since graduating in 1985 working as nurse	None
9.	NMG9/31/F	Bachelor of nursing, with additional 1 year nursing education for achieving professional nurse certification (STR)	General nurse at intensive care unit (ICU), at a private hospital in Jakarta	Since graduating in 2010 working as nurse	To increase skills and experience
10.	NMG10/42/F	Bachelor of nursing, with additional 1 year nursing education for achieving professional nurse certification (STR)	General nurse, at a private hospital in Jakarta	Since graduating in 2002 working as nurse	None

Note: MG, migrant refers to a migrant nurse or caregiver informant who had worked abroad. MG6 means migrant informant number 6. NMG , non-migrant, refers to a nurse and caregiver informant who had not experienced working abroad. NMG1 means non-migrant informan number 1 (Appendix).

Source: Aswatini Raharto and Mita Noverio. Research Project on 'Human Resources Development, Employment and International Migration of Nurses and Caregivers in Asia and the Pacific Region, 2020–2022', funded by Economic Research Institution for ASEAN and East Asia (ERIA).