

The journey of Indonesian nurse migration: a scoping review

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Abstract

The migration of nurses from Indonesia to other foreign countries is an inevitable part of the global mobility of the nurse profession. This phenomenon requires investigation to understand the current trajectories of Indonesian nurses in the global market. This

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scoping review aimed to investigate the Indonesian nurses' mobility to the international healthcare market. A scoping review of primary research addressing Indonesian nurses migration journey overseas. A range of databases were searched, including Scopus, Web of Science Clarivate Analytics, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PubMed. A systematic process was performed guided by the work of Arksey and O'Malley. Four databases were searched, and 68 articles were retrieved. After screening articles and abstracts, 19 full texts were assessed for eligibility, and finally, 17 studies were further analysed and synthesized. Eight qualitative studies, five quantitative studies and four literature review studies met inclusion criteria, emphasizing the three phases of migration: pre-migration, migration and post-migration. The destination countries of Indonesian nurses including Japan, Kuwait, Saudi Arabia and Taiwan. At the pre-migration stage there are several aspects that must be considered, there were: language, understanding of the job position, reason to work and comprehensive understanding of the destination countries. Migration stage include issues language, deskilling, mental health, unclear career path, cultural adaptation, lack of religious services and homesickness. At the post-migration stage includes deskilling, brain waste and re-integration with brain circulation platform. The comprehensive approach of Indonesian nurses migration from pre-migration, migration and post-migration has shown us the trajectory of Indonesian nurses in international migration. Understanding the bottle neck of each stage with improve policy support is needed to create safe and sound migration channel for Indonesian nurses. This review highlighted to the need for future research in key areas such as the impact of nurse migration on Indonesia's health systems.

Introduction

The migration of nurses to more developed countries has been a longstanding practice, driven by the pursuit of better career prospects and income to support family members in their home countries. This trend carries significant consequences for the countries of origin, which require robust healthcare systems and access to nursing care for their citizens.¹ Therefore, it is imperative for destination countries that rely on migrant nurses to adhere to the WHO code of ethical recruitment to uphold their responsibility towards all stakeholders involved.² The migration of nurses offers various benefits, including opportunities for personal and professional growth, improved family income, and support for the new communities they serve.³ As a result, a supportive and ethical framework is necessary to engage migrant nurses in the development of policies that affect their future and decision to migrate, in line with the inevitable globalization of the nursing profession.⁴

The migration of nurses is a global phenomenon, and

Indonesia is no exception.⁵ Over the past few decades, the migration of Indonesian nurses has become increasingly prevalent due to several factors, including economic instability, limited career opportunities, and inadequate working conditions in the country.^{6,7} As a result, many Indonesian nurses are seeking employment opportunities in foreign countries, particularly in developed nations such as Japan, Kuwait, and others.⁸

Global nurse migration is a complex issue that presents both benefits and challenges.¹ The latest data from the International Centre of Nurse Migration showed that the world needs 18 million health workers by 2030.⁴ Out of this number, the world need 13 million of nurses in which the number worsen by the global pandemic of COVID-19.⁴ While the world need nurses, Indonesia reported having high graduation of nursing students. Every year, estimated around 26,304 nursing graduates who pass the national examination.⁹ Having great number of nurses graduates, Indonesia has an opportunity to deploy nursing human resources in the global market.

The aimed of this scoping review was to explore the journey of Indonesian nurses migration and to provide an overview of the existing literature on this topic. The review examines the pre-migration, migration and post-migration experience of Indonesian nurses abroad.

Materials and Methods

This scoping review was conducted following the Scoping Review guidelines developed by Arksey and O'Malley (2005)¹⁰ and Levac, Colquhoun, and O'Brien (2010).¹¹ A scoping review makes it possible to examine all relevant evidence on a particular issue without considering individual study designs while ensuring a systematic and rigorous process. This is important for the issue of nurse migration because of the potential for several studies investigating the experiences of migrants returning to their country of origin after working abroad.

Step one: research question

The review was guided by the following research question: "What are the experiences of Indonesian nurse migrants in pre-migration, migration and post-migration stages?"

Step two: identification of relevant studies

This study employed a three-step search strategy, according to Joanna Briggs Institute (JBI) scoping review guidelines.¹² The initial step was a limited search in CINAHL, *Web of Science* (WoS), Pubmed and Scopus conducted in March 2023. We then analyzed text for words contained in titles and abstracts of retrieved papers to specify appropriate key terms. Several relevant terms (e.g., "Indonesian nurse*", "pre-migration", "Indonesian nurse migrant", "migration", "immigration", "immigrant", "emigration", "return migration", "migrant", and "mobility") were identified accordingly.

In the subsequent phase, an initial search was conducted in March 2023 utilizing four distinct databases: CINAHL via EBSCO, Web of Science, PubMed, and Scopus. This search incorporated combinations and variations from the preliminary search terms along with specialized search strings. There were no restrictions based on the publication year of the articles, and only literature written in English was included. In the final stage, the bibliographies of all identified articles and reports were manually reviewed to locate further relevant studies. The methodology for

this search process was devised by the research team and executed by the authors, who also analysed the search outcomes and extracted relevant data.

Step three: selection of studies and data management process

At this step, the researcher selects literature obtained from various search engines that have been mentioned previously based on predetermined keywords. The literature obtained will be selected according to the inclusion and exclusion categories of the study. Papers were included based on the following criteria: studies focused on Indonesian nurse migrants at pre-migration, migration and post-migration stages. We defined nurse migrants as including the mobility of Indonesian nurse after working as health professionals in other countries from pre-migration, migration or placement until post-migration or return to the home country.

Papers were excluded from consideration if they met one or more of the following conditions: i) the language of publication was not English; ii) the work was not research-based and had not undergone peer review, examples of which include editorial comments, viewpoints, letters to the editor, book critiques, summaries of conference proceedings, analyses of pre-existing data, instructional guides, or policy papers.

A total of 68 articles were retrieved from four databases: CINAHL (18 articles), Web of Science (24 articles), Scopus (12 articles) and PubMed (14 articles). Following removal of 26 duplicates, titles and abstracts of 22 studies were scrutinized to discard irrelevant papers. As a result, 48 studies were excluded, leaving 20 for full-text review (Figure 1). Out of these, 3 studies were excluded.

Step four: charting the data

At this phase, we compiled data from the seventeen selected studies into a tabular format that includes the following headings: author, country of origin, target country, research objective, research methodology, participant demographics and sample size, principal outcomes, and constraints. This step is crucial for organizing the data types and drawing out the relevant information.

Step five: collating, summarizing and reporting results

At this phase, we employ Microsoft Excel to arrange the gathered data and assist in categorizing it into various themes. We utilize thematic analysis to recognize, scrutinize, and describe developing patterns.

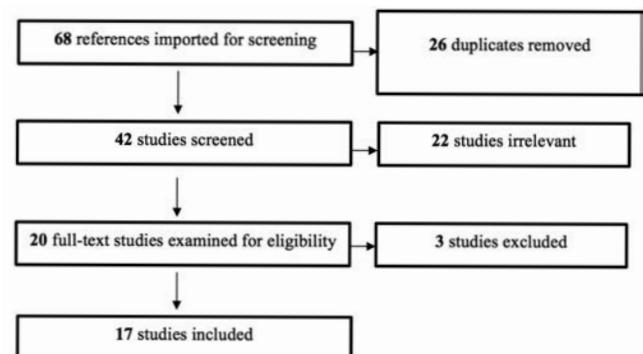


Figure 1. Prisma diagram.

Results

A total of 8 qualitative research pieces, five quantitative analyses, and four reviews study met the criteria for inclusion, focusing on the three key phases of migration: pre-migration, the migration process itself, and post-migration. These studies originated from four worker-receiving countries: Japan, Taiwan, Kuwait, and Saudi Arabia. In terms of the economic status of the destination countries, most were high-income nations. The findings across all papers charted the migration trajectory of Indonesian nurses through these migration phases, as outlined in *Supplementary Material Table 1*, with key themes delineated in Table 2.

Amount, distribution, and types of evidence

The geographic distribution of the 17 records reveals majority from Japan, followed by Saudi Arabia, Kuwait, and Indonesia and Taiwan. Records were published between 2013 and 2022, with the largest number issued in 2016, 2017, 2019 and 2022. The common methods were qualitative methods (n=8) and review (n=4), followed by quantitative methods (n=5).

Pre-migration

Language

Prior to joining the workforce, applicants must fulfill the language prerequisites stipulated by the country they are moving to. Specifically, proficiency in the Japanese language was a requirement.¹³ Those who arrived in 2008 had to undergo a six-month training program in both the Japanese language and culture before commencing their employment. This training duration can be lengthened if the acquired skills are deemed inadequate. The language education is coordinated and funded by the employing organization, and is conducted either directly or through external educational entities such as language schools or universities.¹⁴ They have the opportunity to be employed for a duration of three years as they get ready for the domestic assessments. Success in these exams allows them to acquire extendable residency and keep working in Japan. However, if they are unsuccessful, they are obligated to go back to their home country, although they have the option to return using a short-term visa for further employment.¹⁵

Understanding of the job position

Initial confusion among migrating nurses was mainly about their

position in a job. Many nurses misunderstand the job of being a nurse, because of the different responsibilities given. Based on their previous knowledge and experience, they assume that the job is care workers. Nurses perceive job descriptions as working as a nurse at home or a geriatric nurse working in a nursing home like in Indonesia where caring for the elderly is a nurse's job. They were taken aback when they discovered that both care workers and nurses are employed at the healthcare facility where they work.¹⁶ Candidates work as temporary assistants until they pass a Japanese language test. While they're expected to take on more complex tasks with experience and language skills, this often doesn't happen. Unaware of job progression expectations, they worry about skill loss and mostly handle basic tasks like feeding, bathing, and cleaning.¹⁴

Reason to work abroad

Nurses articulated diverse rationales for their decision to seek employment as care workers in Japan. While financial incentives were frequently cited, the primary motivations for many were to acquire work experience and specialize in geriatric care. If their aspirations to advance their skills in caring for older people are not completely realized, they begin to reconcile with the actual circumstances and reconsider their initial reasons for going overseas.¹⁶ The other reason nurses go abroad is to gain recognition as professional nurses internationally by passing the nurse licensure exam. They believed that obtaining a nursing license was a prestigious achievement that could have a significant impact on their future professional paths. As a result, they remained motivated as they worked towards passing the national licensure exam.⁵ In a different research investigation, it was found that the primary incentives for nurses relocating to Taiwan included the pursuit of financial opportunities and the desire to acquire additional professional experience. The majority of these nurses cited financial gain as their main driving force for seeking employment in Taiwan.¹⁷

Enhanced opportunities in their careers, reflecting both economic and social incentives, were experienced by nurses who migrated to Kuwait. These incentives serve as the underlying reasons for nurses' migration, encompassing the aspiration for a better income and improved living conditions. Meanwhile, the primary factors motivating nurses to seek employment overseas are their family's financial circumstances and the comparatively low salaries in their home countries. This aligns with research that highlights economic factors as the primary catalyst for nurse migration.^{7,8,17}

Table 2. Themes identified.

Themes	Detailed Aspect	Sources
Pre-Migration	Language	Ford <i>et al.</i> , 2013; Ford <i>et al.</i> , 2016; Anwar RP, 2019
	Understanding of the job position	Ford <i>et al.</i> , 2013; Efendi <i>et al.</i> , 2022
	Reason to work abroad	Efendi <i>et al.</i> , 2016; Efendi <i>et al.</i> , 2022; Haryanto <i>et al.</i> , 2022; Nursalam <i>et al.</i> , 2020; Efendi <i>et al.</i> , 2020;
	Comprehensive understanding of the destination countries	Efendi <i>et al.</i> , 2016; Kurniati <i>et al.</i> , 2017; Efendi <i>et al.</i> , 2022;
Migration	Language	Efendi <i>et al.</i> , 2016; Efendi, 2021
	Deskilling	Kurniati <i>et al.</i> , 2017; Nursalam <i>et al.</i> , 2020
	Mental Health	Nugraha <i>et al.</i> , 2016; Sato <i>et al.</i> , 2016; Nugraha <i>et al.</i> , 2017; Zaghoul <i>et al.</i> , 2019; Efendi <i>et al.</i> , 2020
	Unclear Career Path	Efendi <i>et al.</i> , 2016; Nugraha <i>et al.</i> , 2016; Kurniati <i>et al.</i> , 2017; Efendi <i>et al.</i> , 2019; Nursalam <i>et al.</i> , 2020; Haryanto <i>et al.</i> , 2022; Efendi <i>et al.</i> , 2022
	Cultural adaptation	Efendi <i>et al.</i> , 2016; Efendi <i>et al.</i> , 2020; Anwar RP, 2019
	Lack of religious services	Nugraha <i>et al.</i> , 2017; Efendi <i>et al.</i> , 2020; Efendi <i>et al.</i> , 2022
	Homesickness	Efendi <i>et al.</i> , 2020; Efendi <i>et al.</i> , 2022
Post-Migration	Deskilling	Kurniati <i>et al.</i> , 2017; Efendi <i>et al.</i> , 2019; Efendi <i>et al.</i> , 2021
	Work in non-health sector (Brain Waste)	Kurniati <i>et al.</i> , 2017; Nursalam <i>et al.</i> , 2020; Efendi <i>et al.</i> , 2022
	Re-integration and brain circulation platform	Efendi, 2017; Efendi <i>et al.</i> , 2021

Comprehensive understanding of the destination countries

Nurses who relocated to Japan recounted their experiences in adjusting to the culture of excellence prevalent in the country. They highlighted the rigorous cleanliness standards, the demanding workload, and the level of professionalism expected from care providers.¹⁶ In Japan, nurses are expected to maintain a structured and highly professional work environment, necessitating their constant mental alertness and diligence.⁷ The exemplary conduct of Japanese individuals has left a lasting impact on both their personal and professional lives. The nurses acknowledged that, irrespective of one's religious beliefs, there are valuable lessons to be learned from the Japanese about cultivating kindness, helpfulness, respect, and honesty. As a result, these nurses embraced positive attitudes to inform their roles, whether in nursing or as family caregivers.¹⁸

Migration

Language

Communication is a challenge for nurses who migrate to foreign countries, such as a nurse who migrates to Japan. In Japan, cultural differences and the lack of language skills of migrant nurses are the major non-financial barriers in the workplace and daily life. Even after receiving a year of Japanese language instruction, they continued to encounter challenges in communication because of their limited grasp of the language and the presence of regional dialects. Communication barriers are especially experienced in the early days as a care worker.⁷ Language barrier is the dominant problem experienced by migrant nurses when entering a new world of work abroad. Language is an important element in communicating with patients and colleagues.⁶

Deskilling

Deskilling is often experienced by caregivers from the first day of work, and the lack of understanding of caregiver jobs in the care unit can often discourage them from working there. This situation is beyond the migrants' expectations, as their duties as caregivers are only feeding, bathing, and taking patients for walks. Before leaving for Japan, the migrant caregivers were given an explanation about caregiving work, and the participants thought it was not much different from the work of nurses in Indonesia. But in reality, this is not the case.¹⁸ This situation is also experienced by nurses working in Taiwan. They also believed that their skills deteriorated during their time in nursing homes and LTC facilities, as they were prohibited from actively applying their professional expertise. They felt compelled to set aside these abilities and perceived no prospects for advancing their careers.¹⁷ However, in the alternate scenario, nearly all Indonesian nurses employed in Taiwan come to the understanding that transferring their credentials and practicing as professional nurses in Taiwan is unattainable, as the Taiwanese system does not permit foreign nurses to work in such roles.¹⁷

Mental health

Mental health cannot be separated from the daily patterns of individual living. This can be happened to anyone, including nurses who migrate to other countries with different daily and social life patterns. Competence in sociocultural adaptation is an important element that must be possessed by Economic partnership Agreement (EPA) candidates because it will be related to their lives in the next few years. the situation away from family is a challenge for migrant nurses by finding adequate sources of social support.¹⁹ The lack of economic conditions in the pre-migration period also affects the mental health of nurses migrants. This is

linked to the expensive living expenses in Japan and the sensation of being weighed down by the responsibilities of the family left at home.²⁰ In a different research investigation, some individuals faced potential mental health challenges as a result of their gender transition and their citizenship status and qualifications acquisition.²¹ In other studies in Islamic-majority countries such as Saudi Arabia and Kuwait, the lowest mental health burden was experienced by nurses from the Philippines and Indonesia. They felt fortunate and appreciative of their work in Kuwait since it's a Muslim nation, which made it easier for them to observe their religious customs without encountering any hardships.^{8,22}

Unclear career path

Most nurses who choose to work in Japan aspire to advance their nursing careers and immerse themselves in the local culture. When they sense their professional growth has reached a plateau in Indonesia, they are inclined to seize the chance for further career development. Their primary goal when going to Japan is to acquire the fundamental knowledge and skills necessary for delivering essential or hands-on care. Conversely, they also find solace in the legal protection afforded to registered nurses, which ensures their safety while providing nursing services.^{7,19} They believe that holding a nursing license is a prestigious achievement with the potential to shape their future professional path. Consequently, they maintain their motivation while grappling with the challenges of preparing for the national licensure examination and striving to succeed.⁵ Another aspect that nurse migrant candidates must take into account is that various healthcare facilities have distinct employment guidelines for international caregivers. Not all organizations provide chances for failed applicants to extend their contracts. Consequently, if a candidate doesn't pass the exam, there is a potential risk that they may be repatriated unexpectedly to their home country.¹⁸

Nurses who migrate often encounter ambiguous career trajectories or stagnant career advancement, a situation frequently observed.²³ Nurses who came back to the field shared their disappointment that their prior work experience didn't enhance their prospects for securing appropriate employment. The combination of a shortage of jobs and diminished nursing skills leaves returning nurse migrants with limited alternatives.¹⁸ Another crucial concern for migrant nurses overseas was the restricted career prospects they encountered in Taiwan. They disclosed that this factor has a substantial influence on their future aspirations.¹⁷ Nurses' concern about their current and future careers is due to their work as care workers which restricts them from performing the actions of professional nurses. The deskilling process experienced, the skills that are not trained and the expertise of professional nurses that do not increase is a concern for migrating nurses.¹⁶

Cultural adaptation

Cultural differences are a common occurrence when migrating to other regions and even between countries. Geographical distance does not eliminate the possibility of differences in culture and lifestyle of the community. The impacts of this are not only experienced by the general public, but also by nurses. Most nurses employed in Japan concur that Japanese individuals exhibit a strong work ethic and punctuality at their jobs. Furthermore, there are notable cultural distinctions in the roles family members assume in the care of ill patients or family members. In Indonesia, the majority of family members remain in the care unit around the clock and alternate in providing care, even beyond designated visiting hours. Conversely, in Japan, family members tend to be less present around the patient, leading to limited family involvement

in the care of unwell family members.⁷ Cultural adaptation involves fully engaging with the customs and traditions of a specific locale. It's clear that nurses working abroad encounter varying cultural norms, necessitating a heightened awareness and the potential for culture shock. To integrate into the surroundings in Kuwait, female nurses must navigate cultural aspects such as the restriction on women travelling independently and the requirement to cover their entire body, including their face and hands, when in public spaces. Despite the dominant Islamic influence, religious practices are observed with great intensity in this region.⁸

Lack of religious services

Migrant nurses reveal their life struggles while working in Japan. They mentioned facing difficulties as a result of residing in rural facilities. Residing in a rural location restricts nurses' ability to reach religious establishments like mosques and churches. They also encounter challenges related to the demands of strenuous and repetitive tasks, language barriers involving Japanese and local dialects, and the emotional hardship of being separated from their families, which leads to feelings of loneliness¹⁶. Various studies on migration show that social adjustment during the migration process is related to mental health status, which can be influenced by various sociodemographic factors (gender, age, economic background) and sociocultural adaptations which include language barriers, social support, acceptance by the host countries and working conditions²⁰. During their time in Kuwait, female nurses must conform to the local customs, which include restrictions on women travelling alone and the requirement to cover their entire bodies, including their face and hands, when in public spaces. Despite the fact that Islam is the predominant religion in the country, these religious and cultural practices are observed more rigorously, whether in the workplace or elsewhere⁸.

Homesickness

Residing in a foreign country requires nurses to be ready to distance themselves from their loved ones in Indonesia. Homesickness frequently affects nurses who move abroad, as they are compelled to be separated from their families for an extended period, occasionally reuniting only after approximately a year. Nurses assert that adapting to this circumstance necessitates some effort. They mention various strategies, such as staying connected with their families back home, bolstering their mental resilience, and actively participating in social activities, as effective ways to manage homesickness.⁸ Loneliness and sadness often come to nurses who migrate and are away from their families. The Eid moment becomes a sad experience when they cannot return to their home countries due to work or other obstacles. When caring for patients, migrant nurses sometimes remember their families at home and when the holiday comes, they are confused about what to do.¹⁶

Post-migration

Deskilling

The process of deskilling frequently commences on a caregiver's very first day of work, as they may find it surprising that their responsibilities mainly revolve around tasks such as providing meals, assisting with bathing, and accompanying patients on walks. They thought that the caregiver's duties were the same as geriatric nurses in Indonesia, but it turns out that the caregiver's duties there are different. Their main task is to help provide basic human needs, so their nursing skills very limited use in the job because there are no medical or nursing interventions allowed.¹⁸

Although they received professional caregiver training, their

abilities dwindled as their time in Japan extended. Their diminishing nursing skills led to feelings of inadequacy. They came to understand the challenges of transitioning from caregivers to nurses. This sense of stagnation in their nursing abilities over years in Japan also eroded their self-assurance.¹⁸

Nurse migrants coming back lack the ability to effectively convey the skills and knowledge they acquired overseas.²³ Those who experienced brain waste abroad may feel a loss of professional knowledge and competence. For instance, a migrant nurse employed in a caregiving role might have restrictions that limit them to carrying out tasks associated with the patient's fundamental requirements on a daily basis.¹⁸ Although nurses may possess clinical competence in their home country, their inability to secure certification as professional nurses in the destination country, along with variations in job opportunities, restricts them from applying their nursing expertise. This hindrance in utilizing their nursing skills can result in a decline in confidence as healthcare practitioners when these nurses eventually return to their home country.^{18,24}

Work in non-health sector (Brain Waste)

The process of deskilling can have short-term and long-term impacts on a nurse's career. Brain drain is often felt due to neglected caregiver skills and loss of skills and confidence as a caregiver.¹⁸ Migrant healthcare professionals who encounter underutilization of their skills in foreign countries may perceive a loss of their professional expertise and capabilities due to their qualifications from their home country not being recognized for use in their current location. They are prohibited from honing their professional abilities, leading them to abandon the use of these skills and perceive no prospects for their careers.¹⁷ The phenomenon of brain drain and brain waste is unavoidable, although migrant health workers have high expectations of practicing their profession in the destination country. In truth, numerous healthcare professionals face underutilization of their skills when they work in positions below their qualifications. Therefore, it is imperative to have stringent regulations in place to ensure that their nursing abilities can be refined and put to good use upon their return to Indonesia.¹⁶

Re-integration and brain circulation platform

In a study conducted by Efendi *et al.* (2017), they noted that the implementation of circular migration or policies that promote "brain circulation" could offer a potential solution to mitigate the problems associated with deskilling and underutilization of intellectual talent.²⁵ One suitable approach for creating a mutually advantageous migration program within the framework of the Indonesia Japan Economic Partnership Agreement (IJEPA), aligning with Indonesia's strategic plan, involves establishing provisions for circular migration or the return of migrants. After health professionals have worked for several years in their destination country, both private and government recruiters should assume responsibility for aiding their return and integrating their expertise and training into the local healthcare system. This can be facilitated through formal partnerships and mechanisms, supported and funded by fees generated through the IJEPA. Enacting these policy reforms will not only assist Indonesia in retaining a crucial healthcare workforce but will also transform nurse migration into a sustainable international training strategy and a source of income for candidates.²⁵

Contrary to this widespread belief, the dynamics of brain circulation are intricate, with many healthcare professionals not anticipating a return home once they secure employment in a more developed nation.²⁵ Migrant nurses who go back to their native

countries aspire to receive government support. In Indonesia, the Ministry of Health (MOH) promotes cooperative agreements for the supervision of healthcare professionals' placements overseas. The Ministry of Health (MOH) also promotes the adoption of the idea of brain circulation in the enhancement of health worker migration. This approach aims to strengthen healthcare professionals who come back to Indonesia, thereby enriching the healthcare system with the enhanced expertise and skills they have acquired through their international work experience.²⁶ Returning Indonesian nurses who participated in the IJEPa program hope to gain an advantage in becoming civil servants as part of the brain circulation program. However, this aspiration is unlikely to materialize due to the government's civil service policy of no expansion and equal employment opportunities. To address this, returning IJEPa nurses view job fairs organized by the Ministry of Health as a practical method to expedite their reemployment and secure quality nursing positions.⁶

Discussion

This scoping review aimed to gain insight into the experiences of nurses who migrate to foreign countries, with a specific focus on highlighting the three stages of their migration process, namely pre-migration, migration and post-migration. A three-cycle migration approach is used to facilitate understanding of the migration nurse's experience. In the pre-migration stage, it discusses the preparations required by a nurse before going to the destination country. This includes language competence, an understanding of the job and a comprehensive understanding of the destination country, reason to work abroad and comprehensive understanding of the destination countries. Language competency is an important aspect before going abroad, as communication is a major challenge for nurses migrating abroad.⁷ This barrier becomes more severe when they communicate with patients or coworkers who use local dialects.^{27,28} Language is also an important aspect for nurses who want to work abroad such as in Japan there is a competency qualification exam for international nurses in order to work there and the exam uses Japanese language.⁵ Understanding the job description or description and authority of nurses there must be clarified to avoid misinformation about the roles and tasks of nurses at work. The healthcare system and structural setup in Indonesia varies from that found in Japan. Indonesia recognized nursing as a profession during its colonial history.²⁹ Conversely, "care worker" is a recently emerged occupation created in response to the rising demand for caregiving in more advanced nations. The nature of care work is perceived differently depending on the specific circumstances.^{30,31} International applicants are also impacted by the pronounced differentiation within the Japanese system between healthcare and elderly care.¹⁵ In Japan, medical care and elderly care are generally seen as separate domains, and there are often different regulations, systems and funding streams for each. For example, medical care is usually provided by hospitals and clinics, while geriatric care is provided by long-term care facilities such as nursing homes.³² The variances between the two stances need to be emphasized, not just for aspiring candidates but also for the nursing community in Indonesia. This perspective is in accordance with the findings of previous studies by Alam and Wulansari (2010), which discovered that people with nursing backgrounds aiming to become *kaigofukushishi* frequently face challenges in their current jobs because their expectations are not met.³³ According to an earlier examination conducted by Hirano-Ohara,

Ogawa, and Ohno (2012), approximately 98% of aspiring Indonesian certified care workers opt to migrate to Japan through the EPA program to enhance their career prospects.³⁴ The inability to work as nurses, which consequently hinders their ability to enhance their clinical skills and competencies, presents a significant challenge for them in their current work environment, resulting in a considerable psychological burden.³⁵

The second theme found in this study is the migration cycle, which consists of language, deskilling, mental health, an unclear career path, cultural adaptation, lack of religious services, and homesickness. Migration involves a significant change in a person's life, which could lead to leaving their homeland. This situation may trigger feelings of anxiety, potentially leading to the onset of depression and other mental health issues.^{4,15} Additionally, there are studies examining the migration of nurses to countries like Canada or England, which have significantly colder climates.³⁶ Alternatively, an individual contemplating migration may experience adverse mental health symptoms as a result of their existing socioeconomic circumstances, which have compelled them to seek employment opportunities overseas due to state-imposed conditions. This speculation highlights the necessity for additional investigation concerning the social, psychological, and economic circumstances during the pre-migration phase.²⁶ Alternatively, there are numerous potential advantages associated with relocating to a different country in terms of future prospects. The destination country may provide enhanced opportunities and experiences compared to an individual's country of origin, potentially leading to a more favourable perception.³⁰ This is consistent with previous studies in the field. Exploring the factors that intending migrants are waiting for, aside from their concerns, can provide further insights into the potential positive impact of migration on health and welfare.²⁵

Our study found that individuals who expressed a reason to migrate experienced higher levels of stress when it came to acquiring a comprehensive understanding of the destination country. For instance, the process of seeking and ensuring employment opportunities in foreign countries, navigating the bureaucratic procedures involved in obtaining necessary documentation and approval for migration, making arrangements for the care of one's family during extended periods of absence, and acquiring the necessary financial resources, among other factors, can all contribute to increased levels of stress.¹⁴ Numerous studies have posited the concept of pre-acculturative stress within the framework of migration. The assertion is made that voluntary migrants initiate the process of psychological and behavioural adaptation to their new life in the destination country, as well as engage in preparatory measures prior to undertaking the actual act of migration.³⁵ Based on various sources of pre-migration information, such as interactions with previous migrants via social networks, voluntary migrants develop expectations regarding their experiences after migration, including their ability to adapt and cope with potential discrimination.⁶ These expectations can potentially induce stress. The results of our study regarding perceived stress align with the concept of pre-acculturative stress, which merits further investigation in future research endeavors.

This review highlights that working situation in the workplace affect the well-being of migrant nurses, especially those from ethnic and racial minority backgrounds, particularly impacting their mental health. Other studies have shown a noteworthy link between racism and poorer health results, with a more pronounced connection found in terms of mental health and a less pronounced one in relation to physical health.⁷ Provided evidence supporting the presence of prejudicial behaviors against migrant nurses and

clarified the potential outcomes of this bias, which may encompass reduced job performance and increased stress levels. Migrant nurses who encounter instances of discrimination and racism often refrain from reporting such occurrences due to concerns of potential social isolation and retaliatory actions.³ The state of the workplace and the absence of rest and vacation opportunities have a significant impact on the employees' mental well-being.³⁶

The research elucidates that the career trajectory lacks clarity. This occurrence took place in both Japan and Taiwan. The establishment of a well-defined career trajectory for international nurses is a crucial factor to consider in maintaining the ongoing migration cycle within the nursing industry.³⁷ Nevertheless, the divergent strategies employed by Taiwan and Indonesia have proven ineffective in tackling this matter. The Republic of Indonesia's official authorities recognize nursing as an officially acknowledged profession that involves specific responsibilities and requirements to be met by individuals who hold the necessary certification.³⁸ Conversely, the healthcare system in Taiwan restricts foreign nurses from practicing at their certified qualification level. The results of this study emphasize the necessity of implementing transparent, knowledgeable, and comprehensive contractual agreements for Indonesian nurses who express interest in pursuing employment as care workers in Taiwan. There is a need for clarification of the term "careworker" in order to alleviate confusion among nurses who are seeking employment in long-term care (LTC) facilities in Taiwan.¹⁷ In the context of this study, if Indonesian nurses are assigned to foreign countries might have faced the absence of religious support for these individuals. However, some Muslim nurses and doctors who migrate seek employment in Saudi Arabia easily to practice their faith.³⁹

Culture shock is a phenomenon primarily encountered by individuals who travel abroad, particularly those who reside or spend an extended duration in a foreign country. Nurses relocating to Japan need to successfully acclimate themselves to Japan's work culture, which emphasizes perfectionism. This entails adhering to rigorous hygiene standards, handling a substantial workload, and maintaining a high level of professionalism in their performance.¹⁶ A well-structured professional work environment necessitates nurses to be prepared and possess a strong work ethic. In Japan, placing service as the foremost concern and prioritizing patients is paramount. This principle holds true not only in Japan but also in all nations where patient well-being takes precedence in healthcare services.⁶ Migrant nurses must be able to adjust to the work system and social life there. Even though it has a high workload, a positive attitude and good lifestyle can be a lesson for nurses who migration there.^{7,18} The desire to enhance the financial well-being of one's family is certainly met through well-paying jobs overseas. Few express dissatisfaction with their earnings, yet these wages do not guarantee that migrant nurses will be free from hardship.¹⁷ This stress can be started from their departure which is motivated by insufficient economic problems so that they go abroad in the hope of improving the family economy.²¹ Sources of stress for migrating nurses are host acceptance of foreign nurses, sociocultural differences, and feelings of being away from family (homesickness).^{8,16}

The last theme on this study is post-migration which consists of deskilling, brain waste and brain circulation platform. Deskilling usually starts at the beginning of employment and continues until she returns to her home country. deskilling occurs because competencies and skills are never practiced there because of differences in work positions and qualification status as professional nurses there.¹⁸ This then results in brain waste and loss of confidence of migrant nurses. The long-term impact of this situation is that nurses can lose their career paths due to decreased com-

petence and career choices that will be undertaken as a result of post-migration deskilling.²³ In a research undertaken by Efendi and colleagues in 2017, they proposed that implementing a policy known as "brain circulation" could serve as a viable solution to tackle issues associated with deskilling and underutilization of talent.²⁵ The circular migration system might entail nurses who have migrated temporarily to another country returning after gaining a few years of work experience there. It is the duty of recruiters, whether they are from the private or government sector, to help facilitate the return of these nurses and seamlessly incorporate their expertise and training back into the local healthcare system.¹⁶

The inevitability of brain drain and brain underutilization is a recognized phenomenon. Despite the hopeful anticipation of migrant healthcare professionals to practice their profession in host countries, the truth is that a significant number of them experience cognitive decline as a result of working in roles that demand strict adherence to regulations and involve less complexity. In order to perfect their nursing skills and facilitate the exchange of knowledge upon their return to Indonesia, it is very important for individuals to be given the opportunity to improve their skills in nursing. The government facilitation through brain circulation platform needs to be developed and implemented and strengthened by Re-integration in all sectors. This aligns with earlier research carried out in the Caribbean and Indonesia. Canada, the United Kingdom (UK), and the United States (US) are widely acknowledged as the primary choices for Caribbean nurses looking to immigrate. Scholars argue that these countries are responsible for a phenomenon known as "brain drain" in talent-providing countries.⁵ In addition, the phenomenon of brain drain poses immediate and lasting challenges, including depleting economic investment and emerging health care deficits in terms of human resources for countries that provide skilled individuals.⁴⁰ While it is widely recognized that the migration of Caribbean nurses has negative consequences, it is important to recognize that there are also advantages, especially when it comes to remittances.²⁰ Issues of global concern remain, with limited solutions available for regions such as Indonesia.

In a study carried out in the Caribbean, an alternative approach was identified in relation to brain waste prevention. The Caribbean government implemented a comprehensive international nurse migration management strategy, which not only deals with the circumstances before nurses leave for another country and during their time there, but also after they have migrated.⁶ Certainly, this necessitates government involvement and the participation of pertinent stakeholders to formulate policies that can be advantageous for both nations in question.^{6,40}

Limitations

This scoping review exclusively comprised published studies, and it specifically focused on studies conducted in the English language. The publications found by researchers only cover the migration of Indonesian nurses to several countries, including Japan, Taiwan, Kuwait, and Saudi Arabia. The migration of nurses to other countries has not yet been identified.

Conclusions

Establishing regulations, resources, and additional skills for Indonesian nurses during the pre-migration phase is a valuable way to facilitate their entry into the global nursing job market. Additionally, investing in language preparation that aligns with the

requirements of receiving countries is inevitable. It's crucial to ensure holistic policies for nurse migrants to advance their careers and maintain their motivation in the face of global competition. As a gesture of appreciation for returning nurse migrants, efforts should be made to retain and enhance their nursing skills, prevent skill degradation, and provide a platform for brain circulation.

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Online supplementary material:

Table 1. Summary of included studies.