

Review Article

ASEAN mutual recognition arrangement for Indonesian nurses: is it a promise?

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ABSTRACT

Nurse surplus, nurse shortage, nurse migration, unequal distribution, and multiple backgrounds of nurses are challenges being faced by Indonesian government and nurse leaders. ASEAN mutual recognition arrangement is expected to address these challenges by facilitating nurses' mobility, exchanging knowledge and best practice, and providing a scheme to develop nurse competency in Indonesia. However, there are some concerns need to consider related to the policy and the context of Indonesian nurses, and the objectives and requirements of MRA.

Keywords: MRA, ASEAN, Nurse surplus, Nurse shortage, Nurse migration, Unequal distribution, Multiple backgrounds of nurses

INTRODUCTION

ASEAN Mutual Recognition Arrangement (MRA) on nursing services signed on December 9, 2006 is to strengthen professional nurse capabilities. This arrangement aims to facilitate mobility of nursing professionals within ASEAN, exchange information and expertise on standards and qualifications, promote adoption of best practices on professional nursing services, and provide opportunities for capacity building and training of nurses. It is also in accordance with the efforts of the ASEAN Member States in recognizing the ASEAN Vision 2020 on Partnership in Dynamic Development geared towards the creation of a stable, prosperous and highly competitive ASEAN Economic Region.¹

ASEAN MRA involving ten ASEAN member countries consisting of Indonesia, Thailand, Brunei Darussalam, Philippine, Singapore, Myanmar, Lao PDR, Vietnam, Malaysia, and Cambodia is expected to make these

countries close together.² Indonesia, on this arrangement, has an important role for the success of MRA, particularly in nurse mobility whether to send the nurses to other countries or accept foreign nurses to Indonesia. However, there are requirements of ASEAN MRA on nursing service need to follow in order to be eligible in having a "free flow of nurses" among ten ASEAN countries that may or may not fit on the situation of the nurses in Indonesia today. Therefore, this paper aims to explore the nurse context of Indonesia, and some concerns are raised for consideration.

ASEAN MRA ON NURSING SERVICE

Nurses on the arrangement have to be qualified to migrate within ASEAN. Nurse based on MRA is a natural person who has completed the required professional training and conferred the professional nursing qualification, and has been assessed by the Nursing Regulatory Authority of the Country of Origin as being technically, ethically and legally qualified to

undertake professional nursing practice, and is registered and/or licensed as a professional nurse by the Nursing Regulatory Authority (NRA) of the Country of Origin. This definition shall not apply to a technical level nurse.¹ To be recognized and allowed to practice nursing in other countries, nurses need to have: a) Nursing Qualification; b) A valid professional registration and/or license from the Country of Origin and a current practicing licensee or certificate or any relevant certifying documents; c) Minimum practical experience in the practice of nursing of not less than three continuous years prior to the application; c) Compliance with satisfactory continuing professional development in accordance with the Policy on Continuing Professional Development in nursing as may be mandated by the NRA of the Country of Origin; d) Certification from the NRA of the Country of Origin of no record or pending investigation of having violated any technical, professional or ethical standards, local and international, for the practice of nursing; and e) Compliance with any other requirements, such as to submit for a personal medical examination or undergo an induction program or a competency assessment, as may be imposed on any such application for registration and/or license as deemed fit by the NRA or any other relevant authority or the Government of the Host Country concerned.¹

INDONESIAN NURSES CONTEXT

There are many contexts of nurses in Indonesia, which are the challenges being faced by Indonesian Government and nursing leaders in the country. It is nurse surplus, nurse shortage, nurse unequal distribution, nurse migration, and multiple nurse background.

Nurse surplus

Currently, Indonesia that consists of 2375 million are served by 220.004 nurses. In term of the ideal proportion, Indonesia should have 117 nurses for every 100.000 population.³ Indonesia has been increasing the number of nurses year by year, which produces 30000 nurses per year.³ The expansion of number of nursing schools from 409 schools in 2004.⁴ to 733 schools (283 schools provide Bachelor program)⁵ in 2014 tells the need to invest more in providing job opportunity for nurses. However, the total absorptive capacity by public and private health sector is low, which public sectors can absorb approximately 3000 nurses yearly, while private sectors absorb 2500-3000 new nurses per year. Therefore, there are many nurses do not get the right place to work or uncertain placement.⁴

Nurse shortage

Increasing the production of nurses is expected to reduce nursing shortage in Indonesia. However, the nursing shortage rate is still high. Minister Of Health (MOH) estimates that an additional 118788 health workers were needed at hospitals in 2012. The largest shortfall was

nurses: 87874 additional nurses, or 74 percent of the total shortfall, were needed at hospital level; and an estimated 10146 extra nurses are needed at primary health care level, or 22 percent of the total shortfall. The shortage is calculated based on unfilled positions.⁶ It demonstrates the large gap between nurse surplus and nurse shortage. It is questionable why government of Indonesia is only able to absorb few nurses.

Nurse migration

Because there is nursing surplus in Indonesia, the Government Of Indonesia (GOI) encourages nurses to work or move to other countries to reduce jobless in the country. There are some schemes or programs that support the GOI intention, such as USA has offered unlimited nurses for 'S1' or at the level of bachelor in Indonesia (university level in Indonesia, which is high school graduated plus 5 years education at the School of Nursing) and 'D-3' or graduated from academic in Indonesia (academic level in Indonesia, which is high school graduated plus 3 years education at the Academic of Nursing or Poly-technique School of Nursing). Saudi Arabia has also offered its need to have 1000 female nurses to work there with certain criteria (Agus Suwandono et al., 2005), and Japan offers 200 Indonesian nurses per year. However, there were only some nurses applied for these recruitments.⁷ These schemes only accepted few applicants and have a little bit impact to reduce nurse surplus in Indonesia.

Nurse background

Indonesia has many backgrounds of nurses that may be different from other countries, such as Thailand and Philippine that only registered nurse holding bachelor degree as a basic nurse. Indonesian nurse backgrounds consist of SPK, diploma III, diploma IV, bachelor/nurses, master/nurses specialist, D-III anesthesia nurse, D-IV anesthesia nurse, and others.³

- a) SPK is a three-year basic nursing program at senior high school focusing on the basic of nursing skill.
- b) Diploma III (D-III) is a three-year nursing program at university level. It is called "Ahli Madya Keperawatan" or certified mid-level III. It requires certificate of senior high school as minimum requirement for admission.
- c) Diploma IV (D-IV) is one-year nursing program focusing on the area of interest in nursing. It requires D-III degree for admission.
- d) Diploma III (D-III) anesthesia is a three-year nursing program focusing on anesthesia. It requires certificate of senior high school to apply this program.
- e) Diploma IV Anesthesia is one-year nursing program after D-III Anesthesia focusing on Anesthesia.
- f) Bachelor/Nurses is a four-year nursing program that consists of coursework and research, followed by one-year program in nursing fields.

- g) Master/Ners specialist is a two-year nursing program consisting of coursework and research, and is followed by one-year specialist program. It requires Bachelor degree for admission.
- h) Doctoral is a three-year nursing program consisting of coursework and research. It requires master level for admission.

Because having so many backgrounds of nurses, it is difficult to distinguish which level can be called as a nurse. However, to be called as professional, nurses need to hold bachelor degree, as Indonesian nursing profession also mentioned that nurse who holds bachelor degree and complete “Ners” program is the first professional degree.⁸

Table 1: The composition of nurses in clinical areas, based on level education.

Nurse qualification	N
1. SPK	73.994
2. Diploma III	127.096
3. Diploma IV	921
4. Bachelor/Ners	10.031
5. Master/Ners specialist	412
6. D III anesthesia nurse	1.177
7. D IV anesthesia nurse	35
8. Others	6.338
Total	220.004

Source: Ministry of Health, May 2013

SOME CONCERNS

MRA with its objectives seems to be a good promise for Indonesian nurses, particularly in the context of nursing surplus. Nurses who do not get certain placement could migrate to ASEAN countries, and it can be supported by Government of Indonesia that encourages nurses to work abroad. Additionally, the distance of Indonesia and other ASEAN countries are not too far among each other.⁴ On the other hand, the objectives of MRA may also address the context of nursing shortage in Indonesia, which the need of nurses in hospital and primary health care level is increased. However, there is no evidence to understand why nurses are not being employed in public and private hospitals, a further research could be applied to explore this issue. It could be Indonesian health budgeting factor or the competency of nurses with multiple backgrounds that cannot convince the health policy to absorb more nurses. MRA is expected to develop nurse competency by providing training with foreign trainers as an opportunity for capacity building of nurses, in terms of skill, knowledge, attitude, and English proficiency. MRA is not only about mobility of nurses itself, but also exchange the information and knowledge between ASEAN countries.² Additionally, the mobility of nursing educators, nursing trainers, and nursing researchers are also involved in this arrangement.

Despite of a good promise of MRA, with its requirements could be a challenge for Indonesian nurses. MRA requires professional nurses, having at least 3 years experiences in nursing practice, no record of malpractice, certified by country of origin, and compliance with satisfaction with professional development. In this situation, it may or might not fit the context of nurses in Indonesia, because mostly Indonesian nurses hold diploma and SPK degree (Table 1), which does not meet the requirement. Diploma or SPK nurses are not a professional nurse, but rather to technical or associate nurse. Therefore, nurse leader and managers should upgrade the nursing schools from diploma or SPK to bachelor degree. However, it contradicts the Law of Republic of Indonesia number 36, year 2014 on health chapter III article 8,9,10, and 11 that “personnel on health consists of health personnel and assistant of health personnel. Health personnel are those who have a minimum qualification, diploma III, except medical personnel. Health personnel consist of medical personnel, clinical psychology personnel, nurse, midwife, pharmacist, public health personnel, environmental health personnel, nutritionist, physical therapist, medical technician, biomedical technician, traditional medicine, and other personnel. While assistant of health personnel are those having a minimum qualification, high school level”.⁹ Therefore, there are many nursing schools still provide diploma nursing program in Indonesia. It can be confirmed that the basic education of nurses of Indonesia is Diploma III, not SPK that has lower level of education than diploma III.

In line with this, the unequal distribution of nurses in Indonesia is also a serious major concern. Most of nurses are rejected to deployment in rural or remote area because of lack of infrastructure, lack of transportation, and security concern.⁴ This problem needs nurse mobility, but it is not mobility under MRA, but rather to mobility of nurses from urban to rural areas to fulfill the demands. However, government of Indonesia has been applying the contract scheme for nurses or “Pegawai Tidak Tetap”. This is not a civil servant, but nurses are contracted to work in rural areas to reduce nurse jobless in Indonesia.

CONCLUSION

It can be concluded that MRA has important roles in addressing the nursing context in Indonesia. Bridging nurses to migrate within ASEAN countries seems to reduce nursing surplus and deal with nursing shortage. However, the requirements of professional nurses holding bachelor degree may cause a barrier for the success of MRA because most of nurses in Indonesia are holding SPK and diploma degree. Otherwise, it could be a good recommendation to step forward of Indonesian nurses from diploma to bachelor nurses. But, it remains contradictive with the Law of Republic of Indonesia on Health number 36, 2014, which confirms that basic education of nurse is holding a minimum diploma III. MRA, on the other side, could help to develop

competency of Indonesian nurses by giving training with invited trainers from other countries.

This paper has provided the insight of nursing context of Indonesia and some concerns related to MRA. It is hoped that this knowledge and information will enhance a further research to develop nursing in Indonesia for the success of ASEAN MRA.

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