





Finding Home in the Foreign Land: Experience of Indonesian Nurses in Australia

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Purpose: Like many other countries, Australia is experiencing nursing workforce shortages and is drawing nurses from abroad. Indonesia and Australia are neighboring countries; however, there is a lack of understanding about the experiences of Indonesian nurses working in Australia. This study aimed to analyze the experiences of Indonesian nurses working in the Australian healthcare system, focusing on their perceptions, adaptations, and challenges.

Patients and Methods: A qualitative descriptive design was used, with data collected through in-depth interviews conducted in Australia in July 2024. Twenty-five Indonesian nurses working in Australian healthcare facilities participated in the study. Participants were recruited via snowball sampling and interviews focused on personal and professional experiences. The data were analyzed thematically using NVivo 14 software.

Results: The analysis revealed five themes: professional challenges; language and cultural competency; support systems; Australia as the best country in terms of nursing policy; and experiences of working, living, and growing old in Australia. Participants also explained that Australia's policies for nurses, which provide clear scope of practice and easily accessible support mechanisms, shaped their decisions to remain in the workforce long-term.

Conclusion: Indonesian nurses in Australia face multifaceted challenges and significant opportunities for growth within the current regulatory and nursing policy framework. Despite these difficulties, experience is often perceived as worthwhile because of fair treatment. Many Indonesian nurses expressed a sense of belonging and viewed Australia as both a workplace and home. These findings underscore the importance of policies that enhance language and cultural preparation, and strengthen bilateral labor agreements to support ethical recruitment, retention, and long-term nursing workforce planning.

Keywords: health worker, Indonesia, international migration, migrant workers, migrant nurses

Introduction

The Australian healthcare system faces the challenge of inadequate nursing staff, which necessitates recruitment from various parts of the world.¹ Global projections indicate an ongoing shortage of healthcare personnel worldwide, including nurses and midwives.^{2,3} Future workforce demand projections for Australia reveal significant deficits, with an estimated shortfall of approximately 85,000 nurses by 2025 and 123,000 nurses by 2030.⁴ The pandemic has further impacted the Australian health system, affecting the employment of nurses and midwives.⁵ Overall, the nursing shortage in Australia constitutes a complex issue that requires various approaches, including foreign healthcare personnel recruitment strategies such as international nurse migration.⁶ In response to the global shortfall of approximately 18 million health professionals by 2030, the World Health Organization advocates cross-border recruitment of medical staff from countries with surplus workforces.⁷ With over a million qualified nurses in 2021 and significant potential to provide solutions, projections show that Indonesia will produce approximately 45,000 new nurses annually by 2025.⁸

Indonesia has implemented policies to encourage emigration of its nursing workforce abroad,⁹ which aids in reducing unemployment and strengthening the national healthcare system.¹⁰ Strong bilateral partnerships between Indonesia and Australia present opportunities to harness nursing talent.¹¹ Currently, there are approximately 1,170 nursing schools in

Indonesia, 38 of which are under the Ministry of Health of the Republic of Indonesia.¹² Approximately 60,000 nurses graduate annually from these nursing schools across the country.¹³ Having a large graduating nursing workforce offers the potential to leverage its impact on the global nursing workforce.

Several studies have examined the experiences of migrant nurses working in Australia. One study focused on five immigrant nurses who were either employed or seeking employment in New South Wales and revealed three key challenges they faced: professional negation, characterized by a lack of support and direction; otherness, marked by cultural separateness and loneliness; and silencing, which stemmed from language and communication difficulties.¹⁴ Another study explored the experiences of a Filipino nurse who moved to Australia. The migration process is heavily influenced by relationships with migration intermediaries from the same ethnic group. This highlights the additional risks faced by skilled migrants, especially those from developing countries or non-English-speaking backgrounds.¹⁵ Additionally, another study examined the experiences of qualified migrant nurses from overseas backgrounds who lacked English proficiency in Australia.¹⁶

These qualitative studies offer valuable insights into migrant nurses' experiences in Australia; however, most either combine participants from diverse countries, concentrate on a single country case, or examine internationally qualified nurses as a broad category, leaving a limited understanding of country-specific perspectives particularly from nations with explicit nurse migration policies such as Indonesia.^{14–16}

While some studies have been conducted with Indonesian nurses working abroad, such as in Japan,¹⁷ Taiwan,¹⁸ and Kuwait,¹⁹ there has yet to be a specific study examining the experiences of Indonesian nurses working in Australian healthcare facilities. In contrast to previous research, this study focused on Indonesian nurses in the Indonesia-Australia migration context, considering their long-term integration and settlement intentions, as well as the situation of their experiences in the context of nursing and migration policies in both countries. Research into their experiences is crucial, as it can provide valuable information for policymakers in both the healthcare sector and the labor force, enabling improvements to immigration processes and equitable recognition of migrant workers abroad. Therefore, this study aimed to analyze Indonesian nurses' experiences related to initial transition, challenges faced, and adaptation to their destination country, Australia.

Materials and Methods

Design

This study used a qualitative descriptive design, enabling researchers to explore and comprehend a detailed description of a particular phenomenon.²⁰ Data were gathered through semi-structured individual interviews, with questions addressing the experiences of Indonesian nurses in the Australian healthcare system. Reporting of the research followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guideline.²¹

Study Setting and Recruitment

Participants were recruited using the snowball sampling method, initially through direct contact with research team members. Potential participants were contacted by telephone and electronic communication. Initial contact was made through the professional and social networks of the research team, who approached Indonesian migrant nurses known to them and invited them to participate, and these nurses were then asked to share the study information with colleagues who might also be interested. Because recruitment was conducted through professional and social networks of participants, researchers did not always directly know nurses who chose not to participate, and therefore, reasons for non-participation were not regularly recorded. A total of 25 participants agreed to participate in the study. Interview times and places were established upon confirmation of an individual's agreement.

The inclusion criteria were Indonesian migrant nurses who worked in healthcare facilities in Australia, had a minimum of one year of work experience, and were willing to participate in the study and share their experiences. The criterion of at least one year of work experience in Australia was used to ensure that participants had sufficient exposure to the Australian healthcare system to reflect meaningfully on their transition and practice. The researchers did

not aim to recruit nurses from all states or all possible units; rather, the intention was to capture a range of practice settings and career stages among Indonesian nurses employed in different services in Australia.

An Indonesian research assistant supported recruitment and coordination of interviews. The assistant's role included distributing study information, scheduling interviews, and confirming consent and interview arrangements. The assistant and the primary interviewer were not employed by participants' institutions and did not hold any supervisory, managerial, or educational roles in relation to the participants. This lack of hierarchical relationship was intended to minimize any perceived obligation to participate or potential power imbalance.

Data Collection

Data were collected through in-person interviews conducted in Australia in July 2024. Interviews took place in locations agreed upon with participants, using private spaces to maintain confidentiality. All interviews were conducted in Indonesian. Transcripts were initially analyzed in the original language to preserve contextual and cultural nuances which were later translated to English. This approach aligns with best practices to maintain qualitative rigor, as highlighted by McKenna (2022), who emphasizes the importance of rigorous translation in qualitative research.²²

All participants provided written informed consent. They were briefed about the study aims and procedures, the voluntary nature of their participation, and their right to withdraw at any time without consequences. Participants completed a brief demographic questionnaire that captured sociodemographic information, including gender, age, marital status, year of arrival in Australia, year of passing a relevant examination in Australia, workplace details, duration of employment in Australia, previous work experience before migration, monthly salary, training attended, and highest level of education. There was no pre-existing relationship between the participants and the researcher.

Subsequently, participants shared their perceptions and experiences related to living and working in Australia. Face-to-face interviews were led by an Indonesian male researcher with prior experience researching Indonesian migrant nurses. Each interview lasted approximately 60 minutes. Interviews were audio-recorded using digital recorders and the files were stored with password protection to ensure participants' privacy.

For qualitative research, determining sample size typically relies on the depth and richness of the data until saturation occurs, that is, when no new information or themes emerge.²³ Data saturation was achieved after 22 interviews; however, three additional interviews were subsequently conducted to confirm that no new information emerged. The research team collectively analyzed and reviewed the data from each transcript for content, consistency, and thematic interpretation.

Data Analysis

The data underwent thematic analysis to deepen the researchers' comprehension of the investigated phenomenon.²⁴ Initially, vital textual components such as words, sentences, and paragraphs were singled out and isolated.²⁵ Following this, exact quotes from the transcripts were translated from Bahasa Indonesia to English by a pair of bilingual Indonesian researchers. A back-translation process was conducted to ensure that the original meaning was not lost. This involved independently translating the English quotes back into Bahasa Indonesia and comparing them with the original transcripts to identify and resolve any discrepancies. The pertinent sections of text were then organized into groups that reflected their core content, and from these, themes were developed to represent the fundamental meanings of the groupings. The transcription and sorting of data into codes were aided by the QSR NVivo 14 software. The findings presented in English were collectively examined and discussed by the research team.

Rigor and Reflexivity

To ensure rigor and reflexivity, the researchers engaged in ongoing critical reflection and dialogue to examine their assumptions, positionalities, and potential biases throughout the study. Trustworthiness was supported through strategies of credibility, transferability, dependability, and confirmability, including the use of reflective notes and member checking. Although the researchers did not have personal migration experience, the primary interviewer possessed substantial professional expertise in international nurse migration and health workforce issues, which informed the interview process and enhanced the contextual sensitivity during data collection and interpretation.

Results

Characteristics of Participants

Table 1 shows that most respondents (16 out of 25) earned salaries that exceeded AUD 10,000. A smaller proportion earned between AUD 7,000 and AUD 10,000, whereas only a minority earned less than AUD 7,000. Many respondents had been employed in Australia for over 10 years. A significant number had prior work experience before migrating, potentially aiding their transition to the Australian workforce. Regarding education, most held a bachelor's degree, with

Table 1 Demographic Data of Respondents (n=25)

Respondent Code	Salary	First Year of Living in Australia	Age	Type of Health Facility	Gender	Training Attended	Year passing nursing exam in Australia	Length of work experience before coming to Australia as Nurse (Years)	Length of employment in Australia (Years)	Marital Status	Latest Education
R1	> AUD 10,000	2007	46	Hospital	Male	From workplace	2007	5	17	Single	Bachelor
R2	AUD 7,000–10,000	2020	31	Hospital	Male	From workplace	2020	0	4	Married	Bachelor
R3	AUD 7,000–10,000	2018	37	Clinic	Female	From workplace	2020	0	3	Single	Diploma
R4	AUD 7,000–10,000	2006	45	Hospital	Male	From workplace	2016	0.5	8	Married	Bachelor
R5	> AUD 10,000	1995	55	Hospital	Male	Other	1997	2.5	26	Married	Master
R6	< AUD 7,000	2012	35	Hospital	Female	Other	2019	0	4.5	Single	Bachelor
R7	< AUD 7,000	2012	34	Hospital	Female	From University	2006-2015	0	11	Single	Bachelor
R8	< AUD 7,000	2009	38	Hospital	Female	From University	2009	0	1	Married	Master
R9	> AUD 10,000	2006	44	Hospital	Male	From University	2006	5	18	Married	Bachelor
R10	> AUD 10,000	2006	45	Aged care	Male	From workplace	2006	3	18	Married	Bachelor
R11	> AUD 10,000	2006	42	Hospital	Male	From workplace	2006	0	18	Married	Bachelor
R12	AUD 7,000–10,000	2006	42	Hospital	Male	From workplace	2006	1	18	Married	Bachelor
R13	> AUD 10,000	2007	42	Aged care	Male	From workplace	2007	0	17	Married	Bachelor
R14	> AUD 10,000	2006	42	Hospital	Male	From workplace	2006	5	18	Married	Bachelor
R15	AUD 7,000–10,000	2005	43	Hospital	Male	From workplace	2005	5	19	Married	Master
R16	> AUD 10,000	2006	38	Aged care	Male	From workplace	2006	1	18	Married	Bachelor
R17	> AUD 10,000	2006	42	Hospital	Male	From workplace	2006	1	18	Married	Master
R18	> AUD 10,000	2005	42	Hospital	Male	From workplace	2006	0	18	Not disclosed by participant	Master
R19	> AUD 10,000	2006	42	Hospital	Male	From workplace	2006	0	18	Married	Bachelor
R20	AUD 7,000–10,000	2005	43	Hospital	Male	From workplace	2005	5	19	Married	Bachelor
R21	> AUD 10,000	2005	42	Hospital	Male	From workplace	2005	1	18	Married	Bachelor
R22	> AUD 10,000	2006	41	Hospital	Female	From workplace	2006	0	17	Married	Bachelor
R23	> AUD 10,000	2005	42	Hospital	Female	From workplace	2005	3	17	Married	Bachelor
R24	> AUD 10,000	2005	42	Hospital	Female	From workplace	2005	2	16	Married	Master
R25	> AUD 10,000	2005	43	Hospital	Male	From workplace	2005	0	18	Married	Bachelor

Table 2 Main Themes Related to Indonesian Nurses' Experiences Working in Australia

Theme	Sub-Theme
Theme 1: Professional Challenges	Starting from Zero Workplace Integration Licensing and Certification
Theme 2: Language and Cultural Competency	Communication skills: Verbal Communication skills: Non-Verbal
Theme 3: Support System	Mentorship Program Nursing Union Support
Theme 4: Best Country in Terms of Nursing Policy	Fairness between Salary and Workload Inclusive Career Development Flexible career
Theme 5: Working, Living, and Growing Old Here	Feels like home Work-life balance

several holding a master's degree, highlighting the group's high qualifications. Most respondents were married, suggesting that family ties may have influenced their migration decisions and long-term commitments to Australia. Some respondents migrated as early as the 1990s, while others arrived post-2005. Respondent R5 stands out with 26 years of employment in Australia and a master's degree. R6 and R7 were among the youngest migrants, earning less than AUD 7,000, with shorter employment spans. The themes identified in this study underscored the multifaceted challenges and needs of international nurses, highlighting critical factors, such as professional challenges, language and cultural competency, support systems, and national nursing policies that shaped participants' integration and well-being (Table 2).

Theme 1: Professional Challenges

Starting From Zero

In the first theme, participants described the significant challenges they encountered in the Australian healthcare system. They expressed the feeling of having to "start from scratch," often sacrificing their previous professional status, experiences, and qualifications to adapt and establish themselves in their new work environment. Some participants shared that their backgrounds were not originally in healthcare such as business or management. To pursue their goal of becoming nurses in Australia, they had to restart their education entirely by enrolling in nursing programs from the beginning.

When I went to Australia intending to become a nurse, I realized that Indonesian nursing qualifications, as far as I know, are not yet recognized in Australia. So, I had to start from scratch. If someone is determined to become a nurse in Australia, they must begin again from the very beginning, including completing nursing education. (R11)

At that time, I was on a working holiday visa and had contacted the nursing union, as I was working in aged care and had some connections with RNs whom I could ask for advice. I also emailed AHPRA [Australian Health Professions Regulatory Authority] in Australia, but I couldn't join the bridging course because I didn't have enough experience, and it was my first time working in Australia. Additionally, I didn't have an STR (Nursing Registration Certificate) from Indonesia, so I couldn't immediately work as a nurse. In the end, I had to start my nursing studies from the beginning. (R6)

Workplace Integration

Workplace integration is a significant challenge. Nurses need to adapt to the new work culture, operational standards, professional customs, and ethics in Australia. This process presents significant challenges for participants. Nurses must navigate an entirely new work culture that includes unfamiliar operational standards, professional customs, and ethical frameworks unique to the Australian healthcare system. This adaptation requires learning technical and procedural

aspects as well as understanding nuanced interpersonal dynamics, such as communication styles, team collaboration, and patient care expectations. Participants emphasized that the adjustment process often felt overwhelming, demanding unlearning of previous practices while mastering new ones to meet the expectations of Australian colleagues and institutions.

In Australia, doctors are considered equal to us and the hospital director is viewed as our partner. The supervisor-subordinate relationship isn't hierarchical; rather, it's more of an equal partnership based on mutual respect. They understand my work, and the manager understands their role. If I encounter an issue, I go to them, and they help me resolve it. It's not the other way around. (R13)

Working as a nurse in Australia, our guide is the Standard Operating Procedure (SOP); whatever happens, we follow the SOP. This culture of learning and adherence to SOP needs to be developed so that we can work safely and comfortably and be well accepted in any nursing environment. (R16)

Licensing and Certification

The process of obtaining licensing and certification in Australia is both lengthy and complex. Nurses must fulfill numerous requirements to meet the stringent standards set by Australian regulatory bodies. This involves verifying their qualifications and professional experience, completing additional assessments such as language proficiency tests, and bridging programs to align their skills with Australian healthcare standards. Participants highlighted that these processes were often burdensome and costly, with many describing uncertainty and anxiety regarding whether their efforts would lead to professional registration and employment.

Even with years of experience, my qualifications weren't fully recognized, so I had to complete a bridging course to align with Australian standards. (R10)

I once had the experience of inserting an IV line. In Indonesia, even nursing students can insert IV lines. I remember that when we were still in school, we practiced inserting IV lines. But when I got here [Australia], no it is the responsibility of a medical practitioner. Nurses are allowed to do it, but they need to be certified first. They have to take a course, then get certified. Only after being certified can we perform that procedure. (R4)

Theme 2: Language and Cultural Competency

Communication Skills: Verbal

Language proficiency and cultural competency have been identified as critical for effective communication in Australian healthcare. Participants emphasized that mastering verbal communication extended beyond fluent English; it required understanding medical terminology, colloquial expressions, and context-specific languages in patient care. Participants also noted that effective communication relied on non-verbal skills, such as body language, active listening, and empathy, to build trust with patients from diverse cultures. These skills were crucial for navigating sensitive interactions, interpreting unspoken cues, and ensuring that patient needs were accurately understood and addressed.

When I was working, we were also taught slang when we were in Australia. There's a lot of other slang that locals commonly use, even with medications—there's slang for those too. And sometimes, each state has different slang. (R18)

Now, the main issue is language, especially for newcomers. Newcomers have to learn the accent, learn how to speak, so there isn't a gap between us and other nurses. To avoid any gaps, because we're not just working in a clinical role or limited to the workspace. Even during breaks, we chat with others, blending in with everyone. (R14)

Do you know what the biggest fear used to be? When the phone rang, picking it up, hearing someone talk fast—it took a bit of time to understand. (R19)

Communication Skills: Non-Verbal

Participants emphasized that adapting to non-verbal communication cues in Australian culture was as critical as mastering verbal skills. Many shared that they initially struggled to interpret or convey meaning through gestures, facial expressions, and personal space conventions, which often differed from their home culture. For example, maintaining eye contact, which is commonly interpreted as a sign of attentiveness in Australia, was uncomfortable for some participants because of cultural differences. Similarly, understanding subtle cues such as a patient's body language or tone of voice requires time and practice. These challenges often lead to misunderstandings, particularly when building trust between patients and colleagues. Over time, participants developed strategies, such as observing their peers and seeking feedback, to improve their non-verbal communication and ensure that their interactions aligned with Australian cultural norms.

In Australia, nurses encounter a variety of cultures; therefore, it is essential to ensure that we understand their non-verbal language, such as through eye contact. Sometimes we feel shy about making eye contact while trying to understand a patient. (R11)

Observing the patient's body posture is also important. Sometimes, we bring our own cultural habits, such as slouching, but here, posture is essential as it reflects the attitude or attentiveness toward the patient. Therefore, as partners in the patient's care, we must truly understand relevant non-verbal communication within the nursing context. (R14)

Theme 3: Support System

Robust support systems, including mentorship programs and nursing unions, were reported by participants to play a pivotal role in fostering both professional and personal growth, and easing the transition into a new environment. This is revealed in the third theme, as discussed in the following subsections.

Mentorship Program

Mentoring programs have been reported to play a crucial role in helping Indonesian nurses to adapt. Mentors, particularly nurse educators, provide regular guidance and support to ensure their professional development and smooth integration. Mentorship programs are pivotal support systems for Indonesian nurses to adapt to the Australian healthcare environment. Participants shared that mentors, particularly nurse educators, offered guidance, feedback, and encouragement instrumental in navigating the complexities of their new professional roles. Mentors helped nurses understand clinical protocols and workplace expectations, while providing emotional support. For many, mentorship creates a sense of belonging and boosts confidence, especially when overcoming language barriers or cultural misunderstanding. However, some participants noted variability in mentorship program quality, emphasizing that empathetic and culturally aware mentors significantly influenced their overall integration experiences.

Then there's the so-called new graduate nurse program, which is for newly graduated nurses. So, we are still monitored for a year, but we're already on staff, still being taught. We have a book that we have to fill out, focusing on the skills we need to learn. It's a collaboration with the hospital educators and clinical staff. The hospital staff are the ones who teach us to upgrade our skills, and this is a government standard. (R10)

Here, if there's something new, there is always mandatory training. For example, using a pump for certain procedures, anyone who will use the equipment must be trained. (R5)

When I started working, they treated us as though; since we were new graduates, we still had a lot to learn from our mentors. The treatment is different. Even at work, I was placed with a senior nurse, never left to work alone. There's always a nurse educator who checks in every few days, asking if you have any issues or questions. (R3)

Nursing Union

The participants described how nursing unions provided protection and support to nurses. They offered assistance in employment agreements, working conditions, and workers' rights as well as serving as a platform for sharing experiences and gaining moral support. Participants viewed the nursing union as vital for protection and support during their professional journey in Australia. The union advocated fair employment agreements, ensured safe and equitable working

conditions, and safeguarded worker rights. For many, the union connected nurses, shared experiences, and provided moral support in isolating and challenging work environments. This support was particularly meaningful for immigrant nurses, who offered security and reassurance in a foreign healthcare system. The union's advocacy gave participants confidence to address workplace concerns, such as unfair treatment or contract disputes, which they might have hesitated to confront. Ultimately, the nursing union represented solidarity and empowerment, helping participants feel more included and valued in their professional roles.

Theme 4: Best Country in Terms of Nursing Policy

Fairness Between Salary and Workload

Australia is recognized as a country that offers nurses a fair balance between salaries and workloads. These fair working conditions were one of the main reasons that Indonesian nurses chose to work in Australia.

We feel that our lives are more organized here, as the system is structured in such a way. For example, if we work from seven to three, that's it. Because payment is calculated hourly. If we're late, we only get paid for the hours worked. We work in line with what we put in. If we work eight hours, we get paid for eight hours. If it's just four hours, we get paid for four hours. So, what we work is what we earn. There's fairness in what we receive. (R17)

For instance, full-time work is 38 hours a week, still calculated by the hour. If we exceed 38 hours, we can work elsewhere because overtime is not a requirement. If we do work overtime, it's paid accordingly, even for just 15 minutes. It's calculated per minute. My work is logged in and out, so if I work 9 hours and 30 minutes, I get paid exactly for those minutes. (R3)

Inclusive Career Development

Participants recognized Australia's career development policies as inclusive, offering pathways for all nurses, regardless of background, to enhance their skills and advance. Many shared positive experiences with professional development programs, training sessions, and leadership opportunities that were equally available to immigrant nurses. However, participants noted challenges in navigating these opportunities, particularly early in their careers, when they felt overlooked because of language barriers or assumptions about their experience.

For some, mentorship and colleague support were critical in overcoming these barriers and building confidence in pursuing more advanced roles. Others emphasized that inclusivity extends beyond formal policies, highlighting the importance of workplace culture in fostering belonging and equal recognition. While most participants appreciated inclusiveness, they also stressed the need for continuous efforts to address implicit biases affecting career progression among immigrant nurses. These experiences reflect a complex yet generally positive journey toward professional growth within the Australian healthcare system.

The opportunity to attain the position we desire is wide open and guaranteed by law. I also want to emphasize that this is a very multicultural country; there are 72 different ethnic groups here in Australia. Nursing itself is very inclusive. You just need to demonstrate your performance, confidence, leadership, and communication skills—those are what make the difference. (R12)

Yes, even though someone may be young, everyone has an opportunity. For instance, achieving Clinical Nurse Specialist (CNS) is straightforward. There's a process; for example, a person may have only been here for a year and a half and is already a CNS candidate. Meanwhile, a friend of mine is still an RN despite being very senior. So, it all comes down to each person. (R19)

From what I know so far, it's transparent and open to anyone from a career development perspective. We are given equal opportunities as workers, whether we want to improve skills or participate in a particular training or seminar. Everyone has the same opportunity; it's up to us to take it or not. (R6)

I see a high level of adaptability here. When something doesn't make sense, it simply gets changed, just like that. And that's normal here. Policy changes happen frequently, are dynamic, and are easily agreed upon. That's what I observe here. (R3)

Flexible Career

Participants described a nursing career in Australia as flexible, allowing nurses to adjust their work schedules to align with their personal lives and provide opportunities to transition into different specialties or fields. The participants talked about it in different ways:

For example, in Australia, if I need time for family, because for me, family is a priority, I can choose a unit that only requires me for a few hours, or I can combine shifts across several days, according to regulations and agreements with the unit manager. It's very flexible and convenient. Here, there's a weekly working hour limit, which for full-time is 40 hours per week. (R7)

Here, because the pay is hourly-based, flexibility is easily managed. So, they ask us what time we want to start working, say from 8a.m. to 9p.m., or 8p.m. to 12 noon, as long as it's coordinated with the unit. For instance, I usually have Fridays off, but if they offer a 4-hour shift in the morning, from 7 to 11a.m., I can take it and get paid for it, so it's very flexible. (R4)

Theme 5: Working, Living, and Growing Old Here

Lastly, a sense of belonging and personal fulfillment is reflected in the theme of "Working, Living, and Growing Old Here," as participants described their host country as offering not just a workplace but also a home, with supportive work cultures and favorable work-life balance contributing to long-term satisfaction. These themes advocate policies and programs that address the diverse needs of international nurses, promoting integration, and enhancing healthcare delivery in an increasingly globalized context.

Feels Like Home

Participants expressed a strong sense of comfort and belonging while living in Australia, describing it as "feeling like home." This sentiment was influenced by various factors, including a supportive environment, an inclusive community, and the availability of well-organized systems and facilities that catered to their needs. Many participants contrasted this with their experiences in Indonesia, highlighting how Australia's structured systems, adherence to rules, and quality of life created a sense of stability and security.

Participants shared how their families played significant roles in shaping their feelings of home. They observed that their children adapted well to life in Australia, reinforcing their decisions to settle permanently. Participants described the comfort of raising families in an environment that felt safe, supportive, and welcomed. Some participants highlighted the unexpected discovery of familiar cultural and religious elements, such as Islamic values and communities, that eased the transition. This cultural connection, combined with the broader inclusivity of Australian society, enhanced their feelings of comfort and long-term commitments. For many, Australia represented not only a better life but also an opportunity to grow roots and plan for a stable future, both personal and professional.

If we talk about a better life, maybe it truly is a better life here. We feel a sense of order with systems that work according to rules and are systematic. This is very different from Indonesia. Also, when we have families and children, the children feel more at home living in Australia. So, it's very comfortable, almost like being in Indonesia. (R17)

We were even surprised by how many Islamic values we still find here, and there are communities as well. It feels like we've already decided to settle down here. My wife, children, and I all feel comfortable here. (R19)

Work Life Balance

The international work environment in Australia was reported by participants as providing rich and diverse experiences. Participants described how they worked with people from various cultural backgrounds, which broadened their perspectives and skills.

The culture here is like that too. Once you're off work, that's it—I never talk about work issues. Most people here are like that. For instance, once they're home, they don't discuss work. Even when meeting friends, we talk about things outside of work. So, perhaps here, many people feel that once they're home, work is over, and if they return to work the next day, it's a fresh start. (R3)

Having time for family—that’s what I feel. So, work is enough to meet the family’s needs, and we can still save for family vacations. In other words, we don’t have to push ourselves to work even harder. (R9)

Discussion

Indonesian nurses face significant challenges when transitioning to the Australian nursing profession. The main barriers were language and recognition of their study experience in Indonesia. Foreign nurses often need to undertake additional education through diploma or bachelor’s degree programs in Australia to become registered nurses (RNs).²⁶ The non-recognition of overseas qualifications is common in developed countries, including Australia, where skilled migrants often need further education to validate their skills.²⁷ This is worsened by the lack of standardized processes for assessing overseas qualifications, leading to delays in integrating internationally educated nurses into the workforce. Tailored training and support systems for qualified overseas nurses are crucial for facilitating their transition and ensuring that they meet local nursing practice standards. The Australian healthcare system has recognized the importance of providing clinical preceptorships and support for qualified overseas nurses to aid their adaptation and enhance confidence in delivering care.²⁸

These findings have direct implications for Indonesian nursing education policy. Given that participants often have to “start from scratch,” requalify, and adjust to varying practice settings in Australia, the Indonesian curriculum could be aligned with international competency frameworks and destination country standards. This could include strengthening English-language instruction, clinical communication (including handovers, documentation, and use of medical terminology), and simulating multicultural clinical encounters to prepare graduates for working in diverse teams. Embedding “migration literacy,” including knowledge of registration pathways, ethical recruitment, and workers’ rights, into undergraduate and continuing education would better equip Indonesian nurses to navigate the licensing and employment landscape overseas while protecting their well-being and maximizing their contribution to the global workforce.

Adapting to a new work environment is a challenge for Indonesian nurses. Adjusting to the pace of work and advanced technologies can be overwhelming. This process leads them to rely heavily on Standard Operating Procedures (SOPs), which are essential guidelines for safe and effective nursing practice. SOPs help nurses navigate responsibilities while minimizing potential complaints from colleagues and patients.²⁹ SOPs are particularly significant for international nurses, including those from Indonesia, who may be unfamiliar with Australian healthcare protocols. Research indicates that a comprehensive transition program with orientation and mentoring is vital for international nurses to develop confidence in their new roles.³⁰ Such programs can mitigate stress from adapting to different healthcare systems and enhance the quality of care. The challenges faced by Indonesian nurses are not unique; many international nurses experience similar difficulties in transitioning to new environments. Studies have shown that nurses often encounter work stressors affecting their adjustment and performance.³¹ Implementing SOPs aids acclimatization and standardizes care practices, enhancing patient safety and satisfaction.

Language adjustment is critical for migrant nurses in Australian hospitals given the country’s multicultural landscape, including patients from diverse backgrounds with varying communication habits.³² Studies highlight that adapting to non-verbal communication cues in Australian culture is as important as mastering verbal skills. A study reported initial difficulties in interpreting or conveying meanings through gestures, facial expressions, and conventions of personal space, which often differ from home cultures.³³ For example, maintaining eye contact, generally regarded as a sign of attentiveness in Australia and other countries, may go unnoticed by some nurses due to cultural differences.³⁴ Understanding subtle cues, such as a patient’s body language or tone of voice, requires time and practice.³⁵ Nurses face these challenges as part of efforts to build trust with patients and colleagues.³⁵ Research indicates that effective communication is essential for building positive relationships in healthcare settings, and lack of proficiency in local communication norms can exacerbate feelings of professional uncertainty among migrant nurses.³⁶ Over time, many participants developed strategies to enhance their nonverbal communication skills, such as observing peers and seeking feedback, helping them align interactions with Australian cultural norms. The integration of communication skills training into educational programs for migrant nurses has improved outcomes for both nurses and patients.³⁷ This

training addresses verbal communication and emphasizes understanding non-verbal cues, fostering a more effective and empathetic approach to patient care.

Indonesian nurses in Australia have experienced a transformative shift in their professional and personal lives, with mentorship playing a crucial role in facilitating integration and reducing workplace stress.³⁸ Structured mentorship programs by Australian healthcare institutions and nursing unions enable Indonesian nurses to build relationships with experienced colleagues, receive guidance in navigating cultural and institutional differences, and develop clinical skills aligning with Australian standards. These programs enhance professional competence and foster a sense of belonging to foreign countries. Support from nursing unions is also important for Indonesian nurses in Australia. Unions advocate for fair treatment in workplace policies, safe working conditions, and address concerns related to salary disparities and work-life balance.³⁹ By providing legal and career-related assistance, nursing unions strengthen the support system for Indonesian nurses, giving them confidence and security in their professional role.

A prominent concern for Indonesian nurses in Australia is the fairness between salary and workload. While the Australian healthcare system has strong policies supporting fair remuneration and working conditions, challenges remain.⁴⁰ Indonesian nurses may face initial disparities in salary or recognition of previous experience compared to local staff, leading to feelings of inequity. Over time, these issues tend to be addressed through union and healthcare institution efforts to promote salary fairness and work equity.³⁹ Inclusive career development programs in Australia offer equal opportunities for professional advancement regardless of background. The recognition of prior learning (RPL) systems and credentialing processes in Australia benefits nurses transitioning into the Australian workforce.³⁸ Additionally, flexible career pathways make Australia attractive for Indonesian nurses seeking balanced professional lives.

The feeling of belonging and community is crucial for Indonesian nurses in Australia, with many considering it a second home because of its inclusivity, equality, cultural diversity, and support networks.⁴¹ These nurses form meaningful connections with colleagues, patients, and local communities, creating a supportive environment. This sense of belonging is reinforced in Australia, where workplace cultures, inclusive practices, mentorship programs, and professional development initiatives meet international nurses' needs.^{41,42} Such environments facilitate smooth transition, long-term job satisfaction, and career progression.⁴³

Moreover, the quality of work-life balance in Australia significantly boosts the well-being and social inclusion of Indonesian nurses. This balance enables them to foster relationships and pursue interests outside work. Many nurses find the host country a more permanent home than just a temporary workplace.⁴⁴ The long-term satisfaction reported reflects their adaptation to the new environment.⁴⁵ Indonesian nurses have overcome early cultural and professional setbacks, attaining a sense of belonging supported by career growth opportunities, financial security, and community participation. This study reinforces the value of inclusive policies and community support in enabling international healthcare professionals to thrive. The successful integration of Indonesian nurses into Australian society serves as a model for other countries to attract skilled workers from diverse backgrounds. These findings should inspire research into best practices for cultivating inclusive environments that benefit international professionals and healthcare systems.

Conclusion

This study highlights Indonesian nurses' experiences in Australia, emphasizing their professional challenges, language and cultural competency, support systems, and inclusive policies. Supportive workplace cultures, mentorship programs, and fair policies foster belonging, work-life balance, and career satisfaction. These factors enable successful integration and position Australia as a permanent home for Indonesian nurses while illustrating policy approaches that can inform other high-income countries that rely on internationally educated nurses. The mechanisms identified in this study, such as transparent recognition of prior learning, structured transition and mentoring programs, strong union advocacy, and family-friendly working conditions, can be applied in other destination countries seeking to attract and retain migrant nurses ethically and sustainably. Similarly, countries sending nurses can leverage these insights to strengthen pre-departure preparation, align curricula with international standards, and negotiate bilateral agreements that protect nurses' rights and maximize mutual benefits. These findings underscore the importance of robust policy frameworks and cultural

integration strategies in facilitating the success of internationally educated nurses and offer valuable insights for global health workforce planning.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request. The data were not publicly available because of privacy and ethical restrictions to protect participants' confidentiality.

Ethical Considerations

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki and was approved by the Ethics Committee of the Faculty of Nursing, Universitas Airlangga (number 3213-KEPK) (Health Research Ethics Commission). Participants were informed of the voluntary nature of their involvement and right to withdraw without facing any consequences. All participants provided informed consent, with a guarantee of data confidentiality and anonymity. Informed consent included permission for the publication of anonymized responses and direct quotations. Access to the research data was restricted to the research team.

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Author Contributions

All authors contributed substantially to this work, including involvement in the conception and design of the study, as well as the execution, data collection, analysis, and interpretation. All authors participated in drafting the manuscript or revising it critically for important intellectual content and approved the final version for publication. Furthermore, all authors have agreed to submission of the manuscript to this journal and accept responsibility for all aspects of this work, ensuring that questions related to the accuracy or integrity of any part are appropriately investigated and resolved.

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Disclosure

The authors declare no conflicts of interest in this work.

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