

# Various Stressors of Indonesian Nurses Working in The Netherlands: A Preliminary Study

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## Abstract

**Background:** Working abroad certainly has challenges, especially when the job involves high responsibilities, such as being a nurse. The combination of the job tasks and the foreign environment potentially led to more stress, particularly for migrant nurses, including Indonesian nurses who work in the Netherlands.

**Objective:** This study aims to explore the types of stress experienced by nurses from Indonesia working in the Netherlands.

**Methods:** This qualitative research employed interview techniques and a literature review. The data were analyzed using coding systems in Microsoft Excel. Seven questions were used to conduct online interviews in October 2023 with five Indonesian nurses employed in the Netherlands. Simultaneously, a literature review was carried out by searching for publications on Wiley Online, Google Scholar, PubMed, Springer, and Science Direct. Journal articles found were then selected according to predetermined criteria. Seven questions were used to conduct interviews with five Indonesian nurses who were employed in the Netherlands.

**Results:** The results of the interviews and literature review demonstrated that the types of stress for Indonesian nurses working in the Netherlands are physiological and psychological stress (in terms of the nature of the stressor), negative stress (in terms of the effect of stress on the individual), and acute stress (in terms of the duration of exposure to the stressor).

**Conclusion:** Indonesian migrant nurses in the Netherlands experience physiological and psychological stress with negative effects, highlighting the need for further research with a larger sample size for more credible and diverse results.

**Keywords:** Indonesian nurses; mental health; nurse; stress; the Netherlands

## INTRODUCTION

The phenomenon of an excess number of nurses in Indonesia is not new. In 2021, Indonesia witnessed a surplus of 176,470 nurses, with projections suggesting that by 2025, this figure will rise to 695,217 nurses (Kurniati et al., 2020). However, the absorption of nurses into the labor market in Indonesia has been notably low (Efendi et al., 2021). Consequently, a considerable number of Indonesian nurses opt to migrate to other countries, spanning

across Asia, the Middle East, Europe, and even Africa. Notably, Japan stands as the primary destination among Asian countries (Raharto & Noveria, 2020), while the Netherlands emerges as a prominent European destination for Indonesian nurse migration.

The Netherlands has had a shortage of nurses, reaching 104,928 nurses needed (Kurniati et al., 2020). Therefore, the Ministry of Health in the

Netherlands has recruited nurses from outside the country. The Netherlands' need for foreign nurses is influenced by three key factors: an aging population, population growth, and a lack of local healthcare workers (Ham, 2020). The lack of nurses in the Netherlands, especially with such a large number, is certainly a 'fresh breeze' for Indonesian nurses to migrate to the Netherlands because of the opening up of career opportunities in a developed country.

Nevertheless, working in a foreign country poses distinct challenges, particularly for nurses. Claeys et al. (2023) identified several key hurdles encountered by migrant nurses. These include the perception by local inhabitants of nurses with migration backgrounds as "outsiders," leading migrant nurses to feel insecure or inadequate in delivering care. Moreover, migrant nurses often face limited managerial support and encounter structural barriers within the healthcare system, such as the inadequate implementation of care coordination and austerity measures due to time constraints or financial limitations. Reports from migrant nurses also highlight experiences of workplace discrimination and racism, manifesting in restricted career progression opportunities and unsupportive learning environments (Schilgen et al., 2019). Further investigations reveal that migrant nurses encounter significant difficulties in adapting to language barriers, cultural nuances, intercultural communication, and conflict resolution in their new environments (Spijkerman et al., 2018). These multifaceted challenges undoubtedly contribute to stress among migrant nurses, including those originating from Indonesia.

The World Health Organization defines stress as anxiety or mental strain brought on by a challenging circumstance. Stress, according to Labrague et al. (2018), is a state in which a person feels compelled to act but is unable to withstand the burden the mind receives. Labrague et al. (2018) state that stress is the body's response to changes that call for adaptations, plans, and/or responses on the physical, mental, and/or emotional levels. Stress can arise from any circumstance, condition, situation and/or thought; it only needs to cause disappointment, anger, tension, and/or worry. Meanwhile, the American Psychiatric Association (2020) describes stress as feeling overwhelmed, worried, broken, pressured, tired, and lethargic. Based on these definitions, it can be seen that stress

is an individual response, both physical and emotional (mental/psychic), when there is a change in the environment that requires adjustment. Crosswell and Lockwood (2020) classify stress into three types: 1) stress based on the nature of the stressor, which encompasses physiological and psychological stress; 2) stress based on the effect of stress on individuals, consisting of positive and negative stress; and 3) stress that is determined by how long a person is exposed to stressors, with acute stress being short-term and chronic stress being long-term. In light of the background information provided above, the purpose of this study is to investigate the different kinds of stress that Indonesian migrant nurses who work in the Netherlands encounter.

Furthermore, nurses are recognized as a professional group facing significant stress attributed to the amalgamation of demands, responsibilities, and authorities (Jacobs & Lourens, 2018). Multiple studies indicate that migrant nurses endure heightened levels of stress. Adhikari and Melia's (2018) investigation into Nepalese nurses working in the UK unveiled their proficiency in critical care, education, and management domains. However, these nurses often found themselves providing elderly care in their host countries, as their original diplomas may not be universally recognized. This predicament underscores the limited career avenues and professional growth opportunities available to migrant nurses, resulting in frustration and job dissatisfaction. Majda et al. (2018) note that Polish nurses working in the UK encounter acculturative stress, predominantly affecting their social, emotional, cognitive, and physical well-being. Feelings of sadness, loneliness, diminished self-esteem, and shame are frequently observed. Additionally, Schilgen et al. (2019) highlight the anxiety, anger, and sadness experienced by Filipino-American nurses compared to their Caucasian counterparts. This disparity stems from instances of daily discrimination, racism, and workplace harassment, compounded by obstacles in career progression, unequal remuneration, and insufficient training.

The study, thus, focuses on Indonesian nurses who have relocated and are employed in foreign countries, particularly in the Netherlands, as evident from the previously presented data. This distinctive aspect adds novelty and uniqueness to the research.

By focusing on Indonesian nurses in the Netherlands, this study diverges from the more general research on expatriate healthcare professionals by providing a detailed examination of a specific cultural and professional subgroup. Furthermore, the study offers valuable insights into the cross-cultural challenges and workplace dynamics that uniquely affect Indonesian nurses, thereby enriching the broader discourse on international nursing. This targeted approach not only highlights underexplored stressors but also contributes to developing tailored support systems and policies to enhance the well-being of Indonesian nurses in the Dutch healthcare system. Moreover, the study provides an opportunity for the authors to address the knowledge gap concerning the specific stressors experienced by Indonesian nurses in the Dutch work environment.

#### **METHOD**

The method used in this study is qualitative: (1) online interview techniques and (2) literature review. The authors employed online semi-structured interviews as the qualitative method. This approach was selected due to its effectiveness in eliciting detailed and nuanced accounts of participants' experiences. An interview guide with open-ended questions was developed to ensure comprehensive coverage of relevant topics while allowing respondents the flexibility to express their thoughts and feelings in their own words. Seven questions were used to conduct interviews with five Indonesian nurses who were employed in the Netherlands. The questions asked are as follows: 1) How did you get a job as a nurse in the Netherlands? 2) Why did you decide to take this opportunity? 3) What cultural shock did you experience during your first weeks working as a nurse in the Netherlands? 4) Before leaving for the Netherlands, were there any expectations of experiencing stress while working as a nurse in the Netherlands? 5) After working as a nurse in the Netherlands, did you experience stress? 6) If yes, what kind of stress did you experience? 7) What do you usually do to reduce stress?

This study was conducted in October 2023. Participants were recruited via the researchers' networks. For this preliminary study, the authors conducted interviews with a small, purposive

sample of five participants. This limited number was chosen to gather initial insights and identify key themes related to the research question. Conducting a smaller number of interviews allowed for an in-depth exploration of each participant's experiences, providing a rich foundation for understanding the primary stressors faced by Indonesian nurses in the Netherlands.

Additionally, the preliminary findings from this sample would inform the design and focus of a larger-scale study, ensuring that future research is both targeted and comprehensive. The inclusion criteria for informants included individuals aged between 18 and 67 years. The exclusion criteria encompassed Indonesian nurses who obtained their bachelor's degree in the Netherlands or were born in the Netherlands. The nurses interviewed specifically worked in nursing homes. As for the validation technique used in this study, the authors employed member checking.

Regarding ethical clearance, the study received approval from the Open University Indonesia Department Graduate School, though a specific reference number for IRB or Ethical Clearance is not provided due to the nature of a small-scale preliminary study. However, to ensure the safety and well-being of participants, the study was conducted following ethical guidelines for research involving human subjects. All participants provided informed consent, were assured of their anonymity, and were informed of their right to withdraw from the study at any time without any consequences. The study protocol was reviewed and approved by an institutional ethics review board, ensuring that all procedures met ethical standards. Participants were also given the opportunity to discuss their experiences and any distressing issues, with appropriate support and referrals provided if needed.

The study provided several benefits for the participants, including an opportunity to voice their experiences and concerns in a safe and confidential environment. By participating, they contributed to a better understanding of the challenges faced by their community, which can inform future interventions and support systems to alleviate

stress and improve working conditions for Indonesian nurses in the Netherlands.

In the interim, a review of the literature was conducted by searching publications using multiple keywords, including "migrant nurses," "Indonesian nurses in the Netherlands," "stress," and "type of stress," on Google Scholar, PubMed, Springer, Science Direct, and Wiley Online. The literature review inclusion criteria were articles published between 2013 and 2023, both in Bahasa Indonesia and English. All journal articles found were then selected according to the criteria so that five articles that met the criteria were obtained. Following that, the authors synthesized and analyzed them by using thematic analysis to make sure the data were saturated.

To enhance the validity and reliability of this study's findings, the researchers cross-verified the information obtained from the interviews with existing literature. This process involved comparing the themes and patterns identified in the interview data with findings from previous studies and theoretical frameworks. By doing so, the authors were able to corroborate the experiences reported by the participants with documented evidence, ensuring that this study's conclusions were well-supported and grounded in established research.

This triangulation of data sources helps to strengthen the credibility of the study by confirming that the observed phenomena are consistent with broader knowledge in the field.

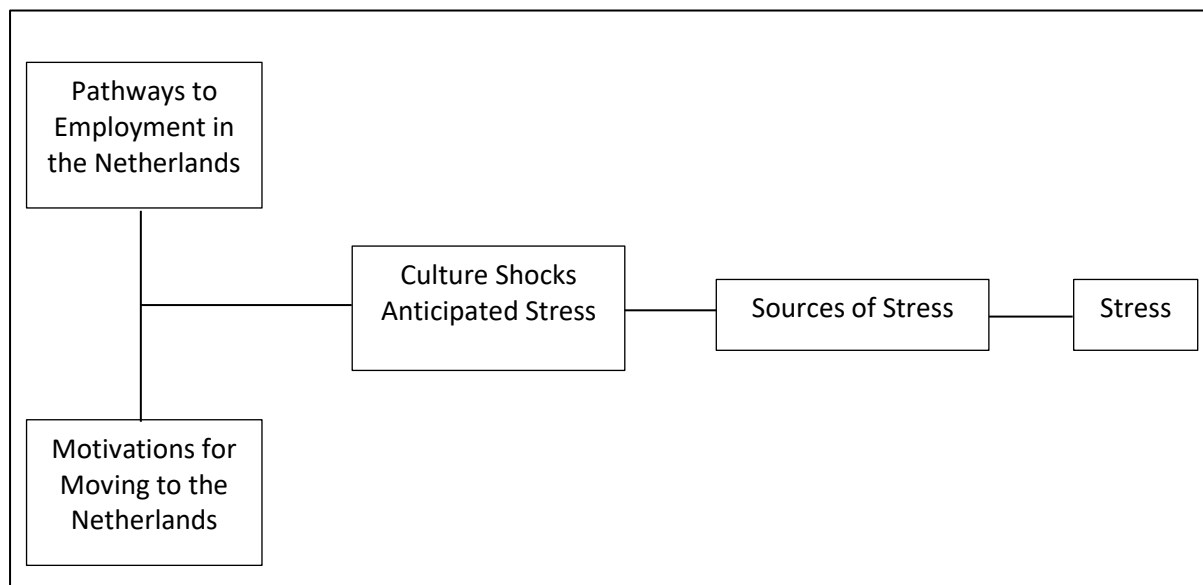
## RESULTS

Table 1 illustrates that the age range of the participants currently falls between 28 and 45 years. Before entering the pre-elementary study, it was established that these individuals had varying nursing experiences, ranging from four to twenty-five years. However, upon their arrival in the Netherlands, the respondents' ages spanned from twenty to thirty-one. Additionally, the participants exhibited diverse relationship statuses, including being single, married, divorced, or in a dating relationship. To ensure the credibility of the data, firstly, triangulation was employed by cross-verifying data through multiple sources and methods, ensuring that the findings are consistent and reliable. This involved comparing interviews with other available documents or observations, if applicable. Secondly, member checking was utilized by sharing the data and interpretations with the participants to verify accuracy and resonance with their experiences. This step helps to confirm that the findings genuinely reflect the participants' perspectives.

**Table 1. Participants Characteristics**

Gender	Answer				
	Respondent A Female	Respondent B Male	Respondent C Female	Respondent D Female	Respondent E Male
Current age (year)	41 years old	39 years old	28 years old	29 years old	45 years old
Age of moving to the Netherlands	31 years old	28 years old	22 years old	25 years old	20 years old
Relationship	Single	Single	Relationship	Married	Divorce
Length of time as a nurse	10 years old	11 years old	5 years old	4 years old	25 years old

The results of the interview resulted in seven themes, described in the following Picture 1 and paragraph:  
**Picture 1:** Respondents revealed their ways of coming to the Netherlands.



**Theme 1: Pathways to Employment in the Netherlands**

Respondents shared their experiences of how they came to work as nurses in the Netherlands. Some, like Respondents 1, 2, and 5, secured their positions through a collaborative program between the Indonesian and Dutch governments. Others, such as Respondent 3, were assisted by their Dutch partners in finding job opportunities, while Respondent 4 received support from her Dutch husband. Example of direct quotation: *“I got a job as a nurse in the Netherlands because my husband (Dutch) helped me to find connections. I came to the Netherlands because of my husband”* (Respondent 4).

**Theme 2: Motivations for Moving to the Netherlands**

The respondents revealed various reasons for relocating to the Netherlands. Career advancement and the opportunity to work in Europe motivated Respondents 1 and 4, while Respondent 2 was driven by the prospect of a higher salary to support her family in Indonesia. Respondent 3 cited both personal and professional reasons, including her relationship and the desire for better pay. Respondent 5 mentioned the scarcity of job opportunities in Indonesia as a key factor. Example of direct quotation: *“Because I want to get a higher salary, so I can help my family in Indonesia”* (Respondent 2).

**Theme 3: Experiences of Culture Shock**

Upon starting their jobs, the respondents encountered significant culture shock, primarily due to differences in work culture. Respondent 1 found the direct communication style of Dutch colleagues unusual. Respondent 2 noted the faster work pace and stricter professional boundaries. Respondent 3 faced challenges with the partial validation of her nursing diploma and differing responsibilities. Respondent 4 was surprised by the secular nature of discussions about religion. Respondent 5 observed a more assertive approach to declining tasks. Example of direct quotation: *“My diploma as a nurse here cannot be 100% valid, so my nursing diploma level has to go lower. And in the Netherlands, not just any nurse can perform injections”*

**Theme 4: Anticipated Stress in the Workplace**

When asked about their expectations regarding stress, Respondent 1 initially anticipated no stress due to the high salary in a European country. In contrast, Respondents 2, 4, and 5 expected to experience stress, a sentiment echoed by Respondent 3, who cited the challenges of being in a foreign country and away from family. Example of direct quotation: *“Yes, of course, because you are in a foreign country and far from your family”* (Respondent 3).

**Theme 5: Type of Stress**

All respondents (100%) confirmed experiencing stress in their roles as nurses in the Netherlands, indicating a pervasive presence of workplace stress among the participants. Most of them experienced the type of physical and emotional stress.

**Theme 6: Sources of Work-Related Stress**

The respondents identified various stressors. Respondent 1 felt anxious about making mistakes due to language barriers. Respondents 2 and 3 reported instances of racism, which affected their social interactions and mental health. Respondent 3 also highlighted the difficulty of career progression and high work demands. Respondent 4 struggled with balancing childcare responsibilities and the high cost of childcare. Respondent 5 frequently felt depressed and isolated. Example of direct quotation: *"I experience some racism here. Several Dutch nurses looked at us from Asia/Indonesia with one eye. So, this makes my social interaction not good"* (Respondent 2).

**Theme 7: Coping Strategies for Stress**

To manage their stress, respondents employed several strategies. Respondents 1 and 3 attended intensive Dutch language courses. Respondent 2 increased religious activities, moved to a workplace with a more familiar cultural background, and engaged in leisure activities like going to the movies or traveling. Respondent 3 maintained contact with family in Indonesia. Respondent 4 opted to work part-time and engage in shopping. Respondent 5 attended yoga classes and used dating apps to find companionship. Example of direct quotation: *"Increasing worship. I moved to a place of service for parents with an Asian or Indonesian cultural background. However, there are still native Dutch colleagues who are also racist. Go to the movies or take a trip to another city"* (Respondent 2).

Table 2 presents findings from a literature review highlighting various stressors faced by Indonesian nurses working overseas. These stressors, as reported by the nurses, encompass elements such as unclear career trajectories, unexpectedly extended work hours, the existence of organizational hierarchies, and additional factors.

**Table 2. Literature Review Results**

Journal Citations	Method and Sample	Results
Cottingham and Andringa (2020)	Method: Interview Sample: By profession, sex, and race, fifteen female respondents who identified as non-white were attracted. Six women in the sample had Surinamese backgrounds (Burundi, Cape Verde Islands, Curaçao, Indonesia, Morocco, and the Philippines).	Respondents from Indonesia experienced “difficulties” because of gender. Respondents felt that patients more easily accepted male nurses.
Nursalam et al. (2020)	Method: Phenomenological research with structured interviews Sample: Sixteen Indonesian nurses whom long-term care institutions employed	When expectations were not met, study participants experienced pressure, disappointment, and challenge. For instance, working as caregivers without a defined career path. Additionally, a big obstacle in carrying out their role as nurses is the need to speak a foreign language.
Lo et al. (2019)	Method: A cross-sectional design Sample: Migrant nurses from Indonesia who were recruited from three foreign worker agencies and five nursing home agencies	According to this study, there is still much stress among Indonesian migrant nurses, though individual participant stress levels vary.
Heng et al. (2018)	Method: Semi-structured interview Sample: Six Indonesians, four Filipinos, and one Burmese	Every day, these migrant nurses toil long hours, alternating between looking after care recipients and household chores. Many of them lack rest and support. This creates negative feelings for the nurses.
Saraswati (2018)	Method: Semi-structured interview Sample: Twelve Indonesian female migrant nurses working in Japan	Indonesian nurses reported being treated like “nurse assistants,” not actual nurses. They represented the hierarchy that exists between Indonesian nurses and Japanese coworkers and employers. This resulted in negative feelings (shame and disappointment) for migrant nurses from Indonesia.

**DISCUSSION**

Analyzing the outcomes of the interviews, it becomes apparent that three out of five respondents initially secured nursing positions in the Netherlands through a program facilitated by the Indonesian government, while two respondents obtained employment through personal connections with native Dutch individuals. The decision to work in the Netherlands was uniformly driven by the allure of enhanced opportunities and aspirations for an elevated standard of living. Motivated by aspirations for professional advancement and financial stability, nurses opted to migrate and work overseas. Notably, the prospect of improved quality of life was emphasized, as their earnings surpassed those attainable within Indonesia owing to currency exchange differentials. Consistent with the findings, nurse migration is

influenced by both push and pull factors. Push factors prevalent in the nurses' countries of origin encompass meager salaries and limited avenues for career progression or educational enhancement, among others. Conversely, pull factors in destination locales include expanded employment opportunities as professional nurses, avenues for career and personal growth, conducive professional environments, and augmented remuneration (Bludau, 2021).

Five respondents in this study also revealed that they experienced culture shock when they first started working as nurses in the Netherlands. Culture shock is a term that is often used to include feelings of anxiety or discomfort experienced by someone in an unfamiliar social environment (Ward et al., 2020). Culture shock is related to a mental

condition that arises due to the transition from a situation or environment that is already well known to a new and different environment, such as the problem of ambiguous roles and excessive workload resulting in fatigue, which causes job dissatisfaction, and various habits that are known so far to be ineffective to be applied to a new environment that has an impact on decreasing motivation (Yektiningsih et al., 2021). Culture shock is also a very common thing experienced by someone in a new situation or condition. Visiting any foreign country, adapting to various cultures, and interacting with various people and varied workplaces are key factors for foreign healthcare professionals. Since every country has its healthcare systems and procedures, it will take time to learn and gradually develop understanding of this. It will also be difficult for foreign health workers who are unfamiliar with the system to adjust at first (Ward et al., 2020). It will be difficult for them to quickly adjust to the new workplace culture because it differs from what they are used to in their home country (Iheduru-Anderson & Wahi, 2018).

The interview findings further revealed that all five respondents encountered stress during their tenure in the Netherlands, with four respondents expressing anticipation of such challenges. The stress reported by participants encompassed feelings of apprehension regarding work-related errors, dizziness, nausea, as well as frequent bouts of depression and loneliness. Identified stress triggers included language barriers, encounters with racist treatment, difficulties in managing time, and impediments to career progression. These stress-inducing conditions and triggers align with findings from previous studies. For instance, research on migrant nurses from the Philippines has documented experiences of intimidation, isolation, and struggles in adapting to the host country's environment (Connor & Miller, 2014). Similarly, Enriquez et al. (2018) reported that immigrant health students from various regions faced bullying at a rate twice as high as native Danes, requiring prolonged training periods. Recent investigations into migrant nurses transitioning into the Australian healthcare system have also revealed feelings of isolation, discrimination, and a sense of incompleteness without familial support (Joseph et al., 2022).

According to reports, a variety of factors, such as job characteristics, stressful working conditions, and unfavorable and inappropriate work relations, can influence nurses' stress levels. Once stressed, nurses make a concerted effort to defuse the uncomfortable situation through situational management, which can take many different forms. In order to overcome the stressful conditions experienced, the respondents in this study had several ways, such as getting closer to God, taking courses, shopping, attending yoga classes, and one respondent even chose to find a new work environment. Goloshumova (2019) argues that overcoming a situation is trying to control it by changing the environment, changing the meaning of the situation, and/or managing one's emotions and behavior. In a study, the most recommended ways to deal with the psychological effects of stress among health workers are family support, positive thinking, and religious/prayer practices (Adhikary et al., 2022). Thus, it can be said that the respondents in this study have chosen a common way to reduce the stress they are experiencing.

Furthermore, nursing is undeniably challenging, requiring individuals to navigate emotionally taxing tasks with limited opportunities for personal reflection (Yu et al., 2019), all while maintaining a commitment to delivering high-quality service (Eliyana et al., 2020). For migrant nurses, the complexities are compounded as they must acclimate to novel work contexts, including unfamiliar equipment (Baloh et al., 2019), and adapt to the work culture prevalent in the host country (Willis et al., 2018). Consequently, the role of a migrant nurse can become inherently stressful. A comprehensive review of the literature presented in Table 2 corroborates this assertion, highlighting those migrant nurses originating from Indonesia encounter stress in fulfilling their professional duties. Such stress manifests in various adverse emotions, including feelings of loneliness, depression, and disillusionment.

## CONCLUSION

Migrant nurses hailing from Indonesia encounter stress in the execution of their duties. An examination of stressors revealed that migrant nurses from Indonesia operating within the Netherlands contend with both physiological and psychological stressors. Assessing the impact on individuals, it is evident that these nurses



experienced predominantly negative forms of stress. Moreover, an analysis of the duration of exposure to stressors indicated that migrant nurses from Indonesia working in the Netherlands grappled with acute stress. However, it is imperative to underscore that this study was constrained by a limited number of participants interviewed and a modest selection of journals identified in the literature review. Therefore, for future inquiries, it is imperative to amass a larger and more diverse cohort of respondents and journals to yield results that are both substantiated and comprehensive.

## REFERENCES

- Adhikari, R., & Melia, K. M. (2013). The (mis)management of migrant nurses in the UK: a sociological study. *Journal of Nursing Management*, 23(3), 359–367. Portico. <https://doi.org/10.1111/jonm.12141>
- Adhikary, T., Bhattacharya, L., Choudhury, P. R., Sharma, R., & Panda, S. (2022). The effectiveness of coping strategies for enhancing nurses' emotional health and wellbeing. *IOSR Journal of Nursing and Health Science*, 11(1), 14–23. <https://doi.org/10.9790/1959-1101021423>
- American Psychiatric Association. (2020). The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. <https://doi.org/10.1176/appi.books.9780890424841>
- Baloh, J., Reisinger, H. S., Dukes, K., da Silva, J. P., Salehi, H. P., Ward, M., Chasco, E. E., Pennathur, P. R., & Herwaldt, L. (2019). Healthcare Workers' Strategies for Doffing Personal Protective Equipment. *Clinical Infectious Diseases*, 69(Supplement\_3), S192–S198. <https://doi.org/10.1093/cid/ciz613>
- Bludau, H. (2021). Global Healthcare Worker Migration. *Oxford Research Encyclopedia of Anthropology*. <https://doi.org/10.1093/acrefore/9780190854584.013.231>
- Claeys, A., Berdai-Chaouni, S., Tricas-Sauras, S., & Donder, L. D. (2023). Barriers and facilitators in providing care for patients with a migration background. *Journal of Clinical Nursing*, 32(5–6), 912–925. <https://doi.org/10.1111/jocn.16491>
- Connor, J. B., & Miller, A. M. (2014). Occupational stress and adaptation of immigrant nurses from the Philippines. *Journal of Research in Nursing*, 19(6), 504–515. <https://doi.org/10.1177/1744987114536570>
- Cottingham, M. D., & Andringa, L. (2020). “My color doesn't lie”: Race, gender, and nativism among nurses in the Netherlands. *Global Qualitative Nursing Research*, 7(2333393620972958). <https://doi.org/10.1177/2333393620972958>
- Crosswell, A. D., & Lockwood, K. G. (2020). Best practices for stress measurement: How to measure psychological stress in health research. *Health Psychology Open*, 7(2). <https://doi.org/10.1177/2055102920933072>
- Efendi, F., Haryanto, J., Indarwati, R., Kuswanto, H., Ulfiana, E., Has, E. M. M., & Chong, M.-C. (2021). Going global: Insights of Indonesian policymakers on international migration of nurses. *Journal of Multidisciplinary Healthcare*, 14. <https://doi.org/10.2147/jmdh.s327962>
- Eliyana, A., Permana Emur, A., & Sridadi, A. R. (2020). Building Nurses' Organizational Commitment by Providing Good Quality of Work Life. *Systematic Reviews in Pharmacy*, 11(4). <https://doi.org/10.31838/srp.2020.4.22>
- Enriquez, L. E., Morales Hernandez, M., & Ro, A. (2018). Deconstructing immigrant illegality: A mixed-methods investigation of stress and health among undocumented college students. *Race and Social Problems*, 10, 193–208. <https://doi.org/10.1007/s12552-018-9242-4>
- Goloshumova, G. S., Ershova, O. V., Salakhova, V. B., Kidinov, A. V., Nalichaeva, S. A., & Yanysheva, V. A. (2019). Information and educational environment of higher school as a factor of the formation of coping strategies in the structure of students' personality (ecological and psychological aspect). *Eurasian journal of biosciences*, 13(2).
- Ham, A. (2020). Social Processes Affecting the workforce integration of first-generation immigrant health care professionals in aging citizens in the Netherlands. *Journal Of*

- Transcultural Nursing : Official Journal Of The Transcultural Nursing Society*, 31(5), 460–467.  
<https://doi.org/10.1177/1043659619875196>
- Heng, J. L., Emilia Fan, & Chan, E.-Y. (2018). Caregiving experiences, coping strategies and needs of foreign domestic workers caring for older people. *Journal of Clinical Nursing*, 28, 458–468.  
<https://doi.org/10.1111/jocn.14619>
- Iheduru-Anderson, K. C., & Wahi, M. M. (2018). Experiences of Nigerian internationally educated nurses transitioning to United States health care settings. *Journal Of Transcultural Nursing : Official Journal Of The Transcultural Nursing Society*, 29(6), 603–610.  
<https://doi.org/10.1177/1043659618766225>
- Jacobs, A. C., & Lourens, M. (2018). Emotional challenges faced by nurses when taking care of children in a private hospital in South Africa. *Africa Journal of Nursing and Midwifery*, 18(2), 196–210.  
<https://doi.org/10.25159/2520-5293/1076>
- Joseph, B., Olasoji, M., Moss, C., & Cross, W. (2022). Transition experiences of Indian nurses into Australian mental health system. *Journal of Transcultural Nursing : Official Journal of the Transcultural Nursing Society*, 33(1), 41–48.  
<https://doi.org/10.1177/10436596211026373>
- Kurniati, A., Efendi, F., Indarwati, R., Ulfiana, E., Muryani, M., Rani, I. Y. K., Kristyaningrum, L. D., astari, L. dwi, Haryanto, J., Mh, E. M., Puspitasari, I. T., & Dianawitasari, H. (2020). *Analisis kebijakan pemenuhan pasar kerja tenaga kesehatan di tingkat global*. Jakarta: Kementerian Kesehatan RI.
- Labrague, L. J., McEnroe-Petitte, D. M., Leocadio, M. C., Van Bogaert, P., & Cummings, G. G. (2018). Stress and ways of coping among nurse managers: An integrative review. *Journal of clinical nursing*, 27(7-8), 1346-1359.  
<https://doi.org/10.1111/jocn.14165>
- Lo, S.-F., Chang, L.-J., Hayter, M., & Yang, A.-C. O. (2019). An Exploration of Factors Related to Quality of Life in Indonesian Care Workers in Home-Based Care Settings. *Journal of Nursing Research*, 27(5), e47.  
<https://doi.org/10.1097/JNR.0000000000000314>
- Majda, A., Zalewska-Puchała, J., Cholewa, K., Bodys-Cupak, I., & Kamińska, A. (2018). The impact of migration on Polish nurses – pilot study. *De Gruyter*, 15(2), 5–11.  
<https://doi.org/10.2478/pielxxiw-2018-0009>
- Nursalam, N., Chen, C.-M., Efendi, F., Has, E. M. M., Hidayati, L., & Hadisuyatmana, S. (2020). The lived experiences of Indonesian nurses who worked as care workers in Taiwan. *The Journal of Nursing Research*, 28(2).  
<https://doi.org/10.1097/jnr.0000000000000355>
- Raharto, A., & Noveria, M. (2020). Nurse migration and career development: Indonesian case. In *Human Resources for the Health and Long-term Care of Older Persons in Asia* (pp. 63–102). Jakarta: ERIA.
- Saraswati, L. A. (2018). The gender politics of human waste and human-as-waste: Indonesian migrant workers and elderly care in Japan. *Gender, Work and Organization*, 24(6), 594–609. <https://doi.org/10.1111/gwao.12183>
- Schilgen, B., Handtke, O., Nienhaus, A., & Mösko, M. (2019). Work-related barriers and resources of migrant and autochthonous homecare nurses in Germany: A qualitative comparative study. *Applied Nursing Research: AN*, 46, 57–66.  
<https://doi.org/10.1016/j.apnr.2019.02.008>
- Spijkerman, H., Benschop, Y. W. M., & Joost Bucker. (2018). Constructive intercultural contact: Yes we can. Introduction of a new concept. *Equality, Diversity and Inclusion*, 37(7), 649–663. <https://doi.org/10.1108/EDI-05-2016-0042>
- Ward, C., Bochner, S., & Furnham, A. (2020). *Psychology culture shock*. Routledge.  
<https://doi.org/10.4324/9781003070696>
- Willis, E., Xiao, L. D., Morey, W., Jeffers, L., Harrington, A., Gillham, D., & Bellis, A. D. (2018). New Migrants in Residential Aged Care: Managing Diversity in Not-for-Profit Organisations. *Journal of International Migration and Integration*, 19(3), 683–700.  
<https://doi.org/10.1007/s12134-018-0564-2>
- Yektiningsih, E., Astari, A. M., & Utami, Y. W. (2021). A correlation between working environment and job experience toward culture shock among Indonesian nurses in Japan. *Jurnal Ners*, 16(1), 17–25.  
<https://doi.org/10.20473/jn.v16i1.23824>
- Yu, F., Raphael, D., Mackay, L., Smith, M., & King, A. (2019). Personal and work-related factors associated with nurse resilience: A systematic review. *International journal of nursing*

