

## Benchmarking Nursing Education in Indonesia for Social Development and Global Competitiveness

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**Abstract: Background:** - This paper describes how nursing education in Indonesia benchmarking nursing education in the Philippines for social development and global competitiveness. Kolaka Nursing Academy in Kolaka City, Southeast Sulawesi Province and Tri Mandiri Sakti Institute of Health Sciences in Bengkulu City were two pilot nursing schools in Indonesia for benchmarking, while Western Mindanao State University, Zamboanga City and the Philippine Women's University, Manila, and were two schools in the Philippines as benchmarks. In general, the study sought to explain the nursing education status in Indonesia and to what extent has nursing education in Indonesia contributed to social development and social welfare.

**Methods:** - Qualitative research design was used in assessing, comparing and analyzing the nursing education program of two selected nursing schools of Indonesia that established Memorandum of Agreement (MOA) with nursing schools in the Philippines, and the two nursing schools in the Philippines. The four nursing schools were chosen based on convenience and purposive sampling. In this study the researcher applied qualitative research design using documentary review and analyses for the purpose of comparing nursing education program and determining the best practices, strengths and weaknesses in program implementation between nursing school in the Philippines and Indonesia. It described the syntheses of data gathered using secondary documents, interview and observation.

**Results:** - The bio-medical model of nursing education in Indonesia focusing on pathology and etiology of disease processes and medical treatment which is basically disease-oriented impressed upon the graduates that nurses are under the domain of the medical profession. Indonesian nursing curriculum needs improvement in terms of developing analytical and critical thinking skills, leadership and managerial capabilities among the students and impress upon them that nurses are independent professionals who collaborate with physician or doctor and other members of the health team in patient care regimen. Indonesian nursing curriculum provides minimal contact hours and opportunities for students to develop their clinical skills and competencies expected of professional nurses.

**Research limitations:** - The limitation of the study was the unable of the researcher to conduct English proficiency test to compare the English proficiency between the students, the graduates and the faculty members of the pilot nursing schools in Indonesia with those nursing schools in the Philippines.

**Keywords:** Benchmarking Nursing Education, Social Development, Competitiveness

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### I. Introduction

#### Chief District's Dream

In 2006, Buhari Matta, the Chief District of Kolaka, Southeast Sulawesi Province, told the story of his travel to Moslem countries in the Middle East to the researcher. He was impressed with huge number of Filipino workers especially nurses in the hospitals. He witnessed how Filipino nurses with good proficiency in English and good nursing competencies were preferred by their employers and enjoyed better salary compared to few Indonesian nurses in the same workplaces.

He explained how numbers of nursing graduates were produced every year in Kolaka while the local government could not afford to deploy them in the government institutions (Setiawan 2008). His dream was to upgrade the nurses in Kolaka to par with those in the Philippines and to compete in the global market with their Filipino sisters. He wants the Kolaka nurses to fill up the abundant opportunity for nurses to work abroad, or at least to see even a single Kolaka nurse work abroad with good proficiency in English and demonstrates international nursing competency (Matta, 2006). Matta, then, realized the advantage of establishing an English center for nursing education in the region and benchmarking Philippine nursing education system and curriculum, aimed at producing nurse graduates with competitive professional qualities in consonance with the demand by the national and international employers (Keehley and Abercombie 2008). For this purpose, he invited Carmen T. Ramos, a director of nursing education for Indonesia, Western Mindanao State University (WMSU), and Zamboanga City, Philippines, to share her experience to help Kolaka improve its nursing education toward global competitiveness. On March 25, 2007, the Chief District and his government officials

including Director of Kolaka Nursing Academy visited Zamboanga City, Philippines for the signing of the Memorandum of Agreement between WMSU, Zamboanga City and Kolaka Nursing Academy in Kolaka. Through this agreement Matta dreamed of competent nurses with global competitiveness will graduate from Kolaka Nursing Academy. His clear objective is to be able to send respectable nurses abroad that will carry the honor of the country. He wants the nurses from Kolaka bring home dollar and happiness, instead of wounds and hurts of maltreatment from their employers. (Matta 2007; Halima, 2011)

In relation with Chief District's dream, the reality showed that health state and healthcare service delivery is being threatened by a worldwide shortage of healthcare professionals. In a national survey conducted among hospitals in United States of America (USA), revealed that 82% of nurses reported staffing shortage which had negative impact on provision of health care services (Hunt, 2006). World Health Organization (WHO, 2006), also reported a staggering lack of healthcare workers worldwide for the past decade. Hiroko Minami (2009), President of the International Council of Nurses (ICN, 2009), Canada expects a shortfall of 113,000 nurses by 2016 due to the anticipated retirement of 50% of its presently employed nurses within the next 10 years. Similarly, USA also predicts a shortfall of 800,000 to one million nurses by 2012. The fast growing young population due to high growth rate related to uncontrolled birth rate in developing countries and increasing ageing population in developed countries, coupled with the increasing severity of the health state in global communities due to proliferation of infectious, communicable and non-communicable diseases, acute and chronic diseases in both developing and developed countries resulted to the need for additional health care and additional healthcare providers, most especially nurses. Hence, the high demand for nurses.

Aside from the shortage of human resources for health and health development, a more serious concern exists is that, the present health workforce lacks the appropriate professional competency, leadership and managerial capacity to effectively and efficiently perform their functions (WHO Global Issues, 2009). Similar condition was also appreciated by Soelian Effendi (2010), the Director of Tri Mandiri Sakti Foundation who runs the Institute of Health Sciences in Bengkulu, Sumatera, Indonesia. Based on his observation, Effendi realized the weaknesses particularly of Indonesian nurses, in terms of their clinical competency in comparison to those graduates from neighboring countries, like the Philippines.

Since nurses occupy the largest share of the health workforce, nursing education system must play a vital and challenging role in providing a sustained supply of well-trained and highly competent nursing graduates who are capable of performing the expected optimum health care outcomes. It is for this vision, the nursing education system of Indonesia, particularly, the Institute of Health Sciences (Sekolah Tinggi Ilmu Kesehatan-Tri Mandiri Sakti) in Bengkulu, intends to address at a level of developing highly competent professional nurses with leadership and managerial capability who are able to speak the international language and possess professional qualities preferred by international employers. Effendi believes that it is imperative to prepare the nursing students with adequate knowledge, acute nursing skills and positive attitude during their basic training years since they will comprise the future health care workforce, whether at the domestic or global workplace.

### **Background of the Study**

The disparity between the supply and demand for competent health professionals with leadership and managerial capacity is a serious global concern. In USA alone, the Health Resources and Services Administration (HRSA, 2002) Bureau of Health Professionals projected a huge disparity between supply of nursing graduates and the demand for nurses in US health facilities from year 2000 to 2020. In 2000, the estimated supply of registered nurses was 1.89 million while the demand was at 2 million, "a shortage of 110,000 or 6 percent". The shortage steadily continued with a growing demand at a rate of 1.7 percent annually, reaching to 12 percent increase or 220,000 in 2010. If this shortage for registered nurses remains unresolved, it will rise to 20 percent in 2015 and accelerates further to 531,667 or 29 percent in 2020. On the same year, 44 States and the District of Columbia are projected to have shortages of registered nurse as compared to 30 States in 2000 (HRSA, 2002). According to Dr. Jaime Tan (2005) United Kingdom, Ireland, the Netherlands and other European countries also need 50,000 nurses a year. Middle East countries are in dire need of experienced nurses. Austria and Norway have also announced their need for foreign nurses. Even Asian countries need nurses. Japan has opened its doors to foreign nurses last 2005.

Present global health workforce crisis inevitably attracts migration of highly skilled and competent nurse professionals from less-developed nations to industrialized nations. It has affected in some extent the nursing profession, nurses being the frontline worker in the healthcare delivery system of both domestic and international social communities. Well-trained and experienced professional nurses from poor nations migrate to wealthy nations, depriving poor nations of their competent health care manpower resource. State-owned universities and colleges in the Philippines would fund nursing education and training for its nurses yet due to the high demand for nurses in high-salaried nations, this educational preparation serves as a ticket out of the country, and in effect a massive public subsidy is being drained from the poorest to the richest areas of the world

(Pittman, 2007). This nurses' drain creates adverse impacts on the health and well-being of the deprived populations. On the other hand, Filipino overseas workers including health care professionals working at the international labor market, contributed significantly to Philippine's socio-economic development. Filipinos who are working in foreign lands, to some extent have improved the socio-economic lives of their families, since in 2004 alone, these international Filipino workers remitted to the Philippine's economy, 8.5 Billion US Dollars (Tan, 2005). This would mean stronger peso for the Philippine economy and lesser cost for social services for the government.

In Indonesia, the national organization for nurses (Indonesian National Nurses Association, INNA 2010) claimed 500,000 nurse members, and they comprise 60% of the health personnel in the country. Those considered nurse professionals in Indonesia are the graduates from a 1-year professional nursing course after a 4-year Bachelor of Science in Nursing (BSN) program, the *Sajana Keperawatan* (S.Kep). The Indonesian nursing curricular program starts with the 3-year Diploma III in Nursing, the graduate moves on to another year to earn the BSN or S.Kep degree, further enroll in a 1-year Professional Nursing (Ners) program. Only those who satisfactorily completed the 5-year basic nursing training are considered nurse professionals.

Indonesian Human Resources on Health (HRH, 2004), reported that there were 409 nursing schools in Indonesia and Ahmad Mufti (2009), claimed that at present, there are 770 nursing schools nationwide. Three hundred sixty one (361) nursing schools were added within 5 years. These schools produce 25,000 nursing graduates at an average every year. In 2010, there is an estimate of 390,000 nurses (Suwandono, et al., 2006) and 284,700 of them are unemployed. Suwandono (2006) stressed out that the rate of unemployment is related to the following reasons; "quality of nursing education, nursing teachers' capability, and lack of opportunities to work abroad". Suwandono (2006) also emphasized that nursing curriculum in Indonesia needs to be improved and quality of graduates upgraded. Nursing graduates lack the capacity to speak and write in English, so it is very hard for them to pass international employment qualifying examinations like the IELTS, TOEFL and NCLEX, which are given in English (Mufti, 2009). He further pointed out that nursing graduates have very limited clinical skills and their professional competency is weak due to the limited exposure to the clinical areas during the basic training years. "Nurses do not have enough experiences with modern hospital instrument and international nursing procedures" (Suwandono, 2006). Although there is a huge demand for nurses at the international marketplace, yet only very few Indonesian graduate nurses qualify for employment abroad.

## II. Literature Review

### **Benchmarking Nursing Education**

The inspiration of this program comes from the cry of the Chief District of Kolaka to improve the nursing education in his district for social development and global competitiveness. This cry is responded by Prof. Carmen T. Ramos from Western Mindanao State University (WMSU), Zamboanga City, Philippines who offers the benchmarking as a solution.

Indonesian nursing graduates experienced inferiority in global markets. Several shortcomings of Indonesian nurses are explained by Agus Suwandono, Agus Setiawan (2008) and Mufti Ahmad (2009) among others, lack of competency, lack of English proficiency and lack of self trust. On the other hand, until now, there is no approved nursing law to protect them, as well as board exam to recognize their professionalism.

Benchmarking concept offered by Ramos is to develop a nursing education program for Indonesia by adopting Philippine nursing education system through selected high-performing nursing education institutions in the Philippines as partners (Keehley and Abercombie, 2008). According to Keehley and Abercombie (2008), there are seven common steps in benchmarking process: Charter and train a team to conduct a benchmarking study, Define the process for benchmarking, Research potential partners, Collect and analyze data, Identify the causes of performance differences, Adopt the high performing practice(s) to the benchmarking organization and Implement the practice(s) and monitor change. This benchmarking aimed at producing high competent nurses with high English proficiency to work in the community with excellent output for social development and ready to enter the global markets with international competency for global competitiveness.

### **Social Development**

Social Development is a spirit of the development concept especially in the developing countries. As contended by Dolores B. Lasan (2000), she stated that Social Development has its roots in the developing countries and borne out of a desperate need to bring about a better quality of life for its people. In the beginning, Social development was composed by developed countries as a charity and intended for developing countries to improve their welfare.

Therefore Midgely (1995), saw the social development as "a practical approach for promoting Social Welfare; concern with change and social intervention...that it is possible and desirable to direct the process of change. He defined Social Development as "a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development" (Midgley

1995, p. 25). Social development goals that widely agreed upon that concerned with this research, among others, the elimination of absolute poverty everywhere in the world (Boland, 1987) and the realization of new social arrangement that accelerate the pace of development and assure the satisfaction of basic need of people everywhere (Estes, 1988, Paiva, 1977). Based on the social development goal and commitment made in the 1995 Copenhagen Summit on Social Development, this research is focused on commitment two and three which are Poverty eradication and full employment. These commitments were enhanced in 2000, the Millennium Development Declaration that underlines the importance of social development on Freedom “where men and women have the right to live their lives and raise their children in dignity, free from hunger”. From 2006 to 2009 based on CIA World Fact book (2010), showed the population below poverty line in Indonesia increased from 16.7 to 17.8%. It means the claim of the success of the government for four years have no impact to the alleviation of poverty.

Nurses are the most demanded profession in the world today. Million of nurses are urgently needed by developed countries. However the condition of nurses in Indonesia is still far from expected. Therefore the government of Indonesia through Department of Education and Department of Health improve the curriculum and instructional materials including educational facilities to response to the technological advancement. Government needs competent nurses to answer the critical demand for qualified health workers. Qualified and competent nurse will contribute to social development and the welfare of Indonesian society. Nurses are the frontline health workforces that give the direct and real impact to social development. In order to make a significant impact to the people, the government of Indonesia through Department of Education, Department of Health and private sectors work hand in hand to improve quality education for quality and competent nursing graduates.

In the present situation, Indonesian nurses not only contribute for domestic demand, but more than that, they are also needed in the global market. However, the researcher identifies the weaknesses of these nurses to enter the global market such as communication skills, international nursing competencies, leaderships and management skills. In order to improve the quality of Indonesian nurses, there must be a standard institution as a measurement for the Indonesian nurses to follow. This standard institution as a measurement is the Philippine nursing education system. This is because its graduates have already proven to be competent and globally accepted. Therefore, assessment and evaluation of Indonesian nurses is needed in order to determine the need for improvement in the form of orientation, improvement of curriculum, skill training and continuing education. New curriculum and new program for total global nursing competitiveness of Indonesian nurses, faculty and educational institution is urgently needed.

### **III. Research Methods**

The study also compared the nursing education in Indonesia with that of the Philippines in terms of accreditation standard, core values, English language proficiency and employability. Kolaka Nursing Academy in Kolaka City, Southeast Sulawesi Province and Tri Mandiri Sakti Institute of Health Sciences in Bengkulu City were two pilot nursing schools in Indonesia for benchmarking, while Western Mindanao State University, Zamboanga City and the Philippine Women’s University, Manila, and were two schools in the Philippines as benchmarks. Finally, the paper sought to answer of what improvement/interventions can be developed in nursing education towards social development and global competitiveness. The pilot schools engaged in development of curriculum, development of faculty and development of language proficiency in English.

Qualitative research design was used in assessing, comparing and analyzing the nursing education program of two selected nursing schools of Indonesia that established Memorandum of Agreement (MOA) with nursing schools in the Philippines, and the two nursing schools in the Philippines. The four nursing schools were chosen based on convenience and purposive sampling. In this study the researcher applied qualitative research design using documentary review and analyses for the purpose of comparing nursing education program and determining the best practices, strengths and weaknesses in program implementation between nursing school in the Philippines and Indonesia. It described the syntheses of data gathered using secondary documents, interview and observation.

### **IV. Results**

The findings of this study are the following:

#### **1. Status of nursing education in Indonesia.**

Indonesia has two types of nursing education: (a) 3-year Diploma III in Nursing under Ministry of Health, and (b) 4-year BSN Program under Ministry of National Education. There is no board examination for the nursing graduates; hence, there is no professional registration for nurses. To professionalize nursing graduates, the Ministry of National Education opens an additional one-year professional nursing education to enhance professional competencies. However, this professional nursing education is a formal education without formal licensure certification through board examination. It’s also noteworthy that nursing profession is the

biggest health profession organization in Indonesia but with no nursing law up to the present. The demand for nurses from different countries cannot be fulfilled because Indonesia has no nursing regulation and national standard of nursing competency (Wardani, 2010). The absence of board examination for national standard of nursing competency in Indonesia made nursing education institutions did not seriously fight for highest nursing competency standard since the graduates would be automatically recognized as professional nurse and doing their practice legally.

In the Philippines, a nurse graduate will not be recognized as a professional nurse until he/she passed the board examination. (Ramos 2010). In the District of Kolaka alone, the surplus of unemployed nurses by the year 2015 is estimated 1060 (90%) (Bangu, 2010). These 1060 unemployed nurse, are those who do not work, work without honorarium and those underemployment in the hospitals and other health institutions with the monthly honorarium of Rp 250,000 which is equal to only \$ 25. (Kolaka District Hospital 2010) This gap is due to the demand for national nurse graduate is limited, especially in government health service institutions, while the supply is abundant (Setiawan, 2008). Unpublished survey on 292 nursing students and parents conducted by the researcher in 2010 in the District of Kolaka showed that the majority (89%) of the student are preferred to stay home and wait for the opportunity to work as government employee after graduation. Only 11% of them showed their interest to work as a nurse abroad. Their parents, according to this survey, even more stringent not to allow their children to work abroad. From 292 nursing students, only 3.4% admitted that their parents allowed them to work abroad, while 96.6% preferred their children to work as government employee in their place (Munir, 2010). Even though 11% of the nursing students and 3.4% of the parents showed their interest to have their children worked abroad, but there is no single nurse graduate ever sent to work abroad. Meanwhile, 85% of the Philippine's registered nurse are accepted in the global market (Aiken et.al. 2004; Ramos 2010).

The other important problem is the poor English proficiency. Indonesian practice **Bahasa** Indonesia as medium of instruction in education and daily conversation. Since the nurses have poor English proficiency, they cannot compete with nurses from other countries where English is widely used such as Philippines and India. When the Filipino nurses have no problem with English, the Indonesian nurses mostly fail in English proficiency test conducted by the intended user (Mufti, 2010). These make the Indonesian nurses are lower in recognition compared to those nurses from other countries that passed the board examination and awarded registered nurse by Wardani (2010).

## **2. Nursing Education Contribution to Social Development and Global Competitiveness.**

The contribution of nursing education in Indonesia to social development and social welfare is shown in the improvement of health status of the community and improvement health services in the health facilities. Nurses as a biggest population of health profession play important role in the improvement of the health status of the people of Indonesia. Sugiri Syarif (2010) mentioned the success of Indonesia to reduce the Maternal Mortality Rate from 307 per 100,000 live births in 2003 to 228 per 100,000 live births in 2010. Another report showed the decline of Infant Mortality Rate (IMR) in Indonesia from 56 per 1,000 live births in 1990 to 31 per 1,000 live births in 2008. Likewise, Child Mortality Rate also declined from 86 per 1,000 live births in 1990 to 41 per 1,000 live births in 2008. Life expectancy rate improved from 62 in 1990 to 71 in 2008. (WHO 2010)

However, even though the number of nurse graduates in Indonesia is more than 500,000, those nurses who work abroad and the amount of remittance flows into the country is far below of those Philippines and India (Wardani, 2010). So far the estimate number of Indonesian nurses who work abroad is not available. As an example, the Southeast Sulawesi Province with the population of 2,230,569 (Central Board of Statistics, 2010) where the District of Kolaka is located, there is no single nurse has been sent to work abroad for the past five years. In fact, this province in 2010 has produced more than 800 nurses from seven Nursing Academy for Diploma III in Nursing and three Institutes of Health Sciences for BSN. Had these 800 unemployed or underemployed nurses have good proficiency in English and posses international standard nursing competency were admitted in foreign hospitals, they could bring home millions of dollar to build new houses and buy new cars. But this is not the case. The graduates and the parents never think of new houses and cars. What in the mind of the parents is that their children stay with them; every day wear white uniform with hospital emblem, and every year submit their paper for government employment (Munir, 2010). They never imagine that by doing this, they have placed their children in the bottom of poverty (CBS, 2010). Philippines are the Number 1 exporter of nurses to developed countries in the world and 85% of Philippine educated nurses leave the country for international employment (Ramos 2010). Indonesian health care facilities can only absorb for employment less than 20% of the nursing graduates each year and more than 80% remain unemployed or underemployed. Sad to say, these education institutions instead of supporting social development, they produced white collar generation of unemployment.

### 3. Comparison of Nursing Education in Indonesia and the Philippines

The Commission on Higher Education of the Philippines mandates state-owned nursing schools to implement the national prototype enriched 4-year nursing curriculum through a Memorandum Order No. 14, series of 2009 (CMO 14, 2009). It provides the guidelines and standard requirements and procedure for the program implementation. CMO 14, 2009 provides the accreditation requirements to maintain a standard in the operation of a nursing school, to carry out nursing instruction as prescribed and to produce quality and competent nurse professionals for domestic and international employment after graduation.

The Philippine’s nursing curriculum is presented in a thematic design following the bio-psychosocial model of nursing education that provides a broader knowledge based on nursing science. The nursing curriculum of Indonesia is modeled on the bio-medical concept of nursing education focusing on pathology and etiology of disease processes and medical treatment.

All of the professional courses in the Philippines are being taught by nurses since these courses are being presented in a nursing perspective thematic design. In Indonesia, professional courses are presented following the human body systems which are basically disease-oriented. Some of those courses are usually being taught by physicians who have the expertise. It instills the impression upon the students that nurses are under the domain of the medical profession.

There is no course offering in Indonesian nursing curriculum to develop analytical and critical thinking skills among the students and impress upon them that nurses are independent professionals who collaborate with physician or doctor and other members of the health team in patient care regimen. There is a great difference in the number of both academic units and clinical practice contact hours compared to that of the Philippine nursing curriculum (See Table 1 below).

**Table 1. Summary of the Number of Units for the General Education and Professional Courses Between the Bachelor of Science in Nursing Curriculum Philippines and the BSN Curriculum for STIKES (TMS Bengkulu, Indonesia)**

Curriculum Outline	CMO No. 14	STIKES (TMS)
A. General Education (GE) Courses:	87	44
1. Language and Humanities	21	14
2. Mathematics, Natural Sciences & Information Technology	22	14
3. Health Sciences	9	8
4. Social Sciences	15	6
5. Mandated Subjects	20	2
B. Professional Courses	115	107
<b>Grand Total Number of Units</b>	<b>202</b>	<b>151</b>

The Indonesian curriculum provides minimal opportunities for students to develop their clinical skills and competencies expected of professional nurses, while, Philippine curriculum provides ample contact hours in the nursing arts laboratory and clinical practice for the development of clinical skills and professional competencies. The curriculum develops in the graduate’s higher level of critical thinking ability, acute clinical decision making, and leadership and research capabilities. (See Table 2 below)

**Table 2. Total Number of Related Learning Experiences Contact Hours between the Bachelor of Science in Nursing Curriculum Philippines and the BSN Curriculum for STIKES TMS Bengkulu, Indonesia**

School/Country	SL Units	Contact Hours	C/F Units	Contact Hours	Total Units	Contact Hours
Philippines	14.5	739.5	33.5	1,708.5	48	2,448
Indonesia	18	576	12	768	30	1,344

Comparing both curriculum, the Philippine curriculum has much longer contact hours provision for laboratory skills practice and exposure in the clinical areas for the hands on practice with clients in the hospital and community. Philippines assigns 51 contact hours per credit unit in the RLE per semester, while Indonesia assigns 2 contact hours per credit unit for nursing arts laboratory and 4 contact hours per credit unit in the clinical practice multiplied by 16 weeks per semester. Indonesia has only a little over 50% (1,344 hours) contact hours in the laboratory and clinical areas for the entire semester compared to that of the Philippines 2,448 contact hours in the laboratory and clinical areas. The students then have lesser exposure to cases and clinical experience in the hospital and community health care facilities. This contributes to the graduate’s feeling of inadequacy, incompetency and less confident in the performance of nursing task immediately after graduation.

Philippine curriculum combines academic discussion of concept in the classroom and immediate exposure of students in the clinical area. Students are being exposed to cases in the hospital and community setting related to the concept being discussed in the classroom. Indonesian curriculum allows clinical exposure of student towards the last year of the program.

Professional core values are strongly emphasized in the Philippine nursing education while not at all in the Indonesian nursing education. There is no record to show English proficiency of faculty and student in both nursing schools in the Philippines and Indonesia.

All, except one of the faculty of the Philippines nursing schools are master degree holders and some of them are doctorate degree holders. While majority of the faculty of Indonesian nursing schools are baccalaureate degree holders, who are much younger in service than the Philippine nursing school faculty.

Both Philippine nursing schools are headed by a nurse with master degree in nursing and at the same time holding doctorate degree. On the other hand, both nursing schools in Indonesia are headed by non-nursing graduates. Due to their non-nursing basic orientation and training, they have very limited professional competency in nursing to guide the faculty in the performance of their teaching functions in nursing education. (See table 3 below).

**Table 3. Distribution of Faculty by Academic Degree among Selected Nursing Schools in the Philippines and Indonesia**

Faculty	Educational Attainment			
	WMSU	PWU	STIKES-TMS	KNA
1	BSN-RN, MN, PhD	BSN-RN, MAN, Eddy.	MD, Diploma in Tropical Medicine	D IV Midwifery, M.Ed.
2	BSN-RN, M.Ed. MAN	BSN-RN, MAN	MD, MPH	D III Nursing, BSEd. M.A. HEd.
3	BSN-RN, MN	BSN-RN, MAN	BSN, MPH	D IV Nursing
4	BSN-RN, MN	BSN-RN, MD (OB-Gyne)	BSN	BSN
5	BSN-RN, MN	BSN-RN, MAN	BSN	D III Nursing, BSPH
6	BSN-RN, MN, Ed.D.	BSN-RN, MAN, MD	BSN	D III Nursing, BSPH
7	BSN-RN, MN	BSN-RN, MD	BSN	BSN
8	BSN-RN, MN	BSN-RN, MAN	BSN	BSN
9	BSN-RN, MAN	BSN-RN, MAN	BSN	BSN
10	BSN-RN, MN	BSN-RN, MAN	BSN	BSN
11	BSN-RN, MN	BSN-RN	BSN	D III Nursing
12	BSN-RN, MAN	BSN-RN, MAN	BSN	D IV Midwifery
13	BSN-RN, MEd. MAEd., MAN, Ed. D	BSN-RN, MAN	BSN	D III Nurse
14	BSN-RN, MAN, MPH	BSN-RN, MAN	BSN	BSN

There is a huge disparity in terms of educational attainment and their academic preparation among the faculty between the nursing schools in the Philippines and Indonesia. The entire Philippine nursing schools faculty, except one is master degree holder in nursing while few of Indonesia nursing schools faculty are master degree holder in non-nursing field of specialization. WMSU has 100% faculty with Doctor and Master Degree holders. PWU has 93% faculty with Doctor and Master Degree holders. Meanwhile in Indonesia, STIKES-TMS has only 21% Master and Doctor Degree holders and KNA has only 2 Master Degree holders (14%). (See table 4 below)

**Table 4. Distribution of Faculty by Educational Attainment among Selected Nursing Schools in the Philippines and Indonesia**

Educational Attainment by Degree	WMSU		PWU		STIKES-TMS		KNA	
	No.	%	No.	%	No.	%	No.	%
3-year Associate	0	0	0	0	0	0	2	14
Bachelor	0	0	1	07	11	79	10	72
Master	11	79	9	64	1	07	2	14
Doctorate	3	21	4	29	2	14	0	0
Total	14	100	14	100	14	100	14	100

There is also disparity in the number of year in service of selected faculty from Philippines and Indonesian nursing schools. It shows that faculty from the Philippines nursing schools had been in the service more than twenty years. PWU faculty has the longest years of service of 30 years. Indonesian nursing schools faculty had been in the service for an average of less than 20 years. STIKES-TMS Bengkulu faculty has the shortest years of services of 11 years. Length of service exposes the faculty to variety of experiences and learning opportunities which make them more competent in their teaching functions. Competent faculty produces competent graduates.

**Table 5. Distribution of Faculty by Years of Service**

Faculty	Number of Years in Service			
	WMSU	PWU	STIKES-TMS	KNA
1	26	33	31	36
2	29	40	30	24
3	23	38	28	17
4	14	31	5	24
5	18	40	5	24
6	18	23	5	10
7	23	30	15	18
8	18	15	7	18
9	21	26	7	24
10	23	40	7	2
11	7	8	3	16
12	14	34	3	3
13	31	27	3	10
14	32	32	3	3
<b>Average</b>	<b>21</b>	<b>30</b>	<b>11</b>	<b>16</b>

**4. Developing Nursing Education towards Social Development and Global Competitiveness**

The government and the private institution are aware of the status of nursing education in Indonesia. The government realized that there are so many nursing schools in Indonesia producing abundant nursing graduates that cannot be absorbed in government institutions. The government also realized that these abundant nursing graduates have poor competency to enter the global market. They are aware that nursing education in Indonesia should be developed in such a way that will lead towards social development and global competitiveness. They are Buhari Matta, the Chief District of Kolaka that own the Kolaka Nursing Academy and Soelian Effendi, the owner of the Tri Mandiri Sakti Institute of Health Sciences in Bengkulu, who realize this problem and invited Prof. Ramos, now Director of Nursing Education for Indonesia, Western Mindanao State University for the development of nursing education in the two schools. Both Local government of Kolaka and Tri Mandiri Sakti Foundation in Bengkulu, allocate budget and facilities for the development program.

The program plan consists of:

- a. Development of curriculum
- b. Development of faculty and
- c. Development of language proficiency in English.

The program aimed at producing nurse graduates with international competency towards social development and global competitiveness.

**V. Discussion**

The study draws several conclusions based on the findings nursing education in Indonesia is in dilemma (Effendi, 2010). There are two institutional bodies that manage nursing education in Indonesia. Diploma in Nursing under National Board for Development and Empowerment of Health Human Resources Ministry of Health, and BSN Program under Director General of Higher Education, Ministry of National Education. The existence of these two institutional bodies in handling nursing education in Indonesia lead to long delayed of nurse professional recognition. While other health profession have been recognized and professionalized, nurse profession is still hanging. This is due to refusal by Indonesia Nursing Association to admit Diploma III nursing graduate into professional nursing, considering them inadequate, while Ministry of Health considers diploma III in nursing graduate as better prepared to work in the hospital compared to graduate of 4-year BSN (S.Kep) with poor hospital experience (Zulkarnain, 2010).

Nursing education in Indonesia has contributed significantly to social development and social welfare. Health indicators showed the improvement of health status of the community. Nurses as the majority in health manpower, play important role in the improvement of health status that brings about the improvement of social development and social welfare by reducing the expenses on illness and disability. Nursing education also provides the health services and the community with better equipped nursing graduates to serve the community towards optimum health for their social development and welfare (UNICEF, 2010).

The bio-medical model of nursing education in Indonesia focusing on pathology and etiology of disease processes and medical treatment which is basically disease-oriented impressed upon the graduates that nurses are under the domain of the medical profession. Indonesian nursing curriculum needs improvement in terms of developing analytical and critical thinking skills, leadership and managerial capabilities among the students and impress upon them that nurses are independent professionals who collaborate with physician or doctor and other members of the health team in patient care regimen.

Indonesian nursing curriculum provides minimal contact hours and opportunities for students to develop their clinical skills and competencies expected of professional nurses. Indonesian nursing schools are

headed by non nurses who are likely not well trained for nursing education and the faculty are lacking in their academic and educational qualification that are less exposed to new trends in nursing education. Indonesian nursing graduates are being prepared for domestic employment only. Improvement/intervention therefore, should be planned and implemented in nursing education to response to the problems faced by the government, the private and the education institutions. Education intervention should be developed to bridge the gap towards the recognition of nurse profession. Education intervention should also provide the answer to develop international level nursing education program that will produce competent nurses for social development and global competitiveness.

## **VI. Recommendations**

Based on the findings of this study the following recommendations are presented:

- 1) Redesign the nursing curriculum based on the bio-psychosocial model of nursing education that provides a broader knowledge based on nursing science and impresses on the students the independent identity of the nursing profession.
- 2) Increase the number of academic units in courses that will promote development of high level of critical thinking ability, acute clinical decision making, leadership and management as well as research capabilities.
- 3) Increase the number of contact hours and opportunities for students to develop their clinical skills and competencies expected of professional nurses.
- 4) Nursing curriculum must prepare nursing graduates for both national and international employment.
- 5) Develop nursing student consciousness on social development and social welfare as an agent of change and development.
- 6) Nursing school must be directed by a highly competent nurse educator and manager.
- 7) Faculty must be exposed to new technology in nursing education and practice through formal and informal continuing education.
- 8) Establish English medium of instruction in the classroom and create English environment in the school campus.

### **Recommended Nursing Curriculum for the STIKES-TMS Bengkulu**

The foregoing 8-semester BSN program is being recommended for STIKES-TMS Bengkulu. STIKES-TMS will serve as the pilot school for the implementation of this curriculum. Carmen Ramos (2010a, 2010b) Director of Nursing Education for Indonesia, Western Mindanao State University, Zamboanga City, Philippines, together with the faculty of Stikes Tri Mandiri Sakti Bengkulu, develops the following curriculum for nursing.

**Nursing Program Vision:** The STIKES-TMS Bengkulu, Nursing Department shall be the leading institution to develop nurses who are highly competent and internationally competitive.

**Nursing Program Mission:** The STIKES-TMS Bengkulu Nursing Department is committed to human resource development, academic excellence, community service, and advancement in research & technology.

**Goal:** Provide an enriched nursing education and instruction to produce Qualified nurse professionals who are highly competent and globally competitive.

**Objectives:**

#### **A. Academic Excellence**

- 1) Establish an identity among the faculty and graduates as leading nursing institution in the region producing graduates who are competent and globally competitive.
- 2) Institute the English medium of instruction both in the classroom and clinical areas for language proficiency development in the international language.

#### **B. Curriculum Development**

Establish a regular monitoring and evaluation scheme and feedback mechanism of classroom activities and clinical area exposure of both faculty and students as basis for instructional material enrichment and curriculum development.

#### **C. Human Resource Development**

- 1) Enhance teaching competency of the faculty through formal and informal continuing education and relevant training.
- 2) Foster faculty development through motivational incentives, scholarship and grants for research to encourage intellectual development, professional and personal growth.

#### **D. Instructional Facilities**

- 1) Upgrade the teaching-learning facilities, especially the library with e-learning facilities, collection of modern and new books and other professional reading materials; the nursing arts laboratory with provision of adequate space and needed hospital equipment and supplies to facilitate development of

clinical nursing skills and the classrooms be made conducive for productive and meaningful learning experience.

- 2) Facilitate the provision of planned exposure for clinical practice of students at the district, provincial, national and international hospitals in the locality for an enriched hospital experience.

**E. Advancement in Research & Technology**

- 1) Promote the research-based knowledge and problem-oriented approach in the teaching-learning process.
- 2) Motivate faculty to engage in research for knowledge generation towards enriched instruction and improved technology in clinical practice.

**F. Community Service and Linkages**

- 1) Develop leadership and management potentials of the students through active involvement in extra-curricular activities, especially in community and extension services.
- 2) Establish a collaborative and partnership linkage among health-related agencies and organized group as support-based for community and extension services, research and technology development.

**Table 6. Recommended International Level BS-Nursing Curriculum for STIKES-TMS Bengkulu Semester I**

No.	Course Name	Lec	Lab	RLE		Units
				SL	C	
1	Islam 1	1	0	0	0	1
2	Bahasa Indonesia	2	0	0	0	2
3	English 1 (Basic Communication Skills)	3	0	0	0	3
4	Fundamentals of Nursing Practice	2	1	0	0	3
5	College Algebra	2	0	0	0	2
6	Organic & Inorganic Chemistry	2	1	0	0	3
7	Psychology	2	0	0	0	2
8	Physics	2	1	0	0	3
9	Physical Education 1	1	0	0	0	1
<b>Total</b>		<b>17</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>20</b>

**Semester II**

No.	Course Name	Lec	Lab	RLE		Units
				SL	C	
1	Islam 2	1	0	0	0	1
2	National Identity	2	0	0	0	2
3	English 2 (Advanced Communication Skills)	3	0	0	0	3
4	Sociology	2	0	0	0	2
5	Anatomy and Physiology	2	2	0	0	4
6	Theoretical Foundations in Nursing	3	0	0	0	3
7	Basic Human Needs & Nursing Skills 1	2	0	1	0	3
8	Philosophy of Human Person	2	0	0	0	2
9	Physical Education 2	1	0	0	0	1
<b>Total</b>		<b>18</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>21</b>

**Semester III**

No.	Course Name	Lec	Lab	RLE		Units
				SL	C	
1	Islam 3	1	0	0	0	1
2	Nutrition and Diet Therapy	2	0	1	0	3
3	English 3 (Oral Communication Skills)	3	0	0	0	3
4	Nursing Ethics	2	0	0	0	2
5	Nursing Communication & Documentation	2	0	1	0	3
6	Microbiology and Parasitology	2	1	0	0	3
7	Basic Human Needs & Nursing Skills 2	1	0	2	0	3
8	Nursing Process	1	0	1	0	2
9	Physical Education 3	1	0	0	0	1
<b>Total</b>		<b>15</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>21</b>

**Semester IV**

No.	Course Name	Lec	Lab	RLE		Units
				SL	C	
1	Islam 4	1	0	0	0	1
2	English 4 (Written Communication Skills)	3	0	0	0	3
3	Pharmacology	2	0	0	0	2
4	Health Assessment	1	0	1	0	2
5	Obstetric Nursing	3	0	1	0	4
6	Biostatistics & Epidemiology	2	0	0	0	2
7	Basic Human Needs & Nursing Skills 3	1	0	2	0	3

8	Health Education & Promotion	2	0	0	0	2
9	Physical Education 4	1	0	0	0	1
<b>Total</b>		<b>16</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>20</b>

**Semester V**

No.	Course Name	Lec	Lab	RLE		Units
				SL	C	
1	Family Health	2	0	0	0	2
2	Maternity Nursing 1	3	0	1	0	4
3	Medical – Surgical Nursing 1	3	0	1	0	4
4	Mental Health Nursing	2	0	0	0	2
5	Orthopedic & EENT Nursing	2	0	1	0	3
8	Logic & Critical Thinking	3	0	0	0	3
9	Nursing Profession & Health Laws	2	0	0	0	2
10	Entrepreneurship in Nursing	2	0	0	0	2
<b>Total</b>		<b>19</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>22</b>

**Semester VI**

No	Course Name	Lec	Lab	RLE		Units
				SL	C	
1	Medical – Surgical Nursing 2	3	0	1	0	4
2	Pediatric Nursing 1	3	0	1	0	4
3	Community & Environmental Health Nursing 1	3	0	0	0	3
4	Psychiatric Nursing	3	0	0	0	3
5	Communicable Disease Nursing	3	0	0	0	3
6	Occupational Nursing	2	0	0	0	2
7	Gerontology Nursing	2	0	0	0	2
8	Rehabilitation Nursing	2	0	0	0	2
<b>Total</b>		<b>21</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>23</b>

**Semester VII**

No.	Course Name	Lec	Lab	RLE		Units
				SL	C	
1	Maternity Nursing 2	1	0	0	2	3
2	Pediatric Nursing 2	1	0	0	2	3
3	Community & Environmental Health Nursing 2	1	0	0	2	3
4	Medical – Surgical Nursing 3	1	0	0	2	3
5	Emergency and Disaster Nursing	1	0	0	2	3
6	Nursing Leadership and Management	3	0	0	0	3
7	Nursing Research	2	0	0	0	2
<b>Total</b>		<b>10</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>20</b>

**Semester VIII**

No.	Course Name	Lec	Lab	RLE		Units
				SL	C	
1	Intensive Clinical Practice	0	0	0	6	6
2	Nursing Leadership and Management	0	0	0	2	2
3	Thesis	0	0	4	0	2
<b>Total</b>		<b>0</b>	<b>0</b>	<b>4</b>	<b>8</b>	<b>12</b>

**Recommended International Level of Diploma III Nursing Curriculum of Kolaka Nursing Academy Program Philosophy**

The study program beliefs in the holistic development of the individual student, by harnessing his full potential towards molding him into a competent nurse professional and leader.

Statement of Vision, Mission, Goal and Objectives

Vision: The Kolaka Nursing Academy shall be the leading nursing institution in the region producing graduates who are highly competent and globally competitive.

Mission: The Kolaka Nursing Academy is committed to promote the development of human health resource with qualified professional competencies who will serve the local, national and international communities with safe and effective health care services. It also commits to provide qualified faculty, adequate facilities, and other physical and material resources required to facilitate the achievement of its vision.

Goal: Provide an enriched nursing education and instruction to produce, qualified nurse professionals who are highly competent and globally Competitive.

Objectives:

- A. Academic Excellence
- 1) Establish an identity among the faculty and graduates as leading nursing institution in the region producing graduates who are competent and globally competitive.
  - 2) Institute the English medium of instruction both in the classroom and clinical areas for language proficiency development in the international language.
- B. Curriculum Development
- Establish a regular monitoring and evaluation scheme and feedback mechanism of classroom activities and clinical area exposure of both faculty and students as basis for instructional material enrichment and curriculum development.
- C. Human Resource Development
- 1) Enhance teaching competency of the faculty through formal and informal continuing education and relevant training.
  - 2) Foster faculty development through motivational incentives, scholarship and grants for research to encourage intellectual development, professional and personal growth.
- D. Instructional Facilities
- 1) Upgrade the teaching-learning facilities, especially the library with e- learning facilities, collection of modern and new books and other professional reading materials; the nursing arts laboratory with provision of adequate space and needed hospital equipment and supplies to facilitate development of clinical nursing skills and the classrooms be made conducive for productive and meaningful learning experience.
  - 2) Facilitate the provision of planned exposure for clinical practice of students at the district, provincial, national and international hospitals in the locality for an enriched hospital experience.
- E. Advancement in Research & Technology
- 1) Promote the research-based knowledge and problem-oriented approach in the teaching-learning process.
  - 2) Motivate faculty to engage in research for knowledge generation towards enriched instruction and improved technology in clinical practice.
- F. Community Service and Linkages
- 1) Develop leadership and management potentials of the students through active involvement in extra-curricular activities, especially in community and extension services.
  - 2) Establish a collaborative and partnership linkage among health-related agencies and organized group as support-based for community and extension services, research and technology development.

**Table 7. Recommended International Level of Diploma III Curriculum of Kolaka Nursing Academy  
FIRST YEAR**

**Semester I**

Course Code	Courses	Lec	Lab	C/F	Units
Rel	Religion	2	-	-	2
Civics	Civics (National Identity)	2	-	-	2
Language	Indonesian Language	2	-	-	2
Ana/Physio & Biochem	Human Anatomy and Physiology and Biochemistry	2	2	-	4
Physics & Bio	Physics and Biology	1	1	-	2
Psycho	Psychology	2	-	-	2
Micro & Para	Microbiology & Parasitological	1	1	-	2
Nsg Concept	Theoretical Basis of Nursing	1	1	-	2
BHN 1	Basic Human Needs 1	2	2	-	4
English 1	English 1 (Communication Skills 1)	3	-	-	3
<b>Total Credits/Semester</b>		<b>18</b>	<b>7</b>	<b>-</b>	<b>25</b>
<b>Total Hours/Week</b>		<b>15</b>	<b>14</b>	<b>-</b>	<b>29</b>

**Semester II**

Course Code	Courses	Lec	Lab	C/F	Units
Nutri	Nutrition	1	1	-	2
Pharma	Pharmacology	2	-	-	2
Patho	Path physiology	1	1	-	2
BHN 2	Basic Human Needs 2	2	2	-	4
Nsg Ethics	Nursing Ethics	2	-	-	2
Nsg Com	Communication in Nursing	2	-	-	2
Nsg Doc	Nursing Documentation	1	1	-	2
Socio	Sociology	2	-	-	2
English 2	English 2 (Communication Skills 2)	3	-	-	3

Logic & CT	Logic & Critical Thinking	2	1	-	3
<b>Total Credits/Semester</b>		<b>18</b>	<b>6</b>	<b>-</b>	<b>24</b>
<b>Total Hours/Week</b>		<b>15</b>	<b>12</b>	<b>-</b>	<b>27</b>

**SECOND YEAR**

**Semester III**

Course Code	Courses	Lec	Lab	C/F	Units
Med-Surg 1	Medical-Surgical Nursing 1	2	2	-	4
Med-Surg 2	Medical-Surgical Nursing 2	-	-	3	3
Maternity 1	Maternity Nursing 1	2	2	-	4
Maternity 2	Maternity Nursing 2	-	-	2	2
He. Promo	Health Promotion	1	1	-	2
English 3	English 3 (Speech Communication)	2	1	-	3
<b>Total Credits/Semester</b>		<b>7</b>	<b>6</b>	<b>5</b>	<b>18</b>
<b>Total Hours/Week</b>		<b>7</b>	<b>12</b>	<b>20</b>	<b>39</b>

**Semester IV**

Course Code	Courses	Lec	Lab	C/F	Units
Med-Surg 3	Medical-Surgical Nursing 3	2	2	-	4
Med-Surg 4	Medical-Surgical Nursing 4	-	-	3	3
Pedia 1	Pediatric Nursing 1	2	2	-	4
Pedia 2	Pediatric Nursing 2	-	-	2	2
CD	Communicable Disease Nursing	1	1	-	2
Nsg L & M	Leadership & Nursing Management	1	1	-	2
Nsg Elec 1	Nursing Elective 1	1	1	-	2
<b>Total Credits/Semester</b>		<b>7</b>	<b>7</b>	<b>5</b>	<b>19</b>
<b>Total Hours/Week</b>		<b>7</b>	<b>14</b>	<b>20</b>	<b>41</b>

**THIRD YEAR**

**Semester V**

Course Code	Courses	Lec	Lab	C/F	Units
Psych 1	Psychiatric Nursing 1	2	2	-	4
Psych 2	Psychiatric Nursing 2	-	-	2	2
FHN	Family Health Nursing	1	-	1	2
GN	Gerontology Nursing	1	-	1	2
EN	Emergency Nursing	1	1	-	2
Research	Nursing Research	1	1	-	2
Nsg Elec 2	Nursing Elective 2	1	1	-	2
Nsg Elec 3	Nursing Elective 3	1	1	-	2
<b>Total Credits/Semester</b>		<b>8</b>	<b>6</b>	<b>4</b>	<b>18</b>
<b>Total Hours/Week</b>		<b>8</b>	<b>12</b>	<b>16</b>	<b>36</b>

**SEMESTER VI**

Course Code	Courses	Lec	Lab	C/F	Units
CHN 1	Community Health Nursing 1	2	2	-	4
CHN 2	Community Health Nursing 2	-	-	2	2
Nsg Elec 4	Nursing Elective 4	1	1	-	2
INP	Intensive Nursing Practicum	-	-	4	4
CA	Competency Appraisal	3	1	-	4
<b>Total Credits/Semester</b>		<b>6</b>	<b>4</b>	<b>6</b>	<b>16</b>
<b>Total Hours/Week</b>		<b>6</b>	<b>8</b>	<b>24</b>	<b>38</b>

Legend: Lec (Lecture), Lab ( Practice/ Laboratory), C/F (Clinics or Clinical Experience/ Field Experience)

**Table 8. Summary of Units for both General Education (GE) and Professional Courses**

General Education Courses:	36
Language and Humanities	16
Mathematics, Natural Sciences and Information Technology	04
Health Sciences	10
Social Sciences	04
Mandated Subjects	02
Nursing Professional Courses	84
<b>Total</b>	<b>120</b>

**Table 9. Summary of Units for Laboratory and Clinical Exposure**

Courses	Number of Units		
	Lab	C	Total
Language	2	0	2
Natural Sciences	4	0	4
Health Sciences	3	0	3
Professional Courses	27	20	47
Total of Units	36	20	56

Total Number of Hours/week	72	80	152
Total Number of Contact Hours/semester	1,152	1,280	2,432

**Remarks:**

- 1 Unit Lab is equivalent to 2 hours/week (16 sessions per semester)
- 1 Unit Clinics is equivalent to 4 hours/week (16 sessions per semester)

## VII. Bibliography

**Biographical Details:**



**Sanihu Munir** is a lecturer of Nursing and Public Health at Mandala Waluya Institute of Health Sciences, Kendari, Indonesia and a visiting lecturer at Tri Mandiri Sakti Institute of Health Sciences, Bengkulu, Indonesia. Sanihu Munir has 33 years teaching experience in English for nursing, Epidemiology and Statistics at the department of nursing and public health. He is also a nursing education consultant at Kolaka Nursing Academy, Kolaka Indonesia, and Tri Mandiri Sakti Institute of Health Sciences in Bengkulu, Indonesia. He started his career as Chief of Sanitation section at Kendari District Health Office in 1971. In 1980, he started his teaching career in the school of nursing in Kendari, Indonesia. At present he is teaching English for nursing, epidemiology and statistics at the Department of Nursing and Public Health, Mandala Waluya Institute of Health Sciences and a visiting lecturer at Tri Mandiri Sakti Institute of Health Sciences. As a lecturer and researcher, Sanihu Munir has conducted a research on The Perception of Nursing Students and Their Parents towards the Employment after Graduating in Kolaka and Bengkulu, Indonesia in 2010. He also conducted a research on Surveillance Model in the Eradication of Yaws in the District of Muna, Indonesia with Jasmurni Munir in 2011.



**Dr. Emiliano T. Hudtohan** is a professor and lecturer of Social Development at the Philippine Women’s University, Manila, Philippines and also teaching Organizational Development, Business Ethics and Corporate Social Responsibility at De La Salle University, Manila, Philippines. Emiliano T. Hudtohan has more than 40 years experience since 1967 until now in the field of Social Development and Business Development and Management. He is also a columnist in the Philippine national newspapers; Manila Standard Today, Manila Times and Business Mirror. He has started his career in 1978 as Assistant Project Manager at USAID Philippines. In 1982 he was assigned as Assistant President of Malaya Insurance Company. In 1991 he was elected as Senior Management Consultant at Metrobank Philippines. At present, he is teaching at graduate program in Social Development and Business at the Philippine Women University, De La Salle University Manila, Far Eastern University and San Beda College in Manila. As a columnist and researcher, Dr Hudtohan has many papers published in newspapers and journals among others; The Law of Attraction, *Manila Standard Today*, 12 Januari, 2009, Ethic, Etiquette and Aesthetics. *The Philippine Educational Forum*, Philippine Women’s University. Vol. 19, No. 2, September 2006.



**Carmen T. Ramos** is a lecturer of Nursing and Public Health at the Western Mindanao State University (WMSU), Zamboanga City, Philippines. Carmen T. Ramos has 34 years experience since 1979 as a lecturer, director, coordinator and consultant of outreach project of WMSU in the field. She holds the partnership with Department. Of Interior & Local Government, World Bank- Knowledge for Development Center (WB-KDC). She also assigned by WMSU as Director of Nursing Education for Indonesia. She has started her career in 1978 as Staff Nurse at Zamboanga City General Hospital, Philippines. In 1993 she was assigned Assist. Director Graduate School, Master of Nursing, WMSU. In 1996 she took a job as Community Extension Coordinator WMSU, College of Nursing. In 2005 she has been assigned as Coordinator WMSU-World Bank- Knowledge for Development Center (WB-KDC) and at 2007 she holed the position as Director of Nursing Education Program for Indonesia. At present, she is teaching at the College of Nursing, WMSU, Zamboanga City, Philippines, and the visiting lecturer at Tri Mandiri Sakti Institute of Health Sciences, Bengkulu, Indonesia. As a lecturer and researcher, Carmen T. Ramos has accomplished many researches and outreach projects among other; Health Facility Survey for Basilan Prov., Health Seeking Behavior of Elementary School Teachers in Zamboanga City, and Perception of Barangay Leaders Toward Extension Services of WMSU College of Nursing. Outreach projects among others; 1 Million pesos Award winning Livelihood Project for Rebel Dependents (Funded by World Bank- Social Development thru SZOPAD) and “WMSU Floating School” Innovative Idea for the Bajasos Out of school children, Funded by: Australian Govt.

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