Role of Indonesia Nurse Leader To Succeed MRA on Nursing Education

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ABSTRACT: AEC have four principle goal namely “a highly competitive economic region, a region of equitable economic development, transform ASEAN into a single market production base, and a region fully integrated into the global economy”. Seven professions covered (nurse, dentist, medical doctor, surveyor, accounting architect, and engineer) below Mutual Recognition Arrangement (MRA) to gain a free movement between AMSs looks really challenging, particularly for health care provider as well as nurse, dentist, and physician. Indonesia as one of AMSs, has a responsibility to achieve of AEC specially to encourage free trade and service over countries. this paper aims to gives new perspective of Indonesian nurse role in competing globally. for competing globally Indonesian nurse should have approach of Indonesia towards MRA on nursing services through Curriculum reform, and culture adaptation, cultural adaptation concern for Indonesian nursing, develop double degree with ASEAN member country, Strengthen the Indonesian nursing council. Furthermore, Cultural Adaptation concern for Indonesian Nursing through develop double degree with ASEAN member country and strengthen the Indonesian nursing council. Finally, the Nurse leader toward MRA on nursing services in Indonesia should have several competences such as empowerment, flexibility, negotiation, partnerships, and political involvements.
Keywords: ASEAN MRA, Nursing services, nursing education, nursing leadership.

The commencement of Association of Southeast Asian Nations (ASEAN) was developed by five countries, Thailand, Malaysia, Indonesia, Singapore, and Philippines in 1967. During its progress, Vietnam, Brunei Darussalam, Lao PDR, and Myanmar participated, and the ASEAN currently composed of 10 countries called The ASEAN Member States (AMSs) (ASEAN, 2019a). The AMSs possessed a solid commitment to sustain a services, free flow of goods, capital, investment, and professional workforce as known as the ASEAN Economic Community (AEC) (ASEAN, 2019b).

AEC have four principle goal namely "a highly competitive economic region, a region of equitable economic development, transform ASEAN into a single market production base, and a region fully integrated into the global economy" (ASEAN, 2019b). Seven professions covered (nurse, dentist, medical doctor, surveyor, accounting architect, and engineer) below Mutual Recognition Arrangement (MRA) to gain a free movement between AMSs looks really challenging, particularly for health care provider as well as nurse, dentist, and physician (ASEAN, 2019c). Indonesia as one of AMSs, has a responsibility to achieve of AEC especially to encourage free trade and service over countries (Aungsuroch & Gunawan, 2015; Gunawan & Aungsuroch, 2015). Consequently, organizing well service in health care system as well as workforce on health care system is consider to be a compulsion in Indonesia. In this arrangement nurse leader leads substantial part to encourage the transformation (Warren & Harper, 2017).

Nowadays, many circumstances of Indonesian nursing profession which are the problems being confronted by Indonesian Government and nursing leaders in the country. It was nurse excess, nurse shortage, unbalanced nurse distribution, nurse movement, and multiple nurse background (Gunawan & Aungsuroch, 2015). Efendi, Nursalam, Kurniati, and Gunawan (2018) notes Indonesia has also emphasized utilizing nurses in an attempt to get a resource which are expected to assist in achieving the nurse demand, as described by its actual policies. Besides, unequal shortages and allocation in the nursing workforce in AMSs has been revealed (Fukunaga, 2015; Te, Griffiths, Law, Hill, & Annear, 2018).

The AMSs have really diverse in terms of health systems, growth population, health policy transitions and disease burdens. These distinction requires to be concerned within any stakeholder assembly (Efendi, Nursalam, et al., 2018). In this case, role of nurse leader would be very significant for successfully implemented MRA on nursing services particularly in Indonesia (Aungsuroch & Gunawan, 2015; Efendi, Nursalam, et al., 2018; Gunawan & Aungsuroch, 2015). Therefore, based on these challenges, the authors through this paper aim to share the information and discuss about role of nurse leader to succeed ASEAN MRA in nursing services.

MRA on Nursing Services

Evolution MRA on Nursing Services

The Negotiation of the MRA on Nursing Services draft initiated with expanding of The ASEAN Joint Coordinating Committee on Nursing (AJCCN). AJCCN is the committee under the Healthcare Services Sectoral Working Group (HSSWG) that negotiates problems concerning to facilitation of collaboration in MRA on Nursing Services. Thailand has been respected to set up the initial draft of ASEAN MRA on Nursing Services. The arrangement finished by Thailand Nursing and Midwifery Council that used the goals of the ASEAN Framework Agreement on Services (AFAS), principally the Article V of AFAS which serves that AMSs might accepted the education and impression gained, necessity, and permit or certification granted in other AMSs, for the aim of licensing or certification of service providers, as guidelines for the MRA draftsmanship (ASEAN, 2019d).

The draft MRA on Nursing Services was suggested for confabulation in the 4th meeting of the Healthcare Services Sectoral Working Group (HSSWG) in July 2004. Dr. Tassana Boontong was chosen as chairperson of the meeting. The working group met every 3 months for two years in arduous negotiation. This is because AMSs were diverse phases of socioeconomic development. Each country has various levels of health professional education and services standards. The Negotiation of the Draft MRA on Nursing Services have several constraints that influenced the negotiation for MRA on Nursing Services and free movement of nursing workforce include; Diverse standards of curriculum and education institutes; Different professional definitions and scopes of practice; Different levels of education to enter into professional education programs; Different level of professional preparation /training to enter services in nursing; Different standards of regulatory systems and licenses to practice; Different in continuing education and training; Language barriers and Cultural sensitivity (ASEAN, 2019c).

The Signing of the MRA on Nursing Services

The signing of the MRA on Nursing Services presented by the economic minister of the 10 AMSs which signed the MRA on Nursing Services on 8 December 2006 in ASEAN Summit in Philippines. It present as the first health professional MRA that signed and effective adjusted after signatures of 10 economic ministers. This Arrangement will simplify the movement of nursing services and workforce through AMSs. Exchange of information and expertise on standards and qualifications, promote adoption of best practices for professional nursing services and provide opportunities for capacity building and training of nurses (ASEAN, 2019c).

Qualification of nurses who are eligible to mobilize are: “1) Qualify as a professional nurse: graduated from recognized nursing education institution 2) Has been assessed by the Nursing Regulatory Authority as technically/ethically/ legally qualify to undertake nursing practice 3)Has been registered and licensed 3) Having at least three years of working experiences 4) no record or pending investigation of having violated any technical, professional or ethical standards” (ASEAN, 2019c).

Nursing Regulatory Authority (Nursing Council or Nursing Board) Responsibility for 1) Evaluate the qualifications and experiences of Foreign Nurses 3) Register and/or license Foreign Nurses allowing them to practise nursing in the Host Country 4) Monitor the professional practice and conduct of Foreign Nurses who have been registered and/or licensed 5) Ensure that Foreign Nurses observe and maintain high standards of practice of nursing in accordance with the code of professional conduct of the Host Country (ASEAN, 2019c).

Importance MRA on Nursing Services

ASEAN MRA on nursing services declared to tighten professional nurse competency. These regulation purposes to simplify movement of professional nurse below ASEAN as well as addressed in the goal expected are to: (1) simplify movement of professionals nursing among ASEAN. (2) switch expertise and information on qualifications and standards; (3) encourage application of best practices on professional nursing services; and (4) serve chance for training of nurses and capacity building (ASEAN, 2019c). Likewise, accordance with the attempt of the AMSs in achieving the ASEAN Vision 2020 on Partnership in Dynamic Development reconciled with the stabilized invention, prosperous and greatly competitive AEC (Gunawan & Aungsuroch, 2015). The exhaust problem for the country of origin that will lose their skilled nurses and will affect to the quality of nursing care and make the severity of nursing shortage. Otherwise, it will be brain gain for the host countries to improve nursing services and reduce nursing shortage; and the advantage for individual nurse is to find a good quality of life, good environment, or promised salary (Aungsuroch & Gunawan, 2015).

Condition of Indonesia nursing education and service

Nowadays, According to data of National Accreditation Agency for Higher Education, Ministry of Research and Education Indonesia, Indonesian nursing education have Diploma nursing 440 institutions, Bachelor of nursing 317 institutions , Master of nursing degree 17 institutions, Master nursing specialist and Doctoral degree 1 institutions (BANPT, 2019). Moreover, Right now, Indonesia has three type of nursing education: 1) Diploma Nursing Education 2) Bachelor (undergraduate) of nursing 3) Graduate Nursing Education.

The rapid accretion in the amount of nursing school in the past decade has produced escalate chance and great attraction in a nursing profession. Nursing was accepted as a profession in Indonesia at a national meeting conducted in 1983. Over 30 years ago, there is a big demand for rectify in regulatory of this profession (Efendi, Chen, Kurniati, Nursalam, & M, 2018). Therefore, several forms of nursing institutions were developed. The term ‘higher education’ pertain to Polytechnic, Academy, Institute, School of Health Science and University (I. Goverment, 2014).

Condition of Nursing in Indonesia /Challenges in Nursing Education in Indonesia

The nursing profession in Indonesian deal with a complicated condition in the globalization era. The rollout of Universal Health Coverage, Sustainable Development Goals, and Arrangement in ASEAN MRA on nursing services requireed nurses to present a superior service to the public. The

Current problem will centralize on how nurse lead themselves and the profession to improve level of Indonesian nurses in term of services and education (Te et al., 2018).

Great number of unemployment of nursing workforce has been informed in the government, and the low salary of nurses lead to deteriorate condition (Tsujita, 2017). Published reports from East Java province showed that the largest number of unemployed white-collar workers is nurses. The number has reached 12,000 nurses, of which the private labor market only absorbed 10% with just 1% absorbed in the government employee sector. As a result, some have turned to overseas or nurse migration (Efendi, Chen, et al., 2018). Other published data in 2015 showed that there were annual surpluses of more than 15,000 nurses. At that time, the absorption capacity of public providers was 3,000 nurses per year and an additional 2,000 nurses in the private sector. It must be noted that the exact surplus of nurses is unclear due to the lack of reliable human resources information systems. The challenge on data is not a new issue for Indonesia after implementation of the decentralized system.

Under decentralization system, the local government do not feel obligated to send the latest data to the central level. In addition, lack of awareness of local government regarding sharing of data and information to the central might become the problem. An absence of integrated system between ministries and the job market contributed to the chaos in human resource information system. The substantial surpluses will distort health service delivery and the national health system. In terms of prosperity, nurses are also neglected, as their salaries vary from 50 USD per month to 300 USD per month ('WIF', 2019). This situation may lead to social conflict in the near future if not addressed properly. Overall, nurses in Indonesia are employed by either the government or the private sector. The government can recruit them as a civil servant, contract worker or special assignment. The nurse can also be employed in private sector as a permanent worker or contract staff.

Indonesia is acknowledged as a country having a crisis in the health workforce, including the number and quality of the workforce (WHO, 2019). The MoH underlined this crisis in a white paper which forecast that, by 2014, they would need 60,022 nursing cadre to be deployed in Indonesia’s hospitals and 240,515 nursing personnel to be deployed in Indonesia's community health centres. However, the limited capacity of government recruitment should be considered. There were more nurses than vacant positions. As a result, nurses were underpaid and the situation was made worse by inadequate enforcement of the minimum regional wage regulation. It is difficult to track valid data of nurses’ unemployment

in Indonesia. The authors assume that, in East Java Province, there are 108 nursing institutions, if the number of graduates per institution averages 100 per annum; there would be 10,800 nursing graduates per year in one province alone (MoHI, 2019).

Various levels of education preparation with different quality

The quality of training varies between institutions. The output of each level of education (from diploma 3 from bachelor degree to specialist) needs to be managed properly in facing the future challenges. Moreover, the lack of infrastructure and low level of education of nursing faculty hinders progress. The critical problem is a lack of qualified nursing lecturers.

According the data from ministry of higher education the majority of teaching staff have a bachelor degree which is the same level as the students they are teaching. This situation may worsen in clinical settings, as most of the clinical instructors have either a diploma or bachelor degree. Instead of pursuing higher education, nurse educators need to be updated by joining seminars or conferences in clinical and community settings. Other problems are the variety of nursing graduates' quality, particularly in less-developed regions. The place of practice is limited by poor infrastructure and lack of professional lecturers. This situation may exist in certain provinces due to the development gap between provinces. The focus of nursing at community and hospital settings will attract more clinical nurse specialists to support the health development. In 2011 there were only 43 hospitals across the country, recognised as established teaching hospital which limits the ability of students to practice in the hospital (MoHI, 2019; MoRHII, 2019).

Curriculum-Based Competency has enriched the curriculum of nursing education in Indonesia since 2008. Currently, the curriculum of bachelor degree consists of 60% core curriculum (87 credits), 20% institutional curriculum (28-29 credits) with the rest being local content; in total, the students have to achieve 144-160 credits (MoHI, 2019). The curriculum accommodates the development of a basic professional foundation in nursing, the local content as excellence program in each institution and a global curriculum. However, in facing the current migration challenges, there may be needing to redesign the curriculum to meet the needs of international recruiters.

Approach of Indonesia towards MRA on nursing services Curriculum reform, and culture adaptation

To facilitate the mobility of nurses, we need to consider the background of education. Having so many variations of education in ten ASEAN countries makes us difficult to determine which programs that we need to follow as a standard of education. However, we may see the requirement of being Registered Nurse (RN), in terms of global nurse, which is only a nurse holding bachelor degree is eligible to take the Registered Nurse (RN) licensing examination (National Council Licensing Examination) such as NCLEX in the U.S and U.K. Additionally, in ASEAN, for

example, Thailand and Philippine also have no program for diploma degree for their educations. Those who hold associate degree cannot be called as a professional nurse. As Indonesian Nursing Profession also mentioned that nurse who holds bachelor degree and complete “Ners” program is the first professional degree (Wong et al., 2015). Furthermore, based on MRA, Nurse specifically refers to a natural person who has completed the required professional training and conferred the professional nursing qualification; and has been assessed by the Nursing Regulatory Authority of the Country of Origin as being technically, ethically and legally qualified to undertake professional nursing practice; and is registered and/or licensed as a professional nurse by the Nursing Regulatory Authority of the Country of Origin . This definition shall not apply to a technical level nurse. So, nurse leaders may consider upgrading the nursing education program, which bachelor degree as a basic of education.

MRA requires professional nurses, having at least 3 years experiences in nursing practice, no record of malpractice, certified by country of origin, and compliance with satisfaction with professional development. In this situation, it may or might not fit the context of nurses in Indonesia, because mostly Indonesian nurses hold diploma, which does not meet the requirement. Diploma nurses are not a professional nurse, but rather to vocational or associate nurse. Therefore, nurse leader and managers should upgrade the nursing schools from diploma to bachelor degree. However, it contradicts the Law of Republic of Indonesia number 38, year 2014 on nursing chapter II article number 4 point 1-2 that “type of nursing consist of vocational nurse and professional nurse”. Moreover, there are many nursing schools still provide diploma nursing program in Indonesia. It can be confirmed that the basic education of nurses of Indonesia is Diploma. In this case, vocational nurse would not meet requirement as professional nurse.

Learn from country like Thailand and Filipina, where minimum requirement of professional nursing is bachelor degree, and there is no diploma degree in the country. It will make shift of professional level of nursing in the country faster. Eradication of diploma level of nursing as vocational nursing or technical nursing also happen in Thailand more than 20 years ago. Wherefore, when some country still open diploma level, the new cadre tend to be chosen diploma rather than bachelor degree. In the first period of transition of professional educational degree possibly face many problems. However, after transitions period Indonesian nurse could compete globally not only in ASEAN but also with developed country.

Cultural Adaptation concern for Indonesian Nursing

ASEAN with ten countries has different population, such as in Malaysia, Brunei, and Indonesia are Muslim; in Thailand, Laos, Myanmar, Vietnam, and Cambodia are Buddhist; and the majority in the Philippines is Catholic and Christians. Multi-perspectives and multi-religion could create misunderstanding (Gunawan, Aungsuroch, & Health, 2017). Therefore, it is challenging for nurses.

Nurses are demanded to have a good knowledge, skill, and attitude in providing good nursing care. Many things need to be considered and they are interrelated to each other. The complex of social structure, culture, family, and the centrality of religion are reflecting many aspects of health care (Gunawan & Aungsuroch, 2015). Here, the examples that might be related to transcultural care, such as:

a) Muslim people, rules for nutritional support, are prohibited to eat pork. They are only able to eat Halal food. Halal refers to the practices used to cultivate, process, slaughter meat and other foods.
b) Some Hindus embrace vegetarianism; some eat meat only in certain days. Food habits vary across communities and regions. Observant Hindus who do eat meat often abstain from beef. The cow in Hindu is traditionally identified as a caretaking and maternal figure. But Hindus do not worship cows, but rather deeply respect them.
c) Buddhism generally prohibits killing, either humans or animals. Some canonical passages see to accept meat consumption, whereas certain Mahayana sutras (texts) denounce eating meat. In the modern Buddhist world, attitudes towards vegetarianism vary by location. Buddhism does not oppose treatment of an existing illness by use of non-animal derived medicines, because treatment is act of mercy. Antibiotics kill microorganisms, yet antibiotics are accepted because they help people get closer to reaching Benightment.
d) The other thing is that Euthanasia in the viewpoints of the followers of Hinduism, Buddhism, and Jainism is unacceptable. While Judaism, Christianity and Islam regards euthanasia as a crime.
e) Buddhists also believe that meditation is to control the mind. Buddhists use meditation technique to release pain and stress. Muslim also believes that “dhikr”
f) (remembering the God) or spiritual emotional freedom is to decrease the emotional block, such as negative thinking, angry, jealous, etc. Some cultures also believe that making smoke by burning herbs smelling the smoke is a cure for asthma, while others believe that using a stone to scrub the stomach, called “Coining”, can release stomach pain.
g) Some people in Indonesia still believe that an illness may come from mystic, we may see the family of patients invite “shaman” (Dukun in Indonesian language) in the hospitals to cure the patients, and nurse need to be aware of that.
h) Nurses also need to consider the words while talking with patient. The joke in Indonesia may be different from Thailand.

From the examples above, nurses need to consider and prepare transcultural competency. Nurses need to increase knowledge and sensitivity associated with this essential nursing concern and must ask each client what their cultural practices and preferences are. To have cultural competency, there are three progressive steps that help nurses provide care for patients from diverse backgrounds, namely:

Step 1. Adopt Attitudes to Promote Transcultural Nursing Care. Certain attitudes have been associated with effective and culturally competent nursing care, consisting of Caring, View problems or situations, Openness, and Flexibility.

Step 2. Develop Awareness for Cultural Differences. To provide culturally competent care, nurses should be aware that their patients might have various cultural differences

Step 3. Perform a Cultural Assessment. A concise cultural assessment is an effective way to obtain pertinent information about patients' perspectives on important aspects of their care.

Develop double degree with ASEAN member country

Education seems to be the cutting element in this arrangement, and each country begins to have the collaboration, such as to 1) increase the awareness among people and young generation with the dissemination of information and knowledge of the ASEAN community; 2) promote ASEAN identity in education; 3) produce human resources in the education field, and 4) make networking among universities in ASEAN (Aungsuroch, 2016). This collaboration has actually been implemented by the Indonesian government, especially in term of networking between universities in ASEAN. Specifically, nursing takes a part in this networking, such as students and faculties' exchange, double-degree program. Thus, developing nursing collaboration among ASEAN countries is one step forward of bringing the good impact of ASEAN community to Indonesia, especially to adopt nursing best practice for Indonesian society (Agianto, 2016).

Double degree program in undergraduate students seems to be brought benefit in term of MRA on nursing service. According to data of ministry of higher education in 2019, double degree in nursing just only there is two university conduct double degree with ASEAN member countries. Whereas, this program could get many benefits according ASEAN MRA on nursing services (Asgary & Robbert, 2010). For instance, our analysis in requirements of MRA in nursing services stated minimum 3 years experiences of nursing. Yet, with double degree programs some students that tend to move in another hosted country would have certificate from hosted country. In this case, the students do not need to waiting for 3 years experiences, but they just need to continued to national exam in hosted country. In conclusion, the double degree program would bring benefit to the students, if the program conducted well enough time for adapt culture and language.

Indonesia government should encourage nursing school in memorandum of understanding (MOU) across ASEAN members country (AMS). The program should be not only student exchange in short term period but conducted double degree program with minimum one or two years in others AMSs more beneficial. The nursing faculty or nursing school from Indonesia should make good partnerships with others AMSs like Thailand, Filipina, Singapore, Brunei Darussalam, and Malaysia that have good nursing salary than in Indonesia. From this partnership the faculty can accelerate movement of nursing from Indonesia to

another country and bring good reputation for school. In this case, the school should prepare well with language, culture sensitivity and deeper understand beneficial of nursing MRA in nursing service.

Strengthen the Indonesian nursing council

Since the president of Indonesia have signed nursing law of nursing in 2014, nursing council becoming big agenda to realized. Still, in that law, Indonesian nursing council should be accommodated within 2 years since law signed (I. Goverment, 2014). In September 2017, Indonesian president Joko Widodo have signed presidential roles number 90 concerning to Indonesian council of health worker. Moreover, this presidential roles as application of nursing law (Article 52 number 3) and health worker law (article 43). This presidential role regulated nursing council under Indonesian Health provider council (Konsil tenaga kesehatan Indonesia) called “KTKI”. KTKI has the following tasks: 1) facilitating the duties of each health provider ; b. evaluating the duties of the counselees of each health provider; and c. fostering and supervising the councils of each health provider (Goverment', 2017).

Nowadays, KTKI did not run yet as presidential role mandated (Kompasiana, 2019). Political years and accused from medical council that could not agree for entering into KTKI, and protested from national nursing organization slower realization of KTKI (Daniel, 2019; Tomo, 2017). However, Establishment of KTKI facilitated by ministry of health to forming council for each health provider (nursing, midwives, pharmacy, medical) continued. By the end of 2019 KTKI would handle task : 1) Registering Health workers accordingly with the field of duty; 2) conduct training of Health Workers in carrying out the practice of Health Workers; Managing National Standards for Labor Education Health; standards of practice and standards competence of Health Workers; and enforce the discipline of practice of Health Workers (Goverment', 2017). This kind of condition makes nursing development of nursing in Indonesia slower. In conclusion, these needs strengthen Indonesian nursing council by learning from other ASEAN country that previously established nursing council many years ago like Thailand.

Thailand nursing law and council started in 1985 according The Professional Nursing and Midwifery Act, B.E. 2528 (1985), As Amended by the Professional Nursing and Midwifery Act, B.E. 2540 in 1997. Stated several objective (T. Goverment, 1997):

“(1) to regulate the conduct of those who are practitioners of nursing and/ or midwifery to ensure that it is in accordance with the ethics of this particular profession; (2) to promote education service research and career advancement of the profession; (3) to promote solidarity among and uphold the dignity of the members; (4) to assist, advise, educate, and disseminate information to public and other organizations regarding to the scientific knowledge base of nursing, midwifery and public health; (5) to provide consultation and recommendation to the government concerning problems related to nursing, midwifery and public health;

(6) to be the professional voice of nurses/midwives and represent their interest and concerns; (7) to help in the search for justice and to promote welfare to members".

Followed by authority of nursing council (T. Goverment, 1997):

"(1) to arrange for the registration and licensing of those who apply for the permission to practice nursing and/or midwifery; (2) to suspend or revoke a nursing and/or midwifery license. (3) to approve the curriculum of an institute that wants to offer education, related to professional nursing and midwifery before forwarding to the Ministry of University Affairs for accreditation; (4) to accredit curriculum at certificate level of an institute that wants to offer education related to professional nursing and midwifery; (5) to accredit training courses of an institute that wants to offer education, related to professional nursing and midwifery; (6) to endorse accreditation of academic institutions that offer teaching and training specified in (4) and (5); (7) to approve the degree, certificate equivalent to degree, certificate or specialist certificate issued by an educational institute that offers a program in this field; (8) to issue a letter of approval or certification of specialization or other forms of certification to those who practice the profession of nursing and/or midwifery; (9) to function according to the objectives of the Nursing and Midwifery Council.

In conclusion, Indonesian nursing council need to strengthened by recombination authority based on task of globalization in ASEAN and in the world. A vital role in professional nursing development should makes us realized that this institution should ran on the track and solve many challenges in nursing education and nursing services in Indonesia. Nurse leader should be aware of the duty to brought glory for Indonesian nursing profession.

Role of Nurse leader toward MRA on nursing services in Indonesia

To achieve the 3 goal, nurse leader in Indonesia has to be perform the role as Empowerment, Flexibility Motivation, Negotiation, Partnerships, Political involvements, a part of law making proceed.

Empowerment

Clearly, we need nurse leaders who not only feel empowered themselves but have the skills to empower the nurses they supervise. Empowered nurses demonstrate autonomy and independent decision-making skills. They can perform well without constant feedback. They feel like stakeholders in the whole care delivery system. Nurses are more likely to develop a sense of empowerment when they work at an organization that values structural empowerment – for example, by including nursing representatives in the process of creating policies (Jasper, Rosser, & Mooney, 2013). This gives nurses some influence in areas that have traditionally been governed by executive-level hospital administrators, and it is known to help promote the highest level of nursing excellence.

Empowered nurses are most likely to speak up about hospital policies and areas that need improvement (Martin, 2015). And there are compelling reasons why nurses should make their voices heard:

As frontline care providers, nurses have the most direct knowledge of the practices that drive patient satisfaction and well-being. They need to be able to articulate these insights to administrators that may lack such firsthand data.

Because healthcare resources are limited and because there is waste in the system, nurses must be good stewards of existing resources – including medical supplies, human resources, and capital equipment. Nurses can, and should, help shape evidence-based practice where resources are concerned – even when it's as simple as suggesting simple procedural changes that can save time and steps.

Nursing Code of Ethics specifically states that nurses are responsible for continuously enhancing the quality and effectiveness of nursing practice. In other words, it is simply not ethical for nurses not to speak up with suggestions or concerns.

One of the most important traits of empowered leaders is that they are facilitators of change. They feel capable of identifying areas that need improvement and working to bring about transformation. Most healthcare organizations have compliance programs in place to deal with government-mandated change (Bindon, 2017). Many also have some sort of process improvement plan that functions at the executive level, with goals of reducing costs, enhancing efficiency, and improving patient care. But how much input comes directly from nursing managers? Managers who have a clear vision of the future can develop a strategy around that vision to bring about change (Martin, 2015).

Flexibility

Productivity and efficiency are important organizational goals that influence managerial decisions with respect to workforce options - particularly during the current global economic recession (Boykin, Schoenhofer, & Valentine, 2014). Organizational needs, however, are only one part of the picture. Research in human resource management has raised our awareness of what employees need in order to function effectively and efficiently. Nurses want substantive work and they want to balance their many work-life responsibilities. Flexible work options, particularly those reflecting the voluntary choices of nurses, are associated with nurses' greater job satisfaction, organizational commitment and intent to stay (Jasper et al., 2013). Teamwork depends on effective communications and shared understandings among team members, and the question remains as to whether teamwork is as effective with temporary versus substantive staff. Better care and better continuity of care may be more difficult to achieve with temporary versus substantive nursing staff (Martin, 2015). From nurses' perspectives, choice over work schedules is one of the most important components of a healthy work environment (Bindon, 2017).

Research from developed and developing countries has shown that flexible work options are powerful recruitment and retention tools. Many senior nurses, for instance, are interested in part-time work and phased retirement. Many younger

nurses are interested in flexed hours and compressed work schedules. Regardless of age or country context, flexible work options provide the flexibility nurses need to more successfully manage life and work, while serving as organizational recruitment/retention strategies (Munir, Ramos, & Hudtohan, 2013).

Negotiation, Partnerships, Political involvements

Nurses may not be used to viewing themselves as leaders, but it isn't necessary to have a traditional, titled or elected position to take a lead and bring about change that benefits others in our local or global communities (Jasper et al., 2013). Nurses' ability to effect change is just as important as the technical ability to deliver safe and effective care and they are influential at all levels. Leadership is a process not a position. Contemporary views on leadership have moved towards collaborative processes that take place in groups and communities. Leadership is tied to social responsibility and good citizenship, which connects to nurses' professional and ethical responsibilities to champion the human right to health. At the front-line, nurses collaborate with patients and use their influence to empower them to make positive changes themselves (Wong et al., 2015). Not only do nurses influence others in their day to day work, but they have expert skills in the art of persuasion, a process that involves relationships and negotiation (Jasper et al., 2013).

The MRA on nursing services are an opportunity for nurses to influence decision making processes and health care policies. Policy development is a practical tool for change and when nurses are involved, health care is safe, of a high quality, accessible and affordable (Fukunaga, 2015). There is no doubt that nurses should engage in policy-making and that it is a logical extension and expression of the profession's care and compassion particularly where it addresses issues of resource allocation and access to health care for vulnerable populations. Nurses are needed and they are wanted around the policy table, and as the Institute of Medicine emphasizes, "a shift must take place in how nurses view their responsibility to those they care for; they must see themselves as full partners with other health professionals" to be effectively involved (Sriratanaban, 2015).

Activism is a continuum. On the first level, reaction to the context triggers political awareness. The second level requires setting the agenda for change (Martin, 2015). This is done through collaboration with others who are working towards a common purpose. For example: Nurses who work with consumer groups and national nursing associations typically develop considerable political sophistication working at this level. They form coalitions with other like-minded (nursing) groups, contribute to policy development and are active in promoting the appointment of nurses to health-related policy positions (Boykin et al., 2014).

On the third level, nurses must lead that agenda to include issues beyond those that impact nursing, to those that address broad health and social policy concerns to do with political or economic conditions that produce and sustain poor health. Every action, no matter how small, counts. One way you can use your voice to lead is via social media networks such as Facebook and Twitter. Used in a

responsible way, these platforms can be used by nurses to disseminate evidence-based information to colleagues and the general public, and to raise the professional profile of nursing (Jasper et al., 2013). When nurses share their concerns in these public spaces they are acting not only as good citizens, but as the legitimate voice of the nursing profession. Although these are small and individual acts of political activism, they collectively have the power to influence public opinion and ultimately bring about shifts in public policy.

Conclusion And Recommendation

ASEAN MRA on nursing services should makes all Indonesian nurse leader concern about approach of Indonesia towards MRA on nursing services through : 1) Curriculum reform, and culture adaptation 2) Develop double degree with ASEAN member country 3) Strengthen the Indonesian nursing council.

For achieving as good role of nurse leader toward MRA on nursing services particularly in Indonesia. The nurse leader should concern within some aspect of leadership: 1) Empowerment 2) Flexibility 3) Negotiation, Partnerships, Political involvements.

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