

Rural to Urban Transition: A Case of Health Worker Migration Dynamics Post-Covid-19 in Jakarta

Transisi Perdesaan ke Perkotaan: Kasus Dinamika Migrasi Tenaga Kesehatan Pasca-Covid-19 di Jakarta

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Received: January 9, 2023 | Revised: May 19, 2023 | Published: December 31, 2023

Abstrak: Tenaga kesehatan dari daerah melakukan migrasi ke Jakarta untuk mendapatkan pekerjaan yang lebih baik. Terutama selama wabah Covid-19 merebak, banyak rumah sakit di Jakarta membutuhkan tambahan staf untuk menangani peningkatan permintaan layanan kesehatan. Dengan adanya kesempatan untuk menjadi sukarelawan, petugas kesehatan dari daerah menyadari adanya peluang untuk menyumbangkan keterampilan mereka serta meningkatkan peluang kerja. Artikel ini bertujuan untuk mengeksplorasi tantangan dan dampak yang mereka hadapi di daerah asal mereka. Dengan menggunakan metode kualitatif melalui wawancara mendalam terhadap empat mantan relawan di Rumah Sakit Islam Jakarta Sukapura, penulis menemukan bahwa pandemi Covid-19 berdampak signifikan terhadap perpindahan tenaga kesehatan dari daerah ke Jakarta. Data dianalisis menggunakan teknik Miles dan Huberman, yang melibatkan proses sistematis reduksi data dan penarikan kesimpulan untuk menghasilkan teori yang mbumi. Hasil yang didapatkan dari analisis proses migrasi ini disebabkan oleh masalah-masalah seperti pembayaran yang kurang, gaji yang tertunda, dan kurangnya prospek karier di daerah asal mereka. Kondisi ini telah tertuang dalam peraturan undang-undang kesehatan saat ini, Undang-Undang Nomor 17 Tahun 2023, khususnya pada Pasal 235 dan 229, dengan tujuan untuk meningkatkan kesetaraan sistem pelayanan kesehatan di seluruh Indonesia.

Kata kunci: Covid-19; migrasi; peluang kerja; tenaga kesehatan; Undang-Undang Kesehatan

Abstract: Health workers from rural areas were eager to migrate to Jakarta for better employment. After the Covid-19 outbreak, many hospitals in Jakarta needed



additional staff to handle the increased demand for health services. With the call for volunteers, health workers from rural areas recognized an opportunity to contribute their skills as well as improve employment opportunities. This article aims to explore the challenges and the implications that they encountered in their former regions. By employing a qualitative method using in-depth interviews with four former volunteers at Jakarta Islamic Hospital Sukapura, the authors discovered that the Covid-19 pandemic significantly impacted the movement of health workers from rural areas to Jakarta. The data were analyzed using Miles and Huberman's techniques, involving systematic processes of data reduction and conclusion drawing to generate grounded theories. Results from the analysis of this migration process include underpayment, delayed salaries, and a lack of career prospects in their previous regions. This condition is also stated in the recent health law regulations, as outlined in Law Number 17 of 2023, specifically in Articles 235 and 229, with the aim of enhancing health system equality across Indonesia.

Keywords: Covid-19; employment opportunities; health law; health workers; migration

Introduction

In response to the emergency situation of Covid-19 in 2020, many hospitals in Jakarta opened their doors to volunteers, as the health workers were overwhelmed during the peak of the case. One of the hospitals that welcomed volunteers was Jakarta Islamic Hospital Sukapura, located on Jalan Tipar Cakung, Sukapura, North Jakarta. The hospital is under the Muhammadiyah Foundation and was formally opened on May 4, 1992.

The Covid-19 spread throughout Indonesia, exposing the shortage of hospitals and other medical services in some communities close to Jakarta. Consequently, there were longer lines for medical care due to increased patient volume (Atina, 2021). Muhammadiyah Foundation, which operates in hospitals, proactively prepared twenty medical facilities to mitigate the impact of the Covid-19 virus outbreak (Sania, 2020).

The impact of Covid-19 not only affected the health system, but also profoundly influenced the economic situation. Consequently, numerous economic activities have been halted due to this situation. The cascading effects, such as an escalation in poverty rates, the closure of many small enterprises, and the termination of employment in various sectors, were undeniable (Putri et al., 2021, p. 71).

However, mass layoffs caused by the Covid-19 pandemic did not impact the health sector. Instead, this sector was even compelled to seek additional worker from different regions due to the urgent demands of the pandemic. In Jakarta, where emergencies had significantly increased, the demand for health workers experienced a sharp rise. A week after the announcement of health volunteer registration, Andre Rahadian, Volunteer Coordinator of the 2020 Task Force for the Acceleration of Covid-19 Handling, gathered 17,322 participants. This figure comprises 3,274 medical and health volunteers and 14,048 non-medical volunteers (Mufarida, 2020). Thousands of additional workers were deployed across Jakarta and West Java, where the largest number of Covid-19 cases were reported (Puspa, 2021).

The unequal distribution of health workers in Indonesia was addressed in the recent ratification of the Law Number 17 of 2023 on Health, endorsed by the Indonesian House of Representatives and the President. To expedite the enhancement of the national health system post-Covid-19, it is crucial to streamline the implementation of these regulations. This includes ensuring uniform facilities and salaries, as well as

providing timely incentives for frontline health workers. This research aims to provide empirical data from the perspective of migration theory (Neise et al., 2023) on the pull and push factors influencing health workers' migration.

When discussing migration theory, we inherently address the spatial context closely related to the distribution of workers. Spatial context and population mobility play significant roles in population dynamics, particularly through migration, enhancing population growth, emigration, and decreasing population numbers within a specific area (Darmawan, 2007).

People in rural areas often harbor the expectation that moving to cities can help improve their social standing and lift them out of poverty. Migrants who leave their hometowns often cite poverty and insufficient income in rural areas, hoping that migrating to bigger cities can improve their quality of life (Suryanti et al., 2020, p. 86). In this case, we found not only economic motivations triggering the migration of health workers but also a career actualization motive. Migration motivation is widely recognized and traditionally classified primarily through economic factors; however, it encompasses aspects such as social mobility, attained social status, residential satisfaction, familial and social connections, and lifestyle preferences (De Jong & Gardner, 2013).

On the other hand, the pandemic situation has attracted some health workers to migrate to Jakarta. According to Population and Labor Mobility Statistic 2021 (BPS 2021, p. 66; p.155), Jakarta experienced an increase in health worker migrants in 2020 from 2.69% to 3.47%. One of the reasons for the migration of health workers to Jakarta was the delay in the payment of incentives during the Covid-19 pandemic. The crucial role of health workers deserves appreciation as they were on the frontline in handling the risks. However, they also grappled with issues like long working hours and delayed salaries (Silalahi & Kurniawan, 2021, p. 191). In addition, with its high number of Covid-19 cases, Jakarta provided an opportunity for nurses to gain experience in the health sector. Despite the high risk of contracting the disease, the high motivation and readiness to care for Covid-19 patients were evident. Dealing with different procedures between regular patients and Covid-19 patients added a new dimension to their experience (Sari et al., 2021, p. 1179).

An article discussed the strategies the Indonesian health system adopted during the Covid-19 pandemic. In their work, Sari and Wirman (2021) explain how the health system has adapted to new technologies to provide remote patient care as a resilience strategy. The article sheds light on Indonesia's struggle with a shortage of health workers and its efforts to open up new job opportunities to sustain the economic sector. However, the article primarily focused on patients' trust in this new consultation mode. It lacked insight into how adopting new technologies might shape the future health system and create new economic opportunities.

Another noteworthy article that discussed the demand for health workers in Indonesia during the pandemic was by Fitriyani and Pramana (2022). The article explained how the pandemic significantly impacted the need for health workers in the Java-Bali region, increasing demand for health workers to handle Covid-19 cases and provide health services. However, it is critical to note that this article primarily focuses on the demand for health workers from a big data perspective, utilizing job sites, without providing an in-depth analysis of the global economic and labor sector landscape.

In light of the existing research gap, this article will provide an overview of the global economic landscape without disregarding the micro perspective derived from the research's subjects. Accordingly, the questions addressed in this article are: (1)

What challenges did health workers in rural areas face during Covid-19? and (2) What were the implications of these challenges? The authors conducted the research at Jakarta Sukapura Islamic Hospital using a qualitative method with in-depth interviews. This study employed a descriptive qualitative approach, and the data collection and analysis methods were carried out through a systematic review method. The data were analyzed using Miles and Huberman's techniques, which involve systematic processes of data reduction, display, constant comparison, and conclusion drawing in qualitative research to generate theories grounded in the analyzed data (Miles et al., 2014, p. 116).

The research was conducted from April to June 2023 and involved four informants from various regions in Indonesia. From the economic migration perspective (Fischer et al., 1997), informants were chosen based on their economic motivations during the Covid-19 pandemic, particularly in macroeconomics, such as the emergency policy for health volunteers. The selected informants were SA from Makassar, ZI from Gorontalo, GA from Jambi, and AS from Bukittinggi, all of whom worked as contract nurses in local public health centers in their hometowns. SA, ZI, GA, and AS shared similar experiences of being underpaid and having limited facilities as nurses in rural Indonesia. They also expressed concerns about career advancement opportunities at their local health centers. For instance, GA had never been allowed to perform procedures such as catheterization. The emergence of Covid-19 played a significant role in their decision to move to Jakarta, where they hoped for better salaries and a chance to gain more experience. The informants also mentioned delayed salary payments in their original areas, further motivating them to migrate.

This research also has certain limitations, further research is strongly recommended. This article focused solely on a private hospital in Jakarta, where the demand for health workers was most acute during the Covid-19 period. Consequently, it is essential to gather additional data from various regions across Indonesia to comprehensively examine recommendations for the nation, with a specific aim at improving post-Covid-19 economic recovery, especially for health workers.

Economic Recovery Strategies

Governments worldwide have implemented various policies and fiscal stimulus packages to support their economies during the Covid-19 pandemic. The Chinese government, for example, has implemented two distinct approaches to combat the economic crisis. This includes subsidizing small and medium-sized businesses and supporting companies engaged in collaborations with foreign entities (Zhao, 2022, p. 983). Similarly, in Indonesia, the government has taken steps to mitigate the economic impact of the pandemic and foster national economic recovery. The strategies implemented by the Indonesian government, such as social distancing, have had significant consequences on socio-economic activities, leading to decreased production, rising unemployment rates, and a decline in the average income of the population (Prawoto et al., 2020, p. 67). Nevertheless, the government has formulated policies to facilitate economic recovery in the post-Covid-19 period, including vaccinations, tax reductions, debt reduction, and the promotion of economic growth through infrastructure projects (Martawardaya et al., 2022).

Furthermore, the Indonesian government has strongly emphasized long-term investments in worker training and infrastructure to bolster future growth. These investments aim to address the challenges faced by dedicated health workers seeking to advance their careers after the post-Covid-19 era. Notably, volunteering oppor-

tunities for health workers have substantially impacted the improvement of Indonesia's health system. Volunteers have found that these activities significantly enhance their practical skills and contribute to the overall improvement of the national health system (Mousa et al., 2021, p. 404).

Covid-19 and Employment Opportunities

The Covid-19 pandemic has prompted many companies to reduce employee rights, conduct worker layoffs, and terminate contracts. Government regulations related to employment have become ineffective due to companies' inability to fulfill work agreement obligations, resulting in agreement breaches (Sarip et al., 2020, p. 15). The issue of employment termination requires extra attention in the context of Covid-19, as it often leads to the default of the obligation and the forfeiture of workers' rights.

Many employers utilized the Covid-19 situation as a justification for forfeiting their obligations. Overmatching or excess labor was one of the justifications employers cited for termination. Employment termination was often considered a force majeure and pursued by certain companies due to the unpredictable conditions. It can be initiated when a company can no longer fulfill its worker commitments. Employment termination must comply with government regulations, specifically by providing severance pay as stipulated in laws and regulations. In cases where companies terminating employment cannot provide employee severance pay, a resolution must be sought through mediation that aims at mutual benefit (Syafrida et al., 2020, p. 25). However, many employers did not provide severance pay and evaded their obligations due to the situation.

After the Covid-19 outbreak subsided, many industries gradually began to recover. Sectors that adapted to economic progress are considered to have survived the Covid-19 era. Entrepreneurship, which initially experienced a decline in productivity, saw 88% of micro-businesses running out of cash or passbooks, with more than 60% cutting their workforce. The development of technology-based entrepreneurship gave rise to the digital entrepreneurship model. Even during the Covid-19 pandemic, digital entrepreneurship sales increased sales transactions (Sumadi, 2021, p. 121).

In addition to digital-based entrepreneurship, several other sectors had to embrace digitalization by adopting remote work. The PPKM policy prompted companies to implement work-from-home practices to limit leaving the house. The shift from face-to-face to remote work required companies and workforces to adapt. However, benefits such as time travel efficiency, energy savings, and space utilization in the office have facilitated a gradual and successful adaptation by companies and workforces (Mustomi et al., 2021, p. 19).

Engaging in various activities within the confines of one's room has led some individuals to spend time on social media, using it as a platform for creativity in producing interesting content for diverse audiences. Being a content creator involves conveying messages through creating content on social media platforms. Idea generation and research for each content utilize digital media with different characteristics, styles, and attributes (Maeskina & Hidayat, 2022, p. 21). Content creators can work from anywhere, making it a sought-after profession during and after the pandemic.

Employment for Health Workers

The employment landscape in Indonesia has encountered significant challenges due to the pandemic's impact on various sectors. While certain industries, such as

tourism and hospitality, have been severely affected by strict mobility restrictions, others have experienced a surge in demand, notably the health sector. As mentioned earlier, there was a widespread opening for health staff volunteers in major cities (Helmi et al., 2021). These volunteers have played a pivotal role in addressing the increased need for health services during the pandemic.

To support the availability of human resources in coping with the Covid-19 pandemic, the government implemented a policy to recruit 17,190 individuals with medical and non-medical backgrounds. The research indicates that most Covid-19 volunteer nurses are young and newly graduated, seeking valuable experience. In contrast, married nurses chose to become Covid-19 volunteer nurses due to economic needs, driven by the substantial incentives offered compared to the salaries of ordinary nurses (Silalahi & Kurniawan, 2022, p. 102).

Covid-19 has brought about significant changes in various sectors, including health. One notable policy implemented to curb the spread of the virus is telemedicine, involving remote consultations. This shift has prompted governments, health providers, and patients to embrace remote health services, particularly for non-emergency conditions (Ardyles & Ilyas, 2022, p. 36). The adaptation of telemedicine has also created new job opportunities in the health sector.

Findings: Health Workers' Migration Wave

While employment termination prevailed in various sectors, the health sector experienced a starkly different scenario, especially in larger cities where the demand for health workers was notably high. This surge in demand was driven by emergency circumstances resulting from the overwhelming impact of the Covid-19 situation on health facilities. Recognizing the critical need, the government initiated incentive programs for health workers during these challenging times.

Moreover, major cities such as Jakarta have become significant epicenters of the spread of the Covid-19 virus. Consequently, Jakarta has become a primary destination for health workers seeking migration opportunities. The heightened demand for health professionals responding to the pandemic has turned major urban centers into focal points for health workers' migration.

According to Law Number 36 of 2014, 'health workers' are defined as individuals who voluntarily dedicate their lives to the health industry and have acquired the necessary knowledge and abilities through specialized training. This definition remains in the latest Health Law (Number 17 of 2023). Specific roles within this sector may necessitate particular qualifications and authorization to engage in health-related activities. Therefore, eligibility for Covid-19 volunteer positions was restricted to health workers with the requisite certificates and qualifications.

Various factors fueled the inclination of health workers to seek employment in big cities. Issues such as the uneven distribution of human resources and the limited availability of medicines and medical devices contributed to workforce shortages in remote areas (Salsabila, 2023). Despite the graduation of thirteen thousand doctors from various universities across Indonesia, the actual distribution of health workers could be more balanced, especially in remote areas (Fatimah, 2020). Government policies addressing the imbalance in health services by ensuring equal human resource distribution in remote areas had yet to be effectively implemented. Consequently, health workers expressed a desire to migrate to big cities.

The government has mandated recruiting additional health workers to address reported shortages in various regions, primarily caused by health workers being

exposed to Covid-19 (Wibowo, 2021). This shortage is exacerbated by the migration of numerous health workers from rural areas to big cities, including Jakarta. The demand for health workers in Jakarta has surged, with approximately 2,156 professionals needed to meet the growing requirement (Singgih, 2021).

In response to the shortage of health workers, the Jakarta government initiated an active recruitment drive, targeting various health professionals, including physicians, specialists, midwives, and nurses. Despite the substantial expansion of referral hospitals from 106 to 140, the impact was limited without a simultaneous increase in the presence of health workers to support these better-equipped facilities. Recognizing this challenge, the Jakarta government took proactive steps by promoting the enrolment of health workers to meet the growing demand. The government's health division utilized social media channels to disseminate this recruitment information.

The Easiness of Becoming Volunteers

The demand for health workers in Jakarta has drawn interest from numerous professionals across various regions. The application process is relatively straightforward, requiring candidates to submit essential documents such as their ID card (KTP), Competency Certificate, proof of passing the competency exam, National Health Cards or BPJS, and guardian permission letters on the registration form. After completing the administrative stage, candidates proceed to the medical check stage (Dewi, 2022).

'To become a volunteer, there were no specific requirements; what matters was being in good physical health, holding a nursing degree, and possessing an STR or a license issued by PPNI.' (Interview with informant SA, a Nurse at Jakarta Islamic Hospital Sukapura)

Informant ZI also expressed a similar viewpoint. Volunteering at the hospital during the Covid period wasn't difficult. Potential volunteers could easily be accepted with an STR and some general documents like KTP.

'To become a volunteer nurse, all that was needed was an STR (Registration Certificate) and standard documents. There was no requirement for an application letter during that time. The necessary documents included the STR, photocopies of diplomas, training certificates, and a SWAB test. When I registered at the hospital, the typical application letters or formalities that regular job applicants require were unnecessary, given the emergency where personnel were urgently needed. Upon registering on June 30/31, I received an immediate call from SDI asking if I could start working on the 1st.' (Interview with informant ZI, Nurse at Jakarta Islamic Hospital Sukapura)

From January to September 2021, the Ministry of Health enlisted seven thousand health volunteers. Following a decrease in Covid-19 cases, Kirana Pritasari, the head of the Ministry of Health's Human Resources Development and Empowerment Agency (PPSDM), confirmed that health workers and Covid-19 volunteers were offered multiple benefits. These included incentives, scholarships to enhance opportunities for recruitment as prospective civil servants (CPNS), and certificates as an appreciation from the Ministry of Health. The certificates were expected to serve as consideration for human resources when they apply for a new job (Syambudi, 2021).

'In September 2021, coinciding with a decrease in Covid-19 cases, the hospital needed additional workforce. Consequently, some of our volunteers were offered contract positions by the hospital's HRD. They were asked if they wanted to become contract employees, known as PKWT.' (Interview with informant ZI, Nurse at Jakarta Islamic Hospital Sukapura)

Based on research interviews conducted on the ninth and eleventh of May 2023, it is evident that Covid-19 has provided health workers with an opportunity to secure better job prospects in urban centers. While numerous industries experienced layoffs due to company downsizing, health workers found numerous volunteer vacancies during the Covid-19 crisis. Eventually, they became contract workers at the Jakarta Islamic Hospital Sukapura. Along with receiving better incentives, these volunteers also gained valuable experience during their tenure as Covid-19 volunteers.

The Challenges in Prior Health Services

In response to the conditions brought about by Covid-19, where health workers were increasingly attracted to migrate to larger cities despite contributing to their hometowns, the government has introduced the latest health law, particularly in Article 229. This article stipulates that subnational governments are responsible for meeting the needs of medical personnel and health workers in their respective regions, and the national government can provide incentives and disincentives to subnational governments to assist in fulfilling these requirements. This law aims to ensure the equal distribution of medical facilities and health workers across all regions in Indonesia.

Migration during the Covid-19 pandemic was restricted to mitigate the potential for increased transmission. As a result, numerous migrations were prohibited, and the plans of Indonesian Prospective Migrant Workers (CPMI) for overseas employment plans were halted. This situation led to their symbolic repatriation, authorized by the Indonesian Ministry of Labour. It accelerated in response to the requests of CPMI, who expressed their desire to return to their hometown (Ubaidillah, 2020). The repatriation of prospective migrant workers aligned with Ministerial Decree Number 151 of 2020, forming part of efforts to safeguard the safety and well-being of Indonesian Migrant Workers (PMI). The effective placement of PMI was deemed necessary both during the emergency period and after its conclusion (Merdeka.com, 2020).

In contrast to PMI, who faced difficulties in migration, national volunteers began migrating in large numbers to regions experiencing a shortage of health workers. Health workers from different regions were drawn to Jakarta to provide their services due to the scarcity of health workers. Health professionals played a crucial role in managing people infected with the Covid-19 virus during the pandemic, and they were more vulnerable due to their increased exposure intensity (Pesulima & Hetharie, 2020, p. 282).

The compensation received by nurses has proven instrumental in fostering enthusiasm and motivation for delivering better services during the challenging Covid-19 period, even in the face of potential transmission risks. The government's enforcement has elevated health services (Nugroho et al., 2023, p. 63) indeed. However, some nurses still express concerns, feeling that they need to receive more acknowledgment from the subnational government in the form of compensation.

Health workers maintain expectations regarding the incentives they are entitled to receive. The incentive system is closely tied to individual, group, and overall company productivity, aiming to enhance employee motivation toward achieving company objectives (Clark & Wilson, 1961, p. 130). Covid-19 has heightened the expectations for compensation due to the increased risk they were exposed to (Yanti et al., 2020, p. 160).

Migration occurs when push factors arise in the original region and pull factors are present in the destination region (Hardati, 2018, p. 59). The hindered provision of

incentives from previous health institutions has driven health workers to migrate to Jakarta. Health workers in remote areas, particularly those in disadvantaged, frontier, and impacted regions, have been overlooked by the Indonesian Doctors Association (IDAI) (Harsono, 2023). The dispensation of incentives profoundly impacts the performance of health workers themselves. Research examining the impact of providing Covid-19 incentives to health workers at Hospital X has indicated a positive and substantial influence on their work (Rositoh et al., 2021, p. 953).

‘... The economy is worsening, and ironically, working at the puskesmas doesn’t match my salary expectations due to higher expenses than income. So, I decided to move to Jakarta; even though I might not become wealthy, at least I can make ends meet.’ (Interview with informant GP, Nurse at Jakarta Islamic Hospital Sukapura)

A nurse also felt the issue of providing incentives, initial SA, who said:

‘...when I was at the puskesmas, the payment was uncertain because there were only a few patients, so I used to receive whatever was offered. Since I was volunteering, it took three months to receive a salary of around Rp300,000– Rp400,000 without a basic salary.’

GI, a nurse who similarly faced the problem of delayed payment, also stated:

‘... during the pandemic, there was a need for volunteers across Indonesia. I did not register as a volunteer in my local area due to rumors about delayed incentives. In contrast, in Jakarta, incentives were given immediately, unlike in my hometown where it could take two months, three months, or even a year.’

Drawing from interviews with the four informants, they highlighted underpayment, delayed salaries, and the absence of career advancement opportunities as pivotal factors influencing their decision to relocate to Jakarta. These issues acted as push factors compelling the workers to migrate.

A Hope for Better Living in Jakarta

Despite the many challenges that Jakarta faces, the city remains a magnet for migrants coming from various regions. The attraction of a better living situation compels them to try their luck in Jakarta. Moreover, the successful stories shared by friends, neighbors, and relatives who had prospered in Jakarta serve as persuasive narratives encouraging others to embark on their migration path.

These first-hand experiences catalyze and inspire migrants to move to Jakarta seeking job opportunities. Through the networks of these migrants, information about job vacancies and chances is frequently spread among friends and relatives. Additionally, the environment is expanded by start-up companies that multiplied job opportunities. The proactive sharing of hiring needs gives migrants optimism as they gain insights about Jakarta’s employment landscape. Migrant workers from various backgrounds, including both skilled and unskilled workers, are attracted to look for jobs in Jakarta. Moreover, the competitive minimum regional wages (UMR) and many employment benefits encouraged the migrants to move to Jakarta (Hidayati, 2023).

The attraction of Jakarta for migrants from diverse regions aligns with insights from an interview with a nurse using the initials AS, who recounted:

‘...I initially moved to Jakarta without my parents’ consent. I was convinced that finding work in Jakarta would be easier than back in my hometown. So, I went to great lengths to inform my parents that I had secured a job in Jakarta, even though I had not yet. Fortunately, after a month of searching, I was offered a position at Puri Medika Hospital.’

In addition to the economy and sufficient experience as a health worker, a nurse with the initials GI (25 years old) had a deeper attraction to Jakarta, stating that:

‘...even though I can get the salary and experience in my hometown, I prefer to live in Jakarta. In Jakarta, I learned to live more independently, which gives me a special perspective on the city.’

Besides better payment, the experience was also a significant motivator for health workers to migrate to Jakarta. This was made clear in an interview with a nurse identified as GP, who stated:

‘... it’s more about the experience, especially since we were not accustomed to caring for patients. There was no inpatient care; I would arrive in the morning and leave in the afternoon. As a health promotion team member, I had limited direct patient contact, and there was little room for us to apply what we had learned in college, such as IVS installations, catheters, and CPR. It was a different story in Jakarta; we were happy and quickly adapted...’

The regional assumptions about migration are explained as follows: the first region is the migrants’ area of origin, the second region is called the region of destination, and the third region is the intermediate region between the origin and destination regions. The region of origin possesses factors that encourage migrants to migrate, the intermediate region is an area that inhibits migration, and pull factors are present in the destination area, drawing migrants to settle there (Hardati, 2018, p. 57). This concept is articulated in the statement of a nurse with the initials GI as follows:

‘...from the beginning, I aspired to work in Jakarta due to my research during college on leukemia, a type of blood cancer. Jakarta has a renowned hospital for cancer treatment, Dharmais Hospital, which caught my interest. Although I intended to join Dharmais, circumstances led me to Sukapura Islamic Hospital, the only institution with open registration at that time. I aimed to gain direct experience with leukemia at Dharmais Cancer Hospital later. Furthermore, I positively perceived salaries in Jakarta, especially after learning that nurse salaries aligned with Jakarta’s minimum wage. In contrast, where I worked at the puskesmas, salaries did not meet my expectations.’

According to an interview with a nurse identified as GI, the motivation to migrate to Jakarta stemmed from the combination of salary considerations and the aspiration to work in a dream hospital. This sentiment was echoed by another nurse with the initials AS, who revealed that:

‘...for my dreams, there certainly are. Regarding my dream job, I truly want to work at RSCM (Cipto Mangunkusumo Hospital), although it does not exclude my interest in working at the Police Hospital. Regarding my dreams, working at RSCM or Persahabatan Hospital is at the top of my list. I am inspired and challenged by the hospital setting, the patients, the other nurses, and the medical equipment.’

The attractiveness incentives offered by Jakarta align with the workload experienced by health workers in the city. Excessive workload can lead to occupational stress. As a densely populated capital city, hospitals in Jakarta are affected by the burden of tasks assigned to the workforce quickly (Firdiansyah, Barsasella & Vestabilivy, 2017, p. 50). However, some individuals migrate to Jakarta, seeking a higher workload than their area of origin. This is in line with the interview of a nurse with the initials ZI, who shared that.

‘...looking for the greater experience because in puskesmas in the area of origin, there is not much, and it is difficult to improve.’

According to research (Trisnawati et al., 2021, p. 268), health workers in Jakarta consider their work a matter of pride. Therefore, they must work optimally without complaining if given a lot of work. Data was extracted from interviews conducted on May 11 and 26, 2023, showing that the phenomenon of migration emerged due to migration push factors and migration pull factors. The attractive incentives and better opportunities were the pull factors of the informants to migrate to Jakarta. Jakarta, renowned as Indonesia's capital and business center, attracts migrants from different regions in Indonesia to work and settle in Jakarta while enticing incentives, career development, and invaluable experience remain elusive in their hometowns. Furthermore, better-equipped health facilities were available in Jakarta, amplifying the attraction for health worker migrants to seek employment in the city.

According to interview results and literature studies, there was evidence that Jakarta remains an attractive city for migrants from different regions to move into. For instance, during Eid al-Fitr, many migrants traveled from their hometowns to Jakarta. The influence of acquaintances, family, and friends significantly motivated these migrations. The rapid population growth has resulted in various adverse effects, including social inequality, slums, and inadequate sanitation.

Conclusion

The health workers faced numerous challenges during the Covid-19 pandemic. Economic recessions in various sectors also affected the situation of health workers. Many health workers experienced delays and were underpaid, while the proper incentives should have been intended during this period. Hence, many health workers from rural areas considered job opportunities in bigger cities such as Jakarta, where work prospects were more certain and compensation was better. Covid-19 has also impacted Health Law in Indonesia, as the new regulation emphasizes equality of health facilities and health workers nationwide.

The Indonesian House of Representatives and the Ministry of Health can collaborate to establish resilient supply chains for medical equipment and pharmaceuticals to prevent shortages during health crises like Covid-19. It is recommended to work closely with the Ministry of Education, Culture, Research, and Technology to educate the public about hygiene practices, vaccination, and the importance of promptly reporting illnesses. To address disparities in health workers across Indonesia, collaboration with the Ministry of Manpower is essential for conducting training programs and providing incentives in every region. The recent ratification of Law Number 17 of 2023 on Health reflects a commitment to this issue. Article 235 emphasizes special allowances or incentives for medical personnel and health workers in disadvantaged areas, border regions, and islands. Article 229 emphasized that subnational governments are responsible for meeting the needs of health facilities and workers, with the national government providing incentives and disincentives to assist subnational efforts.

Article 229 of the regulation empowers the national government to provide incentives to subnational governments, which will be incorporated into government regulations as mandated by the law. However, the supervision process, characterized by its rigor and detail, can be time-consuming, while incentives demand immediate implementation. Therefore, it is imperative for the Indonesian House of Representatives, particularly through its Commission IX responsible for health matters, to proactively oversee both national and subnational governments. This oversight should expedite the disbursement of allowances to health workers, facilitating swift implementation through monitoring reports and studies.

References

- Ardyles & Ilyas, Y. (2022). Analisis pengaruh pandemi Covid-19 sebagai katalis dalam perkembangan telemedicine di Indonesia. *Jurnal Kesehatan Masyarakat*, 10(1), 31–37. <https://doi.org/10.14710/jkm.v10i1.31609>
- Atina, I. (2023, June 25). Kasus Covid-19 meledak, Jakarta krisis tenaga kesehatan. *Kompas.com*. <https://megapolitan.kompas.com/read/2021/06/25/09345751/kasus-%20Covid-19-meledak-jakarta-krisis-tenaga-kesehatan>
- Badan Pusat Statistik. (2021, December 21). *Statistik mobilitas penduduk dan tenaga kerja 2021*. bps.go.id. <https://www.bps.go.id/id/publication/2021/12/21/a15176a0d458bc8f297d3ee7/statistik-mobilitas-penduduk-dan-tenaga-kerja-2021.html>
- Clark, P. B., & Wilson, J. Q. (1961). Incentive systems: A theory of organizations. *Administrative Science Quarterly*, 6(2), 129–166. <https://doi.org/10.2307/2390752>
- Darmawan, B. (2007). *Pengaruh faktor-faktor ekonomi terhadap pola migran antar provinsi di Indonesia* [Tesis]. Universitas Indonesia.
- De Jong, G. F., & Gardner, R. W. (Eds.). (2013). *Migration decision making: Multidisciplinary approaches to microlevel studies in developed and developing countries*. Elsevier.
- Dewi, K. (2022, February 14). Kemenkes buka rekrutmen relawan Covid-19, ini syarat, manfaat, hingga insentifnya. *Kompas.com*. <https://www.kompas.com/tren/read/2022/02/14/173000365/kemenkes-buka-rekrutmen-relawan-%20Covid-19-ini-syarat-manfaat-hingga>
- Fatimah, S. (2020, October 26). Kemendikbud sebut penyebaran tenaga kesehatan di Indonesia tidak merata. *Detik.com*. <https://news.detik.com/berita-jawa-barat/d-5228722/kemendikbud-sebut-penyebaran-tenaga-kesehatan-di-indonesia-tak-merata>
- Firdiansyah, Barsasella, D., & Vestabilivy, E. (2017). Hubungan beban kerja dengan stress kerja perawat di unit rawat inap RSUD Budi Asih Jakarta Timur. *Jurnal Persada Husada Indonesia*, 4(14), 34–52.
- Fischer, P. A., Martin, R., & Straubhaar, T. (1997). Interdependencies between development and migration. In T. Hammar, G. Brochmann, K. Tamas, & T. Faist (Eds.), *International migration, immobility and development: Multidisciplinary perspectives* (pp. 49–90). Routledge. <https://doi.org/10.4324/9781003136125>
- Fitriyani, A. L., & Pramana, S. (2022). Dampak pandemi Covid-19 terhadap kebutuhan pekerjaan di sektor kesehatan. *Indonesian Health Information Management Journal (INOHIMA)*, 10(1), 1–9. <https://doi.org/10.47007/inohim.v10i1.374>
- Hardati, F. (2018). *Mobilitas penduduk strategi penghidupan berkelanjutan pendekatan keruangan*. Unens Press.
- Harsono, F. H. (2023, March 28). IDI: Insentif nakes di daerah terpencil belum jadi perhatian. *Liputan6.com*. <https://www.liputan6.com/health/read/5245218/idi-insentif-nakes-di-daerah-terpencil-belum-jadi-perhatian>
- Helmi, M., Sari, D., Sulistyowati, Y., Meliala, A., Trisnantoro, L., Nurrobi, T., & Ratmono, T. (2021). The challenge of education and training in the COVID-19 National Emergency Hospital Wisma Atlet Kemayoran in Jakarta. *Avicenna*, 2021(2), 1–10. <https://doi.org/10.5339/avi.2021.10>
- Hidayati, I. (2023, June 18). Menelaah kembali daya tarik Jakarta sebagai kota tujuan migran. *Kompas.com*. <https://www.kompas.com/sains/read/2023/06/18/150700323/menelaah-kembali-daya-tarik-jakarta-sebagai-kota-tujuan-migran>
- Maeskina, M. M., & Hidayat, D. (2022). Adaptasi kerja content creator di era digital. *Jurnal Communio : Jurnal Jurusan Ilmu Komunikasi*, 11(1), 20–30. <https://doi.org/10.35508/jikom.v11i1.5150>

- Martawardaya, B., Rakatama, A., Junifta, D. Y., & Maharani, D. A. (2022). Green economy post Covid-19: insights from Indonesia. *Development in Practice*, 32(1), 98–106. <https://doi.org/10.1080/09614524.2021.2002817>
- Merdeka.com. (2020, April 17). Menaker lepas 101 CPMI ke kampung halaman akibat Covid-19. *Merdeka.com*. <https://www.merdeka.com/uang/menaker-lepas-101-cpmi-ke-kampung-halaman-akibat-%20Covid-19.html>
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis* (3rd ed.). Sage Publication.
- Mousa, O., Almussallam, Z. H., Almoussa, R. A., Alsrehed, N. M., & Alhassan, G. T. (2021). An analysis of volunteering benefits and obstacles among health sector students during Covid-19 vaccination in Al-Ahsa, Kingdom of Saudi Arabia. *Merit Research Journal of Medicine and Medical Science*, 9(11), 403–409. <https://doi.org/10.5281/ZENODO.5728177>
- Mufarida, B. (2020, March 26). Perang melawan Corona, Indonesia butuh 1.500 dokter dan 2.500 perawat. *Sindonews.com*. <https://nasional.sindonews.com/berita/1568995/15/perang-melawan-corona-tt%20indonesia-butuh-1500-dokter-dan-2500-perawat>
- Mustomi, D., Adawia, P. R., Wijayanti, D., Ulum, K., & Arfian, A. (2021). Analisis work from home terhadap motivasi kinerja karyawan di masa pandemi Covid-19. *Publik: Jurnal Manajemen Sumber Daya Manusia, Administrasi dan Pelayanan Publik*, 8(2), 18–31. <https://doi.org/10.37606/publik.v8i2.199>
- Neise, T., López, T., & Reksa, A. F. A. (2023). Rethinking labour risk in global production networks: Resilience strategies of cruise ship workers in the wake of the Covid-19 pandemic. *Geoforum*, 145(103842), 103842. <https://doi.org/10.1016/j.geoforum.2023.103842>
- Nugroho, A. P., Ardani, I., & Effendi, D. E. (2023). Dampak kebijakan akreditasi puskesmas dalam upaya peningkatan kualitas pelayanan kesehatan. *Aspirasi: Jurnal Masalah-Masalah Sosial*, 14(1), 59–82. <https://doi.org/10.46807/aspirasi.v14i1.3039>
- Pesulima, T. L., & Hetharie, Y. (2020). Perlindungan hukum terhadap keselamatan kerja bagi tenaga kesehatan akibat pandemi Covid-19. *SASI*, 26(2), 280–285. <https://doi.org/10.47268/sasi.v26i2.307>
- Prawoto, N., Purnomo, E. P., & Az Zahra, A. (2020). The impacts of Covid-19 pandemic on socio-economic mobility in Indonesia. *International Journal of Economics and Business Administration*, VIII(3), 57–71. <https://doi.org/10.35808/ijeba/486>
- Puspa, H. (2021, July 12). Pasien Covid-19 melonjak, menkes: Dibutuhkan tambahan 20.000 perawat dan 3.000 dokter. *Kompas.com*. <https://nasional.kompas.com/read/2021/07/12/15474711/pasien-%20Covid-19-melonjak-menkes-dibutuhkan-tambahan-20000-perawat-dan-3000>
- Putri, R. K., Sari, R. I., Wahyuningsih, R., Ety, & Aji, A. W. (2021). Efek pandemi Covid-19: Dampak lonjakan angka PHK terhadap penurunan perekonomian di Indonesia. *Jurnal Bisnis Manajemen dan Akuntansi (BISMAK)*, 1(2), 71–76. <https://doi.org/10.47701/bismak.v1i2.1206>
- Rositoh, R., Oktavia, G. G., & Putri, V. A. (2021). Pengaruh pemberian insentif Covid-19 terhadap kinerja nakes di RS X. *Jurnal Health Sains*, 2(7), 949–955. <https://doi.org/10.46799/jhs.v2i7.228>
- Salsabila, W. (2023, June 14). Persebaran tenaga kesehatan yang kurang merata di Indonesia. *Kompasiana.com*. <https://www.kompasiana.com/wandaazariasalsabila8458/6489edf84d498a5be03188d2/persebaran-tenaga-kesehatan-yang-kurang-merata-di-indonesia>
- Sania, M. (2020, March 10). Muhammadiyah siapkan 20 rumah sakit untukantisipasi sebaran Covid-19. *Kompas.com*. <https://nasional.kompas.com/read/2020/03/10/16312471/muhammadiyah-siagakan-20-rumah-sakit-untuk-antisipasi-sebaran-%20Covid-19>
- Sari, G. G., & Wirman, W. (2021). Telemedicine sebagai media konsultasi kesehatan di masa pandemic Covid-19 di Indonesia. *Jurnal Komunikasi*, 15(1), 43–54. <https://doi.org/10.21107/ilkom.v15i1.10181>

- Sari, M. T., Putri, M. E., & Daryanto. (2021). Study fenomenologi pengalaman perawat dalam memberikan asuhan keperawatan pada pasien Covid-19. *Jurnal Ilmiah Universitas Batanghari Jambi*, 21(3), 1176–1183. <https://journal.trunojoyo.ac.id/komunikasi/article/view/10181/5697>
- Sarip, Syarifudin, A., & Muaz, A. (2020). Dampak Covid-19 terhadap perekonomian masyarakat dan pembangunan Desa. *Al-Mustashfa: Jurnal Penelitian Hukum Ekonomi Syariah*, 5(1), 10–20. <https://doi.org/10.24235/jm.v5i1.6732>
- Silalahi, A., & Kurniawan, A. (2021). Akselerasi pembayaran insentif tenaga kesehatan penanganan Covid-19. *Jurnal Analis Kebijakan*, 5(2), 187–194. <https://doi.org/10.37145/jak.v5i2.489>
- Silalahi, A., & Kurniawan, A. (2022). Analisis hubungan beban kerja dengan kondisi psikologis perawat relawan Covid-19. *Syntax Idea*, 4(1), 97–107. <https://doi.org/10.46799/syntax-idea.v4i1.1734>
- Singgih, W. (2021, June 29). Jakarta kekurangan 2.156 tenaga kesehatan untuk tangani Covid-19. *Kompas.com*. <https://megapolitan.kompas.com/read/2021/06/29/21360751/jakarta-kekurangan-2156-tenaga-kesehatan-untuk-tangani-%20Covid-19>.
- Sumadi. (2021, Desember 21). Dinamika transformasi UMKM di era digitalisasi pandemi Covid-19. *Proceeding Seminar Nasional and Call for Papers*, 119–127. <https://prosiding.stie-aas.ac.id/index.php/prosenas/article/view/104/102>
- Suryanti, N., Putri, K. B., & Taqiyah, Y. S. (2020). Pengaruh urbanisasi terhadap permukiman kumuh di kawasan Penjaringan Jakarta Utara. *Prosiding Seminar Karya & Pameran Arsitektur Indonesia: Sustainability in Architecture 2020*, 86–97. <https://dspace.uui.ac.id/handle/123456789/43583>
- Syafrida, Safrizal, & Suryani, R. (2020). Pemutusan hubungan kerja masa pandemi Covid-19 perusahaan terancam dapat dipailitkan. *Pamulang Law Review*, 3(1), 19–30. <https://doi.org/10.32493/palrev.v3i1.6532>
- Syambudi, I. (2021, September 28). Kemenkes upayakan nakes & relawan Covid-19 bisa jadi PNS. *Tirto.id*. <https://tirto.id/kemenkes-upayakan-nakes-relawan-%20Covid-19-bisa-jadi-pns-gjT6>
- Trisnawati, A. A., Sianto, K., & Saputra, N. (2021). Holistic work engagement pada tenaga kesehatan di kota Jakarta Barat: Pengaruh digital quotient, authentic leadership, dan perceived organizational support selama Covid-19. *Jurnal Akuntansi, Keuangan, dan Manajemen*, 2(4), 255–278. <https://doi.org/10.35912/jakman.v2i4.425>
- Ubaidillah, U. (2020, April 17). Akibat Covid-19, calon pekerja migran dipulangkan ke kampung halaman. *Detik.com*. <https://news.detik.com/berita/d-4981211/akibat-%20Covid-19-calon-pekerja-migran-dipulangkan-ke-kampung-halaman>
- Wibowo, E. A. (2021, July 1). Kemenkes atasi kekurangan nakes Covid-19 dengan tambah relawan. *Tempo.co*. <https://nasional.tempo.co/read/1478600/kemenkes-atasi-kekurangan-nakes-%20Covid-19-dengan-tambah-relawan>
- Yanti, N. P. D., Susiladewi, I. A. M. V., & Pradiksa, H. (2020). Gambaran motivasi bekerja perawat dalam masa pandemi coronavirus disease (Covid-19) di Bali. *Coping: Community of Publishing in Nursing*, 8(2), 155–162. <http://dx.doi.org/10.24843/coping.2020.v08.i02.p07>
- Zhao, W. (2022). A summary report on the government's strategy for economic recovery during the Covid-19 period. *Business and Management Research*, 211, 983–987. <https://doi.org/10.2991/aebmr.k.220307.162>