Are Indonesian Nurses Ready for Medical Tourism with their English Competency?: Attitudes and Perspectives

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Abstract
The growth of medical tourism has drawn worldwide attention, with Thailand, Singapore, and Malaysia being Southeast Asia's most attractive destinations whose outstanding qualities pulling millions of visitors annually. However, at some point, English language competency can be assumed to play significant roles in medical tourists' choices of destinations. This study discusses Indonesia's potential to become an additional medical tourism destination, as indicated by recent government policy declarations. The author investigated this issue by studying a hospital in Indonesia that was recently internationally certified, especially the English readiness of its nursing staff. Specifically, she studied nurses' attitudes on the importance of English communicative competence and their perceptions toward their abilities on the four English skills and to perform English in nursing jobs. Research methods included use of questionnaires, along with semi-structured and informal interviews. Even though the nurses much likely have positive attitude on the importance of English, the research showed that the nurses were poorly prepared in English and were aware of this problem. The overall finding is that Indonesia appears to be trying hard to improve its readiness for medical tourism. However, more effort needs to be done to improve the nurses' English competencies. The final portions of this paper will draw on the nurses' expectations to the government so that the Indonesian nurses and hospitals might better prepared.

Keywords: *Nurses, medical tourism, language policy, international hospitals, Indonesia*

I. Introduction

Medical tourism is a current global trend related to the growth of three (3) factors, that is, health care, tourism, and the economy. Medical tourism originated when high-income patients from less developed countries went to developed countries for medical care to seek more advanced medical technologies, medicines, and skilled health professionals that were not available in their home country. Today, the movement is in the reverse direction. The top destinations for medical tourism are in developing countries, for instance Malaysia, Thailand, and India. They are able to compete with developed countries in terms of highly quality medical instruments and health professionals, with costs as much as 60%-80% less than those in the United States and the European Union. (Connell, 2011). Moreover, attractive tourist attractions such as pleasant weather, beaches, and fresh air can be easily found in Southeast Asian countries (Connell,

2006). Therefore, many researchers have been interested in the rise of medical tourism as a future challenge and potential for countries around the world (Henderson, 2004; Connell, 2006; Bookman and Bookman, 2007; Herrick, 2007; Heung et al, 2011; Evans, 2008; Lunt et al, 2013; Nuree et al, 2016).

In the news posted by the Jakarta Post on September 27, 2017, Indonesia was getting more seriously motivated to become a medical tourism destination. The Ministry of Health and Ministry of Tourism of the Republic of Indonesia officially signed an agreement on Sept. 26 – 27, 2017 at the Tourism National Coordination Meeting III, to collaborate in pursuing goals through several strategies and investing more in health care facilities and the quality of health professionals. Even though Indonesia is more widely known for its poor medical services, it is not impossible for Indonesia follow the success stories of other leading medical tourism countries. Indeed, compared to neighboring countries which have been on the top of preferable destination lists in Southeast Asia, the natural and cultural resources of Indonesia can be counted on to attract medical tourists for healing and relaxing.

The functions of English in promoting medical tourism specifically relate to the importance of building a good brand (Connell, 2006). For example, Thailand started to be recognized by American tourists, who later became one of biggest contributors of patients in Thailand hospitals for plastic surgery (Nuree, 2016). This phenomenon followed an English advertisement video played on the "*60 Minutes*" American TV program featuring the medical care offered in an international hospital in Bangkok. Anon (2010) found that patients also found information not only from advertisements, but also from the stories of friends. After hearing from friends, people searched for more information on the Internet. Magazines and newspapers in developed countries make the news more remarkable. Thailand, realizing the low-level use of English in their country, specifically emphasizes the capability of their doctors and nurses to speak English. International hospitals in Thailand also provide interpreters to help patients and health professionals with language barriers. An international hospital in Phuket provides interpreters in 15 languages, and Bumrungrad Hospital in Bangkok has 70 interpreters to speak more than 20 languages (Connell, 2006). Hiring interpreters has been seen as an effective strategy for language problems in most international hospitals around the globe. However, apart from the positive results of having interpreters, negative effects have also been found. The studies discovered that frequently interpreters had inadequate language and interpreting skills, and little knowledge of medical terminology, sometimes resulting in harm (Moreno et al, 2007; Srivastava, 2007). Furthermore, other limitations such as confidentiality and the comfort of patients in sharing their information not only to their physicians and interpersonal relationship between patients and their physicians are hard to overcome (Nailon, 2006). Considering those limitations, the ability of health professionals to communicate in a foreign language, especially English, remains highly necessary in healthcare practices.

The lack of health professionals being able to communicate in English may expose patients to risks, since many cases have been reported. In 2010, Kompas newspaper reported that 27 foreign patients died in the hospital in Bali, Indonesia. Poor communication was suspected as a major contributing problem in these cases. Similarly, in the year 2013, a nurse of Indian origin in Australia mistakenly gave patients detergent instead of medicine because his poor English proficiency did not allow him to read the label or follow oral instructions. As a result, he lost his registration and was banned from working in Australia for at least a year. Similarly, even in places such as the United States, where English is the primary language used by members of hospital staffs, the potential for communication errors is reportedly very high. For example, in May 03, 2017, Allen & Pierce (2017) through National Public Radio published an article resulting from research conducted by Johns Hopkins University on the cause of death in American hospitals. It was found that in one out of three cases, medical error was the cause, resulting in approximately 250,000 patients dying every year. Poor communication between health professionals and patients was one of several factors that may lead to medical error.

Moreover, English competency has been a long-standing problem for Indonesian nurses. This has negatively impacted Indonesia's attractiveness as a medical tourism center. As career workers in a profession that has increasing world demand, all nurses, including Indonesian nurses, have the potential to move into international careers. But unfortunately, language obstacles, especially weaknesses in the English language, have been holding them back. This point was highlighted recently by Yuti Suhartati, the head of human resources development for the Health Ministry of the Republic of Indonesia when being interviewed at the Indonesian Nursing Conference and Exhibition 2016. In that interview, Yuti Suhartati said that Indonesian nurses are likeable because they are caring, humanist, and have good behavior. But the problem is their relatively weak English language competency (Nainggolan, 2016). In other words, Indonesian nurses were considered able to compete with the nurses from other countries in terms of personality and nursing competency, but their lack of English ability may prevent them from expanding their careers to a global scale.

Saffer & Julia (2015) emphasized that for nurses who hold the key factor of patients' physical and emotional healing process, are encouraged to not only be able to speak English, but also to show the ability to communicate effectively, which may reduce the risks of medical errors. Communication skills for health professionals are broadly accepted as essential. Considering the necessities of both accuracy and fluency in English competency, Hymes (1972) conceptualized communicative competence as the ability to perform language in real situations. The components of communicative competence that are commonly suggested by previous studies on language competencies in nursing consist of those which are involved in this study, namely linguistic competence, pragmatic competence, interpersonal competence, strategic competence, and physiological factors that may affect language performance. Linguistic competence in nursing practice involves the ability to produce clear and correct language, including grammar and

vocabulary. Pragmatic competence is the ability to use the language forms based on particular contexts and purposes, and to understand the implicit and explicit meanings of the utterances. The competency in finding strategies to cope with language barriers and problems is included in strategic competence, and the ability to produce communication, which aims to build or strengthen relationships.

2. Objectives

The study aimed to investigate the nurses' readiness in facing medical tourism from their attitudes on the importance of English communication skills and perspectives on the ability required. Nurses' expectations were also discovered.

3. Materials and Methods

This covered a sample of 109 nurses working in the inpatient ward in a newly internationally accredited public hospital in Indonesia. Nine (9) of the nurses were interviewed by semi-structured interviews. The sample was selected based on convenience sampling considering the availability and willingness of nurses to participate in the study. The questionnaires were adapted from previous related studies conducted by Waidarp (2011), Karuthan (2014), and Al-Mahrooqi & Denman (2016), including selecting the items to put on the questionnaire, after which they were validated by experts both in nursing and English teaching. The items were selected by considering their relevancy to nursing practices and evaluation from a pilot study. Most of questions in the questionnaire were closed-ended consisting of 4 sections and three questions of open-ended questions. The questionnaire mostly asked about perceptions of the nurses. The data were analyzed by statistical descriptive analysis showing mean and standard deviation. The data showed the nurses' attitude towards the importance of English communication skills, and their ability in using English to do nursing jobs. Also, their expectations for the improvement. The survey was conducted before the interviews. The data from the survey questionnaires were analyzed by SPSS version 24, then interpreted as follows:

Interpretation	If the mean value
Vital/ Strongly Agree	4.20 – 5.00
Essential/Agree	3.40 – 4.19
Very Important/ Neutral	2.60 – 3.39
Important/ Disagree	1.80 – 2.59
Not Important/ Strongly Disagree	1.00 – 1.79

The interview data were recorded, transcribed, and then analyzed by thematic coding in content analysis. All the processes of data collection were conducted in Bahasa Indonesia, the native language of the researcher and participants. English is only used to report the findings. This research was done with the ethical clearances both from the Walailak University Medical Research Centre, and from the hospital where the nurses work in order to protect the participants as human subjects. All the data regarding participants are confidential.

4. Results and Discussions

4.1 Nurses' attitudes on the importance of English communication skills in their career

The nurses valued English communication skills positively, as shown by the dominant responses in the chart on agree (51%), and totally agree (40%). Further, the findings from the interviews indicated the same results. The informant nurses explained in more detail that they were aware of the importance of English in their career, and the four English skills were valued equally. However, there were certain skills that were more important than others, such as for inpatient nurses, they mainly needed speaking and listening skills as these are more frequently used in their jobs interacting with patients and caregivers.

"*It is important for nurses to master all English skills. Some nurses deal with machines whose instructions are written in English. Some others use speaking and listening mostly because they often interact with patients and caregivers. It depends on which ward the nurses are placed in. For me, speaking and listening will be more frequently used to do the tasks because I work in the inpatient ward where we meet patients and their family more than use machines.*"

It is line with the findings from previous researches, especially those in Thailand studied by Waidarp (2011) in an international hospital in Bangkok. The results of the survey are shown below.

Figure 1. The general perception on the importance of English communication skills in nursing career.
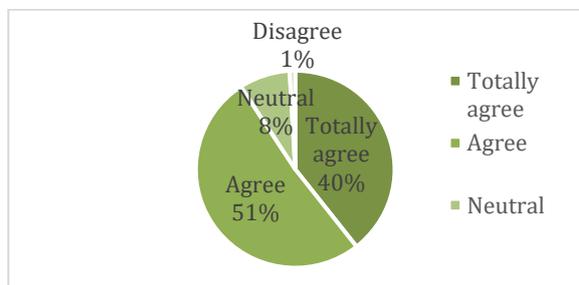
Nurses' showed positive attitude on the importance of communicative competence. Every item valued either essential or vital. The tables below showed the mean values of every item ranging from the higher to the lower. The higher mean values that the item showed, the higher level of its importance. Al Mahrooqi & Denman (2016) also discovered that the elements were important to be applied in the workplace based on the Omani graduates' perspectives.

As can be seen in table, all items in linguistic competence reached mean values above 3.40 which can be interpreted as essential. Alan et al. (2009) suggested the necessity of linguistic competence, as mispronunciation and incorrect use of grammar may cause social misunderstanding and miscommunication. Similar to other elements, pragmatic competence contained the items with mean values with mostly essential interpretations. The item "Can distinguish polite and impolite language" was valued more important than

the others (M = 4.27, SD = 0.702). Strategic competence that is related to the ability to adapt with barriers and problems in communication was valued essential in each item.

Table 1 Communicative competence

Linguistic Competence	Mean	Std. Deviation	Interpretation
Interpret information correctly	4.10	0.793	Essential
Understand all medical terminologies in English	4.08	0.734	Essential
Speak English with clear and understandable pronunciation	4.07	0.716	Essential
Understand all medical acronyms	4.07	0.716	Essential
Speak English fluently	4.04	0.744	Essential
Think of appropriate vocabulary when speaking in any situation	4.03	0.763	Essential
Use English grammar correctly and appropriately	3.90	0.781	Essential
Understand the idiom	3.73	0.835	Essential
Understand all variant of accents (e.g British English, American English	3.43	0.956	Essential
Average	**3.94**	**0.782**	**Essential**
Pragmatic Competence			
Can distinguish polite and impolite language	4.27	0.702	Vital
Understand polite and impolite language	4.17	0.739	Essential
Use facial expression and body	4.11	0.737	Essential
Aware on cultural issue in communication	4.01	0.811	Essential
Distinguishing between formal and informal language and using what is appropriate in a given situations	3.86	0.763	Essential
Ask and discuss the sensitive issues effectively	3.79	0.840	Essential
Average	**4.04**	**0.765**	**Essential**
Strategic Competence			
Apply active listening (e.g nodding head, keeping eye contact, or smiling)	4.17	0.776	Essential
Asking questions for clarification	4.01	0.764	Essential
Use the body language (facial expression and gesture) to express the meaning effectively	3.97	0.751	Essential
Finding other ways to communicate intention ideas or emotions when lacking words	3.82	0.807	Essential
Introducing oneself to others and self and introducing people to one another	4.32	0.706	Vital
Greeting and saying good bye	4.27	0.715	Vital
Giving moral words of encouragement	4.22	0.762	Vital
Expressing empathy and sympathy	4.17	0.799	Essential
Giving reassurance	4.09	0.811	Essential
Involving in small talk to build relationship	4.00	0.805	Essential
Interpersonal Competence			
Introducing one self to others and self and introducing people to one another	4.32	0.706	Vital
Greeting and saying good bye	4.27	0.715	Vital
Giving moral words of encouragement	4.22	0.762	Vital
Expressing empathy and sympathy	4.17	0.799	Essential
Giving reassurance	4.09	0.811	Essential

Involving in small talk to build relationship	4.00	0.805	Essential
Average	**4.18**	**0.766**	**Essential**
Psychological Factors			
Feeling confident when speaking English	3.85	0.826	Essential
Never feel anxious when speaking English	3.61	0.893	Essential
Feeling so easy to interact with patients and caregivers by using English	3.59	0.874	Essential
Average	**3.68**	**0.864**	**Essential**
Average	**4.18**	**0.766**	**Essential**

Among five elements asked of the respondents, interpersonal competence was seen as the most important (M = 4.18, S.D= 0.766), followed by pragmatic competence (M = 4.04, S.D = 0.765) with slightly lower mean values. Linguistic competence was valued lower than strategic competence. Interpersonal competence is one of standards for registered nurses in pre-registered education (NMC, 2010); therefore it was seen as highly important for the nurses among other competences. Another possibility is the perspective might be based on what the nurses have found and experienced in the field. The item that had the highest mean value was from that of interpersonal competence, "Introducing oneself to others and introducing people to one another." The nurses seemed to feel that this was a basic skill which every nurse should know. Self-introduction is usually the most common activity that people do in using English for any situation. It can be a vital step that can lead speakers to build good relationships and create good impressions. At the same time, psychological factors were perceived as less important than the others. Even though one of the main challenges that nurses claimed in the interviews was not being confident in speaking English, they did not seem concerned over this item. In addition, linguistic competence was also considered less important, different from what the researcher had predicted. This was because the nurses do not feel pressured to use English at work. Collectively, these results indicated that what matters the most for nurses was good relationships with patients by considering how language should be delivered to be effective rather than focusing on the correct sentence patterns.

4.2 Nurses' perspectives on the ability in using English in jobs

The nurses reported their low ability both in the four English skills and using English to do nursing jobs. There were only three nurses who reported current proficiency test scores of IELTS 7.0, and TOEFL PBT 450 &528 of each. Specifically in the four English skills, the results presented the nurses' similar perspective to English ability in nursing tasks. The scales were ranked from "poor" to "excellent" (1-5). The average of mean values that was 3.23 indicated the less confidence of nurses to report their capability. Broadly, the nurses' responses showed the problems in all of the four skills exist.

Table 2 The ability of the four English skills

Skills	Mean	Std. Deviation
Listening	3.26	1.243
Speaking	3.25	1.263
Writing	3.16	1.234
Reading	3.23	1.202
Average	**3.23**	**1.24**

One out of 109 respondents had experience working abroad for a year. From the interviews, it was found that many factors cause low performance, such as inadequate training in nursing schools, less chance to practice due to rare visits of English-speaking patients, heavy workloads, and lack of encouragement from the institution or government in the form of policy.

(1) "*In this hospital, we come from different backgrounds, different levels of education, so it depends on each person. If the school trains them well in English, they can speak and use English. If not, they cannot. So, it depends.*"
(2) "*Maybe it is because we did not get enough English when we were in nursing college. We tended to learn English in general, not really English that would be practical to be used in the workplace. At least we know the basics. And the number of hours in English lessons was also less.*"

As the findings also said, the nurses felt they had inadequate English training in nursing college, so it was not surprising. English as a subject is usually only available once in a 3-year diploma school. If you're lucky, some nursing schools can provide 2 - 3 credits of English courses for nursing students every year but, it is rare. The frequency of English learning is still considered minimum since English is not used by students outside the classroom. Lehtonen and Karjalainen (2008) highlighted the gap between workplace practices and learning in school, that is, what nurses have learned in the English classroom in nursing college did not match the English they use in the real context or the workplace.

The results showed that there was no item to reach mean values of 4 (important) or agreed to the statement. It indicated that the nurses were not confident on their abilities to do those task by using English. That results were strengthened by median values of 3 (neutral) in all items. There was a few number of nurses still chose "strongly disagree" with the statement given. However, in communicating with patients, the highest mean value was gained by the item "interviewing patients to explore their problems." (Mean = 3.13, SD = 1.028) which is interpreted as "neutral". Three items of this part were failed to obtain a mean value of '3" (neutral), they are as follows: (a) Giving instructions in physical examination, (b) Giving advice before, during, and after the treatment, and (c) Giving feedback to the patients about their physical assessment, for example: Blood pressure. Nurses' responses were more likely "disagree" which can be interpreted that the nurses had no confidence to insist an enough competency to use English in handling those tasks. Table 3 presents the details.

Table 3 The ability to use English in doing nursing jobs

The ability to use English to communicate with patients

Statements	Mean	Std. Deviation
Asking for patients' background and information	3.09	1.010
Interviewing patients to explore their problems	3.13	1.033
Giving information to the patients	3.04	1.067
Informing/explaining to the patients before doing treatment	3.01	1.063
Giving instruction in pain management	3.04	1.058
Giving instructions in physical examination.	2.99	0.991
Giving advice before, during, and after the treatment.	2.97	0.990
Giving feedback to the patients about their physical assessment, eg. blood pressure.	2.92	1.006
Offering a help whenever it seems needed.	3.17	1.009
Average	**3.04**	**1.025**

The ability to use English to communicate with caregivers

Statements	Mean	Std. Deviation
Giving information regarding patients' conditions and progress.	2.89	1.088
Interviewing caregivers about patients' background	2.94	0.998
Explaining the procedures to help patients with medicines.	2.93	0.974
Educating caregivers to handle self-care health.	2.94	1.007
Giving information about hospitals facilities and service.	2.86	0.952
Teaching caregivers about how to take care of patients after surgery	2.85	0.965
Teaching caregivers about how to help patients handle the pain.	2.98	1.014
Explaining the side effects that may occur to patients after the surgery	2.83	0.972
Explaining the side effects that may occur to patients after taking medicines.	2.88	1.030
Giving information about how to contact the hospital's staff.	2.93	0.904
Giving information about what caregivers can do if patients have abnormal conditions.	2.75	0.929
Average	**2.89**	**0.985**

The English competency that the nurses have reported in the form of school grades and proficiency tests was not sufficient evidence to say that Indonesian nurses were ready for the global challenge of English. Moreover, the lack of competency of Indonesian nurses in English has become a major problem reported frequently (Wartabromo, 2017). The Indonesian government realizes this limitation and some efforts therefore have been done to improve the English competency of local and foreign nurses. For example, the National Agency for Placement and Protection of Indonesian Migrant Workers (BP2TKI) has been collaborating with educational organizations in English-speaking countries to train Indonesian nurses in English.

In addition, due to the critical need for English and lack of English competency of Indonesian employees, in 2012, BP2TKI suggested to the Regional Representative Council for English that English should be the second language of Indonesia. It is certainly not easy and takes substantial time to apply such a plan.

4.3 Expectation of the nurses for their English improvement.

From the nurses' responses to an open-ended question on the questionnaire, it can be seen that most of the nurses expected "free English training from the institution." Others expected "course/private tutorial, or the English course for nurses conducted by the hospital". A few of them also suggested an "English Day Program" to get them to practice English more often. When being asked in the interview about what kind of English Day program they meant, they said there should be 1 or 2 days a week when it is mandated by the institution to speak only English among colleagues at the hospital. In addition, they were hoping the hospital staff exchange program would send them abroad or accept internship nurses from abroad to work in their hospital for a while, so they would get the opportunity to speak English with both pleasure and pressure. As for the other responses, personal improvement means they learn English by themselves. As one of the respondents said, "*I will keep encouraging myself to improve my English.*" The categories and number of responses can be seen in Table 1 below. There were sixteen (16) out of 109 nurses who did not respond to this question while one (1) nurse provided multiple answers.

Table 5 The nurses' expectations for English improvement

No	Themes/ Categories	%
1.	Free English training from the institution	50
2.	Personal improvement	15
3.	No responses	15
4.	English daily communication program/ English day	13
5.	Staff exchange/ sending nurses abroad or receiving internship nurses from abroad	5
6.	Motivation and encouragement from the institution or government	4

Interestingly enough, there is one room in the inpatient ward where the nurses are actively and continuously learning English in the workplace. They said it is because of the influence from their higher English proficiency co-worker who obtained IELTS score of 7.0 and just received a master's degree scholarship in an English speaking country. The co-worker contributes by motivating, inspiring and initiating   English learning activities. So far, from the interviews, they said they regularly practice speaking English in the room and use English in a group chat on social media. The role of peers or colleagues is a key factor that contributes to the workplace learning found by Norcini (2016) among four other factors such as the environment, practice, and co-workers.

5. Conclusion

There is a potential for Indonesia to become a medical tourism destination. However, international accreditation is a powerful branding for medical tourism. By being accredited, the hospitals are more likely to reassure foreign tourists of the quality and safety of their medical practices, and the hospital and nurses feel pressure to improve the quality, including English competency.

Regarding the existing problems and challenges for Indonesian nurses regarding English competency, the problem also involves a newly JCI accredited Indonesian public hospital. The nurses reported un-readiness on the English competency test, consisting of four English skills and in using English to do nursing jobs. There were three reasons: few foreigner visits, insufficient English training in nursing schools, and insufficient support from the institution. Even so, the nurses showed positive attitudes on the importance of English in their jobs as they were willing to improve.

The nurses seemed to have been trying to prepare for the demand international accredited institutions through self-directed learning and learning English in the workplace. However, they still expect support from the institution and government in the form of learning facilities and policy, which they believe are more powerful to put make improvement happen. Furthermore, it was also suggested that nursing schools provide adequate English training to prospective nurses.

6. Acknowledgement

7. References

Allen, M., & Pierce, A. "Medical errors are No. 3 cause of U.S deaths, researchers say." (Online). https://www.npr.org/sections/health-shots/2016/05/03/476636183/death-certificates-undercount-toll-of-medical-errors, May 03, 2017.

Al-Mahrooqi, R., & Denman, CJ. (2016). Omani graduates' English-language communication skills in the workforce: Employees' perspectives. International Journal of

Applied Linguistics & English Literature, 4(5), 172-182.
Anon (2010). Patient-survey- Bumrungrad International. Medical Tourism Magazine, 10, 34-36.

Bookman, M. Z., & Bookman, K. R. (2007). Medical tourism in developing countries. New York: Palgrave Macmillan.

Connell, J. (2006). Sea, sun, sand, and surgery. Tourism Management, 27, 1093-1100.

Connell, J. (2011). Medical Tourism. London: CAB International.

Evans, R. (2008). Ethnocentrism in an unacceptable rationale for health care policy: A critique of transplant tourism position statements. American Journal of Transplantation 8(6), 1089- 1095.

Henderson, J.C. (2004). Healthcare tourism in Southeast Asia. Tourism Review International, 7, 111-121.

Herrick, M. D. "Medical tourism: Global competition in healthcare." (Online). http://www.ncpa.org/pdfs/st304.pdf, January 28, 2018.

Heung, V., Kucukusta, D., & Song, H. (2011). Medical tourism development in Hong Kong: an assessment of the barriers. Tourism Manage 32(5), 995–1005.

Hymes, D. H. (1972). On Communicative Competence. In Pride, J. B., & Holmes, J. (Eds.), Sociolinguistics (pp. 269-293). Baltimore, USA: Penguin Education, Penguin Books Ltd.

Karuthan, A. (2015). The English Language Needs of Nurses in Medical Tourism in Malaysia. University of Malaya, Malaysia. A Thesis for the Degree of Master of Arts in English. Malaya University.

Kompas. "Tujuh belas turis WNA meninggal di Bali [Twelve foreign tourists died in Bali]." http://bola.kompas.com/, September 19, 2016.

Lehtonen, T., & Karjalainen, S. (2008). University graduates' workplace language needs as perceived by employers. System 36(3), 492–503.

Lunt, N., Green, S.T., Mannion, R., & Horsfall, D. (2013). Medical tourism: The ethics, regulation, and marketing of health mobility (Eds.). In Quality, safety, and risk in medical tourism (pp. 31-46). London: Routledge.

Moreno, M. R., Otero-Sabogal, R., & Newman, J. (2007). Assessing dual-role staff-interpreter linguistic competency in an integrated healthcare system. Journal of General Internal Medicine, 22, 331–335.

Nailon, R. (2006). Nurses' concern and practices with using interpreters in the care of Latino patients in emergency department. Journal of Transcultural nursing 17(2006), 119-128.
Nainggolan, S.Y. "Hadapi MEA, Perawat Indonesia masih terkendala bahasa (Facing ASEAN Economic Community, Indonesian nurses are still suffering on the language" (Online). http://rona.metrotvnews.com/kesehatan/8N0g7LAK-hadapi-mea-perawat-indonesia-masih-terkendala-bahasa, January 08, 2018.

Norcini, J. (2016). Understanding learning in the workplace for those who practice: We can't wait another 50 years. Medical Education, 50(1), 18–20.

Nuree, T., Hanefeld, J., & Smith, R. (2016). Medical tourism in Thailand: a cross-sectional study. Bulletin of the World Health Organization 94(1), 30-36.

Saffer, F.A., & Julia, D.T. (2013). Global Mobility of internationally educated nurses: challenge and regulatory implications. Journal of Nursing Regulations 4(3), 11-16.

Srivastava R. Cross-Cultural Communication. In: Srivastava R (ed.) The Healthcare Professional's Guide to Clinical Cultural Competence. Toronto, ON: Elsevier Canada, 2007; 125– 43.

The Jakarta Post. "Tourism and health ministries to develop medical tourism in Indonesia." (Online). http://www.thejakartapost.com/travel/2017/09/27/tourism-and-health-ministries-to-develop-medical-tourism-in-indonesia.html, 15 January 2018.

Waidarp, W. (2011). Demands of English Skills for Thai Nurses Working in an International Healthcare Institution Organization: A Study in a Private Hospital in the Silom Area. A Thesis for the Degree of Master of Arts in English for Career. Thammasat University.

Wartabromo. "BNP2TKI: Perawat Indonesia Kalah Bersaing (Indonesian nurses are less competitive)." (Online). https://kumparan.com/wartabromo/, September 15, 2017.

World Health Organization (WHO). "World health organization partners with joint Commission and Joint Commission International to eliminate medical errors worldwide." (Online). http://www.who.int/patientsafety/newsalert/WHO_final.pdf, February 08, 2018.