# Exploring Indonesia's Diaspora Branding through Healthcare: A Gendered Communication Perspective in Perth, Australia

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**Abstract:** Healthcare professionals, especially Indonesian women health workers in Perth, Australia, play a important role as unofficial cultural ambassadors in the diaspora. This study examines how Indonesian women in Perth's healthcare industry negotiate their identities as women, migrants, and medical professionals and demonstrate cultural values, using qualitative methodology, with social identity theory and transnational feminist as the theoretical framework. Interviews were conducted to Indonesian women healthcare workers in Perth, as the study prioritizes depth, experiential richness, and identity negotiation, consistent with exploratory qualitative and phenomenological approaches. The results demonstrate how participants build interpersonal communication and multicultural engagement by incorporating Indonesian values—such as empathy, collectivism, and cultural sensitivity—into patient care. These women exhibit perseverance that supports Indonesia's branding in healthcare, their resilience in overcoming challenges related to language and maintain work-life balance. The findings highlight the significance of communication in shaping national identities in diverse environments and contribute to the understanding of gendered diaspora experiences.

**Keywords:** branding; communication; culture; diaspora; gender studies

**Abstrak:** Diaspora tenaga kesehatan profesional menjadi salah satu kelompok yang paling cepat berkembang secara internasional. Di dalamnya, perempuan Indonesia yang berprofesi sebagai tenaga kesehatan di luar negeri menempati posisi unik—yakni sebagai duta budaya tidak resmi sekaligus pembentuk modal sosial yang vital dalam sistem pelayanan kesehatan internasional. Penelitian ini bertujuan menganalisis, dari perspektif gender, bagaimana perempuan Indonesia di Australia membangun komunikasi sehari-hari dalam mendukung branding diaspora Indonesia. Menggunakan metode kualitatif dengan pendekatan fenomenologis, wawancara mendalam dilakukan kepada 4 (empat) tenaga kesehatan perempuan Indonesia di Perth untuk memprioritaskan kedalaman pengalaman dan negosiasi identitas yang dilakukan oleh narasumber. Hasil penelitian menunjukkan bahwa partisipan aktif membangun komunikasi interpersonal serta membentuk keterlibatan multikultural di komunitas barunya dengan mengintegrasikan nilai-nilai ke-

Indonesiaan seperti empati, kolektivisme, dan kepekaan budaya ke dalam praktik pelayanan kesehatan. Temuan juga memperlihatkan bahwa kegigihan mereka dalam menghadapi tantangan bahasa, adaptasi, dan penyeimbangan kerja-keluarga berkontribusi pada penguatan branding Indonesia di sektor kesehatan Australia. Studi ini menegaskan peran penting komunikasi dalam membentuk identitas nasional diaspora dan memperkaya diskusi tentang pengalaman perempuan migran.

**Kata Kunci:** *branding*; komunikasi; budaya; diaspora; studi gender

## A.  Introduction

Diaspora represents a worldwide occurrence characterized by the migration of populations driven by diverse factors, including economic, political, and social motivations, primarily in pursuit of improved opportunities overseas.[1] The World Migration Report[2] indicates a consistent rise in international migration, with 281 million individuals residing outside their countries of origin in 2020, up from 128 million in 1990. Migrants frequently sustain robust ties to their culture and identity via communities established abroad, which function as channels for cultural practices and collaboration.[3]

The healthcare workforce in Perth, Western Australia, represents a growing segment of the Indonesian diaspora. This group plays a crucial role in the Australian healthcare system and enhances cultural exchanges by incorporating Indonesian values.[4] Indonesia has a limited history of nurse migration, starting with deployments to the Netherlands in 1969. Currently, the

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[1] May Lim Charity, "Urgensi Pengaturan Kewarganegaraan Ganda bagi Diaspora Indonesia," *Jurnal Konstitusi* 13, no. 4 (2016): 809, https://doi.org/10.31078/jk1346.

[2] International Organization for Migration, "World Migration Report 2024," IOM Publication Platform, 2024, https://publications.iom.int/books/world-migration-report-2024.

[3] Joshua Fernando, Rustono Farady Marta, and Ratih Kurnia Hidayati, "Reaktualisasi Mahasiswa Diaspora Indonesia dalam Menjaga Identitas Budaya Bangsa di Benua Australia," *Jurnal Kajian Komunikasi* 8, no. 2 (2020): 194–206, https://doi.org/10.24198/jkk.v8i2.25219; Corie Gray et al., "'Maybe It's an Indo Thing': Transnational Health Experiences of Indonesian Women Living in Australia," *Health & Place* 81 (2023): 103006, https://doi.org/10.1016/j.healthplace.2023.103006; Editt N. Taslakian, Kent Garber, and Shant Shekherdimian, "Diaspora Engagement: A Scoping Review of Diaspora Involvement with Strengthening Health Systems of Their Origin Country," *Global Health Action* 15, no. 1 (2022), https://doi.org/10.1080/16549716.2021.2009165.

[4] WHO, *Migration of Health Workers: WHO Code of Practice and the Global Economic Crisis*, ed. Amani Siyam and Mario Roberto Dal Poz (Geneva: World Health Organization, 2014), 9–16, https://www.who.int/publications/i/item/9789241507141.

country confronts the challenge of retaining healthcare workers in the context of rising global demand for nurses.[5]

In Western Australia, and particularly in Perth, nursing remains a female-dominated profession and is increasingly sustained by migrant labour amid ongoing workforce shortages. National data indicate that women constitute more than 85% of the nursing workforce in Australia, with overseas-born nurses forming a critical component of service delivery, especially in aged care, community health, and hospital settings.[6] Studies focusing on Indonesian women in Perth further reveal that female migrants often occupy frontline caregiving roles while simultaneously managing transnational family obligations, cultural adaptation, and professional re-credentialing.[7] These conditions situate female migrant nurses at the intersection of gendered care expectations, migration precarity, and intercultural communication demands. Despite their structural visibility in everyday healthcare interactions, their communicative agency and symbolic role in shaping national and cultural representation within the host society remain under-examined in existing literature.

Women in the diaspora face distinct challenges in their career pursuits abroad, such as cultural adjustment, loneliness, discrimination, and the potential erosion of cultural identity due to extended exposure to the customs of the host society.[8] Gendered barriers in professional settings exacerbate these challenges, rendering their experiences essential for comprehending diaspora branding and the representation of cultural identity.

While previous studies have investigated Indonesian diaspora communities and their cultural adaptation abroad, current research has inadequately examined how diaspora members actively contribute to Indonesia branding through their regular communication practices. Contem-

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[5] Aswatini Raharto and Mita Noveria, "Nurse Migration and Career Development: The Indonesian Case," in *Human Resources for the Health and Long-Term Care of Older Persons in Asia*, ed. Y. Tsujita and O. Komazawa (Jakarta: ERIA, 2020), 63–102.

[6] ILO, *Women at Work: Trends 2016* (Geneva: International Labour Office, 2016), 66–92.

[7] Gray et al., "'Maybe It's an Indo Thing': Transnational Health Experiences of Indonesian Women Living in Australia."

[8] Fumina Lestari, "Diaspora Membangun Jembatan antar Budaya dan Menggali Potensi Global," FutureSkills, July 4, 2023, https://futureskills.id/blog/diaspora/; Togiaratua Nainggolan, "Gender dan Keluarga Migran di Indonesia," *Sosio Konsepsia*, 2008, 39–50.

porary literature concerning Indonesian migrants in Australia usually focuses on cultural adaptation, transnational health-seeking behaviors, or general identity preservation, while insufficiently addressing the role of a specific professional groups as informal cultural representative. Additionally, the function of female healthcare workers, who hold an important role at the convergence of gender, migration, and professional caregiving, is considerably under-researched.

Building on this gap, the present study does not approach Indonesian female healthcare workers solely as subjects of migration or adaptation, but as active communicative actors whose everyday professional interactions carry symbolic and representational value. Rather than examining formal branding initiatives or organized diaspora activities, this study foregrounds routine, informal communication in healthcare settings as a site where national identity is enacted, negotiated, and made visible. The study repositions caregiving communication—often treated as functional or invisible—as a meaningful form of cultural representation shaped by gendered professional practice.

In correlation to this matter, diaspora branding serves as a communicative act in which individuals articulate cultural identity and contributions through narratives, symbols, and interactions. In correlation to that, people who are living as diaspora tend to introduce and distribute—consciously or unconsciously—their cultural uniqueness to other people. [9] Healthcare professionals from Indonesia in Perth act as informal representatives of Indonesian culture, utilizing communication methods such as storytelling, public engagement, and interpersonal interactions to connect their heritage with the local community. This study examines the involvement of Indonesian female health professionals in diaspora branding, more specifically on their portrayal of cultural identity and how they manage intercultural challenges.

This study argues that because Indonesian female health workers in Perth occupy a special intersection of gender, migration, and professional caregiving, their communication practices play an important role in the enactment and perception of Indonesian identity overseas. They are capable to incorporate the values like empathy, collectivism, and respect into their everyday interactions

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[9] Anastasia Claudia Sinaga and Rudi Sukandar, "Gastrodiplomacy Turki oleh Zahra Turkish Ice Cream di Indonesia," *Indonesian Perspective* 4, no. 1 (2019): 83–96, https://ejournal.undip.ac.id/index.php/ip/article/view/24481.

by negotiating multiple identities—as women, migrants, and healthcare professionals—which serve as unofficial forms of diaspora branding. By concentrating on this specific professional group, the study tries to close a significant gap in Indonesian diaspora research, which rarely looked at how gendered communication and professional roles simultaneously contribute to social integration and cultural representation in multicultural settings.

This research provides practical insights for policymakers to enhance support for the Indonesian health diaspora and to strengthen Indonesia's global image. These findings can inform strategies for diaspora communities to enhance cultural representation and promote collaboration among Indonesian professionals and stakeholders, both domestically and internationally, aimed at improving public health outcomes and expanding professional networks.

To understand the context and significance of the diaspora, it is important to note that diaspora communities are groups of people formed by individuals who live together in a specific place after migrating from a country, sharing ethnic or national origins. This group continuously maintains the bonds of togetherness and kinship that arise from their shared country of origin.[10] The reasons for migration can vary, including economic, political reasons, as well as family reunification or studying abroad. In the context of this research, the informants migrated for household purposes and work. Some of the chosen jobs are in healthcare, for example as registered nurse, geriatric nurse or elderly nurse practitioners, midwives, etc.

It is also important to understand how branding can be done through cross-cultural communication, as mentioned by Yunus et al, which stated that cross-cultural communication was more than just a cultural event.[11] The interaction between cultures in everyday life can be considered as a form of branding as well; in this case is between Indonesia and Australia.

Meanwhile, diaspora branding refers to the branding strategy developed by diaspora groups to promote their cultural identity, values, and contributions

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[10] Samuel Lietaer, Djibril Mbaldy Dieng, and Lore Van Praag, "Examining the Role of the Diaspora in Addressing the Interconnections between Human Health and Environmental Change: The Case of Northern Senegalese Communities," *Health & Place* 85 (2024): 103172, https://doi.org/10.1016/j.healthplace.2023.103172.

[11] Ulani Yunus, Bhernadetta Pravita Wahyuningtyas, and Mario Nugroho Willyarto, "Branding about Indonesia through Cross-Cultural Communication," *Jurnal Studi Komunikasi* 4, no. 2 (2020): 374–88, https://doi.org/10.25139/jsk.v4i2.2412.

both in their home country and in the countries where they reside.[12] This involves the use of imagery, narratives, and symbols related to the diaspora to enhance awareness and understanding of the group, both among the members of the diaspora themselves and in the wider community.

Diaspora branding strategies often include several elements, such as the use of social media, cultural events, publicity campaigns, and partnerships with institutions or companies to strengthen a positive image and increase the influence of the diaspora. The goal is to build a bridge between the diaspora and their country of origin, as well as to promote positive social and economic integration in their new place of residence, in this case is Indonesia.

Unfortunately, female health workers who work abroad may face a number of unique and complex risks.[13] Here are some risks typically faced by female workers abroad: 1) Physical and Mental Health: Female healthcare workers may encounter risks related to demanding working conditions, including high workloads, long hours, and exposure to diseases. In addition, being separated from family and familiar social environments can lead to stress, isolation, and mental health issues, 2) Discrimination and Harassment: Female healthcare workers often face gender discrimination in the workplace, including wage gaps, unfair promotions, and denial of leadership responsibilities. They are also vulnerable to sexual harassment and gender-based violence that can occur in the workplace or within the communities where they live, 3) Unsafe Working Conditions: In some countries, working conditions in the healthcare sector may be inadequate or even dangerous for female workers. This includes a lack of protection against physical violence, inadequate sanitation facilities, and exposure to hazardous chemicals or infections, and 4) Isolation and Cultural Challenges: Working abroad often means adapting to different cultures, languages, and social norms.[14] Female health workers may face difficulties in interacting with patients or colleagues due to cultural and language differences, as well as challenges in adjusting to a new environment.

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[12] Katriana Katriana, "Diaspora Indonesia Promosikan Bahasa dan Budaya di Australia," Antara News, October 28, 2022, https://www.antaranews.com/berita/3209685/diaspora-indonesia-promosikan-bahasa-dan-budaya-di-australia.

[13] ILO, *Women at Work: Trends 2016*, 66–92.

[14] Deirdre Mckay, "Filipinas in Canada— De-Skilling as a Push toward Marriage," in *Wife or Worker: Asian Women and Migration*, ed. Nicola Piper and Mina Roces (Lanham Maryland: Rowman and Littlefield, 2003), 23–52.

Furthermore, to understand the diaspora, the theory used as a reference in this study is Social Identity Theory. This theory can be utilized to comprehend how healthcare nurses in the diaspora identify themselves within the diaspora community and how this helps shape the way they brand themselves and their community regarding their country of origin.

Social identity theory, developed by Turner et al. in 1979,[15] and later expanded by other social researchers such as Hogg in 2006,[16] is an important framework for understanding how individuals identify themselves within the context of social groups.[17] This theory explains that individuals have a psychological need to define themselves in relation to specific social groups. Social identity is obtained through a social process, where individuals compare themselves with group members within certain categories. Some key concepts in Social Identity Theory according to Hogg: 1) Social Categories, referring to the grouping of individuals into relevant categories such as gender, ethnicity, religion, or profession. Identification with these categories allows individuals to feel a sense of similarity with members of similar groups, 2) Identification, which is the process by which individuals internalize the norms, values, and characteristics of a specific group as part of their own identity. Strong identification with a group can enhance group cohesion and support behavior that aligns with group norms, 3) Social Comparison, which is the process by which individuals compare their group with other groups to assess relative status and quality. Social comparison can influence self-assessment and identification with the group, and 4) Social Consequences, referring to the social implications of identifying with a particular group, including behavior within the group, social influence, and support in the group context. This theory is considered suitable for this study because it can illustrate the changes in individual identity and inter-group interactions within communities that gather in specific areas as a result of the migration process from their country of origin.

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[15] J. C. Turner, R. J. Brown, and H. Tajfel, "Social Comparison and Group Interest in Ingroup Favouritism," *European Journal of Social Psychology* 9, no. 2 (1979): 187–204, https://doi.org/10.1002/ejsp.2420090207.

[16] Michael A. Hogg and Scott A. Reid, "Social Identity, Self-Categorization, and the Communication of Group Norms," *Communication Theory* 16, no. 1 (2006): 7–30, https://doi.org/10.1111/j.1468-2885.2006.00003.x.

[17] P. J. Burke, *Contemporary Social Psychological Theories*, 2nd ed. (Stanford, CA: Stanford University Press, 2018), 112–38.

To complete this study, transnational feminist theory also used as theoretical framework. The theory was developed by Mohanty in 2003, highlighting the complexities of the intersections between gender, race, class, and colonialism in the context of globalization.[18] Later on, Zerbe Enns mentioned that transnational feminist theory highlights the diverse experiences of women who live within, between, and at the margins or boundaries of nation-states around the globe. Members of cultural diaspora and people who are attempting to integrate multiple cultural identities are also included in this group. In relation to this research, this theory is used to explain the experiences of Indonesian women working as healthcare workers in Australia, who are able to live more independently and strive for a better life for themselves and their families.

In this study, social identity theory and transnational feminist theory are not applied as parallel explanatory frameworks but are analytically combined to address different but interconnected dimensions of the research questions. Social identity theory is employed to examine how Indonesian female healthcare workers categorize themselves and others, negotiate group belonging, and enact professional and national identities through everyday interaction. This framework enables analysis of identity positioning and interpersonal communication within multicultural healthcare settings. Meanwhile, the transnational feminist theory provides the structural and gendered lens necessary to contextualize these identity processes within broader conditions of migration, care labour, work–family negotiation, and unequal power relations. By integrating these perspectives, the study locates everyday communication practices as the intersection where individual identity negotiation and gendered transnational experiences meet. This combined framework allows the research questions to be addressed by linking micro-level interactional practices with macro-level gendered and migratory contexts.

These theories are relevant to branding studies because they can explain how healthcare workers in Indonesia collectively promote a positive image of

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[18] Chandra Talpade Mohanty, *Feminism without Borders: Decolonizing Theory, Practicing Solidarity* (Durham: Duke University Press, 2003), 17–42, https://doi.org/10.2307/j.ctv11smp7t; Carolyn Zerbe Enns, Lillian Comas Díaz, and Thema Bryant-Davis, "Transnational Feminist Theory and Practice: An Introduction," *Women and Therapy* 44, no. 1–2 (2020): 1–16, https://doi.org/10.1080/02703149.2020.1774997.

their homeland by strongly identifying with their culture, profession, and diaspora community. As a highlight, transnational feminist theory can enrich diaspora branding by showing how Indonesian women grow and lead fruitful lives, representing resilience and adaptability. This approach adds depth to diaspora branding by illustrating how these women navigate and transform their identities in response to cross-cultural and gender-specific challenges.[19]

## B.　Methods

This research uses a descriptive qualitative research method with a case study approach, grounded in phenomenological analysis. The phenomenological orientation guides the inquiry toward understanding participants' experiences and meaning-making processes.[20] The case study approach provides a bounded, contextual focus on Indonesian female healthcare workers in Perth as a specific social setting, while the descriptive qualitative approach supports a clear, systematic presentation of participants' narratives without imposing formal, theory-driven categorization at the outset. Phenomenological studies emphasize a deep understanding of the subjective meanings that individuals assign to their experiences, without disregarding the cultural background, context, and situations in which those experiences occur.[21]

This research employs a case study approach to gain direct insights from individuals with real-life experiences. A case study is an in-depth and comprehensive research method for understanding contemporary phenomena in real-world contexts. Yin views case studies as empirical investigations that explore complex, multifaceted phenomena through data collected from various sources.[22]

Phenomenology is used when there is a consciousness that is always directed towards the 'life world,' and this world is nothing other than an

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[19] Yunus, Wahyuningtyas, and Willyarto, "Branding about Indonesia through Cross-Cultural Communication."

[20] Jonathan A Smith, Paul Flowers, and Michael Larkin, *Interpretative Phenomenological Analysis Theory: Method and Research*, 2nd ed. (Thousand Oaks: SAGE Pubications, Inc, 2021), 11.

[21] John W. Creswell and Timothy C. Guetterman, *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research*, 6th ed. (London: Pearson Education, 2019), 465.

[22] Robert K. Yin, *Case Study Research and Applications: Design and Methods* (Thousand Oaks: SAGE Pubications, Inc., 2017), 1–15.

intersubjective world, meaning that humans within it are interconnected, so the consciousness formed among them is social or collectively owned.[23] Personal experiences in that 'world,' along with others', constitute shared experience.

Data collection was conducted through in-depth interviews with Indonesian female health workers in Perth, Australia, as well as through document and literature reviews. The selection of research subjects was guided by purposive sampling, focusing on Indonesian female healthcare workers in Perth who occupy frontline professional roles and engage in routine interaction with patients and colleagues in multicultural settings. This group was chosen because their everyday communicative practices are directly shaped by the intersection of gender, migration status, and professional caregiving, which aligns with the study's analytical focus on diaspora branding as an informal and interactional process. A small number of participants was deemed appropriate given the study's phenomenological orientation, which prioritizes depth of experience and interpretive richness over representativeness.

The documents used in the analysis included policy guidelines, professional nursing regulations, training materials, and publicly available institutional documents relevant to healthcare practice and migrant workers in Australia. These documents were used to contextualize interview findings, support interpretation, and identify points of convergence or divergence between institutional discourse and lived experience.

The data were then analysed using Miles et al.'s method, including data reduction, display, and data source triangulation.[24] Data analysis was conducted inductively, beginning with a close reading of interview transcripts to identify significant statements about participants' experiences as migrant healthcare workers. These statements were coded and grouped into thematic patterns through iterative comparison, allowing meanings to emerge from participants' own narratives. Phenomenological interpretation was then embedded in focusing on how participants described and made sense of their experiences, rather than on the frequency or prevalence of responses. This process enabled the analysis to move from individual accounts to shared experiential themes while preserving contextual and subjective meanings.

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[23] Smith, Flowers, and Larkin, *Interpretative Phenomenological Analysis Theory: Method and Research*, 11.

[24] Matthew B. Miles, A. Michael Huberman, and Johnny Saldana, *Qualitative Data Analysis: A Methods Sourcebook* (New York: SAGE Publications Inc., 2014), 8–14.

The limited number of participants reflects the exploratory and phenomenological orientation of the study,[25] which prioritizes depth of lived experience and interpretive richness over representativeness. Given the specificity of the population—Indonesian female healthcare workers in Perth—a small, purposively selected sample was considered appropriate for capturing nuanced identity negotiation and communication practices.

All of the interviews were conducted in Bahasa Indonesia and audio-recorded by the research team with the consent of all informants. This study followed standard ethical research procedures, including informed consent, voluntary participation, and anonymization of all participant data.

Interviews were later transcribed verbatim by an assistant. Interview coding and analysis were conducted in the original language to preserve cultural meanings, expressions, and nuances embedded in participants' narratives. Translation into English was undertaken after the analytical themes had been established, with careful attention to maintaining conceptual equivalence rather than literal word-for-word translation. This process helped ensure that culturally specific expressions and meanings were retained in the presentation of findings.

The researchers acknowledge that their academic background in communication and cultural studies, as well as their familiarity with Indonesian cultural contexts, may influence interpretation. To address potential bias, reflexive practices were employed throughout the research process, including critical self-reflection during data analysis, peer discussion of emerging interpretations, and careful grounding of analytical claims in participants' narratives. These steps were taken to ensure that findings reflect participants' perspectives rather than researchers' prior assumptions.

While this study is limited to a single site (Perth), a small number of participants, and a focus on female healthcare workers, the aim is not statistical generalization but analytical and conceptual transferability. By foregrounding everyday communication practices and identity negotiation, the findings offer insights that may resonate with other migrant healthcare contexts and diaspora settings. The relevance of the study lies in its theoretical contribution to

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[25] Robert Stebbins, *Exploratory Research in the Social Sciences* (Thousand Oaks: SAGE Publications, Inc., 2001), 2–6, https://doi.org/10.4135/9781412984249.

understanding gendered diaspora communication rather than in broad demographic representation.

## C.    Results and Discussion

### Multiple Identity Negotiation

This section examines how Indonesian female healthcare workers in Perth negotiate multiple, intersecting identities in their everyday professional and social interactions. Drawing on social identity theory and a transnational feminist perspective, the analysis highlights how identities related to nationality, gender, migration status, and professional caregiving are not experienced separately but are continuously negotiated and activated in context. Table 1 summarizes the key identity dimensions that emerged from the interviews, illustrating how these overlapping identities shape communication practices, workplace interactions, and forms of informal diaspora branding.

As mentioned in Table 1, Indonesian female health workers in Australia navigate multiple identities: as Indonesians, women, healthcare professionals, migrants, and housewives. In this context we can make social categorization as follows: 1) Ethnic Identity: as Indonesians, all the informants who live in a predominantly Western society, they maintain a strong sense of Indonesian identity. This can be a source of pride and community, but also a source of workplace differences. All informants agree that they maintain their Indonesian pride wherever they go and bring it to the workplace. IP for example, brings Indonesian food to work, share it, and talk about it to her colleagues casually,[26] 2) Professional Identity: As healthcare workers, they share a professional identity with their colleagues, which can facilitate integration and collaboration. However, differences in training, language proficiency, and cultural practices can also create barriers. It is also confirmed by all the informants that language is still quite a problem in some situations, for example understanding some dialects, speech speed, and pronunciations. Nonetheless, they all concur with the fact that as long as they are confident in themselves and work professionally, language problems seldom pose a significant issue at work. In creating professional identity, they all agree that if they did not understand something, they did not hesitate to ask questions or for further instructions.

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[26] Personal communication in August 9, 2024.

Table 1
Key Findings of the Study

| Theme | Key Findings | Supporting Illustrations |
| --- | --- | --- |
| Identity negotiation | All participants navigate multiple identities as women, Indonesians, migrants, and healthcare professionals. These identities shape their communication and presence in multicultural contexts. | Pride of Indonesian identity; maintaining religious and cultural practices; balancing roles as workers, wives, and mothers. |
| Communication and Diaspora Branding | Everyday interactions become informal branding practices that promote Indonesian culture in the workplace and community. | Sharing Indonesian food, explaining cultural norms, intention to wear batik scrubs, and stating Muslim identity to clarify boundaries. |
| Cultural Competence in Healthcare | Indonesian values—empathy, respect, collectivism—enhance culturally sensitive care and support integration in a diverse health system. | Adapting halal diet plans, translating for Indonesian patients, and incorporating comforting cultural practices (e.g., gentle massage). |
| Challenges and Adaptation Strategies | Participants face language barriers, system differences, and role adjustments, but rely on confidence, observation, and professionalism to adapt. | Difficulty with comprehending certain accents/dialects; relearning nursing protocols; adjusting hijab to "bare below elbow" rules; volunteering and continuous learning. |

ESE, in particular, stated that she is quite observant,[27] she always observes before acts. Some people might think that she is quiet at first, but actually she is observing the environment. Especially in critical tasks, ESE and IP stated that one wrong move can put somebody in danger, 3) Gender Identity: Being foreign women, particularly in a field like healthcare that often involves caregiving, may reinforce traditional gender roles but also empower them in professional settings where female representation is valued. ESE stated that

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[27] Personal communication in August 28, 2024.

being an Indonesian helps her to be a caregiver. Before taking on professional work, she was a caregiver for her in-laws. But in the context of women, all informants agree that being a woman never becomes a problem in their field of work and in life, as both genders in Australia are considered equal. 4) Migrant Identity: Becoming a migrant resident certainly presents its own challenges for all sources. They must be able to adapt to the new national system, the way of interacting with the dominant Western society, and a lifestyle different from when they were in Indonesia. Each of the sources adapted independently, for example in AS who started adapting Australian life by being a student before becoming a Permanent Residence in Australia,[28] ESE began adapting with her husband and family, and worked as a volunteer in various communities, then IP adapted together with her husband who is Indonesian as well, and 5) Housewife Identity: Especially in Indonesian culture, a married woman must maintain her identity as a mother and a wife. The responsibilities of a housewife should not be neglected even while pursuing a career. All informants have husbands and agree that, although they are pursuing careers in nursing, they still need to fulfill their duties as wives and mothers in a balanced manner. They never hesitate to discuss with their partners in various decision-making processes related to family matters and in seizing opportunities for education and work. This identity is considered as important as the other identities, especially for Indonesian and Muslim women.

Beyond the workplace, participants also described negotiating work–family balance and engaging in multicultural social activities as part of their everyday adaptation.[29] Balancing professional responsibilities with domestic roles—particularly as wives and mothers—required ongoing communication within the family, including shared decision-making regarding work schedules, childcare, and participation in social activities. Rather than framing these negotiations as conflictual, participants emphasized mutual adjustment and support as key strategies for maintaining stability. In parallel, engagement in social activities outside healthcare—such as volunteering, informal community involvement, and everyday interactions with non-Indonesian neighbours—served as additional spaces for cultural exchange. These activities extended participants' communicative roles beyond professional caregiving, reinforcing

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[28] Personal communication on August 3, 2024.

[29] Nainggolan, "Gender dan Keluarga Migran di Indonesia."

their social integration as migrants while informally representing Indonesian values in multicultural environments.

In correlation to the theory, social identity theory,[30] also emphasizes social identification and the sense of belonging. Through the process of social identification, Indonesian female health workers may experience varying degrees of attachment to different social groups. Their identification with their ethnic group can provide emotional support and a sense of belonging, especially in a foreign environment. However, strong identification with their ethnic group might also lead to isolation from the broader Australian society, limiting opportunities for professional advancement and integration. But from all the informants, we get the idea that being Indonesian did not isolate them from society, but rather helped them expand their knowledge, skills, way of thinking, and personal character. They did not have limited opportunities for professional advancement, since the Australian government system is open to all people–native or not. But AS and IP agree that, to date, not many Indonesians have reached top management positions, mainly because of their English proficiency and self-confidence.

Similar to previous studies on Indonesian migrant women in Australia,[31] participants in this study did not experience identity as a negotiation between national, professional, and gendered roles. Instead, identities were layered and selectively mobilized depending on workplace demands, family expectations, and intercultural encounters.

Furthermore, in the context of professional identification, medical practices and workplace cultures differ significantly between Indonesia and Australia. Therefore, all the informants need to study nursing or medical from scratch. Luckily, study opportunities in Australia are plentiful and open to all. During the enrollment process, the university committee is still reviewing their study background, qualifications, and experience.

In discussing social comparison and the impact of self-esteem, all the informants said that they had never felt marginalized or inferior compared with their local Australian colleagues. They had never felt treated as "outsiders" or faced discrimination based on their ethnicity, gender, or religion. All working

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[30] Hogg and Reid, "Social Identity, Self-Categorization, and the Communication of Group Norms."

[31] Gray et al., "'Maybe It's an Indo Thing': Transnational Health Experiences of Indonesian Women Living in Australia."

days and life in general are good and naturally positive. That is why they feel very much at home in Australia and never regret their decision to become Permanent Residents. They can leverage their lives, cultural perspective, and experience in ways that are valued within the healthcare setting.

This experience contrasts with dominant narratives of marginalization in migrant labour literature yet aligns with studies suggesting that healthcare environments may offer relatively structured pathways to professional legitimacy [32] when competence and certification are clearly defined. Within social identity theory,[33] this indicates a shift from out-group positioning toward professional in-group inclusion, where occupational identity mitigates ethnic or migrant status. The findings suggest that professional norms in Australian healthcare settings serve as an equalizing mechanism, enabling migrant nurses to negotiate belonging through demonstrated expertise rather than solely through cultural assimilation.

However, there was an interesting story from ESE involving patients from the Aboriginal tribe. As the indigenous people of Australia, Aboriginal people generally appear more cautious when interacting with those who are not from their community. She was initially thought to be Caucasian, even though, in appearance, she does not resemble a white Australian. This situation at first made patients from the Aboriginal community feel suspicious and somewhat reserved towards her. However, when it was explained that she is Indonesian, the patient-caretaker interactions gradually became warmer and smoother. It is a challenge, even for white residents in Australia, considering the long history of conflict between Aboriginal people and white residents. LR also shares the same experience.[34] She said that it is important to understand the customs and culture of the Aboriginal community when interacting with them, for example making eye contact can be interpreted as disrespectful or rude. Violating existing rules and/or getting caught up in issues related to ethnic, religious, racial, and inter-group relations runs the risk of losing a job and damaging the employment record.

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[32] Raharto and Noveria, "Nurse Migration and Career Development: The Indonesian Case"; Taslakian, Garber, and Shekherdimian, "Diaspora Engagement: A Scoping Review of Diaspora Involvement with Strengthening Health Systems of Their Origin Country."

[33] Hogg and Reid, "Social Identity, Self-Categorization, and the Communication of Group Norms."

[34] Personal communication on August 20, 2024.

Despite the unique cases that occurred, all informants agree that being Indonesian also adds qualities of caring, compassion, and hard work, as those values are embedded in Indonesian culture specifically and Asian culture in general, as described in the model minority myth. The model is a stereotype that portrays a particular minority group in a role of success, typically in terms of economic, educational, and social achievements.[35] To add more perspective, the term is most associated with Asian Americans in the United States, who are often depicted as a "model minority" due to perceived high levels of success in academics, careers, and financial stability. In the long run, their ability to provide culturally sensitive care to patients from diverse backgrounds can enhance their professional standing and self-esteem.

### Communication Practices in Diaspora Branding

People leave their home countries for many reasons.[36] From the informants, we understood that they moved to Australia for different reasons: ESE not only because of following her husband, but also for economic reasons; she wanted a better life. This was similar with LR. In other case, AS moved to Australia to pursue her Master education (but later on decided to stay and become permanent residence with her family). Then in IP's case, moving to Australia was a part of her dream, since she always wanted to live abroad. Since her husband had been accepted to work in mining industry in Australia, she got the chance to go as well.

It is understandable that globalization has indeed driven the increase in societal mobility, cultural exchange, and interconnectedness around the world,[37] including between Indonesia and Australia. Particularly for Indonesian female medical workers in Perth, Australia, globalization reinforces their

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[35] Jessica Walton and Mandy Truong, "A Review of the Model Minority Myth: Understanding the Social, Educational and Health Impacts," *Ethnic and Racial Studies* 46, no. 3 (2023): 391–419, https://doi.org/10.1080/01419870.2022.2121170.

[36] Jørgen Carling, "Why Do People Migrate? Fresh Takes on the Foundational Question of Migration Studies," *International Migration Review* 58, no. 4 (2024): 1757–91, https://doi.org/10.1177/01979183241269445; Jana Kuhnt, "Literature Review: Drivers of Migration. Why Do People Leave Their Homes? Is There an Easy Answer? A Structured Overview of Migratory Determinants," 2019, https://www.econstor.eu/handle/10419/205249.

[37] Nisa Taptiani et al., "The Impact of Globalization on Local Culture," *International Journal of Progressive Sciences and Technologies (IJPSAT)* 45, no. 1 (2024): 92–102, https://ijpsat.org/index.php/ijpsat/article/view/6233.

identity as Indonesians as they confront new cultural norms and adapt to professional standards vastly different from those in their home country, including social expectations. This was stated by all the informants, who said that, until now, they have always said they come from Indonesia, showcasing their identity as Indonesians; for example, AS plans to wear work clothes (scrubs) made of batik. "Indeed, this plan has not yet materialized, but I have intended to buy batik fabric to be made into scrubs when I have the chance to return to Indonesia."[38]

ESE, IP, and LR also express similar sentiments. "I am very proud when asked by people at work or patients about my origins." "I am Indonesian." Not only being Indonesian, LR also specifically needs to state that she is a Muslim. According to her, it is important to set boundaries with her colleagues from the beginning, stating that she sometimes cannot participate in activities after work due to her religious beliefs. "Speaking of living abroad, do not expect them to understand you first. We need to show respect and understand their culture first if we want them to understand us," LR said.

On the other hand, ESE added that she feels her background as an Indonesian of Javanese descent may be an advantage in her ability to be more gentle and patient in caring for patients and the elderly. ESE continues to volunteer unpaid, to further develop herself and fulfil CPD Hours requirements (Continuing Professional Development Hours). Even because of her character, she is often requested by patients to be their nurse. A bit different from other sources, IP even shows her pride as an Indonesian by often bringing her typical Indonesian dishes, offering them to her co-workers, and explaining about the food. Not too different between the two informants; AS even tells her friends in the office about the islands of Indonesia, as she is originally from Makassar, South Sulawesi. She described her hometown, which has beautiful scenery and is recognized as one of the best surfing spots in the world – which many Australians probably have not yet heard of.

The decision to move from Indonesia and seek a livelihood abroad has indeed made IP, AS, and ESE determined to work hard and quickly adapt to the Australian health system and laws, which differ from those in Indonesia. As IP stated, in any clinic or hospital in Australia, there is always a principle: "one lost

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[38] Personal communication on August 3, 2024.

life is too many," meaning that all healthcare professionals must strive hard to ensure patient safety and work swiftly and accurately. In one of the stories, IP and AS explain that all medical staff—from doctors to nurses—work using codes. Each code indicates how many seconds or minutes should be allocated to handle each event. Moreover, ESE works as part of the Critical Risk team at Safety Direct Solutions RTO 51632. Each case is a crisis that must be resolved quickly and accurately, with patient safety as the top priority. These practices illustrate how narratives and symbols serve as tools for fostering cross-cultural dialogue and enhancing Indonesia's image abroad.

These everyday communication practices resonate with diaspora branding frameworks that conceptualize branding not as formal campaigns, but as lived, relational processes embedded in routine interaction.[39] Rather than deploying strategic messaging, participants enacted what can be understood as micro-level diaspora branding, where cultural narratives, food sharing, storytelling, and professional conduct collectively shape perceptions of Indonesian identity. This finding demonstrating how healthcare settings operate as informal yet powerful sites of national representation, particularly when branding is mediated through care, trust, and interpersonal proximity.

In relation to the concept of transnational feminism, all informants have, whether consciously or unconsciously, become agents of change, at least for fellow diasporas or those intending to move to Australia. They are not hesitant to share information, tips, tricks, and ideas that can help their friends from Indonesia develop, adapt, and find jobs in Australia. None of them denies that language barriers still pose challenges for their fellow diaspora members, including themselves. This obstacle often leaves them lacking self-confidence, leading them to choose manual labor, which is relatively easier and does not require IELTS or a higher level of English proficiency.

Unfortunately, not all informants have the time to be active in Indonesian diaspora community, one of them is LR. I is due to her busy work schedule and the fact that her place of residence is quite far from her colleagues in the city. Finally, LR only helps more with her relatives living in Indonesia and with close friends who intend to move to Australia.

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[39] Sinaga and Sukandar, "Gastrodiplomacy Turki oleh Zahra Turkish Ice Cream di Indonesia"; Yunus, Wahyuningtyas, and Willyarto, "Branding about Indonesia through Cross-Cultural Communication."

In relation to work, AS, IP, and LR who wear *hijab*s, need to make adjustments regarding the dress code. In medical regulations, the scrubs they wear must be above the elbow (bare below elbow regulation) due to the risk of contamination and infection. Holding to that principle, all of them were willing to adjust their clothing for the sake of patient safety. However, in general, their hijab does not become an obstacle or hindrance in working or interacting with the public. IP also explained that she can still carry out her religious practices in between work without any obstacles, as both her superiors and colleagues are very tolerant. Based on that information, we can easily see that the tolerance and understanding the Australian community has towards Indonesians may have developed because the two countries are not too far apart, and Indonesia has long been a popular tourist destination for Australians looking to vacation, particularly in Bali.

In conclusion, rather than being articulated as a theological struggle, religious challenges were experienced in practical terms. Participants described negotiating these challenges through pragmatic accommodation, including accepting the "bare below the elbow" policy for infection control while maintaining religious commitments in other forms. The decision to wear short sleeves was framed not as religious compromise, but as a professional responsibility aligned with patient safety. Similarly, prayer practices were adjusted through informal arrangements, such as utilizing break times or designated quiet spaces, reflecting flexible negotiation rather than rigid observance. Therefore, participants did not invoke formal religious justification; instead, they emphasized personal reasoning that prioritized professional ethics, safety, and mutual respect, all of which they considered compatible with their religious values. Participants also reported that openness about their Muslim identity—such as clearly communicating boundaries regarding social activities—was generally met with respect and accommodation by colleagues, indicating a workplace culture that supports religious diversity through everyday communicative understanding rather than formal policy alone.

Furthermore, transnational feminism examines how cross-border interactions contribute to the formation of hybrid identities,[40] in which

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[40] Mohanty, *Feminism without Borders: Decolonizing Theory, Practicing Solidarity*, 17–42; Zerbe Enns, Díaz, and Bryant-Davis, "Transnational Feminist Theory and Practice: An Introduction."

elements of both Indonesian and Australian cultures are blended. It also explores how these women use their hybrid identities to navigate challenges in their professional and personal lives. In this situations, all informants regularly participate in Indonesian cultural events while also advocating for better working conditions based on their experiences in the Australian healthcare system. This dual engagement allows her to construct a unique identity that spans both cultures.

In the context of transnational feminism, this theory also emphasizes that women are not just passive recipients of global forces but active agents who can resist, adapt, and transform their identities and environments. From all the informants, we can see that they are very active persons, they did not want to just stay home and doing nothing. They valued themselves as persons who could be beneficial to others, thus they became health workers. They are willing to help people in distress and in critical or emergency situations, and do their best to fulfill their responsibilities.

Not only that, the three of them are willing to share their knowledge and skills to help their colleagues, neighbors, and, especially, their fellow Indonesians, so that support networks for other Indonesians in the diaspora, especially women, can be established. While participants acknowledged they were still facing language challenges, such as navigating local dialects and medical terminology, they leveraged professional communication strategies to overcome these obstacles. It includes active listening, observing workplace dynamics, and adapting to intercultural norms. Participants emphasized that confidence and professionalism are key to successful integration and communication.

To add more correlations to both theories, transnational feminism addresses current social identity gaps and promotes unity across borders. It is consistent with the idea of social identity theory, which holds that people from different national and ethnic backgrounds—in this case, Indonesian female nurses—can form new solidarity groups based on their shared experiences as migrant women.

### Cultural Competence in Healthcare

Davis characterized cultural competence as the possession of effective, appropriate, and legitimate skills, experiences, abilities, and possibly attributes

relevant to culture.[41] Additionally, Davis elucidated that the necessity for cultural competence implies a legitimacy in engaging with, embodying, expressing, comprehending, and/or interpreting culture, encompassing both one's own culture and that of others.

Cultural competence is a vital element of effective healthcare delivery within the healthcare industry, particularly in multicultural societies such as Perth, Australia. It encompasses the capacity of healthcare providers, notably the Indonesian diaspora, to comprehend, respect, and engage proficiently with individuals from varied cultural backgrounds. For Indonesian healthcare professionals in Perth, cultural competence transcends mere skill; it is an imperative that augments their capability to provide patient-centered care in a diverse environment.

All informants said they often bring ethnic ideas and practices to the healthcare setting, which improve it. They can provide culturally sensitive care because they have Indonesian values and practices. It is especially helpful when caring for patients from similar backgrounds or those who might not understand the healthcare system. This cultural awareness can help people communicate more effectively, clear up confusion, and build trust and happiness among patients.

Furthermore, they often employ diverse strategies to enhance cultural competence in patient interactions, including active listening to understand the patient's cultural context and personal beliefs that may affect healthcare decisions, and adapting communication styles to be more inclusive by respecting nonverbal cues, language nuances, and cultural practices. Additionally, they collaborate with colleagues to cultivate a culturally inclusive environment that honors and integrates the values of all patients. Their ability to foster cultural competence not only improves work outcomes but also promotes a more inclusive and understanding healthcare environment.

There are specific examples that demonstrate the cultural competence of Indonesian healthcare. AS shared an experience where she adapted a patient's diet plan to include halal-certified food options, respecting their religious beliefs

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[41] Jack Frawley, Gabrielle Russell, and Juanita Sherwood, *Cultural Competence and the Higher Education Sector: Australian Perspectives, Policies and Practice*, ed. Jack Frawley, Gabrielle Russell, and Juanita Sherwood (Singapore: Springer, 2020), 15–29, https://doi.org/10.1007/978-981-15-5362-2.

and cultural norms. This simple yet thoughtful adaptation made the patient feel more at ease and respected within the healthcare setting. In the context of language barriers, IP highlighted the importance of addressing language barriers. She often serves as an informal translator for Indonesian patients who struggle with English, ensuring they fully understand their medical conditions and treatments. This role not only improves communication but also fosters a sense of community and trust between the patient and the healthcare system.

LR also shared her story, recalling one moment where she incorporated traditional Indonesian habits, like gentle massages, as part of a patient's care routine. This practice, although not standard in Australian healthcare, provided comfort and familiarity to the patient, enhancing their overall well-being and recovery. In showing respect for elders, as it is deeply ingrained in Indonesian culture, she also explained how she ensured that elderly patients, particularly from Asian backgrounds, were treated with utmost respect and patience. She often went the extra mile to involve family members in care discussions, which aligns with many Asian cultures where family plays a pivotal role in decision-making processes, not like Western families that are more individualistic.

The integration of cultural competence in healthcare practices by Indonesian diaspora in Perth enhances patient care, promotes equity in healthcare delivery, and reinforces the positive image of the Indonesian diaspora as contributors to the social and health welfare of their host country.

These findings are consistent with previous research emphasizing cultural competence as both a professional skill and a relational resource in multicultural healthcare systems.[42] In line with Taslakian et al., the study demonstrates that diaspora health workers contribute not only clinical expertise but also culturally embedded knowledge that enhances patient trust and system responsiveness.[43] Significantly, this study advances existing literature by showing how cultural competence simultaneously functions as a mechanism of professional integration and an informal mode of diaspora branding, reinforcing positive national imagery through ethical and empathetic care.

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[42] Frawley, Russell, and Sherwood, *Cultural Competence and the Higher Education Sector: Australian Perspectives, Policies and Practice*.

[43] Taslakian, Garber, and Shekherdimian, "Diaspora Engagement: A Scoping Review of Diaspora Involvement with Strengthening Health Systems of Their Origin Country."

**Opportunities for Empowerment and Integration**

Based on the data obtained from the informants, we can see significant opportunities for Indonesian female health workers in Australia to empower themselves and build stronger integration, one of which is leveraging cultural competence. Their unique cultural background can be an asset in providing care to a diverse patient population. As Australia becomes increasingly multicultural, the ability to offer culturally sensitive care is highly valued, and Indonesian health workers can position themselves as experts in this area.

Another opportunity for Indonesian female health workers is the chance to build support networks. The formation of support networks within the Indonesian diaspora and broader migrant communities can provide crucial emotional and professional support. These networks can help mitigate the feelings of isolation and provide resources for professional development and social integration.

There are also many opportunities for Indonesian female health workers to engage in professional development and advocacy, both within their workplaces and through broader industry networks. By participating in or leading initiatives to improve recognition of foreign qualifications or promote diversity and inclusion in the healthcare sector, they can enhance their professional identity and contribute to positive change.

This study highlights the essential role of communication in diaspora branding, with practical ramifications for diverse stakeholders. For example, acknowledging the cultural and communication contributions of diaspora health workers can improve cultural competency training and promote a more inclusive healthcare environment. Policies must also facilitate language training and intercultural communication competencies to enable diverse workforces.

Members of the diaspora in professional fields, particularly in healthcare, are significant contributors to promoting Indonesia's cultural identity. Strategically engaging these personalities in branding initiatives or public diplomacy activities can enhance Indonesia's international reputation. For the diaspora community, communication methods, including storytelling and public involvement, must be actively fostered to enhance cultural connections and representation. Community networks and digital platforms can function as venues for narrative exchange and support cultivation.

## D. Conclusion

This study concludes that Indonesian female healthcare workers in Perth enact diaspora branding primarily through everyday communication embedded in professional caregiving and social interaction. The findings show that participants negotiate multiple identities—as women, migrants, healthcare professionals, and Indonesians—by integrating cultural values such as empathy, respect, and collectivism into routine workplace practices. These identity negotiations are not expressed through formal representation, but through subtle, relational communication that shapes how Indonesian identity is perceived in multicultural healthcare settings.

The study also finds that participants manage intercultural challenges—including language barriers, professional adaptation, religious accommodation, and work–family balance—through pragmatic communication strategies and mutual adjustment rather than confrontation. These strategies enable them to sustain professional credibility while maintaining cultural and personal integrity, thereby reinforcing their role as informal cultural representatives within Australian society.

Future research could build on this study by exploring the following areas, including comparative studies, examining the experiences of diaspora health workers from different cultural backgrounds in various countries could provide a broader understanding of how diaspora branding operates in different contexts. In long-term studies, study on tracking the professional and personal trajectories of diaspora health workers over time could offer deeper insights into how their identities and contributions evolve. Furthermore, in relation to measuring the impact of policy changes, investigating the effects of specific policy interventions on the well-being and professional integration of diaspora health workers could inform more effective support strategies.[s]

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