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SOCIAL AND CULTURAL ISSUES OF INDONESIAN MIGRANT NURSES IN JAPAN

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ABSTRACT

Cooperation with IENs (Internationally Educated Nurses) is increasingly important given the aging society and low birth rate in Japan. This study focuses on lived experiences of Indonesian nurses in Japan. Objectives of this study were to clarify their experiences and views in terms of the scope of nursing and cultural adaptation, and to examine whether cultural barriers are among the reasons nurses return to their home country. The study was based upon in-depth interviews with Indonesian nurses who had worked in Japan. Fourteen Indonesian nurses participated in the study. Indonesian nurses viewed Japanese work culture as hardworking, requiring excessive punctuality, having too many rules, and maintaining hierarchy between junior and senior nurses. Collaboration with doctors, integrated elderly care, and touching emerged as differences in the nursing practice. Indonesian nurses hesitated to touch patients as they did in Indonesia due to cultural differences. Religious practice among Muslims and family priority were reasons to return to Indonesia. To utilize IEN's skills, not only must the migrants learn Japanese culture and values, but it will be necessary for Japanese employers and staff to understand the values of the IENs.

Keywords: Internationally Educated Nurses (IENs), Deskilling, Indonesia, Acculturation

INTRODUCTION

Official acceptance of Internationally Educated Nurses (IENs)/Certified Care Workers began at the governmental level in 2008, through Economic Partnership Agreements (EPAs). EPAs exist with Indonesia, the Philippines and Vietnam, with 1,108 IENs coming to Japan under EPAs as of June 2016 (Ministry of Health, 2017a).

Under these EPAs, IENs have three years to pass the National Nursing Exam (hereinafter referred to as "the Exam"), or they must return to their home countries. The general pass rate of EPA participants is about 15%; the overall pass rate of the Exam is around 90% (Ministry of Health, 2017a). Such a low pass rate is ascribed to language barriers (Efendi *et al.*, 2015). Prior to passing the Exam, EPA participants are only eligible to work as nurse aides (referred to as "nurse candidates"). Under the EPA, Japan requires two years of experience to apply as a nurse candidate and those with less than two years of experience enter as "care worker candidates" (Ministry of Health, 2017b).

Foreign residents make up 1.8% of Japan's population (Immigration Bureau, 2017) and opportunities for nurses to interact with people of different cultures are limited. In a survey of Japanese nurses working with IENs, the nurses cite "comprehension and learning about foreign countries" alongside "language and communication," as issues affecting their acceptance of IENs (Hotta & Tanno, 2008). In a survey of outpatients in Japan, 50% of respondents accepted IENs, but 54% responded that they felt anxious when receiving care from IENs (Miyano, 2008). Shedding light on the intercultural experiences of IENs working under these circumstances is valuable because the Japanese society, with its declining birth rate and aging population, needs to accept more foreign nurses and care workers.

Much of the research targeting IENs working in Japan focuses on the EPA system, on raising the pass

rate of the Exam (Setyowati *et al.*, 2012, Furukawa *et al.*, 2012). In terms of experiences of the IENs in Japan, they are confused over punctuality and are emotionally conflicted about working as nurs aides and becoming objects of jealousy for other nurse aides in regards to special treatment, such as having study time during shifts (Efendi *et al.*, 2016). Issues of cultural differences with Philippine nurses include reports of one nurse warned about eating with her hands, and another told to take her shoes off inside the house (Yamamoto & Higuchi, 2015).

Although some IENs, despite passing the Exam, they returned to their home countries shortly thereafter. Some reasons these nurses returned home, even after passing the exam, include the increased stress related to work responsibilities and trying to meet the Japanese language requirements, which poses a particularly difficult task with regard to medical terminology. Sato reported that Indonesian nurses who passed the Exam scored higher on the GHQ (the General Health Questionnaire) than those who did not pass (Sato, Hayakawa & Kamide, 2016). In the U.S. and UK, discrimination against Asian nurses was reported (McDowel & Batnitzky, 2011; Wojczewski *et al.*, 2015); however, whether the same issues arise among Asian nurses in Japan are yet to be examined.

The objectives of this study are to clarify how Indonesian nurses are coping with cultural differences and whether cross-cultural adaptation is one of the reasons IENs return to their home country. Clarifying the issues of cross-cultural adaptation for Indonesians in Japan may enhance a mutual understanding between Indonesian and Japanese nurses, leading to better utilization of this particular human resource. Indonesian nurses should be informed about this cross-cultural adaptation process before coming to Japan under the EPA. This may reduce "reality shock" when employment begins.

RESEARCH METHODOLOGY

Subjects

Fourteen Indonesian nurses participated in the study. Selection criteria included: 1) Indonesian nurses who worked as nurses or as candidates in Japan through the EPA and returned; 2) persons who received nursing education in Indonesia; 3) nurses who have worked two years or more in Japan.

Data collection

Data was collected from May to June 2015. Participants were recruited from a network of a research collaborator who has experience working in Japan as an EPA nurse. Participants received documents from the authors via email, and an interview was conducted after consent was given. The research collaborator was trained for the interview process. Semi-structured interviews were conducted in Bahasa (Indonesian language) for 60-90 minutes in each interview and were recorded with consent. The interviews addressed cross-cultural experiences in the workplace, how the respondents dealt with these experiences, what they did to understand cultural differences, and whether cross-cultural experiences were related to returning to their country.

Data analysis

Transcripts were translated into English and analyzed. The second author, who speaks Bahasa helped interpretation of the context during the process of data analysis when necessary.Thematic analysis was conducted through the following steps 1) familiarization with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, 6) producing the report. Thematic analysis is a method for identifying and interpreting patterns of meaning across qualitative data. It can be useful to examine the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within a society. Therefore, we considered that thematic analysis suited (Braun & Clarke, 2006) this study. Although participants talked about the EPA system and Japan's Nursing Exam, we focused on their intercultural experiences during the analysis. The authors analyzed the data separately, then discussed the data until consensus was reached on all themes. NVivo® Ver.11 was used to analyze the data.

Ethical Considerations

This study was approved by the Research Safety and Ethics Committee at Tokyo Metropolitan University.

RESULTS

Participants

Participants included 9 women and 5 men; 13 respondents in their 30s, and one male in his 40s. One was a Christian; the rest were Muslims. Five passed the Exam. The average stay in Japan was 42.6 months (SD 12.3, range 30-71).

Table 1: Characteristics of participants

No	Age	Gender	Result of the exam	Length of Stay (months)	Religion
1	35	F	Failed	32	Muslim
2	33	F	Failed	36	Muslim
3	35	F	Failed	30	Muslim
4	32	F	Passed	71	Muslim
5	31	F	Passed	57	Muslim
6	35	F	Passed	36	Muslim
7	36	M	Failed	36	Muslim
8	32	M	Failed	37	Muslim
9	35	F	Failed	47	Christian
10	35	F	Passed	33	Muslim
11	31	F	Passed	57	Muslim
12	40	M	Failed	43	Muslim
13	39	M	Failed	31	Muslim
14	32	M	Failed	36	Muslim

Themes

Five themes emerged: 1) Deskilling, 2) Coping with Japanese work culture, 3) Differences in nursing practices, 4) Emotional conflict regarding religious practice and 5) Returning for family.

Theme 1: Deskilling

According to the participants, working as nurse aides until passing the Exam led to decreased self-esteem and emotional conflicts among the participants. Essentially, by participating in the IEN program, they compromised their skills to become nurse aides until they were able to pass the Exam that would enable them to nurses.

I worked in [the] internal medicine unit for two years and in ICU for four years in Indonesia. Imagine . . . in the ICU, you have to work with skills, such as critical thinking, nursing intervention, etc. Suddenly, you are not allowed even to give oral care. Finally I just thought "OK, the work like this is OK. We cannot do anything!" It is just the same as we cannot change climate. . . . "I thought it is OK, you enjoy it."

Theme 2: Coping with Japanese Work Culture

The participants characterized the Japanese work environment as follows: there were too many work place rules, the work was hard, and the demand for punctuality was excessive. To the participants, this diligence is an enactment of ridiculous Japanese customs.

They were too systematic . . . . I did my unimportant job not in order; only I just did it, just to finish my work. They always did the job in order, but sometimes I went against the rules. The first yes, they were angry. They wanted me to do things in order. It should be like this or like that. But after I proved that I could finish it quickly, they didn't ask that again.

Many procedural rules and guidelines related to nursing practices frustrated the participants. On the other hand, some pointed out the rationality of such a system. Beyond the issues with the nursing system, participants also had trouble getting accustomed to relationships in the workplace because they felt that Japanese were not open-minded; thus, it was difficult to exchange opinions.

They were mostly introverted. . . . I don't want to force them to be more open if they don't feel comfortable. . . . But, if it comes to work, I think it would be better if they become more open to avoid any miscommunication.

Moreover, the study revealed how participants interpreted the workplace hierarchy.

Even between Japanese people, there is a gap between senior and junior. . . . When a senior nurse was angry with a younger nurse, other younger nurses would remain silent.

A participant felt that the reason his senior did not accept his advice for selecting a vein for chemotherapy was because he was a junior and a foreigner. On the other hand, upon passing the Exam and becoming a team leader, a participant was grateful because the staff respected her regardless of her inexperience in Japan.

When I became a leader, they respected me; and every time they had to make a choice, they discussed it first with me, even though they were much more experienced. They didn't underestimate me at all.

Theme 3: Differences in Nursing Practices

Participants pointed out differences between Japanese and Indonesian nursing practices in terms of inter-professional work. They recognized the efficiency

of Japanese team practice, which was founded on the equal status of doctors and nurses.

For example, a nurse may discuss with a doctor about medicine. Doctors and nurses are really partners to each other, very different from Indonesia.

Regarding specific practices, participants discussed the influence of social backgrounds and culture on nursing practices recalling, for instance, their first experience using an electric bath. Those who discussed elderly care talked about their experience of discharge planning. Others remarked on the fact that the Japanese, unlike the Indonesians, avoided touching patients.

The difference was touching. Japanese nurses just focused on giving care without touching. I did not know why. In Indonesia, touching means empathy, but in Japan it does not, so we were afraid to touch everyone. . .

Theme 4: Emotional Conflict Regarding Religious Practices

Some participants suffered emotional turmoil over the prohibition on wearing hijabs while working at the hospital, while others appreciated that Muslim participants were allowed to worship in the workplace-with some colleagues, even reminding them of worship times. However, there were some participants who were disappointed that worship was designated to a kitchen or locker room. In addition, some participants were disheartened by not being able to attend Friday worship, which is considered very important among male Muslims.

I couldn't stand longer without wearing a hijab longer. If I work in Japan again, I will choose an institution which allows me to wear it. The most important thing for me is wearing a hijab and prayer, because religion is the foundation of my life.

Some participants' colleagues expressed a fear of Islam. Participants assumed this fear arose from the acts of terror carried out by the Islamic State.

At first, they honestly said that they were scared. I thought there were many Muslim terrorists in the past, but actually most Muslims were not like them.

Participants were asked about Muslim customs, but felt they could not sufficiently explain them due to their limited Japanese language. They were disappointed with the lack of awareness that Japanese people had of the Muslim faith.

They asked why we do not eat pork . . . I did not explain in detail, because my Japanese was limited, I just said, "please, check the website."

All they knew about Islam were decapitation, polygamy and all the extreme things.

Theme 5: Returning for Family

While most participants returned because they did not pass the Exam, some returned for family reasons—a family illness or wanting to start their own family.

I want to have my own family; many of Japanese nurses were not married, although we were of the same generation. If I were in Japan, I would not get married. . . . it would be trouble for me. We have differences in our cultures.

The opportunity to get pregnant was so low, because I had to live far away from my husband. We . . . met several times in 2 years, but I did not get pregnant, and I was too tired.

DISCUSSION

From a review of 44 articles, Moyce extracted six themes from the IEN experience: 1) regulatory barriers to migration and licensing, 2) language and communication, 3) racism and discrimination, 4) skill underutilization, 5) acculturation and 6) the importance or role of family (Moyce, Lash & de Leon Siantz, 2016). Findings of this study contain all of these themes. We discovered that the Indonesians experience the above issues in Japan as relatively new nurse migrants.

Deskilling

"Deskilling" or "brain waste" usually occurs in host countries when health professionals immigrate to usually high income countries (Alam *et al.*, 2015) Prominent examples of deskilling include cases of Filipino doctors working as nurses in the U.S. (Jauregui & Yu, 2010) and similar instances reported among African nurses (Wojczewski *et al*., 2015). There are two patterns of deskilling occurring within the migration of nurses under the EPA system. First, nurses coming to Japan as nurse candidates must work as nurse aides until they pass Japan's Exam. Approximately 85% of nurse candidates work as nurse aides for a three-year residence period and return to their home country

without passing the Exam (Ministry of Health, 2017c). They are humiliated by having to engage in non-medical tasks such as cleaning (Alam & Wulansari, 2010). In Indonesia, societal class difference is more pronounced than in Japan, and nurses rarely engage in miscellaneous duties. However, under the EPA system, they sometimes compromise and adapt themselves. The second pattern of deskilling involves nurses who come to Japan as certified care worker candidates because they do not have the requisite two years of nursing experience in Indonesia. However, the participants apply as certified care worker candidates without knowing they will not be able to provide medical services (because such care worker positions do not exist in Indonesia). In addition, conflicts are amplified because certified care workers' salaries are about two-thirds those of nurses (Ministry of Health, 2017c) and working in Japan will not enhance their job opportunities when they return (Kurniati *et al.*, 2017).

Coping with Japanese work culture

IENs were surprised by the hard work ethic and punctuality of Japanese workers, as a previous study reported (Efendi *et al.*, 2016). While participants found that they gradually adjusted to the work culture, they felt constrained by having to comply with the many rules and guidelines. Participants were uncomfortable with colleagues' formal behavior at the workplace, even those with whom they privately had close relationships. They perceived the workplace relationships as "too formal" and "hierarchical." They were particularly bewildered that juniors had to obey their seniors. A similar hierarchical nursing system exists in the UK, and studies suggest foreign nurses-being unfamiliar with such work environments-may experience discrimination (Tuttas, 2015). In Indonesia, showing anger is considered to be bad behavior, and participants felt particularly insulted when receiving a reprimand in front of a colleague or a patient. In Japan, demonstrating seriousness is considered important during working hours, and colleagues do not call each other by their first names or nicknames. In particular, laughing in a hospital will result in being judged as imprudent. The Japanese believe that being serious prevents medical errors in workplace culture, but the IENs believe it hinders the development of friendly relationships. As such, the Japanese workplace culture is difficult for Indonesian nurses to adapt to as they find humor necessary (Alam & Wulansari, 2010).

Differences in nursing practices

The concept of team care for patient-centered care has become popular, and is being included in health care professional curricular in Japan. In clinical practice, the Nutrition Support Team (NST), Respiratory Support Team (RST), and other team practices are encouraged through additional medical fees in the health insurance system. However, in Indonesia, there is a more prominent division between doctors and other health professionals, which acts as a barrier to the promotion of team care (Susilo *et al.*, 2014). A Filipino nurse in Canada also reported differences in the working relationships amongst physicians and nurses (Ronquillo, 2012). Unequal social status amongst nurses and doctors may influence their behavior, ideas, and attitudes toward team practice (Neiterman & Bourgeault, 2015). Indonesian nurses lack experience in dealing with elderly patients, such as discharge planning, due to differences in the structure of population and diseases in Indonesia and Japan. IENs may require continuing education about professional nurse roles and responsibilities in complex healthcare settings.

Cultural differences are seen in the degree of physical distance maintained between human beings (Dongen & Elema, 2001). Indonesian nurses learned that they simply cannot touch patients in the same manner they do in their home country because formality in human relationships differs in Japan. Though there were participants who did not find any differences in nursing, it may be the case that those nurses had a low cultural awareness. Unfortunately, under such circumstances, it is possible to inappropriately assess the patients' needs inappropriately due to misunderstandings based on cultural values and beliefs (Almutairi, McCarthy & Gardner, 2015).

Emotional conflict regarding religious practice

Ordinary Japanese know little about Islam. Given this lack of knowledge, their fear of Islam spread after hearing media reports of Japanese journalists being killed by the Islamic State in 2015. Thus, prejudice against Muslims does exist among Japanese nurses. In Indonesia 87% of the population is Muslim (United Nations Statistics Division, 2015). Therefore, in Indonesia, religion is integrated into daily life; this starkly contrasts with life in Japan, where work is the

highest priority. Accordingly, devout Muslims may feel at risk of losing their identities in Japan. Inability to attend Friday worship, which is very important for male Muslims, was the one reason for returning to Indonesia.

Learning from other Indonesian nurses with work experience in Japan can help alleviate reality shocks. Moreover, not only must the IENs work to understand Japan, but the Japanese employers and staff should also work with the IENs to learn about their religion. This would result in the added benefit of helping staff understand patients' religious views.

Returning for family

One reason participants returned home was that they would be "unable to get married in Japan." According to the National Institute of Population and Social Security Research, in 2015, 58.8% of Japanese women between the ages of 25 and 29 were unmarried, as were 33.6% of women between the ages of 30 and 34 (National Institute of Population and Social Security Research, 2017). These rates may be higher for nurses working full time. Female Muslim participants thought that their religion would be a barrier to marrying Japanese men, which would be an obstacle to settling in Japan. Married female nurses listed having a child or child rearing as reasons for returning home, while others returned due to family illnesses. Accordingly, it is necessary for nurse managers to understand that family is a higher priority than career for Indonesian nurses.

Limitations

The results of this study are limited by the fact that it is not possible to clarify in detail the processes Indonesian nurses had to go through to adapt to the Japanese workplace culture, as only one interview per participant was conducted. To clarify such details, longitudinal studies should be conducted with nurse participants from the beginning of their employment.

CONCLUSION

Cultural barriers, such as religious practice among Muslims and the value of family relations, may be reasons that nurses return to Indonesia. To utilize IENs' skills, the migrants must learn Japanese culture and value and it will also be necessary for Japanese employers and staff to understand the values of the IENs. Working with IENs from different cultural backgrounds will not only secure Japan's workforce, but will develop the cultural competence of Japanese nurses who may have had limited practice in this field. This is important to Japan as the nation embraces its place within the global society.

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