Chapter 3

Lived Experiences of Indonesian Nurses' Migration to Japan: A Narrative Review

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Abstract

Understanding the lived experiences of Indonesian nurses' migration to Japan is essential for the evaluation of the determinants, barriers, processes, and consequences of international mobility on the health system. This article aimed to describe the decision of nurses to move abroad, the recruitment process, adaptation in the workplace, and determination to continue to work, move to another country, or return to the country of origin. The findings of this review can serve as input for further research and healthcare policies on international migration.

Keywords

Indonesia; Japan; lived experience, migration; mobility; nurses

1. Background

The migration of international nurses has become a global trend in many countries, including Indonesia. As a result, many Indonesian nurses are encouraged to work overseas, mainly in Japan, whose policy under the Indonesia–Japan Economic Partnership Agreement (IJEPA) supports the flexibility to enable easier negotiation and quicker resolutions in both signatory countries (Efendi et al., 2017; Hirano et al., 2020). This agreement provides an opportunity for Indonesian nurses seeking a new job abroad while filling the shortage of nurses in Japan with its super-ageing population (Iskandar, 2020).

In addition, this bilateral agreement is considered a solution to the temporary nurse surplus in Indonesia. An excess number of nurses has been reported because of the low absorption of the domestic labour market (Efendi et al., 2021a; Kurniati et al., 2017), with more than 100,000 new nurses graduating annually from 352 nursing programs at the bachelor

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level and 474 nursing programs at the diploma three-level looking for available jobs (Ministry of Health, 2019). Of these, more than half of Indonesian nurses work in non-governmental sectors (Ministry of Health, 2019). Thus, international nurse migration can solve this excess labour problem by sending Indonesian nurses to Japan. From 2015 to 2020, 6393 nurses were placed overseas for both nurse and care worker positions (Efendi et al., 2021a; Efendi et al., 2017). Through IJEPA, Indonesia only exported 2445 nurses, or an average of 222 nurses per year, over ten years (Efendi et al., 2021a), which indicates a needs to improve the program to send more nurses to Japan.

International migration among Indonesian healthcare workers began in 1969 (Nugraha et al., 2021). Taiwan is the most popular destination country, followed by Japan, Singapore, Malaysia, Kuwait, Saudi Arabia, the United Arab Emirates, and other countries (Efendi et al., 2021a). Since then, migration among Indonesian nurses to work overseas has become a trend among nurses.

Interestingly, one study indicated that 91.3% of Indonesian nursing graduates intend to work in Japan (Efendi et al., 2021b). However, Indonesian nurses' qualifications and the passing rate of the national exam under the IJEPA are low, and only 87 of 481 candidates (18%) had passed the exam from 2010 to 2014 (Efendi et al., 2017). However, the passing rate for caregivers was better (62.4% in 2017 and 38.5% in 2018) because they have a nursing background (Nugraha et al., 2021). This phenomenon has become an issue for critics both within and outside the country and is a grey area for health policy and international nurse migration. However, it is interesting to note that the IJEPA was established to provide mutual benefits to Indonesia and Japan (Efendi et al., 2017). Therefore, the program needs further evaluation for improvement of the passing rate of the national exam among Indonesian nurses. Furthermore, there should be no misalignment between the World Health Organization (WHO) Code and healthcare migration under IJEPA to promote sustainable health systems, fairness, and the principles of transparency (Efendi et al., 2017).

This paper describes the lived experiences of Indonesian nurses migrating to Japan. Their lived experiences and their migratory journey are crucial to better understand the drivers, consequences, and overall impact of international recruitment on health systems.

2. Methods

We used a narrative review approach to describe topics of interest. The narrative review does not have research questions or a specified search strategy. Moreover, there are no systematic

standards or protocols to guide this review (Demiris et al., 2019). We conducted a manual search between 2011 and 2022 using Google, Google Scholar, and PubMed to retrieve documents related to the topic of interest. We also searched the websites of international and regional organisations and Indonesian government agencies. We did not summarise the findings in an extraction table; instead, we describe the findings in the Results and Discussion sections.

In this review, we describe the lived experience from two points of view according to Leone's conceptual framework: 1) the decision to move abroad; 2) recruitment; 3) arrival and integration; 4) mobility within and between trusts; and 5) the ongoing decision to continue, move forward, or back home (Leone, 2018; Leone, 2020).

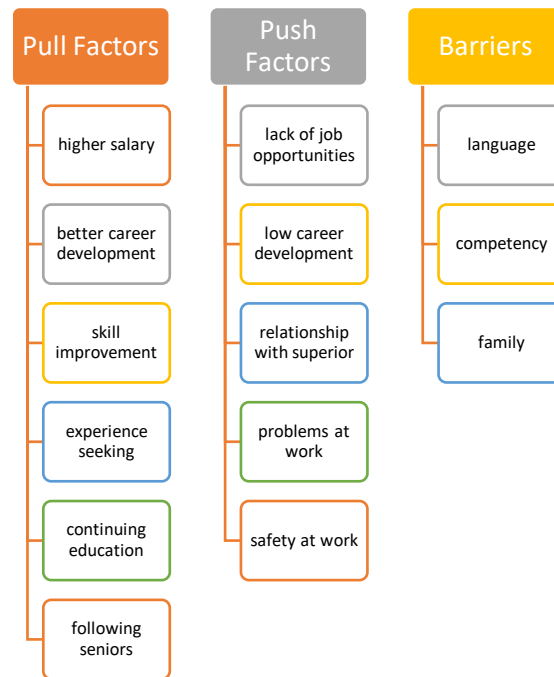## 3. Findings and Discussions

Stage 1. Decision to move

Pull and push factors influence the decision to move to another country. Pull factors refer to motivations to migrate to a destination country, whereas push factors are motivations for leaving the home country (Leone, 2018; Leone, 2020).

According to our review, the factors that pull Indonesian nurses to work in Japan are a higher salary, better career development, experience-seeking, skill improvement, continuing education (formal and non-formal education), and seniors (Raharto & Noveria, 2020). In addition, many nurses can send remittances to their families in Indonesia (Raharto & Noveria, 2020).

The push factors that trigger Indonesian nurses to move to Japan are a lack of job opportunities and lack of absorption from the government (Efendi et al., 2021a). Raharto and Noveria (2020) also stated that poor career development appears to be a push factor among this target group. In addition, social environment, mainly relationships with superiors, and problems at work are other push factors that influence nurse migration. Moreover, safety, including safety/risk for women working at night, hospital equipment, and infectious disease risks, are additional reasons for leaving the country (Raharto & Noveria, 2020).

Despite the push and pull factors of Indonesian nurses' migration to Japan, there are some barriers to their movement, including language skills (Efendi et al., 2021a), willingness to work hard (Efendi et al., 2021a), competency, and family (Figure 3.1).

Figure 3.1 Push and pull factors of Indonesian nurses' migration to Japan

Pull Factors	Push Factors	Barriers
higher salary	lack of job opportunities	language
better career development	low career development	competency
skill improvement	relationship with superior	family
experience seeking	problems at work	
continuing education	safety at work	
following seniors		

Source: Authors

Stage 2. The recruitment process

There are two models of the recruitment process: (1) agency or active recruitment, which refers to the recruitment of nurses as part of a cohort through recruitment agencies, and (2) passive or individual recruitment, which is a self-directed process of individual migrants finding employment in the destination country on their own. There is no involvement of recruitment agencies or the government (Leone, 2020).

In Indonesia, the active recruitment process is mainly conducted by joined governmental bodies, namely, the Indonesian Migrant Workers Protection Agency (BP2MI) and the Japan International Cooperation of Welfare Service (JICWELS). This government-to-government (G-to-G) agreement allows Indonesian nurses to work in Japan under certain conditions, being qualified and certified as caregivers (kaigo fukushishi) and registered nurses (kangoshi). Both applicants and the employer agree to the terms and conditions of training and work and sign the contract. The prospective employer pays a commission fee (131,400 yen per person) and a management fee (20,000 yen per person) to the Japan International Corporation of Welfare Services (Hirano et al., 2020). Furthermore, employers pay 4,055,000 Indonesian rupiahs (approximately 380,000 yen) to BP2MI for an Indonesian nurse (Hirano

et al., 2020). In addition, employers cover Japanese language training fees, which cost 360,000 yen per person (Hirano et al., 2020).

The inclusion criteria for being a 'nurse candidate' in Japan are certified nurses (diploma or bachelor level) in Indonesia with at least two years of working experience, while the criteria to be 'caregiver candidate' in Japan are diploma 3/4 or bachelor nurses (Nugraha et al., 2021).

Every year, the Indonesian government, BP2MI, provides 200 nurse slots (prescreened) with a 'Special Activities, Nurse Candidates' visa, with one year as an initial entry period and extensible for up to three years. These special activities are related to training courses, Japanese language training, and other courses to be eligible as registered nurses. In other words, they work first as nurse assistants, nurse aides, or trainees at a host institution until they pass the National Board Examination (NBE). The candidates are permitted to take the test three times. If they fail, they must fly back to the origin country after a 3-year contract for nurses or after a 4-year contract for caregivers. However, if they pass the exam, they become entitled to the 'Special Activities, Registered Nurse'' visa, which can be extended indefinitely (Hirano et al., 2020).

However, this phenomenon should be viewed in comprehensive trajectory of nurses' migration. A recent study revealed that Indonesia needs to evaluate and adjust the nursing curriculum and issue international certification and competency for Indonesian nurses to fit with the global market or match the destination countries' curricula (Efendi et al., 2021a). Thus, each destination or receiving country requires a specific approach and strategy. In addition, discussions about the empowerment of registered nurses (RNs) in foreign countries remain challenging among Indonesian nurses. This is essential homework for health policymakers and the Indonesian government to compete with the global market of nurses. Therefore, it is recommended that the government provide a global competency test platform or international licencing systems, such as the National Council of State Boards of Nursing (NCLEX-RN) or Prometric Tests.

Additionally, the issue of the recruitment process among Indonesian nurses can also be seen in communication and policy negotiations among stakeholders. However, there are still many cases in which local governments requires closed coordination with the Indonesian Migrant Workers Protection Agency. This fragmented system should be managed further to achieve better harmonized system (Efendi et al., 2021a).

Aside from IJEPA, as of 25 June 2019, Japan provides another pathway for foreign care workers for entry, with a new residence status 'Specified Skilled Workers' (SSW) in 14 sectors (BP2MI, 2020). Care workers are included in Type 1 SSW for a total of five years and receive the same salary as Japanese workers, in addition to receiving Japanese language training and support from the company. However, this scheme does not permit the family to come to Japan, and candidates must pass intermediate-level skills and language competency exams (BP2MI, 2020).

Stage 3: Arrival and integration into the destination workplace/organisation

Integrating with a new cultural context is challenging. Despite language barriers among Indonesian nurses, culture, rules, and the working environment have also become issues (Efendi et al., 2021a; Efendi et al., 2017). As the exam questions are based primarily on Japan's unique nursing practices, proficiency in Japanese is not the sole factor to pass. For example, basic nursing tasks, including bed baths and toileting, are essential in super-aged Japanese societies (Hirano et al., 2020).

According to Ishikawa (2018), Indonesian nurses perceive the Japanese as hardworking; however, there is a large gap between seniors and juniors. Seniors often find it difficult to accept advice from juniors, and they do not respond well to feedback from foreigners, which may not be considered open-minded. In other words, the workplace culture is 'too formal' and 'hierarchical'. However, this occurs when Indonesian nurses do not pass the exam. Once the nurses pass the exam, they are appreciated more than expected (Ishikawa, 2018).

Another experience of Indonesian nurses in the Japanese setting is that the context has many rules and requires excessive punctuality. For example, the issues related to cultural differences like 'taking shoes off inside the house' and being warned not to eat with hands (Ishikawa, 2018). In addition, the Japanese work systematically and perform their tasks in order, despite the outcomes (Ishikawa, 2018).

In addition, touching has also become a cultural difference in nursing practice, in which Japanese avoid being touched. Thus, Indonesian nurses who are accustomed to 'touching' patients as a therapeutic touch feel hesitant to do so in Japan (Ishikawa, 2018).

Many Indonesian nurses work as nurse aides until they pass the national examination. However, being a nurse aid lowers their self-esteem and leads to emotional conflict because they are not allowed to touch the patient or perform nursing interventions (e.g. oral care),

although most EPA nurses have working experience as nurses or even have advanced skills in Indonesia. Instead, they perform non-medical tasks, such as cleaning (Ishikawa, 2018). Another lived experience of Indonesian nurses adapting to the Japanese care setting is deskilling (Efendi, Haryanto, et al., 2021; Ishikawa, 2018).

Furthermore, some nurses also experience problems regarding the prohibition on wearing hijabs for females and the inability to perform Friday prayers for males (Ishikawa, 2018). Despite the negative experiences above, Indonesian nurses also perceive positive experiences, in which nurses and doctors are in a good partnership and discuss medicine (Ishikawa, 2018), which is contrary to that in Indonesia, where nurses are less appreciated and have a lower image than medical doctors (Gunawan et al., 2018).

In conclusion, the experiences of caregivers and nurses arriving at and integrating into a new workplace have both positive and negative aspects. Before entering Japan, learning Japanese cultural contexts and differences among Indonesian nurses is necessary. However, the inability to understand and adapt to Japanese culture will lower the value of internationally educated nurses and question the passing exam rate among Indonesian nurses (Ishikawa, 2018).

Stage 4 and 5: Internal mobility and continuation of mobility or returning home

Return migration refers to the act of returning to a habitual residence or place of origin (International Organization for Migration, 2019). This return could be voluntary or involuntary (International Organization for Migration, 2019). Return migration among Indonesian nurses under the IJEPA is quite significant and is influenced by several factors.

First, nurses fly back to Indonesia because they failed the exam or on completion of their contract (three years) (Efendi et al., 2013; Kurniati et al., 2017). In Japan, passing the national exam is not easy, considering that nurses must master the Japanese language and practice (Efendi et al., 2021a).

Second, return migration occurs due to family reasons. Families play a vital role in nurses' movements and returns (Kurniati et al., 2017). Some nurses have family issues (illnesses) (Efendi et al., 2013), miss home (Efendi et al., 2013; Ishikawa, 2018), and other have marriage barriers; Indonesian nurses (Muslim) cannot marry Japanese because of religious differences (Ishikawa, 2018).

Third, the reasons for returning to Indonesia are a lack of appreciation, especially for those who work as nurse aides. This is many do not believe their skills are improving by being a nurse assistant (Ishikawa, 2018; Kurniati et al., 2017). The deskilling process begins on the

first day of working as a caregiver. Their jobs are limited to providing fundamental care, including bathing, feeding, and taking patients for a walk (Kurniati et al., 2017). It is considered a ''brain waste', in which nurses are unable to apply their professional competency. In addition, most Indonesian nurses experience burnout while working and studying for the national exam. Kurniati et al. (2017) describe the nurse return as an escape from the pressure. In addition, low salaries among nurse aides have become a concern.

Fourth, Indonesian nurses return home because of increased work-related stress, even after passing the exam. Work-related stress is also closely related to high living costs, long hours, and feelings of exhaustion at work (Kurniati et al., 2017). In addition, Japanese proficiency related to medical terminology is another primary reason, as Indonesian nurses tend to score well only on the general health questionnaire in the exam (Ishikawa, 2018; Sato et al., 2016).

What happens after Indonesian nurses return home? Kurniati et al. (2017) revealed that some returning nurses work outside the nursing profession, and some are jobless. Iskandar (2020) found that returning nurses change their jobs roles and take up positions as staff in Japanese companies, translators, sell Japanese food, and other Japan-related roles. Interestingly, some become recruitment agents facilitating Indonesian nurses who would like to be migrant labourers in Japan. They also offer Japanese language training called *Lembaga Pelatihan Kerja* (Working Trainee Institution), which is now found in many provinces in Indonesia (Iskandar, 2020). A survey of 250 nurses who returned from Japan revealed that 57.2% of them worked outside nursing areas (Efendi et al., 2019). It is interesting to explore this phenomenon, as one of the aims of the return migration trajectory is to strengthen the health system.

The government of Indonesia, especially the Ministry of Health, has mitigated and minimised returnees' brain waste by developing strategies such as job fairs and encouraging the implementation of ethical recruitment (Ministry of Health, 2020).

4. Conclusion

This article offers insights into the lived experiences of Indonesian nurses' migration to Japan. Based on the findings of the literature review, we provide several recommendations.

The first is related to the push and pull factors of Indonesian nurse migration. It is important to note that Indonesian nurses still have the motivation and intention to go overseas, especially to Japan, considering the pull factors that have provided better working

opportunities, higher salaries, and career advancement. However, the push factors regarding the low absorption of nurses and oversupply of nurses annually require serious attention from the Indonesian government to balance supply and demand.

The second factor is related to the recruitment process. It is recommended that the government make greater efforts to have nurses' Indonesian certification be recognized internationally. In addition, coordination between the local government and the Indonesian Migrant Workers Protection Agency should be improved to protect nurses. Thus, there should be no double challenge for Indonesian nurses working abroad.

Third, nurses should be strictly prepared before entering Japan. An inability to understand Japanese culture and communicate will lower the image of EPA and Indonesian nurses in general, and it may impact the agreement between Indonesia and Japan. The concept of transcultural nursing should ultimately be emphasised to increase cultural competency among nurses.

Fourth, the Indonesian government is expected to accelerate the implementation of better placement for Indonesian nurse returnees as they possess many skills and knowledge to develop the Indonesian healthcare system, such as health tourism for the Japanese elderly in Indonesia. Finally, policymakers should be aware that the labour market for nurses is large and global. Therefore, it should be viewed as a strategic opportunity to maximise the advantages of nurse migration.

References

BP2MI. (2020). Specified Skilled Worker (SSW) Japan [in Bahasa].   Retrieved from
   https://bp2mi.go.id/berita-detail/faq-ssw-jepang

Demiris, G., Oliver, D. P., & Washington, K. T. (2019). Chapter 3 - Defining and analyzing
   the problem. In G. Demiris, D. P. Oliver, & K. T. Washington (Eds.), *Behavioral
   intervention research in hospice and palliative care* (pp. 27-39): Academic Press.

Efendi, F., Haryanto, J., Indarwati, R., Kuswanto, H., Ulfiana, E., Has, E. M. M. a., &
   Chong, M.-C. (2021a). Going global: Insights of Indonesian policymakers on international
   migration of nurses. *Journal of Multidisciplinary Healthcare, 14*, 3285.
   https://dx.doi.org/10.2147%2FJMDH.S327962

Efendi, F., Mackey, T. K., Huang, M.-C., & Chen, C.-M. (2017). IJEPA: Gray area for
   health policy and international nurse migration. *Nursing Ethics, 24*(3), 313-328.
   https://doi.org/10.1177/0969733015602052

Efendi, F., Nursalam, N., Ulfiana, E., & Fauziningtyas, R. (2019). Situational analysis of career choices among Indonesian nurses returnees. *Indian Journal of Public Health Research & Development, 10*(2), 296-299.

Efendi, F., Oda, H., Kurniati, A., Hadjo, S. S., Nadatien, I., & Ritonga, I. L. (2021b). Determinants of nursing students' intention to migrate overseas to work and implications for sustainability: The case of Indonesian students. *Nursing & Health Sciences, 23*(1), 103-112. https://doi.org/10.1111/nhs.12757

Efendi, F., Purwaningsih, M., Qur'aniati, N., Kurniati, A., Singka, E. J., Chen, C.-M., . . . Jusuf Singka, E. (2013). Return migration of Indonesian nurses from Japan: where should they go? *Journal of Nursing Education and Practice, 3*(8), 154-159. http://dx.doi.org/10.5430/jnep.v3n8p154

Gunawan, J., Aungsuroch, Y., Sukarna, A., & Efendi, F. (2018). The image of nursing as perceived by nurses: A phenomenological study. *Nursing and Midwifery Studies, 7*(4), 180-185. https://doi.org/10.4103/nms.nms_24_18

Hirano, Y. O., Tsubota, K., & Ohno, S. (2020). Factors associated with the recruitment of foreign nurses in Japan: A nationwide study of hospitals. *Human Resources for Health, 18*(1), 88. https://doi.org/10.1186/s12960-020-00532-5

International Organization for Migration. (2019). *Glossary on migration*. Geneva, Switzerland: International Organization for Migration.

Ishikawa, Y. (2018). Social and cultural issues of Indonesian migrant nurses in Japan. *The Malaysian Journal of Nursing (MJN), 10*(1), 49-56.

Iskandar, K. (2020). Japan aging issues, Long Term Care Insurance (LTCI) and the migration of Indonesian nurse to enter Japan labor market. *Journal of Strategic and Global Studies, 2*(2), 2. https://doi.org/10.7454/jsgs.v2i2.1020

Kurniati, A., Chen, C. M., Efendi, F., & Ogawa, R. (2017). A deskilling and challenging journey: The lived experience of Indonesian nurse returnees. *International Nursing Review, 64*(4), 494-501. https://doi.org/10.1111/inr.12352

Leone, C. (2018). *EU nurse mobility to the UK: A multilevel analysis of Portuguese nurses in England.* (PhD dissertation), King's College of London, London.

Leone, C. (2020). *Lived experience of migrant health workers: Draft Evidence Brief No. 13*. Retrieved from https://cdn.who.int/media/docs/default-source/health-workforce/eag2/2nd-review-of-code-relevance-and-effectiveness-evidence-brief-13-lived-experience.pdf?sfvrsn=d581a09b_2

Ministry of Health. (2019). *Human resources for health country profiles: Indonesia*. Jakarta: Kementerian Kesehatan Republik Indonesia.

Ministry of Health. (2020). *Analisis kebijakan pemenuhan pasar kerja tenaga kesehatan di tingkat global [Policy analysis of healthcare workforce fulfillment at global level]*. Jakarta: Ministry of Health of Indonesia.

Nugraha, S., Raharjo, T. W., & Hirano, Y. (2021). Migration of the Indonesian care workforce in response to the ageing population, and future challenges. In O. Komazawa & Y. Saito (Eds.), *Coping with Rapid Population Ageing in Asia* (pp. 78-84). Jakarta: ERIA.

Raharto, A., & Noveria, M. (2020). Nurse migration and career development: The Indonesian case. In Y. Tsujita & O. Komazawa (Eds.), *Human resources for the health and long-term care of older persons in Asia* (pp. 63-102). Jakarta: ERIA.

Sato, F., Hayakawa, K., & Kamide, K. (2016). Investigation of mental health in Indonesian health workers immigrating to Japan under the Economic Partnership Agreement. *Nursing & Health Sciences, 18*(3), 342-349.