

ORIGINAL ARTICLE

Lived experience of Indonesian nurses in Japan: A phenomenological study

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Abstract

Aim: The movement of Indonesian nurses via a bilateral agreement with Japan has led to a substantial number of migrants to work as nurses in that nation's healthcare system. The purpose of this research was to develop a deeper understanding of the meaningful experiences of Indonesian nurses while working in Japanese hospitals.

Methods: In this phenomenological study, sampling was purposive and was based on information shared by five Indonesian nurses. The data were collected in interviews; the analysis was thematic.

Results: Six key themes were identified: (i) seeking better than before; (ii) communication challenges; (iii) the nursing examination as a culmination; (iv) differences in nursing practice; (v) cultural differences; and (vi) the benefits of living in developed country. Among these challenges, communication as the basis of shared meaning and understanding was viewed as a complex issue, by both patients and coworkers.

Conclusion: The results of this study call for further intervention in supporting Indonesian nurses living in Japan in their struggle with the issue of communication. The emphasis on language acquisition for personal and professional objectives, and the bridging of cultural differences as well, should be considered in an international context.

Key words: economic partnership agreement, Indonesian nurse, Japan, migration, phenomenology.

INTRODUCTION

The rapid growth of nursing education institutions in Indonesia has led to a high number of nursing graduates (Kurniati & Efendi, 2012). However, a low pace of absorption into the domestic medical services market has resulted in a high rate of nurse unemployment as reported since 2005 (Suwandono, Muharso, Achadi, & Aryastami, 2005). Given the current situation, and a long history in the international migration market, Indonesian nurses have been flowing into Japan via a

government-to-government scheme (MOFA, 2006). Since 2008, there have been six groups of Indonesian nurses sent to Japan. The program is well known as the Indonesia Japan Economic Partnership Agreement (IJEPA), and it offers a quota of 200 nursing vacancies each year (MoH, 2013).

Together with other member countries in the Association of Southeast Asian Nations, Japan has decided to allow foreign nurses to work in Japan, which implies granting legal status concerning entry and residence (Matsuno, 2009). Although the idea of accepting foreign nurses was not fully supported by domestic actors in Japan itself, the Japanese government allows the policy with several stipulations (Sato, 2006). As a part of this stipulation, Indonesian nurses who work in Japan must pass the national examination in order to become reg-

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Received 1 September 2014; accepted 28 September 2015.

istered nurses (BNP2TKI, 2009). Two main Indonesian national organizations assist in the recruitment and placement of Indonesian nurses as *kangoshi* (nurses) to Japan: the Ministry of Health (MoH), and the National Board for The Placement and Protection of Indonesian Overseas Workers (BNP2TKI). The Japanese side is also involved in the entire process as represented by the Japanese International Corporation of Welfare Services (BNP2TKI, 2012).

The Japanese nursing system was established in the 18th century and has undergone several modernization movements. Three cadres are recognized as healthcare professionals based on the “Act on Public Health Nurses, Midwives and Nurses” in 1948, including public health nurses, midwives, and nurses. Nowadays, these three health personnel categories are working together to improve Japan’s healthcare system (Japanese Nursing Association, 2012). Recruitment of immigrant nurses has become an attractive option for developed countries as a quick strategy for meeting the needs of the health workforce domestically, which is the case in Japan, where the government and principal stakeholders have implemented policies to address a shortage of nurses; demand continues to exceed supply (Japanese Nursing Association, 2013).

Indonesian nurses recruited in this program are deployed as nurse assistants (nurse candidates). The nurse candidate position refers to the laws and regulations of Japan stipulating that prospective nurses can carry out duties as if they have passed the national examination. During the work day, they are trained by *kangoshi* instructors or are under the supervision of Japanese nurses. This training includes: (i) understanding the general nursing process and care programs in Japanese hospitals; (ii) communication skills with patients, their families, and coworkers (including doctors) in Japanese hospitals; and (iii) common laws and regulations related to Japanese nurses (BNP2TKI, 2009). Recent data has shown that, as of the end of 2013, 440 Indonesian nurses had been posted in Japanese hospitals (BNP2TKI, 2013). Of these, 237 Indonesian nurses went back to Indonesia for various reasons (BNP2TKI, 2013). Issues affecting both countries, both in regard to sending and receiving, still continue to the present time. As the world’s most elderly nation, Japan is facing a huge proportion of aging individuals. People are living longer, and the birth rate is falling fast (Japanese Nursing Association, 2011). The need for a healthcare workforce to provide care for the elderly has increased in recent years. In order to address this demand, Indonesian migrant nurses contribute to the

provision of nursing care. Despite the evidence of current nurse migration, there is little information about the actual experiences of Indonesian nurses as a minority in the Japanese healthcare system. Because this is an ongoing program that has been running for 6 years, Indonesian nurses will make up the majority of immigrant nurses in Japan for the foreseeable future. According to data from BNP2TKI (2014), Indonesia has sent 1235 nurses to work in Japan either as nurses or caregivers. While the Philippines sent a total of 967 candidates for this two positions, followed by Vietnam which sent only 138 candidates (BNP2TKI, 2014). In spite of this recruitment flow, there are limited studies capturing what Indonesian nurses have faced in Japan. Therefore, this study may reveal new insights from their perspective. Such findings may be useful for both countries to improve the future placement and protection of human capital.

METHODS

Design

A phenomenological approach was chosen to reveal the nature of being a nurse in a Japanese hospital. Interpretive phenomenology, as outlined by Van Manen (1997), employs both interpretive and descriptive elements in order to gain deeper understanding of the nature of the essence of everyday lived experiences (Van Manen, 1997). As guided by Van Manen (1990), reflections on the essential themes that describe the phenomenon through the art of writing maintain a strong and oriented relation to events and balance the research context by viewing each piece as a whole.

Participants and settings

Respondents were recruited using a snowball sampling method that generated 15 contacted nurses. The participants were contacted through email and social network sites to inform them about the purpose of the study. The inclusion criteria were that candidates had to have passed the national exam, had to have had a minimum working experience of 1 year, and had to be willing to participate and talk about their living and working experiences. From the original 15, only five Indonesian nurses were eligible and willing to join this study. Eight nurses were excluded because they did not pass the national exam, and two nurses did not respond to further communication.

Upon accepting the invitation, potential respondents were given oral and written information about the

research, and after they signed a consent document, an appointment was scheduled for an interview. Interviews were conducted in Bahasa Indonesia via the cloud at their convenience using Skype. Three researchers conducted the interviews, namely, F. E., R. I., and E. U. Two rounds of interviews were conducted with the same respondent ranging 30–60 min. Each interview and transcript was individually analyzed and then reviewed and discussed collaboratively by the interviewers, C. M. C. and N. U. R. All members checked the content, consistency, and conclusions of the thematic descriptions.

Data collection

Data collection included the use of individual semistructured interviews, dated from August 2013. Data collection and verification from Indonesian nurses took approximately 3 months. The interviews were audio-recorded, transcribed verbatim, and validated by re-listening to the recording by researchers. Questions on the interview included their motivation to migrate, the types of challenges they faced, and how they would describe their living experience in Japan.

Data analysis

The thematic analysis of the interview transcripts was guided by three approaches suggested by Van Manen (1997), a detailed or line-by-line approach, the highlighting approach, and the holistic approach. First, interview transcripts were read carefully and repeatedly for emerging themes: detailed reading of sentences, then using highlighting or selective approach, and finally reading holistically. In the holistic approach, the researcher views the text as a whole and attempts to understand the overall meaning. The researcher then highlights or selects phrases and statements that seem essential to the study. Second, developed the key words and concepts through dialogue with the texts. Finally, themes were interpreted from components of experience to the whole experience and back again. Researchers worked to gain an understanding and engagement with the text related to phenomenon under inquiry. Finally, every sentence is analyzed, and through this process essential themes are discovered. These themes are then reconstructed into a description of the lived experience of the participants (Polit & Beck, 2013). All of the themes are then translated into English. F. E. and R. I. provided the first translation which was then agreed by other researchers.

The scientific trustworthiness of the study was evaluated using the hermeneutic cycle concepts (Guba &

Lincoln, 1989; Spiegelberg & Schuhmann, 1976). The concept of credibility, dependability, confirmability, and applicability were evaluated to maintain quality (Guba, 1981). Four methods were used to strengthen data credibility. First, the researchers were trained in qualitative method by an experienced researcher. Second, feedback on the data quality and interpretations were obtained from an experienced researcher in hermeneutic phenomenology. Third, researcher reviews were conducted according to which participants were invited to provide feedback on the analyzed data. Fourth, researchers conducted a published work review to facilitate the interpretative process. Dependability, confirmability, and applicability were achieved through a researcher audit and notes that documented all methodological issues and decisions. Purposive sampling was deployed, where the goal was to reach maximum phenomenal and demographic variation, as recommended by Sandelowski, Docherty, and Emden (1997), and saturation of the data was followed as recommended by Meadows and Morse (2001). Although the interviewers were mostly Indonesian nurses, bracketing was ensured by dialoguing among researchers about personal biases, and experiences with the research topic. The researchers discuss biases and assumptions, encouraging each other to be open-minded when describing lived experiences of the participant. In addition, the researchers kept audit trails and notes concerning interpretive/thematic decisions.

Follow-up interviews intended to clarify the results were conducted with respondents in order to gain a deeper understanding of their experiences, thus enhancing trustworthiness (Sandelowski, 1986). Each nurse was asked to comment on the interpretive summary and proposed themes, and to share anything else that came into their mind about living and working in Japan. No new information was forthcoming. The nurses confirmed that the findings were characteristic of their experience. The only new suggestion coming from the follow-up interviews was that several participants indicated a hope to have a prayer room added in their working place.

Ethical considerations

The permission to conduct this study was granted from the Center of Planning and Management for Human Resources for Health, Ministry of Health, Republic of Indonesia, which is responsible for managing health worker migration. Ethical clearance was approved by the Health Ethics Committee, Airlangga University, Surabaya. Respondents were informed that the study was voluntary and that they could withdraw at any time

without permission. All participants provided informed consent. They were assured of the confidentiality and anonymity of their data because all data related to this research could only be accessed by the researchers themselves.

RESULTS

Participant description

Five Indonesian nurses from different regions of Japan participated in this study, including three female nurses and two male nurses from batch one and batch two of the groups of nurses under consideration. The first batch was deployed in 2008 and the second batch was deployed a year later. The age range of the respondents was 26–35 years old, with three female respondents, respectively, 26, 28, and 30 years old. The other (males) were 28 and 35 years old. The demographic variation came from the minimum and maximum ages permitted to join this program, with a range of 23–35 years of age. All female participants were unmarried, while one male was married and the other single. All of the respondents were recruited from various regions of Japan including Chubu, Kanto, Chugoku, and Kansai. The majority of the respondents had a diploma in nursing (3 year nursing education). All the nurse migrants had passed their national exam to become registered nurses in Japan. At the time of this study, they had lived in Japan for at least 2 years and had had 2 years of working experience.

Main themes

The essence of the nurses' experience was described using six themes: (i) communication challenges; (ii) cultural differences; (iii) seeking a better life than before; (iv) the nursing examination as a culmination; (v) differences in nursing practice; and (vi) benefits of living in a developed country.

Communication challenges

For the first theme, most nurses agreed that the ability to communicate was an important aspect related to dealing with their daily nursing care. The participants described how they communicated with both patients and coworkers as being most challenging. Two categories emerged under this theme: "informal language usage" and "unfamiliarity with dialect and accent":

"We had learned formal language, but what we faced here was informal language. Even with the patients and coworkers, sometimes I faced difficulty with understanding what they meant." (Case 5, page 9, line 281.)

"Japanese nurses work and speak fast, and I had to adjust to this, in order to stay up with the sense of what they were talking about. I guess I lacked the vocabulary, particularly that used in nursing terminology, so even when I could understand what they said, I need some time to reply." (Case 3, page 5, line 79.)

"I am aware that even though I had Japanese language training when I was trained in Jakarta and later on here, what I faced was something very different. Their accent, intonation, and informal language usage were intricate." (Case 1, page 1, line 12.)

"The Japanese language is just like the Indonesian language, they have a different dialect and accent. I have to rely on hearing what they said and ask again." (Case 2, page 3, line 75.)

Cultural differences

Two categories emerged under this theme: "discipline as a way of life" and "less family involvement in caring for the sick". The majority of the respondents agreed that Japanese people are hard workers and are punctual when it comes to work, in addition to there being cultural differences in the role played by family members when it comes to patient care:

"I always come early and get back home late . . . They ought to be ashamed of themselves for being late." (Case 3, page 6, line 180.)

"Japanese nurses are famous for their discipline. I guess I couldn't be tolerated anymore for coming late even if it was only a minute." (Case 5, page 10, line 318.)

". . . as you may be aware, in Indonesia, most of the patients' families will stay there 24 hours a day and take turns to care for their family members even if they already have visitation time. Here, the family was not staying around the patient very much." (Case 4, page 7, line 246.)

"If you are caring for a patient here, it means that you cannot expect any family involvement in the care of a sick family member . . ." (Case 1, page 2, line 50.)

Seeking a better life than before

The categories that emerged under this theme include: "better career", "economic reasons", and "interested in living in Japan". The majority of the participants pointed out the need for career development. When they felt their career was stagnating, they would prefer to seize the opportunity to develop it further. Some nurses said that they faced economic difficulties and expected their overseas assignment to become the means by which to support their families. Others explained that Japan had always been fascinating to them, not only in terms of technology, but also in regard to how Japanese people live:

“... I just don't want to be like this. At least there is a new improvement in terms of my position in the hospital.” (Case 2, page 3, line 70.)

“For me, I want to develop my career in nursing. When I was in Indonesia, there were no further rungs on the career ladder, and I felt stuck in my position . . .” (Case 1, page 1, line 3.)

“One of my reasons was money. They offered quite a big salary. I believe you know the salary for a nurse in Indonesia . . .” (Case 5, page 9, line 274.)

“Who doesn't know Japan! Almost everywhere we find Japanese products. We have to admit that their products are good. That's why I really wanted to know what real life in Japan was like . . .” (Case 4, page 7, line 207.)

“It has always been my dream to go to Japan, and I am thankful I have been given this opportunity . . . Now, I know myself that Japan is a sophisticated country with an interesting culture. Thank God for making my dream become a reality . . .” (Case 3, page 5, line 138.)

Nursing examination as a culmination

Three categories arose under this theme: “more practice”, “hard effort with God's help”, and “proud to be a nurse”. Indonesian nurses indicated that the nursing examination was the hardest challenge while working in Japan. Because they were required to pass this examination, they also felt this was a major burden, with only two possible consequences: pass or be forced to return to Indonesia. For those who passed the national exam, they expressed their feeling that this was the best they could do, and that they would always be grateful for God's gifts. Instead of this success, they felt proud to become a nurse in the Japanese healthcare system, which had been a long process for them:

“In my opinion, the final fight was passing the national examination. That was my third and my last chance . . . Finally, I made it. I spent a lot of time practicing the national examination questions during my free time.” (Case 3, page 5, line 163.)

“The national examination is not only difficult for Indonesian nurses but also for Japanese nurse candidates. Even some native Japanese nurses failed to pass the national examination . . .” (Case 2, page 3, line 98.)

“I was very nervous facing the nursing examination. All I could do was practice, practice, practice . . .” (Case 1, page 1, line 28.)

“Make a big effort; pray and let the God do the rest. I believe that God loves me and gave me the best plan to live in Japan, so I am grateful for this precious moment.” (Case 5, page 9, line 299.)

“*Alhamdulillah* [Muslim for “grateful”]. I passed the national examination. It is the best gift from God to me, and

I believe what happened in my life is God's blessing.” (Case 4, page 7, line 234.)

“... many nurses joined this program, and only a few of them passed the selection, matching, and finally passing the national exam. This was a lengthy process, but this is a real life, worth fighting for, and so far, I am honored.” (Case 2, page 3, line 95.)

“It's a point of pride for me and family, and also for the nation, that I could survive, and that I deserve to become a nurse in a foreign country. So far I can do my best, *ganbatte* [Japanese expression to not give up].” (Case 1, page 1, line 30.)

Differences in nursing practice

Two categories emerged under this theme: “hands-on care” and “protected nursing practice”. Participants stated that the essence of practice was providing hands-on care. Even with the changes in the environment and advances in technology and health care, the need for the basic knowledge and skills necessary to deliver essential care or direct care is always prioritized. On the other hand, they feel safe because they are protected by law when providing nursing care as a registered nurse:

“... bedside care almost spent more time rather than the paperwork. In contrast to my previous job in Indonesia, where paperwork and sitting at the nurse's station consumed much time.” (Case 4, page 8, line 238.)

“Actually it is almost the same as in Indonesia, but here, we listen to the basic needs of patients, even for diaper changing. For sure, you can't run away from providing activities of daily living (ADL) as this is a requirement.” (Case 1, page 2, line 35.)

“I did a lot of care including ADL for the patients, such as toilet assistance, bathing, and dressing, and even for bathing we had to stay at the patient's side.” (Case 5, page 10, line 306.)

“Here we have an independent practice as clearly stated by the law, which is convenient in the work place.” (Case 2, page 4, line 102.)

“Here we also have both an independent and collaborative practice. In the independent one, we are acknowledged by law, and we can set up an appropriate nursing care plan for our patients.” (Case 3, page 6, line 170.)

Benefit of living in an advanced country

Finally, for the sixth theme, Indonesian nurses enjoy living in an advanced country. Two categories emerged under this theme: “higher salary” and “better living conditions”. Mostly, they felt that becoming a nurse under the IJEP program was a kind of honor for them. As this program is exposed widely within Indonesia,

they were grateful they could become one of those chosen. Indonesian nurses also enjoy the environment and society of Japan very much:

“I am so grateful for being able to join this program. I can get a better salary and help my extended family. I am hoping to have a better career here.” (Case 1, page 2, line 61.)

“Of course, compared to my previous salary, what I earn here is very high, enough for me, and also I can send some money to my family.” (Case 4, page 8, line 262.)

“Everything is well organized; the public services are good; Japanese people are friendly; the crime rate is low; and the healthcare services are advanced.” (Case 5, page 10, line 334.)

“Instead of financial benefits, the living conditions are better, and it is a very safe environment. I even lost my wallet, and it was returned to me later.” (Case 3, page 6, line 194.)

DISCUSSION

This study yielded six themes that captured Indonesian nurse migrants' successful experiences while working in Japan.

The first theme was communication. Indonesian nurses were better prepared for facing communication encounters in daily living or in their personal lives. In fact, they were required to work with patients around the clock to gather patient information and ascertain their needs, develop a plan of care, implement the chosen care plan, and evaluate the effects of this implementation. Those activities require an advanced level of communication skills. Communication is a critical point in nursing care. According to Thorsteinsson (2002), communication is more than transmitting the information from nurse to patients, it also involves feeling, trust, and empathy. All of the respondents perceived communication as a complex process between the sender and receiver. Even if they are well prepared, somehow nursing communication requires skill, technique, and processes that are familiar. They must have not only have abilities related to speaking, reading, and writing in *kanji* (Chinese characters used in Japanese writing), but they also need a thorough understanding of these processes. The success rate on the Japanese national examination was only 9.6% of the total number of foreign nurses who applied in 2013 (Kobayashi, 2013). In line with other research, the communication barrier is somewhat of a problem for migrant nurses when talking to both patients and peers (Alexis & Vydellingum, 2004, 2005). Difficulties also arose from differences between what they had learned formally and what was required in daily nursing care. For example, their coworkers talk

or write in specific terminology that they may not have heard before. The communication difficulties were also a result of unfamiliar dialects, and problems related to talking with the elderly and reading and writing in *kanji* were also reported in another study (Alam & Wulansari, 2010).

The second theme was cultural differences. Japanese people are well known as being disciplined and punctual. Because of this, Indonesian nurses were challenged to understand the host culture and adjust to a new environment. For Indonesians, showing up late by 1 or 2 minutes would be considered unremarkable. However, the Japanese are particularly punctual, and they may be irritated with nurses who show up late to work (Condon & Masumoto, 2011). Another issue related to cultural differences was family bedside attendance. In Indonesia, it is assumed that the family members will have a great deal of involvement in facilitating a secure and safe environment. Throughout the period of hospitalization, at least one relative will stay by the patient's side and help provide basic personal care and mental support around the clock.

The third theme was seeking a better life than before. The reasons behind migration were complex. It was not only for career and economic reasons, as reported by other researchers (Dywili, Bonner, & O'Brien, 2013; Kingma, 2008), but also because of their interest in living in Japan. It is a very interesting phenomenon because Japan is famous for its high technology and for being a strong economic power. Numerous Japanese products flood the Indonesian market, and also there is history between Japan and Indonesia that occurred during the colonization era. This image and bonding has attracted a great deal of curiosity among Indonesians that has led them to enter the Japanese labor market.

The fourth theme was differences in nursing practice. Among the differences discovered was that nursing practice was accorded major regulatory protection. Under the Japanese law, Japanese nurses are much more independent and accorded more protection. Article 5 of the Act on Public Health Nurses, Midwives, and Nurses defines a nurse as a person under licensure from the Minister of Health, Labor, and Welfare to provide medical treatment or assist in medical care for injured and ill persons or puerperal women, as a profession (MHLW, 1984). Unlike the situation in Indonesia, the nursing profession is on the way forward to being recognized as a professional profession from what once was viewed as a so-called doctor's "servant" (Nursalam, Efendi, Dang, & Arief, 2009). At the time of writing this article, a draft Nursing Act has been approved by the

House of Representatives on 25 September 2014, after 10 years undergoing tough scrutiny (DPRRI, 2014). In addition, many Indonesian nurses are not well informed of the role of the family in caring for the sick in Japanese society. It was surprising for them that family members did not assist with ADL at all. In Indonesia, the patients' families help them with ADL. Indonesian family members provide intimate care for those whom they love and view it as a privilege.

The fifth theme was the nursing examination as a culmination. The hardest part of the process for foreigners to get a nursing license in Japan is the national examination. Despite extra help from the Japanese government, time extensions, and translation of *kanji* into *hiragana* (phonetic characters which are easier to read), the passing rate has been stuck around 9.6% (Japantimes, 2013). Apart from the language barrier, other issues related to the content and questions on the national examination may need further study. The role of Japanese institutions in facilitating their learning, either in the Japanese language or nursing knowledge should be encouraged as an added value of this program. While the participants are proud of who they are and of being a nurse and working in Japan, their wish is that they can support their family and their nation as a whole.

The last theme was the positive impact of migration on the nurses' lives. Indonesian nurses found value and satisfaction in their working experience in the Japanese health system. They perceive enjoyment from living in an advanced country. While working in Indonesia, nurses' salaries are categorized at a low level in hospitals, particularly in the case of those not accorded civil servant status. Their earnings range \$US 150–300/month, depending on the location and financial capacity of the hospital; some recent news has even reported that nurses' salaries are below \$US 150/month (Berita Jatim, 2013; Gajimu, 2012). This situation may drive nurses out of the country when they find that the same work they are doing in Indonesia is rewarded abroad at a higher salary. The economic benefits can become the driving factor that attracts them to work in Japan. Substandard nurse salaries all over Indonesia has become a serious issue that has led to higher levels of migration. Living in Japan would be a dream for some Indonesians, and an initial study conducted by Hirano and Wulansari (2009) showed that Indonesian applicants have high expectations related to living and working in Japan. Indonesians with a limited knowledge of Japanese culture may think that working in Japan is prestigious. The living costs and taxes are

high, but Japanese hospitals will pay nurses as assistant nurses in the range of \$US 1100–1800/month, a number that may allow some nurses who are living in a big city the ability to save on expenses. It was normal for them to think about the financial benefits since they may be able to send money back home while contributing to Japan's health system.

The aspect of communication and different nursing practices should not be interpreted as a universal problem faced by Indonesian nurses in every receiving country. Hence, it must be viewed as a need for good preparation related to training and education, either in the sending or the receiving country, in order to create a gold standard. The spirit of internationalization which is reflected in the curriculum by several nursing education institutions in Indonesia may be adjusted to the need of each receiving country.

The findings of the current study are consistent with those of Alexis and Shillingford (2014) as well as those found by Jose (2011), who described role restrictions, a difficult journey, and cultural shock experienced by international nurses in the UK and the USA. Language barriers, communication, and different work cultures have been reported by other studies as challenges faced by foreign nurses (Brunero, Smith, & Bates, 2008; Higginbottom, 2011; Sochan & Singh, 2007; Xu, 2007; Xu, Gutierrez, & Kim, 2008). Other than negative experiences, this study corroborates the ideas of Liou and Cheng (2011), who noted some benefits of working in developed countries. In addition, the present authors' findings imply that relevant stakeholders should provide privileges or specific interventions for nursing candidates who are transitioning or facing the Japanese nursing examination. This study may help decision-makers who are involved in government-to-government migration policies to develop support for international migrants, specifically nurses.

The above discussions of Indonesian nurse immigrants to Japan reveals the connectedness and dependency that occurs between Japan and Indonesia. The degree of connection and dependency varies; therefore, the impact may also vary for both countries. International nurse recruitment is a quick fix to meet the need of a country that is suffering from shortages (Aluttis, Bishaw, & Frank, 2014). However, it may create complex situations and dilemmas in the sending country (Efendi, Mackey, Huang, & Chen, 2015). Indonesia, as a developing country that is suffering a health worker crisis, and as such could negotiate with the Japanese authorities to take into account the needs of Indonesia. Examples of needed strategies for Indonesian nurses are

support for domestic health personnel retention, technology and skill transfers, facilitating return migration, and even financial support.

CONCLUSIONS

Language problems are unavoidable in the area of international nurse recruitment under the IJEP scheme. The cultural issues also are raised as a challenge, even though all partners are “Asian nurses”. Some aspects of this study may reflect the initial challenges encountered by Indonesian nurses, and may potentially hinder the progress of migration if they are not addressed properly. These findings can contribute to the formulation of appropriate migration policies based on the specific contextual situation of Japan. There should be a focus on communication abilities including language and nursing terminology, nursing care and practices, as well as roles and responsibilities. Including non-standard Japanese and specific nursing vocabulary in the training process would help these nurses cope with the difficulties that occur in practice. There seems to be a need for curriculum changes at the pre-service training level to meet the needs of the Japanese market. It is recommended that the curriculum focused on basic human needs should be elaborated on as well as more practice on fulfilling patients’ basic needs without the support of their families. Cultural competency that facilitates mutual understanding can be included in pre-departure training. Furthermore, certain programs could be developed for those who intend to migrate to Japan to enable better preparation. Governments on both sides could facilitate either pre-service training or on-the-job training. There is a need for support interventions in place during regular social activities among nurses with the purpose of enhancing their language skills and also understanding the local culture, so they can integrate smoothly into the Japanese social system. In addition, because most of these nurses are religious, offering them a prayer room in the hospital and opportunities to practice their religious beliefs may support their well-being as stated by respondents during follow-up interviews.

LIMITATIONS

This phenomenological study was performed with a purposive sample and consisted of five Indonesian nurses in a hospital setting; therefore, the results are limited with a small sample which can not be generalized for Indonesian nurses who work in other healthcare facilities. In future investigations, it may be possible to recruit more

participants from various work settings, for example, nurses in long-term care facilities. Due to the fact that the study was held via Skype, the connection was sometimes lost, which interfered with the interview process. Researchers and participants had to repeat themselves if there was a line of discussion that became interrupted, which resulted in inconvenience for both parties. More data in future studies are needed to support the conclusions of this study. There are limitations in cross-cultural features; even though the researchers performed a thorough published work review, none however have had the experience of working in Japan.

ACKNOWLEDGMENTS

This study was funded by the Faculty of Nursing, Airlangga University, Surabaya, Indonesia. The funder had no involvement in research design, data collection, analysis, and publication process. A special thanks to the Directorate General of Human Resource for Science, Technology, and Higher Education (Ditjen Sumberdaya Iptek dan Pendidikan Tinggi), Kemristek Dikti of Indonesia for funding support to F. E. during his doctoral degree.

CONFLICT OF INTEREST

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

AUTHOR CONTRIBUTIONS

F. E., C. M. C., N. U. R., R. I., and E. U. contributed to the conception and design of this study. F. E., R. I., and E. U. performed the study. F. E., R. I., and C. M. C. performed analysis and drafted the manuscript. C. M. C. critically reviewed the manuscript. All authors read and approved the final manuscript.

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