

The History of the Migration and Immigration of Indonesian Nurses: The Case of the Japan-Indonesia Economic Partnership Agreement

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Abstract

More than ten years have passed since Japan started to accept Indonesian nurses aiming to become registered in Japan in 2008, under the Economic Partnership Agreement (EPA) concluded between the governments of Japan and Indonesia. As of March 2022, the cumulative total of Indonesian candidates who came to Japan was over 700. However, because these candidates must return to Indonesia if they do not pass the national exam within three years, as specified by law, many end up going home without passing it. This article looks at both the footsteps of EPA nurses and of hospitals. It elucidates how the presence of EPA nurses influenced the hospitals that accepted them and their colleagues there, and how the hospitals where EPA nurses who passed the national exam work provided them support for preparing for their exams. Participant observation studies and questionnaire surveys were conducted. Responses came from 146 Japanese registered nurses who were colleagues of EPA nurses. Over 90% of the survey responses stated that EPA nurses are an effective workforce, helpful in solving staff-shortage issues. The article also discusses models necessary for future Japanese policies on foreign workers by looking at the reasons why EPA nurses came to Japan, and what career plans they had upon deciding to settle in Japan.

Keywords: EPA nurses; international labor migration; Indonesia; cultural pluralism

1. Introduction

The *White Paper on International Economy and Trade*, annually released by the Ministry of Economy, Trade, and Industry of Japan, has identified the facilitation of human exchange in Asia and securement of human resources as priorities of Japan's economic policy toward East Asia. The 2023 version mentions the importance of the "(a)cquisition of highly skilled human resources." Moreover, social issues such as declining birthrate, aging population and labor shortage are critically important and pressing in various research fields. Competition over highly skilled human resources may emerge as the pool of highly skilled non-Japanese human resources is thought to be limited and the labor force participation rate is expected to decrease on the long run, especially in developed countries.

One policy for highly skilled worker acceptance that has been particularly covered by the media and receives attention from the public in Japan is the acceptance of foreigners hoping to become registered nurses under the Japan-Indonesia Economic Partnership Agreement (EPA) which started in 2008. Full-scale acceptance of foreign workers in nursing, a profession that is thought to require advanced communication skills, is a policy first to Japan. Therefore, this paper is going to focus on nurses who have

come to Japan through the EPA scheme (EPA nurses).

According to the latest data from the Ministry of Health, Labor, and Welfare (MHLW) of Japan, the cumulative total of Indonesian candidate nurses who came to Japan was over 700 as of March 2022. However, almost 90% of them have already gone back to Indonesia as they were not able to pass the national nurse exam. This is because under the policy, in principle, these candidates must return to Indonesia if they do not pass this exam within three years. This poses a challenge as many of them end up going home without passing. Why do the candidates coming to Japan under the EPA framework want to become registered nurses in Japan? What kind of efforts are being made at the hospitals that accept them? This paper aims to elucidate what kind of efforts are being made at the hospitals and how Japanese colleague registered nurses see the Indonesian candidates.

2. Literature Review and Research background

Migration of candidates to become registered nurses and certified care workers in Japan started following a request from Indonesia (Asato, 2016). EPA-based acceptance of Indonesian candidates started in 2008. In 2009, the framework was expanded to the Philippines and then to Vietnam in 2014, and candidates are coming to Japan every year. The greatest significance of EPAs is that they were the first framework in Japan to bring in foreign workers to medical workplaces. Before EPAs, there was no policy led by the Japanese government to accept nurses from overseas. Furthermore, since EPAs came into effect, the Japanese caregiving field had started to actively accept international students and Technical Interns and Japan made a policy shift to accept foreign workers.

The nurses covered in this paper were dealing with the lives and deaths of patients. They were also required to communicate with patients and collaborate with colleagues. Nursing is an occupation that cannot be replaced by artificial intelligence (AI) or machines (Hochschild, 2000, pp. 170-180). In the *Policy Evaluation Report on Acceptance of Advanced Foreign Human Resources* (2019), the Ministry of Internal Affairs and Communications of Japan concluded that nurses are highly skilled professionals. In addition, in February 2023, MHLW announced that the duration EPA nurses can stay in Japan will be extended. We can thus say that the importance of EPA nurses and the demand for them are becoming more recognized in Japan.

However, MHLW has stated that the migration of candidates for registered nurses and certified care workers under EPAs is a special case that started due to a strong request from the Indonesian government, not as a measure to address the shortage of workforce in the fields of nursing and caregiving but rather from the perspective of facilitating collaboration between different economic activities (2024). Furthermore, although MHLW says that it is hoped that as many foreign nurses as possible pass the Japanese national nurse exam and continue to stay in Japan, in principle, nurses who come to Japan through the framework must return to Indonesia if they do not pass the national nurse exam within three years. The EPA framework has many issues.

Nunoo (2018) has stated that the significance of receiving EPA candidates for registered nurses

and certified care workers based on the EPA framework lies in how it opened the door to long-term residence for foreign candidates in medical and welfare fields, marking a turning point for Japan's immigration control policy. Meanwhile, to make Japan an attractive place to live and work for foreigners, there is a need to consider the gaps EPA nurses experience at work between their home countries and Japan as well as the current situation of the Japanese medical system (Hirano and Yoneno, 2021).

Hirano (2021) saw EPA nurse acceptance as a positive effort that could be the touchstone for Japan from the following three reasons: i) foreigners were introduced in Japanese healthcare settings; ii) with the implementation of the EPA framework, international students and Technical Interns were introduced to Japanese care settings and Japan shifted to accepting registered nurses and certified care workers who are not Japanese; and iii) as EPA nurses are often featured in the Japanese media, the presence of EPA nurses and care workers working in Japan is drawing academic and public attention.

Meanwhile, Hirano (2021) noted that because the EPA scheme is a framework to accept both nurses and care workers, there has been a history of discussions that jumble up nursing and care, which are two distinct fields. She pointed out that it is necessary to gain insight and identify problems by understanding the characteristics of the work in nursing and care, and so far, studies on EPA nurses have shown a particular lack of presentation of evidence-based data to society, both in the short term and long term. She therefore proposed that the Japanese government is causing disadvantages to EPA nurses, EPA care workers and Japanese society by being unable to present ways to improve problems. Furthermore, she showed that nursing is a profession that gives workers the freedom to choose their destination of migration and that consideration in accordance with the gap between training and practice that EPA nurses experience in Japan and the reality of the medical system is necessary.

Asato (2016) points out that while the acceptance scheme is a government-led effort that opens doors to send/accept workers from government to government, it deviates from reality on the ground. The scheme is unique in how Japan International Corporation of Welfare Services (JICWELS) is the sole mediating agency that matches workers with hospitals/facilities that wish to accept them. Unlike the Technical Intern Program, the role of connecting supply and demand is centralized at JICWELS under the responsibility of the Japanese government. Asato also emphasized that EPA is thought to be helpful in preventing exploitation that often takes place during the course of international migration, such as during the Technical Intern Program, and that EPA is a very reassuring scheme for governments that internationally send out workers.

Asato pointed out that yet still, the fact that the scheme is led by the government has created some burdens and the scheme has deviated from reality on the ground, leading to criticism on EPA-based acceptance of workers, which has resulted in support to candidates to prepare for national exams to be left entirely in the hands of hospitals and facilities that are not educational bodies. He also made it clear that Japan is not accepting these candidates because of the domestic shortage of unlicensed nurse aides.

However, on the deviation of the scheme from reality pointed out by Asato, according to Miyata (2023), most previous studies on EPA nurses focused on their primary goal, that is, to become registered

nurses in Japan. Meanwhile, Japanese language education and support for national exam preparation within hospitals have not been studied much and only a few reports have looked at their effects. Therefore, like Asato, Miyata suggested that the issue here is that education in terms of support for preparing for the national exam is almost completely left in the hands of the hospitals that are accepting EPA nurses and no unified manual or system is in place.

Similarly, in January 2010, one year after the first batch of Indonesian candidates started to work in Japan, Ohno et al., (2010) conducted a quantitative survey at 100 Japanese hospitals and care facilities that accepted candidates to study the current state of their acceptance and their thoughts. Results showed that the hospitals were bearing burdens financially and in terms of human resource. Some commented that they need to reconsider future acceptance of candidates.

On the other hand, friction was rare between the candidates and the hospital patients or the residents of care facilities regardless of language and cultural differences. It was shown that the candidates were contributing to energizing the workplace and facilitating communication.

Although Indonesian candidates for Japanese registered nurses have two years or more of professional experience as a nurse after completing a nursing education program at a university or a vocational school in Indonesia, under EPA regulations, they are treated as unlicensed nurse aides until they pass the national exam given in Japanese because they do not have the qualifications to become registered nurses in Japan. Asai et al., (2020) pointed this out as an issue. Unlicensed nurse aides are unable to conduct medical procedures such as giving injections to patients or even checking their vital signs. Candidates with professional nursing qualifications from their home countries feel that this treatment of their status based on existing regulations hurts their professional pride. Many existing reports say that the candidates describe this situation as “deskilling.” In addition, according to these authors, there seem to be no study on Indonesian nurses registered in Japan who have been working for three years or more in Japan after passing the national exam.

Findings from studies on EPA nurses from various angles are being accumulated. However, shortage of data on specific cases such as work attendance and learning progress of EPA nurses still exists. Details of the support provided by the hospitals accepting EPA nurses, which this study has covered, are not sufficient and so is research on such support. To understand the current status of the EPA framework and its challenges, it is valuable and essential to look at cases of real practices that enabled EPA nurses to pass the national nurse exam.

The first batch of EPA nurses have been working in Japan for more than a decade since their arrival. This paper complements earlier studies based on the following: participant observation spanning over a month at a hospital where members of this first batch work; review of the paths taken up until the national nurse exam by the host hospitals and the EPA nurses; and evaluation by Japanese nurse colleagues. It aims to provide a new perspective around the acceptance of EPA nurses in Japan. Regarding what has been pointed out in earlier studies, this paper also aims to identify the gaps EPA nurses experience at work between their home countries and Japan, as well as the current situation of the Japanese medical

system so that Japan will be chosen by foreigners as an attractive place to live and work.

As background information on the domestic situation in Indonesia, Efendi et al., (2019) noted that there is a surplus in the number of nurses in Indonesia, the only way Indonesia can send nurses abroad is through the EPA framework, and therefore, the Indonesian government has high hopes to send nurses abroad using the EPA, which is a government-to-government agreement. They added that nurse mobility should be facilitated by frameworks like EPA, not only because of Indonesia's situation but also when considering nurse mobility around the world. However, Efendi et al., also pointed out that the issues that Indonesian nurses face at individual hospitals and specific cases of efforts being made are not shared, imposing a challenge (2020). Considering such background and the current situation, the status of EPA nurse acceptance in Japanese society and existing challenges need to be highlighted.

In a society of cultural pluralism, the positive changes brought about by the foreign candidates for registered nurses are highly recognized, but the sustainability of the scheme is being questioned. Policies that can reduce the sense of burden at each hospital or care facility are in need. As pointed out by Ogawa, Hirano, Kawaguchi and Ohno (2010), models for training and employment support that can be used at each hospital or care facility that accepts the candidates do not exist. This again shows that by continuing observational studies and interviews with those who participated in previous surveys, EPA studies need to consider ways for employment support that could be effective on the ground at hospitals and care facilities that have accepted candidates.

3. Method and Research Ethics

There are three reasons for focusing on Indonesians as the subject of our analyses. First, Indonesia was the first of the three countries that have EPAs with Japan today to have sent candidates and has the largest Muslim population in the world. The acceptance of candidates for registered nurses from Indonesia is receiving attention from the global community and is thought to be greatly influential. Second, as the author is fluent in Indonesian, it was possible to collect more accurate information and conduct thorough interviews. Third, according to Statistics Indonesia (BPS), the population of Indonesia has surpassed 270 million in 2022. This is the largest population of the ten member states of ASEAN and ranks fourth in the world. In the near future, it is expected to be one of the largest countries to experience birthrate decline and population aging like Japan. Therefore, the roles of the EPA scheme are expected to become beneficial for the Indonesian government as well.

Furthermore, there is a great chance for Indonesia to go beyond the EPA scheme with Japan to shift to the liberalization of rules around human mobility to other countries as well in the future. As pointed out in a previous study, registered nurses working for three years or more after passing the national exam do exist and some are considering to permanently reside in Japan. Insight on the efforts mentioned above are important for EPA-related policies and can be seen as a unique component that has not been covered in existing studies.

From January 18, 2018, participant observation was conducted at Hospital C. The support system

provided by Hospital C, work attendance of five Indonesian EPA nurses working there and how they communicated with colleagues and patients were observed over a one-month period. In this paper, the author would like to describe the detail gathered through participant observation, such as on work attendance and the support system provided up until the national exam. One EPA nurse (Nurse A) who was already working at Hospital C for 10 years after passing the national exam participated in a semi-structured interview. Two EPA nurses who have passed the national exam and have three years of professional experience (Nurses B and C) and three candidates who are yet to sit the national exam (Nurses D, E and F) were also working at Hospital C at the time.

To shed light on the challenges of the EPA scheme, it was necessary to ask interviewees about the private aspects of their past experience. Therefore, life story interviewing, a method in which the interviewees reconstruct their experience through storytelling, was applied. Sakurai (2002) was referred to for details of the methodology of life story interviewing.

In addition, a questionnaire survey was conducted on 146 Japanese registered nurses working at Hospital C to ask them about the acceptance of EPA nurses and about Indonesian nurses. The response rate was 100%. Qualitative and quantitative surveys were conducted.

Moreover, in order to ensure ethical consideration and protection of human rights regarding those who participated in the surveys, this study was in compliance with the Humanities & Social Sciences Research Ethics Policy of the University of Tsukuba and was reviewed and approved by the Humanities & Social Sciences Research Ethics Committee.

During the observation, which was conducted from January 18 to February 16, 2018, at the request of the hospital, the author as well as the other nurses wore white coats during the observation and wore name tags on their chest with the word “researcher” to indicate that they were not medical professionals, clearly indicating to the patients and other nurses that they were researchers. Written consent for the study was also obtained from the director of nursing at Hospital C, nurses A, B, C, D, E, F, and 146 Japanese registered nurses.

4. Results

As of January 2018, Hospital C had accepted the first to ninth batches of candidates from Indonesia since the start of the EPA scheme in 2008. While having six Indonesian EPA nurses (including candidates to become registered nurses in Japan), efforts to enable them to continue working at the hospital after passing the national exam were in place. Of the six, two had brought family members along and one was planning to bring family members over to Japan after passing the national exam (Table 1-1).

As of April 2023, one of them had moved to another position in a different city while one new person had joined from another city. Therefore, there were six full-time EPA nurses, of which three had brought over their spouses, and a total of six children were born in Japan. The oldest of these children was in third grade in elementary school. The number of family members of EPA nurses had increased further since when the surveys were conducted in 2018, amounting to 15 in total.

Hospital C is located in a regional city. Both the department of internal medicine and the department of obstetrics and gynecology are available, which is something not common at the national level. There is a rehabilitation ward as well (Table 1-2). Hospital C started to accept EPA nurses on a trial basis when the then hospital director was asked by the Japan Medical Association to accept them. This hospital director was not necessarily seeking to employ them over a long term but the key support at the time was the establishment of a department in charge of EPA relations, headed by the director of nursing.

The most significant support measure at Hospital C is the relationship building with the EPA nurses, which is led by the director of nursing. This started because all members of the first and second batches who came to Hospital C in 2008 were unable to pass the national exam in 2010. Therefore, in 2010, the hospital director headhunted a new director of nursing who is capable of helping the EPA candidates pass the national exam and developing their capacity. This was the director of nursing who was in charge when the author conducted participant observation. This change of the director of nursing was the major factor of the rapid change and reform at Hospital C.

Administrative staff in the department in charge of EPA relations took over procedures around visas, taxes, and necessities of life like housing. The director of nursing provided mental support to the EPA nurses as well as support to their Japanese colleagues to facilitate smooth work operation. Mentor roles were split between the director of nursing and the administrative staff because in 2011, Nurse A told the former that she would like to return to Indonesia.

Nurse A came to Japan as a member of the first batch in 2008. After getting married in Indonesia in 2010, she was considering whether to continue her job in Japan or not (Table 1-3). In addition, during the self-study time, there was no one there; in the words of the director of nursing, there was no one “to keep an eye on her.” Before the 2011 national exam, the director decided to have all candidates in her room for the daily self-study time. The candidates worked on their exercise books in her room and she or her secretary checked their answers. If there were questions the candidates were not sure about, they would ask the director of nursing. Although this was called “self-study time,” a great deal of support was provided.

In this way, the director of nursing was able to check how far the candidates were progressing in their exercise books. In addition, the candidates were able to talk to her about anything from their morning work or about any concerns they had. The director then provided feedback based on what she heard from the Indonesian candidates to the Japanese nurses of the wards they were assigned to. That is, she served as the bridge between the Japanese nurses practicing in the wards and the candidates. Hospital C, which has six EPA nurses today, continues to provide this form of support.

Furthermore, upon seeing that Nurse C was under a great deal of stress because of the pressure of having to pass the national exam, Hospital C recommended Nurses D, E and F to first take the exam to become a licensed practical nurse. This exam is held in each prefecture every January. It is before the national exam in February so can serve as a mock exam and the candidates would be able to extend their stay in Japan by passing it. In addition, at Hospital C, licensed practical nurses wear white uniforms while registered nurses wear orange uniforms, making the former easily distinguishable from the latter. This

visible difference became a factor in increasing the motivation of the candidates to become registered nurses. Moreover, the licensed practical nurse exam is relatively easier to pass compared to the national nurse exam. Therefore, compared to when trying to pass the national exam only, the psychological stress would have a more productive aspect and benefit the hospital.

Adding to the above, from 2014 onward, extra-intensive study support was provided in the afternoons before the national nurse exam and from three weeks before the licensed practical nurse exam. More specifically, a Japanese language teacher was invited from Nagoya for weekly sessions to prepare for the exams in a separate room (Table 1-4).

Apart from studying, the EPA nurses were invited to seasonal activities hosted by the hospital, such as end-of-year parties and *Setsubun* (Japanese traditional festival to celebrate the last day of winter based on the lunar calendar). As most of the Indonesian EPA nurses were Muslims, all staff, including ward nurses, showed consideration in the case of activities that created religious difficulties, such as visiting shrines or giving out charms. The director of nursing created a chat group with all EPA nurses and several head nurses using LINE, the app, for relationship building and to make no one feel isolated. The active relationship building by the director of nursing is a key feature of Hospital C.

Table 1-1: Categorization of Survey Participants

	Hometown	Sex Age	EPA batch number and training duration	Marital status	National nursing qualification
Hospital C					Registered nurse (since 2012)
Nurse A	Malang	F 31	1 (6 mth)	Married (has child/children)	Licensed practical nurse (since 2012)
					Registered nurse (since 2017)
Nurse B	Jakarta	F 32	6 (1 yr)	Married (has child/children)	Licensed practical nurse (since 2015)
Nurse C	Palembang	M 30	6 (1 yr)	Married (has child/children)	Licensed practical nurse (since 2018)
Nurse D	Batam	M 30	7 (1 yr)	Unmarried	Licensed practical nurse (since 2018)
Nurse E	Semarang	F 30	8 (1 yr)	Unmarried	Failed licensed practical nurse exam
Nurse F	Bekasi	F 27	9 (1 yr)	Unmarried	Failed licensed practical nurse exam

Source: Information gathered between August 2013 and January 2018 by the author.

F: female, M: male

Table 1-2: Basic Information of the Hospital that Cooperated with the Study

	Number of beds	Features	Total number of registered nurses
Hospital C	Obstetrics ward: 32 beds Rehabilitation ward: 40 beds Internal medicine ward: 60 beds	Offers childbirth, rehabilitation and preventive healthcare services	163

Source: Information collected by the author as of January 2018.

Table 1-3: Attributes of Survey Participant (Nurse A)

Hometown	Sex Age	EPA nurse	Marital status	National nursing qualification
Malang	F 31	Batch 1	Married (has child/children)	Yes
Hospital C (Gifu)				2012 (passed on third attempt)
General hospital				Licensed practical nurse
Muslim. Wears long-sleeved clothes and a jilbab.				Qualified in 2012
Prays at home at around noon and in the evening.				
Specialization area in Indonesia and reason for coming to Japan				
<ul style="list-style-type: none"> - Emergency nurse at a private hospital in Jakarta (Continued to work there for three years since joining as a new graduate.) - Monthly wage was approx. 4,500,000 rupiah. Applied to become an EPA candidate after hearing about the scheme at work. - Wanted to play an active role in Japanese medical settings and had interest in the EPA scheme. 				

Source: Information collected by the author as of January 2018.

Table 1-4: Detail of Assistance Provided at the Three hospitals that Cooperated with the Study

	Staff in charge of EPA relations	Working patterns of EPA nurses	Detail of assistance provided
Hospital A	Head Nurses	Generally work in the morning and self-study in the afternoon but study time is in the morning on workdays with night shifts.	Candidates are sent to an external training school. A dormitory is available.
Hospital B	Director of nursing	Generally work in the morning and self-study in the afternoon but study time is in the morning on workdays with night shifts.	Candidates are sent to an external training school. No support for daily living is available.

Hospital C	Director of nursing/ Department in charge of EPA relations	Generally work in the morning and self-study in the afternoon but study time is in the morning on workdays with night shifts.	External Japanese language teacher is brought over. Requests/preferences from candidates on some matters like housing are met.
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Source: Information gathered by the author as of August 2013 for Hospitals A and B, and January 2018 for Hospital C.

When Nurse A was asked about the support provided by her hospital, she gave the following account in January 2018 (translated from Bahasa Indonesia to English):

I wanted to learn nursing techniques, but I failed the national exam three times. When the new director of nursing came in 2012, I was asked if I would like to take the exam to become a licensed practical nurse. She told me that if I pass this exam first, there would be less stress from the national exam and the practical nurse license would allow me to switch to the Medical Services Visa so I would be able to keep on working in Japan without having to go back to my country. I did not even know about licensed practical nurses until then. The exam was easier, and I thought it would be a good practice before the national nurse exam. The new director of nursing reassured me that with my abilities, I could surely pass. All things considered, I decided to do my best for the national exam just one more time. Before then, I had to study by myself at home but from one month before the national exam, the new director of nursing started to bring over a Japanese language teacher from Nagoya. This teacher helped me answering questions and then check and correct my answers. Thanks to such help, I was able to become both a licensed practical nurse and a registered nurse. The mental support was truly helpful.

As I got married in Indonesia in 2010 and then passed the national exam in 2012, I was able to give birth to my oldest daughter in 2013 at my hospital! I had my prenatal check-ups at my hospital between work hours (laughing). The director of nursing helped me with procedures around childbirth, childcare leave and nursery enrolment. There was no EPA nurse before me who got

childcare leave at the hospital, but the director of nursing is my mother in Japan, and she considered my working conditions in the same way as with Japanese nurses. She even picks up my daughter from nursery when I have night shifts. How can I go back to Indonesia when she is showering us with so much love, as if I am her real daughter and my children are her grandchildren? My daughter says that she does not want to live in Indonesia and identifies herself as a Japanese born in Japan. Now we have six EPA nurses and although we are in a rural area, many registered nurses look up to the director of nursing and move here to work at our hospital. We also have a mosque and all in all, I would not have been able to raise my children without her help.

With words of encouragement reassuring that she can pass this time for sure and support for exam preparation, Nurse A was able to become both a licensed practical nurse and a registered nurse in 2012. When she was persuaded to try again, she was told that by switching from the Designated Activities Visa to the Medical Services Visa, she would be able to bring her new husband she had recently got married to then to Japan. She was also told that this would allow her to try the national exam four more times.

At Hospital C, EPA nurse from the first batch is still working as of 2023. Nurse A is already a middle manager and supervises Japanese staff as a chief nurse, talking to them using the local dialect of Gifu. (According to the survey by the author in 2018.) It was revealed that Nurse A has been able to work without unnecessary worries all because of the assistance provided by Hospital C; bringing over her husband to Japan after becoming a registered nurse and giving birth and raising children in Japan. Furthermore, looking back, she said that the hospital had quite a lot of expectations on her capacity and had the will to seriously develop it. Today, she is trusted from both her colleagues and patients and is an effective part of the workforce. This is most likely a model case.

Meanwhile, what kind of feelings and/or expectations do Japanese colleagues have toward EPA nurses? By answering this question, we may be able to help solve not only issues around collaboration with EPA nurses but also with foreign workers in other industries. A survey was therefore conducted, and the outline is as follows: a) through the head nurse of each floor, questionnaires were handed in person to all nurses (but not to unlicensed nurse aides); b) a total of 146 nurses were asked to participate; and c) the author coordinated with each floor to collect answered questionnaires when visiting the hospital for participant observation. The response rate was 100%. As no questionnaire survey that covers all nurses in a hospital (including those in administrative roles at the department in charge of EPA relations) has been conducted in previous studies, the collected data are of great value.

Prior to the survey, the author thought that most of the responses will contain negative comments on EPA nurses, such as those saying that they do not make up effective workforce or that there is no need to accept them. Sure enough, some were negative, saying that foreign nurses are unnecessary or Japanese people should be hired. However, contrary to what the author predicted, positive comments made up the

90% and some even said that EPA nurses will lead to the publicity of the hospital. The results are shown and extract below (Table 1-5).

Table 1-5: Breakdown of Questionnaire Respondents at Hospital C

N=146 Gender			
	Female	140	96%
	Male	6	4%

N=146	Department	No. of respondents	Percentage
	Department in charge of EPA relations	7	5%
	Department in charge of EPA relations	26	18%
	Outpatient department of internal medicine and obstet	39	27%
	Internal medicine ward	72	49%
	Deputy director of nursing	1	1%
	Director of nursing	1	1%

N=144 Age group			
	20s	23	16%
	30s	38	26%
	40s	41	28%
	50s	28	19%
	60s	14	10%

Responses on Candidate Nurse Acceptance at Hospital C

Q. Do you think that foreign nurses are necessary? N = 145

Unnecessary	1	1%
Somewhat unnecessary	6	4%
Somewhat necessary	50	34%
Necessary	88	61%
Not answered	1	1%

Q. If you think that foreign nurses are unnecessary or somewhat unnecessary, please provide your reason to this (N = 9). (Multiple choice question)

Their Japanese is not good enough.	2	22%
They lack necessary qualifications.	0	0%
Patients complain.	0	0%
Their skills/techniques are not as good as Japanese nurses.	0	0%
Foreigners are not needed in a clinical environment.	2	22%
It is better to get more Japanese nurses.	3	33%
Other	2	22%

Q. If you think that foreign nurses are necessary or somewhat necessary, please provide your reason to this (N = 138).

There is a shortage of human resources.	54	39%
They help us understand other cultures.	72	52%
They give inspiration to Japanese nurses.	64	46%
They handle patients well.	36	26%
Their skills/techniques are not different from those of Japanese staff and	54	39%
Their presence helps the hospital's publicity.	12	9%
Other	11	8%

Breakdown by department of those who stated that foreign nurses are necessary or somewhat necessary
(N = 138)

Department in charge of EPA relations	6	4%
Outpatient department of internal medicine and obstetrics	26	19%
Rehabilitation ward and outpatient department of gynecology	35	25%
Internal medicine ward	69	50%
Deputy director of nursing	1	1%
Director of nursing	1	1%

As the internal medicine ward has to take care of inpatients and already has three candidates for registered nurses working, those in this ward particularly stated that foreign nurses are necessary. 138 respondents stated that foreign nurses are necessary or somewhat necessary, showing affirmation in their acceptance. Meanwhile, nine respondents stated that foreign nurses are unnecessary or somewhat unnecessary. The reasons to their responses are shown above and how some selected “It is better to get more Japanese nurses” is somewhat understandable. In a previous study, Akaba et al., (2015) conducted a

survey targeting certified care workers to understand how the acceptance of foreign certified care workers is perceived and what the expectations are at care facilities.

They showed that the percentage of Japanese staff who saw foreign certified care workers approvingly, that they can contribute to reducing the workload of Japanese staff, was high. However, at the same time, about the same percentage of Japanese staff said that foreign certified care workers are unable to effectively communicate with facility users. Akaba et al., saw this relatively high percentage of Japanese staff who see foreign certified care workers negatively a problem.

Indeed, the survey results of our study showed that two respondents selected “Their Japanese is not good enough” but no patient had ever complained on this matter. In addition, the respondent who selected “Other” did not leave any comment so there are unknown details. Although taking into account that the types of conversation that takes place in nursing and care settings are different (Akaba et al., 2015), the survey was conducted at Hospital C based on the assumption that there will be many negative comments on foreign workers and results will show that most Japanese staff have a negative stance on accepting them.

However, the actual results showed quite the contrary. As seen with some respondents choosing “They handle patients well” when asked why EPA nurses are needed as the reason, it became clear that the majority needed them, and colleagues positively saw them as being capable of covering the “shortage of human resources” and that “(t)heir skills/techniques are not different from those of Japanese staff and make up an immediately effective workforce.”

Q. Which of the following skills do you think is/are necessary for foreign nurses to work in Japan?
(N = 139)

*Seven respondents did not answer this question (N = 146 - 7 = 139)

Japanese speaking skill	117	84%
Japanese writing skill	75	54%
Japanese listening skill	93	67%
Daily life skills	35	25%
Knowledge on nursing	79	57%
Ability to understand Japanese customs and culture	68	49%
Other	7	5%

Breakdown by department of those who stated that Japanese speaking skill is necessary (N = 117)

Department in charge of EPA relations	5	4%
Outpatient department of internal medicine and obstetrics	21	18%
Rehabilitation ward and outpatient department of gynecology	34	29%
Internal medicine ward	55	47%
Deputy director of nursing	1	1%
Director of nursing	1	1%

In terms of necessary skills, 117 respondents (84%) selected “Japanese speaking skill,” followed by “Japanese listening skill” (54%). This implies that these skills are needed in particular for communication with patients and the respondents, that is, the Japanese colleagues. In addition, the breakdown showed that such response came mostly from the internal medicine ward, which has a large number of inpatients.

At the internal medicine ward, there are many inpatients whose condition may suddenly worsen, and attentive condition monitoring is needed. Therefore, morning rounds are of the greatest importance. In addition, the large number of times nurse-call buttons are pressed at night is a characteristic of this ward. For instance, when the author accompanied night-shift nurses on January 29, 2013, nurse-call buttons were pressed 68 times over three hours, between 18:00 and 21:00. From 18:00, evening meals were served, trays and waste were cleared, medication administration was managed, assistance with toileting was provided and patients were interviewed after their meals. All this work is handled by four night-shift registered nurses.

There were several open-ended questions at the end of the questionnaire and 27 out of the 146 respondents answered them. Of these, 20 were from the internal medicine ward and 7 were from the rehabilitation ward. While many of these 27 respondents left some of the open-ended questions unanswered, all of them answered the question “Please describe what you know about the efforts made by your hospital on foreign nurses who have come to Japan under the EPA scheme.” They all mentioned of the study support, daily life assistance, study time being secured and the study time with the director of nursing to help the candidates pass the national exam. All 27 were aware of the efforts of the hospital and mentioned that while working with the EPA candidate nurses, they see their kind attitude toward patients and highly regard this.

18 responded to the question “Please share anything you have noticed or felt while working with foreign nurses.” 15 of these respondents mentioned that the EPA candidate nurses are kind and actively communicate with patients, through comments such as “To cover their disadvantage with Japanese language skills, they empathize with patients and are kind to them.” Comments from the other three included the following: “They are honest and hardworking,” “They are working so hard,” and “Sometimes there are some communication issues, but I have never felt uncomfortable working with them.”

The following are some of the responses to the question “Please share what you have been consulted about or what you notice about career plans and/or plans around marriage or starting families

that EPA candidate nurses have (if any).”

- “I want to make them able to live in Japan while feeling secure.”
- “I think they feel loneliness living away from family.”
- “I have heard that nursing and medicine in different countries vary, but I want them to build their career in Japan.”
- “They have their own families and are working in Japan. I have respect for them.”
- “They care so much about their families back home and are sending money to them.”
- “It must be difficult raising children away from their home country. I also have two children.”

On another note, Nurses A, B and C have children and in the past, Nurse A took childcare leave and then temporarily had reduced work hours. Her having been able to have a family and work in the same way as the Japanese staff, implies the positive reputation of the EPA nurses at the hospital.

5. Discussion

Hospital C has been covered by the media on many occasions; NHK World-Japan, Kansai TV and Chukyo TV have interviewed them in the past. In addition to having their efforts to accept EPA nurses gaining reputation, the reputation of the hospital itself has increased, contributing to increased revenues. (According to the results of a study by the author in 2021.) For hospitals accepting EPA nurses, this is hugely beneficial in terms of business management. In fact, there are numerous hospitals accepting EPA nurses that share stories about EPA nurses who passed the national exam on their websites.

Questionnaire survey results and coverage by TV shows indicate that the EPA nurses passing the national exam, continuing to work and permanently residing in Japan, and their influence on Japanese registered nurses and patients are not only beneficial in terms of securing human resources (workforce) but also adds value to the hospitals that accept them. The author conducted the questionnaire survey while assuming that there will be many negative comments on the acceptance of EPA nurses, but most turned out to be positive. Results showed that EPA nurses are giving inspiration to their Japanese colleagues in addition to providing additional workforce.

On the accepting hospitals’ end, it has become clear that the following are needed: leadership as seen with the director of nursing at Hospital C; research to identify what the EPA candidates are struggling to understand in their studies for the national exam; education that covers Japanese needed at the workplace; and explanation on the characteristics of the hospital and continued follow-up on this.

Another change worth noting that has affected Japanese medical settings in recent years is the launch of the Visa for Medical Stay scheme in January 2011 to meet the needs of foreigners wishing to visit Japan for medical purposes. This visa allows non-Japanese nationals visiting Japan for medical checkups or medical treatment to stay in Japan for a maximum of one year, enter and leave the country several times, and bring people over to take care of them. It is issued in particular to foreign patients who are hoping to receive full-scale treatment and/or surgeries in Japan.

However, as these patients are not foreign residents of Japan, the skills required of nurses in

medical settings in Japan are becoming diverse. For example, these patients may not fully understand the difference between public medical insurance systems of Japan and their home countries or rules around family members who accompany inpatients and may require language interpretation. A medical service system for foreigners is becoming essential.

What is more, it is easy to imagine that the acceptance of a foreign patient at a Japanese medical facility without understanding his or her language and cultural background may lead to complaints or disputes. With the backdrop of the Japanese government encouraging Japanese medical facilities to receive foreign patients, Japanese medical settings are expected to become more diverse and there are great expectations on the roles that foreign nurses registered in Japan can play.

This should significantly impact nurses coming to Japan under the EPA scheme. The complexity of medical interventions not only for Japanese patients but also for foreign patients, the magnitude of having people's lives in their hands, the great amount of communication with patients and the need to have proficiency in medical terms all make the roles of nurses significant. This paper therefore focused on the trends around nurses coming to Japan under the EPA scheme.

6. Conclusion

The questionnaire survey results showed that while a certain number of negative comments on EPA nurses came up at Hospital C, the overall attitude of the Japanese staff was a positive one. The Japanese colleagues also understood what kind of assistance was being offered from the hospital to the EPA candidate nurses. I conducted a month-long participant observation in person from January 18, 2018, and observed how the six EPA nurses and candidate nurses work and communicate with colleagues and patients. The colleagues and patients placed so much trust on these six EPA nurses and candidate nurses to the extent that I felt surprised. In the case of Nurse A, she had the longest experience working at the rehabilitation ward of Hospital C than any other registered nurse working with her at the time. She was supervising Japanese registered nurses and was leading meetings.

Nurse A was serving as a great role model for EPA candidate nurses at the hospital. Some candidates said that they want to become like her and the Japanese nurses also commented during the observation that they would like to be able to treat patients with such courtesy like her. Although Hirano (2021) pointed out that EPA nurses do not have sufficient Japanese language skills, I was able to understand from the observed conversations that both EPA nurses and the patients thought that they were being able to communicate sufficiently in Japanese, even if EPA nurses were not as fluent in Japanese as native speakers.

Furthermore, although only based on the results of participant observation at one hospital, this study has shown that the leadership exerted by the director of nursing and the organizational structure to accept EPA nurses have an impact on how well EPA nurses can pass the national nurse exam. At this hospital, efforts to understand the learning needs of EPA nurses were being made, effective studying methods were shared and Japanese dialects that come up in clinical settings were taught. The need to provide skills that are required in professional settings was highlighted. To improve the pass rate of the national nurse exam

among EPA nurses, it is hoped that support systems based on models like this hospital are expanded to other hospitals. From a long-term perspective, to reduce burdens borne by hospitals that accept EPA nurses, whether an “employment-support manual” that can assist EPA nurses up until they pass the national nurse exam is necessary should be considered through the initiative of the Japanese government and organizations like the Japanese Nursing Association.

Moreover, at Hospital C, continued efforts to follow up EPA nurses and urge long-term residence in Japan were being made after acceptance. Such efforts at this hospital are considered to be leading to excellent performance by EPA nurses and their long-term residence.

According to Cox (1993), organizational change to implement diversity management at corporates have five requirements: i) leadership; ii) research (measurement); iii) education; vi) transformation of organizational culture and management systems; and v) follow up (instillation).

In the case of Hospital C, as an organization that accepts EPA candidate nurses, the following was being conducted under the leadership of the director of nursing: research to understand what the EPA candidate nurses do not understand, what is making them struggle and what they are studying; language education that covers Japanese needed at the workplace; organizational change as seen in the launch of the department in charge of EPA relations; and briefings on the characteristics of the hospital. It was revealed that the hospital continued to follow up with workers to enable collaboration with EPA candidate nurses while taking into account the feedback from Japanese registered nurses.

Furthermore, it was revealed that the creation of a work environment that is friendly to EPA nurses is an effective measure to maintain a low turnover rate for Japanese registered nurses as well. Hospital C’s efforts have the potential to benefit not only foreign nurses but also Japanese nurses too. Against the backdrop of rapid birthrate decline and population aging, the end of the era of seemingly infinite economic growth, changes in socioeconomic structure following economic globalization, and expanding diversity of values, employment support systems that cover nurses regardless of nationality must be built to improve working conditions and job security and facilitate career development.

The above leads to an opportunity to reconsider the treatment of nurses during birthrate decline and population aging, which are phenomena not unique to Japan but also will likely be experienced sooner or later by Indonesia, the labor-sending country. To begin with, in Indonesia, where family members of inpatients play the role of nurses, the issue of aging among recipient of nursing care and family members providing nursing care is far beyond the situation in Japan.

Moreover, in Indonesia, care facilities are not available and the concept of such facilities itself does not exist. Therefore, Japanese hospitals and care facilities have entered the market. Bearing in mind that the country will not remain an international supplier of nurses but will sooner or later become a recipient of nurses from other countries, building on the case of EPA nurses, the Indonesian government would need to perceive the international migration of nurses within the context of a policy that supports the future of nursing and caregiving in their own country. On the premise that human resources are finite, the development of conditions that enable EPA nurses to feel secure and continue to work in Japan is crucial

in order to secure excellent human resources in nursing.

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Questionnaire for Ward Nurses Working Together with EPA Nurses

The History of the Migration and Immigration of Indonesian Nurses: The Case of the Japan-Indonesia Economic Partnership Agreement

1. Please choose your gender.

2. Please provide your age and the name of your department.

3. Do you think that foreign nurses are necessary?

4. If you have chosen “1. Unnecessary” or “2. Somewhat unnecessary” for Q. 3, please provide your reason.

5. If you have chosen “3. Somewhat necessary” or “4. Necessary” for Q. 3, please provide your reason.

6. From the statements provided below, please select all that apply to you in terms of your knowledge of foreign nurses.

- 99

