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Creative Friction: Some Preliminary Considerations on the Socio-Cultural Issues Encountered by Indonesian Nurses in Japan

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Abstract

Seeking to offer a balanced perspective to socio-cultural differences encountered by Indonesian nurses in Japan, this article provides a glance into a variety of circumstances under which these differences surfaced. A number of socio-cultural issues encountered by Indonesian nurses in Japan are discussed, of particularly importance among which is the one related to religion, for none of the Moslem nurses interviewed reported any serious problems related to their religious practices. But, probably the most enlightening finding of all is that some of the socio-cultural issues have proved to be creative, providing glue that gives meaning to cultural interactions, a process that this study proposes to call "creative friction," following a felicitous phrase coined by Anna Tsing (2005).

Key words : Indonesia, Japan, nursing, Economic Partnership Agreement (EPA), creative friction, socio-cultural differences.

1. Introduction

Inhabiting a transnational terrain, Indonesian nurses have encountered a number of socio-cultural issues while working in Japanese hospitals and elderly homes. Certain differences have become major cultural shocks. Of particular importance in this regard are the issues of language proficiency, communication with patients and staff, work culture, job description and responsibilities, etc. As foreign workers living in unfamiliar cultural settings, it is inevitable that Indonesian nurses experience varying degrees of cultural shocks. When these shocks are not recognized and overcome by both the host institution and foreign workers, they are likely to turn into major socio-cultural problems.

Socio-cultural shocks may also provoke psychological crises or social dysfunction, which in turn can impede Indonesian nurses' job performance. Since nursing and caring are concerned with human beings, these problems could affect their performance while working with patients and the elderly in Japan. Therefore, before we can hope to find effective solutions to overcome psychological crises and social dysfunction, it is extremely important to examine in detail the socio-cultural issues encountered by Indonesian nurses working in Japan.

It should be noted at the very outset, however, that socio-cultural issues do not necessarily become problems. While some differences could become important sources of problems, they could also function as "creative friction," to use a felicitous phrase coined by Anna Tsing (2005), an anthropologist well-known for her study of marginalized peoples' involvement in conflicting social interactions. In her view, friction, defined as the imperfect connectivity between people from different cultures and socio-economic strata and between events at global vs. local scales can prove to be creative when it provides glue that gives meaning to economic and cultural

interactions. In the case of Indonesian nurses working in Japan, they soon acquired, for instance, the ability and habit to work in a very punctual manner, precisely because of the initial friction arising from different conceptions of time existing between Indonesian nurses and Japanese staff.

The aim of this study, therefore, is to give a balanced perspective to what Indonesian nurses have encountered in Japan by providing a glance into socio-cultural differences occurred under a variety of circumstances. The basic assumption of the study is that socio-cultural differences could not simply be viewed as a source of problems, but also, as a good opportunity to develop a cross-cultural understanding between Indonesia and Japan.

2. Methodology

Our interviews upon which this article was based were conducted from September 24, 2009 to November 2, 2009, at six hospitals and one elderly home in the Western part of Japan.

The total number of Indonesian nurses interviewed was ten, four male and six female. Of those, eight were preparing to become registered nurses and the remaining two were aspiring to work as certified caregivers (*kaigo fukushi-shi* in Japanese) although they are called "nurse candidates" or "certified caregiver candidates" in Japan. In this article, these informants are referred to simply as "Indonesian nurses."

Their ages range between 22 to 35. Their educational backgrounds vary from what in Indonesia is referred to as D3 (three-year vocational education) to S1 (four-year college education), with two to ten years of working experience as nurses in Indonesia. Most of them (i.e. nine out of ten) were unmarried. With regard to their Japanese language proficiency, they had studied basic Japanese for six months after they arrived in Japan and they continued the language training in order to pass the National Board Examination (*Kokka Shiken*).

Our interviews addressed specific topics such as language proficiency, communication with patients and staff, work culture, job description and responsibilities, etc. The duration of the interviews ranged from one to two hours, conducted in hospitals and an elderly home during the working hours.

Through the in-depth interviews of ten informants, we selected a number of key informants whose story and interview records constitute the primary data for the analysis of their socio-cultural issues as well as the emerging creative friction. The in-depth interview method was used in this study as a primary research tool to assess how individuals interpreted and understood their own lived experience.

3. Socio-Cultural Issues

This study has identified a number of socio-cultural issues encountered by Indonesian nurses in Japan, namely: language proficiency, communication with patients and staff, work culture, job description and responsibilities, remuneration, working hours and workloads, National Board Examination, religious practices and daily life.

3.1 Language Proficiency

The Indonesian nurses interviewed had studied basic Japanese for six months in Osaka before they were stationed at a hospital or a nursing home, continued to do so after their placement at a hospital or an elderly home. Their language learning methods were dependent on the hospital and nursing home's management system. For example, in one hospital, Indonesian nurses were given a Japanese course three times a week from 03:00 to 05:00 PM, taught by local Japanese volunteers. The course emphasized reading and writing *kanji* (Chinese characters), especially those used in the National Board Examination.

Reading and writing *kanji*, especially those used in medical and nursing terminology, turned out to be one of the most common socio-cultural issues faced by Indonesian nurses. Their views on the issue were: "the biggest obstacle in language learning is *kanji*," "all is written in *kanji*,

so it is very difficult. We have difficulties reading them" etc.

Since the Indonesian language uses the Latin alphabet, it seems just natural if the nurses had a hard time learning it. Consequently, despite the fact that most of Indonesian nurses interviewed developed some ability to speak, read and write in simple Japanese (i.e. the elementary-level), they still had a difficulty when they use nursing or elderly care terminology. They nevertheless felt that whenever they encountered language problems, Japanese staff was normally more than happy to help them by describing the terminology in a simpler language.

3.2 Communication with Patients

Communication, both verbal and non-verbal, is certainly an important tool in nursing and care-giving. Needless to say, the quality of nursing and care-giving largely depends on good communication between nurses and their patients.

Be that as it may, there was a sort of "communication gap" between Indonesian nurses and patients. As stated earlier, all the Indonesian nurses interviewed for this study were working at a hospital or a nursing home where the majority of patients were elderly, and bedridden or senile, thereby in need of total care. Because of such physical or mental impairments, these patients had difficulties in verbal communication to the point where it was difficult for them even to tell which part of their bodies hurt and what they needed.

In addition, who live outside Tokyo normally spoke in dialect, and not in standard Japanese, therefore the communication between the two parties became even more difficult. Nevertheless, most of Indonesian nurses felt that their patients were very welcoming and appreciative. Some nurses even admitted that patients were one of their sources of relaxation in the sense that when asking simple questions such as "how are you?", or "how do you feel today?", at the bathing or lunch/dinner time, their communication flowed freely and openly, and somehow they felt that they could understand each other very well.

3.3 Communication with Japanese Staff

While most of Indonesian nurses were able to communicate with hospital staff in elementary-level Japanese, that did not necessarily mean that they could communicate "openly and freely" about their work. This was particularly evident in their interaction with senior staff members such as the head nurse.

Among the informants of this study, four nurses admitted that there was some kind of "friction" with the head nurse. In one such case, an Indonesian male nurse was accused by the head nurse of misplacing one particular item of medical equipment. He explained to the head nurse that the item was misplaced by a Japanese nurse, which in turn infuriated the latter, who, according to him, scolded him right away in front of other staff and patients. He said he was terribly embarrassed by being scolded in public, and argued that "at least in Indonesia we will be given a chance to defend ourselves before being reprimanded like that." His interpretation of the incident was that "the problem probably did not have anything to do with the fact that I am a foreign worker, but had more to do with the rigid seniority system prevalent in Japan." He then went on to explain that "the seniority system is so binding in Japan; so much so that junior staff seem really afraid of their supervisors."

At this particular hospital, the situation appeared to be further compounded by the cultural differences related to daily interaction patterns. Three Indonesian male nurses working there invariably felt that while the Japanese staff were doing their best to be friendly by exchanging such pleasantries as "how do you like the job?", "do you feel at home already?", etc., as well as by taking them to a dinner or an outing, "they still seem aloof and inaccessible for whenever we run into them in an elevator or a hallway, they do not even care to greet us." Likewise, according to one nurse, whenever he greets the Japanese staff with

the most common Japanese leave-taking phrase "*otsukaresama deshita*" (literally means "thank you for your hard work"), "they just return a cold gaze without saying anything." To most Japanese workers these trivial incidents may not mean anything, but the Indonesian nurses argued that unlike in an Indonesian workplace where everybody knows and greets each other, a Japanese hospital does not provide a warm, cozy collegiality.

Adequate language proficiency is an important factor in improving the communication ability as well as the quality of nursing and care giving of Indonesian nurses. And while quite a few Japanese staff who interacted with Indonesian nurses concurred with this view, it is worth mentioning here that they also expressed a very accommodating view with regard to language proficiency. One Japanese staff member pointed out "Frankly, I think what is important for a foreign nurse is not the ability to speak flawless Japanese, but rather his or her ability to develop and maintain good communication with patients."

3.4 Work Culture

This study has also found that Indonesian nurses experienced culture shocks related to the differences of work ethic. In one such case, an Indonesian nurse was overwhelmed by the rigidity of working hours in Japan. She explained in the interview, "my working hours are until 5:30 PM, and when I decided to go home at 5:20 because I had finished all my work for the day, I was reminded by my supervisor that even if I had finished my work, I still have to be in the hospital until 5:30 sharp"

In addition to the rigidity of working hours, a strict division between working hours and leisure time has also become a source of culture shock for Indonesian nurses. Our respondents believe that Indonesians in general love to make casual conversations as a way to start and develop good and smooth relationships with others. They also feel that even during working hours, it is not unusual for people to talk about trivial things such as weather, breakfast they had, problems they were facing at home, etc. By having this kind of conversation, they explain that Indonesians could relax and forget about their stress at work as well as establish smooth relationships between each other.

In stark contrast with this, they found that Japanese nurses do not usually engage in a small talk during working hours. They also felt that Japanese nurses usually keep things on the move, so much so that they cannot do anything else but work during working hours. Consequently, every time Indonesian nurses felt tired, stressed out and wanted to sit down for a while, they felt uncomfortable because none of Japanese nurses were likely to do the same, therefore eventually they were obliged to find something to do.

3.5 Job Description and Responsibilities

According to a previous study, the two most important goals for the Indonesian nurses working in Japan are, first, to get a higher salary than what they earn in Indonesia, and second, to gain extensive knowledge about nursing in Japan (Hirano and Wulansari, 2009). At the time of interview, the respondents had already had two to ten years working experience as a nurse in a variety of Indonesian hospital departments such as surgery, emergency, etc. Nevertheless, as stipulated in the Economic Partnership Agreement (EPA) between Indonesia and Japan, which provided the legal basis for accepting Indonesian nurses at Japanese hospitals, before passing the National Board Examination they could not be employed as a nurse in Japan. Therefore their employment status in a hospital is a "nurse candidate" or "trainee" with a limited job responsibility and authority, occupying the lowest ladder in the formal employment structure consisting of director, head nurse, deputy head nurse (supervisor), head of ward, nurse and nurse candidate.

Indonesian nurses interviewed for this study invariably felt that this arrangement was unfavorable for them in many ways. First, since he/she was not granted the responsibility and authority

as a nurse, they were not allowed to perform any medical intervention by using his/her nursing knowledge, skills and techniques. Second, most of the Indonesian nurses' job description is limited to the fulfillment of basic humane care for Japanese patients, who are mostly elderly, typically consisting of non-medical care such as preparing meals, feeding, bathing, helping with personal hygiene, changing diapers or taking care of toilet and cleaning the room and floor.

An example of the daily routine of Indonesian nurses at a certain hospital is as follows:

07:00–07:30	Serving Japanese tea and distributing clean hospital clothes to patients
07:30	Serving breakfast
07:30–08:30	Feeding
08:30–11:00	Bathing
11:00–12:00	Serving noon tea
12:00–13:00	Lunch break
13:00–14:00	Changing catheters, disposing of used bottles, taking out the garbage and, sometimes, cleaning the floor
14:00–15:00	Helping with the personal hygiene of patients
15:00–15:30	Clearing up the towels used by patients
15:30–16:00	Taking urine samples of patients

The overwhelming majority of Indonesian nurses interviewed for this study were dissatisfied with the fact that they were only allowed to perform such "menial" tasks, although they acknowledged that these were an integral part of a nurse's tasks and responsibilities. However, because there was no detailed information about the job description as a nurse candidate before their departure for Japan, they experienced a sort of "role shock" after being confronted by the reality that these were the only tasks they could perform in Japan before passing the National Board Examination.

They described the circumstances surrounding their pre-departure preparation as follows:

> Our pre-departure preparation took place so quickly that even our work contract was signed at the airport, right before the take-off. Only after reading the contract later did we find out that our work status was a "trainee," which meant that we were not authorized to partake in any medical intervention. We did not have any idea about the limitation of our responsibility in Japan.

> To tell you the truth, at Indonesian hospitals, basic daily care such as basic hygiene assistance and cleaning up the room are conducted by assistant nurses. And since I was the head of the ward at my hospital in Indonesia, I had never performed such tasks for as long as I could remember.

One nurse even related that having to perform these tasks was an embarrassment because she knew that her family and colleagues expected that she would have a high-level nursing training and education in Japan. She described her feelings as follows:

> Originally I thought I would learn new things in Japan, but it became clear soon that I was only allowed to perform non-medical care of patients such as bathing and feeding. This is absolutely embarrassing and I don't know what I have to tell my family and colleagues about my experience in Japan.

Another male nurse pointed out that many of the patients they looked after were bed-ridden and senile, thereby requiring a very intensive professional care on the part of nurses. "Under the circumstances," he went on to say, "our work became time- and energy-consuming, and therefore almost impossible for us to spare our time and energy for the preparation for the National Board Examination or for any other study, which was a

shame because originally we came to Japan with a burning desire to learn new knowledge and skills."

3.6 Remuneration

Indonesian nurses working in Japan earn a take-home pay ranging from around ¥120,000 to ¥180,000 per month, depending on the institution and the town where they are stationed. Given the fact that Indonesia's income per capita is less than $2,500 per year, it is undeniable that such a monthly take-home pay is highly attractive for Indonesian nurses, which is indeed one of the most immediate reasons for them to have decided to work in Japan, braving the linguistic and cultural hurdles they may be facing.

Three female nurses declared that the amount of their monthly take-home pay, approximately ¥150,000, was tantamount to as much as five times the amount they earned in Indonesia. Two other nurses, who were singles, even received a ¥25,000 monthly bonus on top of their monthly take-home pay of ¥150,000, thereby their monthly earning amounting to ¥175,000, out of which they said they could save about ¥100,000 a month, a substantive amount for themselves and their family in Indonesia.

Be that as it may, there were a few nurses who were not content with their income. Three male nurses (one of them were married) working at a hospital in an urban area where the cost of living is substantially higher than that in the countryside, expressed their dissatisfaction with their salary of ¥120,000 yen per month, out of which a house-rent, insurance, an employee pension plan payment and taxes were deducted, leaving them with a take-home pay of ¥97,000. They then had to pay for the living costs and utilities, and if they did not have any extra spending such as eating out or taking a holiday trip, they could typically save about ¥30,000 at the end of month, but the amount, according to the married male nurse, "is not enough to maintain a family with a wife and two children back home in Indonesia." His conclusion was that "compared with other nurses working in Japan, our take-home pay is significantly smaller due to high costs of living in the area where we are stationed."

3.7 Working Hours and Workloads

The average working hours of Indonesian nurses are eight hours a day, from 08:00 AM to 04:00 PM. Only two of them stated that their normal working hours are nine hours.

None of the Indonesian nurses interviewed felt that the working hours in Japan caused any stress for them; they believed, however, that workloads in Japan were a little heavier than what they were used to in Indonesia. The main reason for this, according to them, was that at Indonesian hospitals, daily care for the bedridden, elderly patients was normally done by their family members or personal helpers, and not by nurses, therefore when they were required to perform such a duty at a Japanese hospital, they felt their workloads became heavier.

3.8 National Board Examination

The Economic Partnership Agreement (EPA) between Indonesia and Japan stipulates that Indonesian nurses are allowed to work in Japan for a maximum of three years. If they can pass the National Board Examination during this three-year period, they are allowed to remain in Japan and work as registered nurses, but if they fail, they have to leave the country at the end of the three-year period. Needless to say, such a provision poses a considerable stress on Indonesian nurses, for they knew from the very beginning that their employment in Japan was insecure, or impermanent at best, pending their passing of the National Board Examination. Under the circumstances, it is understandable if they became highly motivated to study for the examination, but most of the hospitals were not able to provide support such as exam preparation tutoring. An Indonesian nurse lamented, "we actually have a very strong motivation to study for the exam, despite the fact that the chances for passing are very slim. But unfortunately our hospital

does not have any program for helping us in this regard. It's a shame."

A Japanese head nurse explained the reason for her hospital's inability to provide support as follows. "We have assigned a Japanese nurse to help the Indonesian nurses with their study for the exam, but we soon realized that the exam materials were too complicated, and therefore teaching them in a comprehensive manner would be too time-consuming. Eventually we decided to teach them only very general topics related to the exam."

Under the circumstances, most of Indonesian nurses were unable to make a necessary preparation for the exam due to the lack of support mechanism, and this had a negative impact on their motivation. The nurses interviewed for this study expressed their concerns as follows.

> We have tried to explain to the head nurse, as well as to the Japanese organization that administers the acceptance of Indonesian nurses, that the adequate program for the exam preparation is absolutely necessary to secure our employment in Japan, but this has borne no changes so far. So our motivation to stay in Japan has increasingly diminished, especially compared to our original burning desire to work permanently in Japan when we first arrived here.

> Confronted by a gloomy prospect of permanent employment in Japan, we often feel helpless and frustrated.

> Sometimes I feel disoriented and don't know what to do. I have left my family in Indonesia, and here my take-home pay is not as much as I had originally expected. In addition to all that, it's become increasingly clear that the chances to pass the National Board Exam are very slim.

3.9 Religious Practices and Daily Life

Among so many cultural differences that exist between Indonesia and Japan, an issue that had always surfaced in the preparation and the execution stages of the project was the one related to religious practices. Indonesia being the largest Muslim nation in the world, it is understandable that initially the Japanese government officials and hospital administrators were concerned that the strict adherence to Islamic religious practices may seriously inhibit Indonesian nurses' performance in Japan. This study has found, however, that none of the Moslem nurses interviewed reported any serious problems related to their religious practices such as observing five-time daily prayers, fasting during the month of Ramadan, obtaining *halal* (Islamic kosher) foods, and wearing a *hijab* (Moslem scarf). By and large they felt that Japanese hospitals were flexible enough to set up a system and rules accommodating Islamic practices. For example, during last year's Ramadan (fasting month), two Indonesian nurses working at a nursing home were allowed to work half time.

Furthermore, Indonesian nurses adjusted quite well with other dimensions of daily life in Japan, including Japanese foods, seasonal changes, means of transportation, etc. The only aspect of Japanese daily life that they felt a little difficult to adjust is what they perceived to be a lack of personal intimacy in Japan. Some of the nurses interviewed expressed a view that due to the more "detached" way of social interaction prevalent in Japan, they felt a loss of personal intimacy, which in turn enhanced their feeling of homesick. One of the nurses said in the interview that "the most difficult thing I have experienced during my stay in Japan so far is that I could not find a warm, cozy relationship like the one I enjoyed in Indonesia. I miss my grandma . . . "

4. Creative Friction

Such being the cultural, social and professional issues and challenges faced by Indonesian nurses, this study found that precisely because of these differences, they had become creative in their adjustment to the new environment as well

as in exercising innovative strategies to accommodate the unfamiliar system. This is what this study proposes to call "creative friction" bringing about innovative solutions to the socio-cultural issues encountered by Indonesian nurses working in Japan.

4.1 Physical Intimacy (*Sukinshippu*)

As is well known, the term *sukinshippu* ("skinship" in Japanese-English or "skin contact" in English) is used in Japan to describe the intimacy, or closeness, between a mother and a child. The word is generally used for bonding through physical contact, such as holding hands, hugging, or parents washing their child at a bath. Apparently a portmanteau (a word whose form and meaning are derived from a blending of two or more distinct forms) derived from "skin", plus the last syllable of "friendship," the word *skukinshippu* has been surfaced prominently in Japanese discourse emphasizing the importance of physical intimacy.

Physical intimacy, as it were, is of utmost importance in caring for the elderly, and this study has found that precisely because of the lack of language proficiency on the part of Indonesian nurses, they somehow resorted to the use of physical intimacy as a way to create and maintain a close relationship with their patients. One Indonesian nurse described this innovative strategy as follows:

> Though at the very beginning, elderly patients were embarrassed to have their personal needs tended to by foreigners, who are not fluent speaking Japanese, when they got used to the frequency of our hands touching their bodies, got familiar with our voices and faces, and felt the comfort of our care, they usually responded with a "thank you" or a pleasant smile, even those who appeared emotionless looked calmer afterwards. I felt happy when the residents appreciated my warm hands in diaper changing.

This sort of finding certainly does not in itself deny the importance of language proficiency, but it simply points to the fact that when verbal communication is not as smooth as it should be, Indonesian nurses were able to come up with an alternative strategy that had a positive effect on their patients.

4.2 Empathetic Caring

Unable to use their knowledge and skills as a nurse due to their status as nurse-candidates who have not passed the National Board Examination, Indonesian nurses maximized what one of them referred to as "a nursing instinct," namely altruistic feelings and empathy, by looking upon patients as if they were their own grandparents. The strategy turned out to be another effective way to strengthen their relationship with the elderly. One of the nurses described the strategy as follows:

> At the beginning we felt a lot of self-pity for not being able to use our nursing knowledge and skills. But later on, we learned to shift our focus from the technical aspect of our job to the humanitarian aspect of it by maximizing our nursing instinct, that is our empathy and altruistic feelings toward patients. In fact, I could do this easily because I have an ageing mother myself and she is diabetic. Ever since I had such a revelation, whenever I attend the elderly patients, I do my best to feel like I'm attending my own mother, and the change in my attitude seems to have been well appreciated by my patients.

A Japanese hospital official also took account of the efficacy of such an empathic approach:

> Most of young Japanese nurses or caregivers who have just begun to attend elderly patients have to be taught that when they speak with the elderly who are bed- or wheelchair-ridden, they'd better kneel down so that they could see eye to eye with

patients, avoiding looking down at them. But surprisingly, Indonesian nurses did not have to be told to do so. They seem to know the importance of leveling out all social distinctions in dealing with the elderly. They probably have learned this at home because, unlike in Japan, there still seem to be a lot of three generational households in a country like Indonesia.

These observations point to one of the valuable findings of this study, namely unlike the Indonesian nurses' relations with Japanese staff, which are somewhat strained as evidenced in the cases discussed earlier, their relations with elderly patients—at least from what has been gathered from the interviews of Indonesian nurses as well as Japanese staff—turned out to be fine, or even better than that of the Japanese staff as shown in the hospital official's statement quoted above.

4.3 Punctuality as a Work Ethic

Finally, as pointed out earlier, Indonesian nurses interviewed for this study felt that they acquired the ability and habit to work in a very punctual manner, precisely because of the initial friction arising from different conceptions of time existing between Indonesian nurses and Japanese staff. They described the emerging creative friction as follows:

> I was amazed by the ways in which Japanese staff is taking the job responsibility very seriously. Even when they are sitting down, they always do something. Initially, I was a bit averse to this kind of work ethic, but subsequently it has changed my own work habit.

> Japanese nurses do not usually engage in a small talk during working hours. They normally keep things on the move, so much so that they cannot do anything else but work during working hours. As a result, when I felt tired, stressed out or wanted to sit down for a while, I felt uncomfortable because none of my Japanese colleagues were likely to do the same. Eventually, I became accustomed to keep doing whatever is available at hand during working hours, imitating their work ethic. Also, in order to keep up with their work pace, I did my best to be always on time.

5. Conclusion

Seeking to give a balanced perspective to socio-cultural issues encountered by Indonesian nurses in Japan, this study has provided a glance into a variety of circumstances under which these issues surfaced. The basic assumption of the study is that socio-cultural differences could not simply be viewed as a source of problems, but also, as a good opportunity to develop a cross-cultural understanding between Indonesia and Japan.

Following the assumption, a number of socio-cultural issues encountered by Indonesian nurses in Japan have been discussed, namely: language proficiency, communication with patients and staff, work culture, job description and responsibilities, remuneration, working hours and workloads, National Board Examination, religious practices and daily life. Particularly enlightening among the discussions is the one related to religion, for this study has found that surprisingly none of the Moslem nurses interviewed reported any serious problems related to their religious practices such as observing five-time daily prayers, fasting during the month of Ramadan, obtaining *halal* (Islamic kosher) foods, and wearing a *hijab* (Moslem scarf). By and large they felt that Japanese hospitals were flexible enough to set up a system and rules accommodating Islamic practices.

Solution to other issues, such as the lack of intensive language training and the preparation for the National Board Examination, inability of Indonesian nurses to partake in medical intervention, insufficient take-home pay in high-cost urban areas, etc, seem to require further effort from

both Japanese and Indonesian sides, but probably the most encouraging finding of all is that these socio-cultural issues can prove to be creative when they provide glue that gives meaning to cultural interactions. As the cases in point, this study has offered the descriptions of how initial friction encountered by Indonesian nurses later developed into their innovative attitudes toward nursing, namely physical intimacy, emphatic nursing, and punctuality as a work ethic.

We believe that such examples of creative friction powerfully prove that this bi-national project involving a new way of cooperation between the two nations is indeed a humanitarian project *par excellence* that is well worth attempting to effect and sustain.

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