

The Japan-Indonesia Economic Partnership Agreement Through the Eyes of Indonesian Applicants : A Survey and a Focus Group Discussion with Indonesian Nurses

Hirano, O. Yuko

Associate Professor, Faculty of Medical Sciences, Kyushu University

Wulansari, Sri Ayu

Lecturer, Faculty of Humanities, University of Indonesia

<https://doi.org/10.15017/14077>

出版情報 : 九州大学アジア総合政策センター紀要. 3, pp.77-90, 2009-03-31. Kyushu University Asia Center

バージョン :

権利関係 :

The Japan-Indonesia Economic Partnership Agreement Through the Eyes of Indonesian Applicants: A Survey and a Focus Group Discussion with Indonesian Nurses

HIRANO, O. Yuko

(Associate Professor, Faculty of Medical Sciences, Kyushu University)

WULANSARI, Sri Ayu

(Lecturer, Faculty of Humanities, University of Indonesia)

Abstract

In this research, the Japan-Indonesia Economic Partnership Agreement (EPA) signed on August 20, 2007 between the Indonesian and Japanese government was examined by carefully analyzing the quantitative and qualitative data obtained by a survey and a Focus Group Discussion held in Indonesian nurse applicants. The aim of the analysis is to observe the Indonesian nurses' opinion about the agreement, and make classification of the issue by considering socio-economic and cultural background of both Indonesian and Japanese society. The result of this study indicated that information given to Indonesian applicants regarding the EPA program is limited, especially information on hospitals and certified care workers in Japan. On the other hand, the respondents' image of Japan or Japanese culture was also limited. This may result in misunderstandings about their working condition in Japan, and thus make the Indonesian applicants dissatisfied. In order to accept more nurse and care workers from Indonesia, the Japanese government should provide more precise information on the aim, procedures and goals of the EPA program, as well as the job descriptions which distinguish nurses and certified care workers in Japan, especially when they open to the Indonesians the market of a new field of job, such as certified care workers.

Key words : EPA, nurse, care worker, Indonesia

1. Introduction

The Japan-Indonesia Economic Partnership Agreement (hereafter abbreviated as 'JIEPA') was signed on August 20, 2007. The agreement was hailed a milestone in Japan's immigration policy. Japan has slammed the door on foreigners who wish to come to Japan to work in the past. But this agreement finally opens the door to 'health professionals'. In fact, there are few cases where Japan limits foreign health professionals to those who hold 'medical service' visa. However, 'medical service' visa holders are restricted to stay in Japan only for a limited period of time. For instance, nurses can stay and work in Japan for a maximum of 7 years. In the newly signed JIEPA,

government allows people who enter under the program to stay an unlimited period, as long as they pass the Japan's board examinations and continue working in the profession designated on their passport. The health professions open to Indonesian people in Japan are for nurses and certified care workers. A certified care worker is called '*kaigo-fukushi-shi*' in Japanese. A *kaigo-fukushi-shi* cares for elderly and handicapped people, who require daily assistance. There are disputes concerning whether *kaigo-fukushi-shi* is recognized as a health profession in the Japanese society. However, without further discussion on the concept of health professionalism, the JIEPA has already been launched, and people have come

to Japan to start working under the program.

The JIEPA applies the basic scheme of the Japan-Philippine Economic Partnership Agreement. There are several goals of the JIEPA. The first is to establish a mutual approval of accepting Foreign health professionals between Japan and Indonesia. The second is to offer people who wish to work as a nurse or a certified care worker in Japan, the opportunity to take a licensing examination in the Japanese language. The third is to limit the number of nurse candidates and certified care worker candidates in Japan avoiding adverse effects on the local labor market. The fourth is to limit the profession to introduce high-skilled professional work into Japan, not unskilled labor. A schematic drawing of JIEPA is shown at Table 1 and Table 2.

The nurse's course and care worker's course are provided in JIEPA. For the nurse's course, the applicant must be a S1 nurse or a D3 nurse, and must have at least two years of clinical experience. S1s are equivalent to college graduates, and D3 are equivalent to vocational school graduates. For certified care worker's course, the applicant can be either an S1 nurse or D3 nurse.

The non-nursing S1 and D3 graduates can also apply for the program, as long as they undergo a six-month training course in Indonesia to get a certificate as care workers issued by Indonesian government.

The JIEPA received extensive media attention. According to the Japanese newspapers, many Japanese people said that JIEPA offers too high a hurdle - a national board examination in Japanese- for foreigners to keep working in Japan (e.g. *Yomiuri Shimbun*, May 20, 2008). On the other hand, the opinions of the Indonesian applicants are not known. Why do Indonesian people wish to work in Japan as either a nurse or certified care worker? What is the motivation for Indonesian people to come to Japan to work? Do they wish to work in Japan for a long time? Do they understand what 'certified care worker' means? What do they expect to do in Japan? What are they anxious about in regard to Japan? Are they satisfied with the process of screening under the JIEPA program? These are the fundamental questions made by the authors of the study. To understand more about the Indonesian applicants is a key to lead the JIEPA program successful.

Table 1. Procedures for qualified Indonesian nurses in Japan

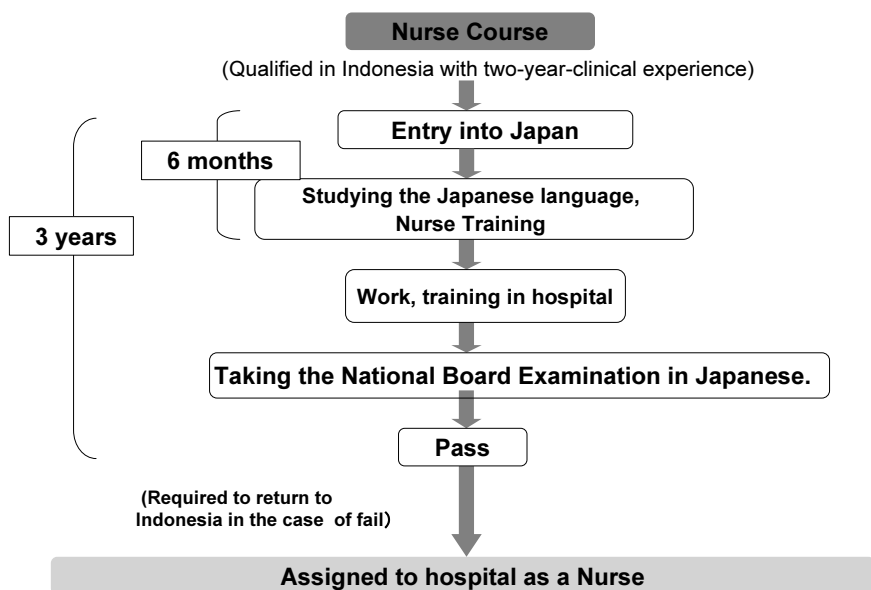
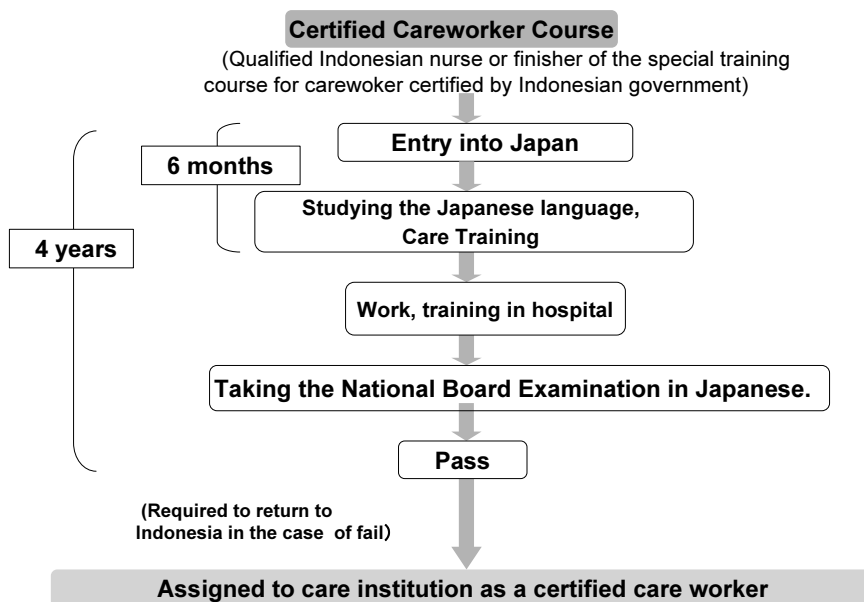


Table 2. Procedures for qualified Indonesian careworkers in Japan



The whole JIEPA program is scheduled to be re-evaluated at five years after the launch of the agreement. Since this is the first time to accept foreign nurses and care workers in Japan under a bilateral agreement, a lot of problems may occur.

In this paper, the authors interpreted the qualitative and quantitative data obtained by carefully evaluating both previous and or related studies regarding the EPA issues, in order to make suggestions for improving such EPA programs.

2. Methodology

The respondents of this study were who were not selected as candidate nurses to practice Japan, at the final stage of the matching process made by the Indonesian government and JICWELS, an affiliated organization of Japan's Ministry of Health, Labor and Welfare.¹ The respondents had taken a three-week-intensive Japanese language course at the Center for

Japanese Studies offered free of charge by the Ministry of Health of Indonesia at the time of this study. In this study, the authors hypothesized that there are no statistically significant differences between those who were selected and not selected, due to the following conditions: The matching process was made by computer, with anonymous conditions. Therefore, there are no intentional interventions possible in the process.

Both quantitative and qualitative data was obtained throughout the study. Quantitative data was obtained through the distribution of an A4-sized anonymous questionnaire, which was carefully constructed based on previous studies on Indonesian nurses. The questions includes, general characteristics (i.e. age, gender, educational qualification, marital status, family condition, clinical experiences, condition of hospital previously working, and Japanese proficiency), reason to go to Japan, interest in Japan, likelihood of stay-

¹ The matching process was made by computer after receiving application forms from both Japanese hospital/ extended-care facilities and Indonesian applicants. Both parties mutually select the 'candidates' by obtained anonymous information, and then make a prioritized list of the candidates. The lists of both parties were thereafter randomly matched, and selection was made according to the top of the list. In this procedure, some 'mismatching' may occur, and some Indonesian candidates and/or some Japanese hospital/ extended-care facilities may be left, after not being 'chosen' by the counterparts.

ing abroad, the knowledge about the EPA and their wish to work as a caretaker in Japan.

Qualitative data were obtained through conducting Focus Group Discussions (hereafter 'FGD'). The interview guide included following points:

1. Why do you want to go to Japan?
2. How much did you know about Japan before you start the Japanese intensive course?
3. How much do you know about the EPA?
4. How do you feel about the conditions of EPA?
5. What are you anxious with regard to Japan?

The research was conducted in August 2008, at the Center for Japanese Studies, University of Indonesia with courtesy of Ministry of Health, Republic of Indonesia, and the Center for Japanese Studies, University of Indonesia.

3. Result

(1) Questionnaire survey

i) Demographic characteristics of the respondents

The total numbers of the respondents were 24.² The respondents were 14 (58.2%) male and 10 (41.7%) female. The average age was 25.6 (± 2.6) years old. Nightly-one point seven per-

cent said they were unmarried, and 37.5% said that they had family or relatives who work abroad. Amongst the respondents, 70.8% answered that they had D3 qualifications, and 29.2% had S1 qualifications. With regard to their Japanese proficiency, 95.8% said "I can speak a little."

ii) Conditions in the most recent hospitals of the respondents

The average length of employment was 3.7 (± 2.1) years. Most of them worked in private hospitals (65.2%) followed by public hospitals (33.3%), and 37.5% were from the hospitals outside of Java Island. In addition, 57.1% of the respondents answered that their hospitals had more than 101 beds.

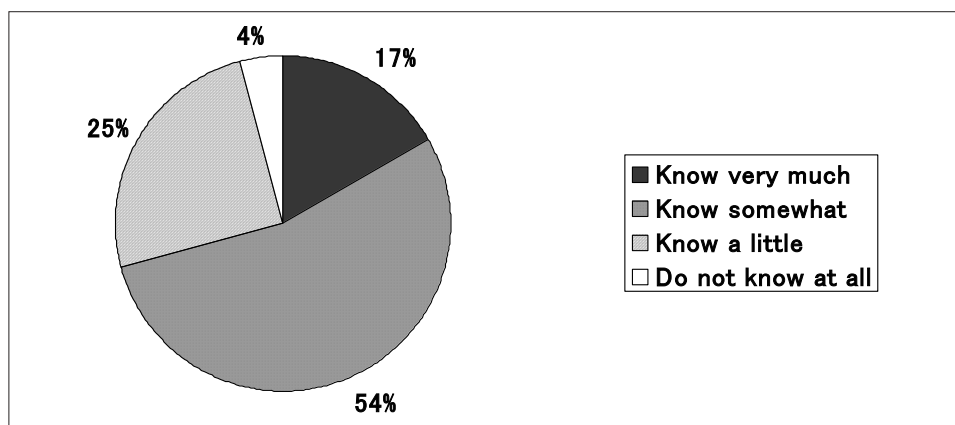
iii) Knowledge about EPA

With regards to the knowledge about EPA, 71% answered that they know very much or they know somewhat about the program (see Table 3).

iv) Interests about Japan

More than 70% of the respondents answered that they were very interested in Japanese society or culture (see Table 4).

Table 3. Have you ever heard about Japan-Indonesia EPA in which Japan accommodates Indonesian nurses to work as a nurse?



2 Although the sample number was small, the authors of the study decided to disclose the statistical results, since the number of all Indonesian applicants is very small, namely around 400, thus even 24 cases are therefore considered to provide representative data.

Table 4. How far are you interested in Japanese society/culture?

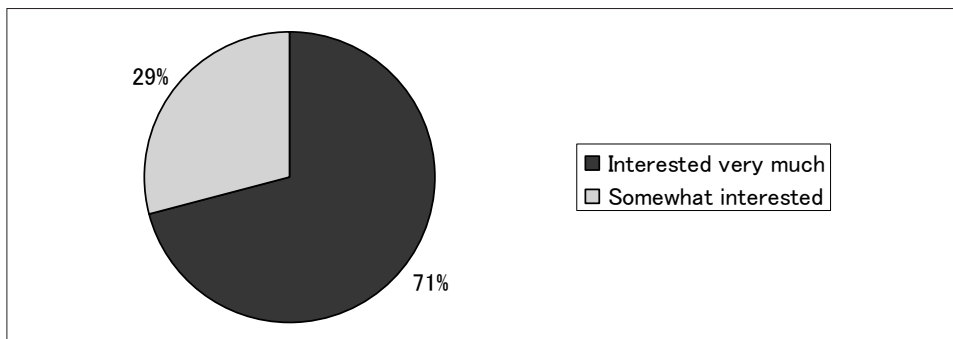
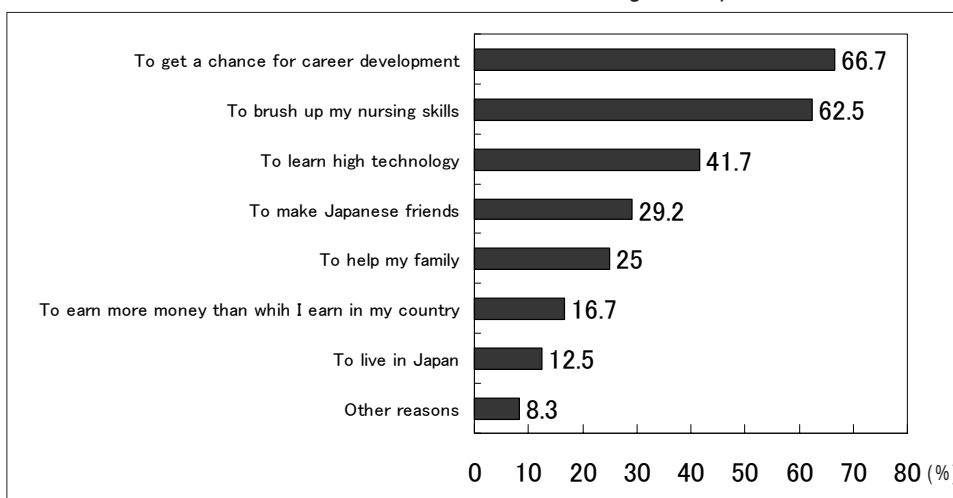


Table 5. Indonesian Nurses' reason to go to Japan



v) Reason to go to Japan

The respondents of the study indicated that they wanted to go to Japan is “to get a chance for career development” (66.7%) followed by “to brush up my nursing skills’ (62.5%), and ‘to learn high-technology’ (41.7%). While, only 16.7% answered that they wish to go to Japan “to earn more than what I earn in my country” (see Table 5).

vi) Opinion about living abroad

When the subjects were asked about their desire to live abroad, only 17% answered that they preferred to live abroad. While 50% answered that they preferred to go back to Indonesia, and 33% answered that they definitely

wanted to go back to Indonesia (see Table 6).

vii) Opinion about working as a *kaigo-fukushi-shi*

Asked if they wish to go to Japan to work as a *kaigo-fukushi-shi*, more than 52% answered yes (see Table 7).

Those responses were not significantly related to the gender of the respondents.

(2) Focus Group Discussion

Following the questionnaire survey, a Focus Group Discussion was conducted.

i) Reasons to go to Japan

Their reasons for choosing to work in Japan

Table 6. If you have a chance to live abroad, do you prefer to continuously live abroad or to return to Indonesia after certain period of time?

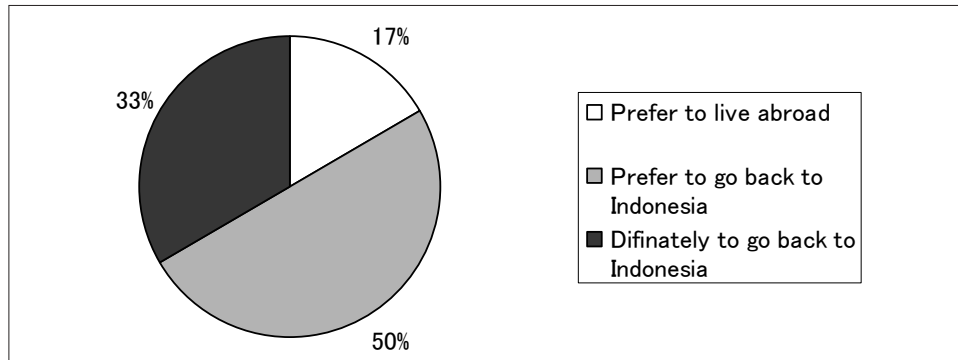
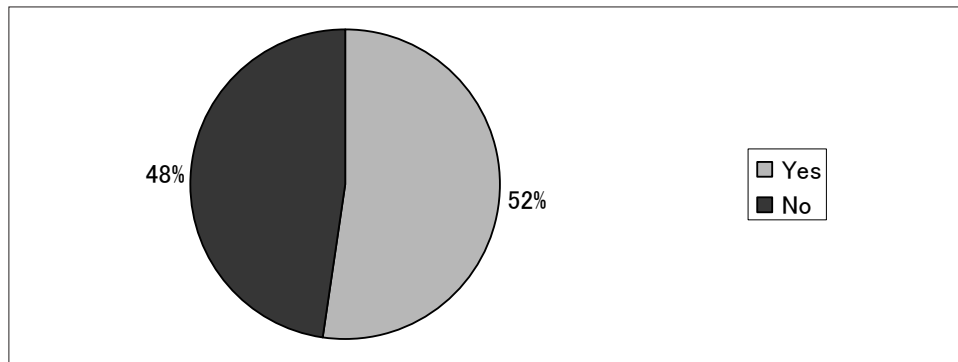


Table 7. Do you want to work as a caretaker in Japan?



varied:

“First, I would like to develop my career. Second, to learn more about the advanced Japanese nursing technology. Lastly, I would like to learn about Japanese nursing models.”

“I am interested in Japanese culture. I want to learn from Japan because they have a better health care system.”

“This EPA agreement opens a new work place for Indonesian nurses. I want to go to Japan because I want to gain more experiences that I can share with other nurses in Indonesia, when I return.”

“For me, I have an economic reason. Aside from that, I also want to get more experience in Japan, as they previously mentioned. Also, I would like to show the world the good image of Indonesia, and let them understand that Indonesia is not a terrorist country.”

ii) How much do you know about Japan before you start the intensive Japanese course?

Before they took three week intensive Japanese language course, the respondents' knowledge about Japan was limited to simple Japanese proper nouns, such as, Hiroshima, Nagasaki, and Harajuku, that are historically, and socially widely-known. Aside from hiragana and katakana, the Japanese terms for grammar, kimono, ikebana, origami, samurai, sake, sumo, ninja, sashimi and harakiri were named as specialties of Japan. These were the terms that “We learn in our social studies, such as geometry and history”, and through education, they learn “Japan has four seasons.” A respondent named Tennoheika (Emperor), Meiji, and Amaterasomikami, the words he learned from his grandfather. In addition, manga, a term based on a sub-culture of juveniles was also introduced and it was followed by

the character of the Japanese manga, such as Doraemon, Shin-chan, Naruto, and Chibimarukochan.

Instead of using a specific term, a respondent answered “Japanese cars” with world-wide good reputation, and it was followed by another respondents, said “I have an image of high-technology.” A similar answer to this question was “I have an image of Japan as a high level society.”

One respondent describe her experience with Japanese people, “I worked in a hospital in Denpasar, Bali Island, and handled many Japanese patients before. The characteristics of the Japanese patients I met were like this. First, they were very curious about their illness, and they wanted to know more about it. (It seemed that) they were really protecting themselves by questioning us every time we provided treatment. They demanded that we do everything right on time, and they wanted us to be perfect. On the other hand, some Japanese did not speak much and did not ask many questions.”

iii) How much do you know about the EPA?

The author of this study asked the respondents about their knowledge of the EPA. One can notice that their knowledge tends to be rather precise, when the topics covered the job in which they planned to apply for in Japan:

“My understanding that this program is a part of an Indonesian and Japanese government agreement on economic partnership.”

“Under this agreement, the Indonesian government sends not only nurses but also care workers to Japan. The quota is a total of 600 care workers and 400 nurses per year over the next two years.”

“We have been informed about the program through the internet, TV, and newspapers. Through the internet, we have two different images of the program, both positive and negative. The positive image is that the program offers us a new opportunity to work in Japan. The negative image is that this program does not treat

Indonesian nurses as full nurses but as nursing assistants (with a lower salary). The newspaper said Indonesian nurse are going to work as assistant nurses unless they pass Japan’s board examination. It is a negative image. Why can’t we work as a nurse rather than a nursing assistant in Japan?”

“We learned also about the certified care workers. Their work is to care for the elderly. I did not understand at the beginning that it is professional work, but I learned more about it, and now I am concern that a certified care worker is a new profession. We were given information that their salary is around Rp15,000,000 (¥121,291) to Rp16,000,000 (¥129,377) per month. We know that is lower than the nurse’s salary.”

“We also learned that a non-nursing D3 can become a certified care worker, too. But to become certified care workers, they need to take a training course prior to going to Japan. The care workers can stay in Japan for four years before they pass the national board examination, but they are given only one chance to take the examination. In regard to the job description which distinguishes the nurse and certified care workers, we need detailed information.”

iv) How do you feel about the EPA scheme?

The respondents listed the following information which they needed before they could apply to the program. It is again notable that when the topics cover a job for which they intend to apply for in Japan, they are likely to ask more questions than answer questions:

“We would like to know which profession is needed more in Japan, Nurse, or caretaker. In addition, we would like to know which gender is needed more in Japan, male or female.”

“I would like to know the qualifications that are required. In other words, what do they expect us to do in Japan?”

“I was eliminated at the final stage of the matching process. I would like to know what characteristics are required. What are the

nurses' characteristics in Japan?"

"We took a psychological test and were numbered according to the score we got (I am afraid that my score was not so good, so I was eliminated). We needed more information on what kind of psychological test it was."

"(I was an ICU nurse, but I was not chosen). I wonder how my ICU experience was considered."

"We would like to ask them to consider more about our careers. Some of us (who dropped out) were working at ER, ICU, HCU, OR. We would like to work in a department where we can further develop our skill."

"I worked in Saudi Arabia before. I was working at a national hospital there. In Saudi, there were national regulations on hiring nurses, and the working conditions are common in every hospital, did not need to ask about the working conditions at the hospital. But in Japan, there are different hospital regulations. The working conditions are different, the salary is different. I need to determine the working conditions at each hospital before I apply for the EPA program this time. I also need to know how much income tax we should pay."

"Regarding the information needed upon applying for the EPA program, we need more information on the hospitals. Before the matching process, we checked the information on hospitals, but the name of the hospital was not provided, but a number. They only gave us number, and the place (prefecture) of the hospitals. We do not know what type of hospital they were. Although we were informed about the number of beds in each hospital (without been informed about the specialty of the hospital), we cannot identify what type of specialty the hospital has whether or not they were a cardiology special hospital, we did not know. We would prefer to choose the hospital which matches to our own career. (But they did not give the name of any hospitals, so) We could not check the specialty of the hospital via internet, so no information except, the number of the hospital, name of prefecture, amount of basic

salary, over time, bonus, "

"We were also confused that some hospitals said they had training, some did not. Some said they have ten-day-paid holiday, but some did not. Regarding the accommodations, some hospitals provided the information, but some did not. We were very confused. We need more information about the hospitals."

"They said that we can 'work' in Japan, but can we really 'work' (with the full payment as a worker) or are they just offer me opportunity to have 'training' (and offer us compensation lesser than workers)? Are there any facilities where we can study? Please provide this information at the website."

"I would like to know what the quota is for next year."

"Will the hospitals applied this time also apply next year, too?"

"We expect the hospitals to accept more male nurses."

v) What do you anxious about Japan?

The anxiety felt by the respondents of this study was mainly related to whether they would be accepted as Muslims in Japan, which is apparently obvious when they perform their ritual acts, such as praying 5 times a day, and wearing a scarf.

"Regarding our religion, we would like more information whether or not they will allow us to pray during the working hours, whether or not they have a prayer room, whether or not they allow us to wear a scarf. We need such information on the website."

"More than 90% of the Indonesians are Muslims. We do not know if the Japanese people will accept Muslims. I wonder whether the Japanese people have a negative image of Muslims."

4. Discussion

(1) Indonesian nurses and care workers through gender perspective

Many previous studies on nurse and care worker migration have suggested that gender is

one of the keys to analyze the tendency of migration. One of the widely known facts is a feminization of migration' indicating that female are more likely to migrate than males (Piper, 2003: 21-48). This is especially true in regard to the field of care-related work (Rivas, 2003: 70-84). The characteristic of the respondents of this study is not contradicting the feminization of migration, but one can say that such a phenomenon has also occurred according to the job demand in Japan.

More than half the respondents of this study were males. This may reflect the gender imbalance for nurses between Indonesia and Japan, and differences in gender perspective against nurses by Indonesia and Japan. According to the interview in Indonesian hospitals made by the authors of this study, the male nurses accounted for more or less 30% of the total nurses in the hospitals in Indonesia. While in Japan, only 4.7% of nurses are males (Kosei Rodo-sho, 2007). Therefore, we can assume that the image of nurse amongst Japanese people is female. According to Asakura (2005: 1120-25), more than 60% of the Japanese nurses agreed or somewhat agreed with the opinion that a 'nurse is a feminine' profession. This may indicate why more job-offers were extended to females. This fact was proved by an interviewee's comment which was obtained through another interview survey amongst the receiving hospitals in Japan. The media reported that many hospitals prefer female nurses to male nurses based on those conditions (*Asahi Shimbun*, August 6, 2008). Some of the rejected male nurses may have been included in the respondents.

In spite of the gender biased situation in Japan, the quantitative data indicated that there are no such gender differences observed in relation of any of the factors of migration, amongst the Indonesian respondents. Gender is not an indicator of their way of working and desire to stay Japan, interests in Japan and the opinion on EPA for Indonesian nurses. Thus one can assume that when the Japanese society accommodates the

Indonesian nurses, they may give Japanese people a new image of the nurse which is not feminine work but a work done by both male and female.

(2) Indonesian nurses' impressions of Japan

The Indonesian nurses who wished to go to Japan were interested in Japanese culture and society. The quantitative data indicates that Japan as a high-tech society may attract them to go to Japan. However, it can be assumed that Indonesian nurses have rather limited image of Japan, which has been imprinted through television programs or the media. A negative image of Japan did not appear in the discussion. This may be because they did not have sufficient experience or contact with Japanese people to identify the negative side of Japan.

Some respondents were anxious about the attitudes of the Japanese people toward Muslims. This may have been influenced by the recent anti-Muslim trends observed in some member countries of OECD, such as the USA and European countries. Indonesian nurses may assume that every OECD country has the same social attitude towards Muslims, thus their image of Japan does not necessarily reflect the reality. Unlike the USA or European countries, the population of Muslims in Japan is too small to have any social influence on the Japanese people. Due to the lack of information on Japanese social conditions, the respondents were likely to have unfounded anxiety concerning a fear of being Muslims in Japan. Therefore, it is suggested to provide the Indonesian applicants a larger amount of information on 'real' Japanese society including both positive and negative sides.

One should notice that although the respondents of the study seem to know about Japanese traditional culture, it does not necessarily mean that they have adequate knowledge about Japanese society and culture, particularly regarding the field of nursing. We should notice that their image of nursing in Japan seemed to be stereotyped. They expect that nursing in Japan is more developed than in Indonesia. But, it is hard

to compare the level of nursing skills between different cultures, because the nursing skill is based on cultural perspectives, which is hard to quantify and compare in different cultures. Assuming that the Indonesian nurses expect Japan's nursing skills to be highly influenced by high-technology, it does not reflect the real clinical settings. Even in the highly developed countries like Japan, the act of nursing is still based on the manual and humane care, and it is not necessary parallel with the development of the medical technology.

According to another interview conducted by Hirano, an Indonesian male nurse asked the head nurse of a Japanese hospital to assign him to an operation room. He wished to learn nursing with high-technology, which he believed to be the epitome of modern nursing. On the other hand, the head nurse was going to assign the Indonesian nurse to bedside treatment, so that he could have increased contact with Japanese patients to obtain experience prior to taking a board examination (Hirano, 2009). The head nurse sympathized with the Indonesian nurse concerning his desire to work in an operation room, because she understood his aim in coming to Japan. But the head nurse had her own reasons and she could not simply accept his request. The Japanese hospital hired him and would pay him a salary, which was the same amount as a Japanese nursing assistant. For this reason, the head nurse asked him to work for as much as the hospital would pay to him; to pass the national board examination to become a registered nurse and become a full-staff member of the hospital in the future, if possible.

The gap between the Indonesian nurse candidates' wish to work in a high-tech setting, and the Japanese head nurses' wish to assign them to task to which they believe they can earn compensation from Indonesian nursing candidates may exist. The above mentioned episode suggests that, in order to fill the gap, the stereotype of nursing in Japan which is highly influenced by high technology, should first be 'deconstructed'. In addition, Japanese hospitals must also clearly

explain their expectations concerning the Indonesian nurse candidates, and regarding their reason for hiring such employees.

(3) The Opinion on EPA Scheme

It seems that over 70% of the respondents of the study know very much/somewhat about the Japan-Indonesia EPA. Their understanding of the EPA program seemed to be based on the correct information given by JICWELS and/or the National Board, the officers in charge. This was confirmed by their knowledge that the salary would be around Rp15,000,000 to Rp16,000,000 which reflected the actual basic salary listed in the contract between the Indonesian nurses and Japanese extended-care facilities. Still, attention should be made to the fact that nearly 30% of the respondents said they knew a little, or did not know anything about the Japan-Indonesia EPA. Like their general image about Japan, their image about working in Japan was also limited. They did not know about the market conditions in Japan. The gender preferences, kind of job, characteristics, and skills were the important information they needed to make decide whether they apply to work in Japan.

The lack of information about working conditions in Japan may have led to dissatisfaction. Indeed, the FGD results indicate that the respondents were not satisfied with the matching process made by both the Indonesian and Japanese governments. There are several reasons for this. First, the process was made with limited information. There were no names of hospitals but assigned numbers to make the hospitals anonymous. Information on the location of hospitals was given, although it seems that it did not help in making a decision; it is natural to imagine that very few Indonesian applicants know the name of the prefecture, unless they had come to Japan before. The respondents of the study indicated their desire to know the specialty of the hospital. Many Indonesian nurses have their own specialty, and they wish to maximize their skills when they work in Japan. Therefore, it is

understandable that nurses want to apply to a hospital with the same specialty as their own.

According to a separate interview with JICWELS made by an author, the organization determines the matching process, and they provided limited information on hospitals to avoid providing them 'extra' information so that the applicants would not be confused. However, since nurses are medical professionals, JICWELS should provide at least the specialty of the hospitals, so that applicants can find the most suitable hospitals in which they can maximize their skills and knowledge. This would provide the hospitals an advantage as well.

Second, the matching process excludes a face-to-face interview, which is used in most hiring processes. Meeting face-to-face, allows nurses to estimate the atmosphere of the hospitals, which they cannot obtain from a classified ad provided through JICWELS. This again, would provide a similar advantage to the hospitals. According to a separate interview of hospitals, the hospitals were not satisfied with the conditions, either. The information offered to the hospitals was the applicant's allocated number, to make them anonymous, and their gender and name of the school they attended. This is not sufficient amount information to make a decision who to hire. Hospital also needed to have the applicants' portraits, including the applicants' appearance, personality, and how they communicate with others. Due to another interview, authors learned that some Taiwanese private agencies in Indonesia conduct face-to-face interviews online, when they go between Indonesian applicants and Taiwanese employees. This is a simple system to develop, so the program should apply such a system at the next opportunity.³

It is notable that the respondents are confused by the working position after they start working in Japan. Will they be treated as a trainee or a worker? This is due to the unclear position taken by Japanese government. If

Japanese government really encourages them to pass the licensing examination to accept them as a worker, then a proposition for it should have clearly stated and explained to the applicants so.

The opinions given by the respondents of the study may be influenced by the fact that they were not chosen to go to Japan. Despite that fact, there are many modifications that should be made in the EPA scheme. Re-thinking the matching process to meet the needs of both the job-seekers and employers is inevitable. Prior to that, Japanese government should provide more precise information on the aim, procedures and goals of the program.

(4) Image of *Kaigo-fukushi-shi*

Although there is no such job category of certified care workers in Indonesia, the JIEPA nevertheless opened the market to this job demand. Was this job well understood by Indonesian applicants? The respondents of this study, who applied for the nurse's course, were informed about the certified care worker's course, too. Fewer applicants than expected applied for the certified care worker's course (*Yomiuri Shimbun*, July 1, 2008), so JICWELS might have described the care giving course for the nurse's course applicants, too, in order to increase the number of certified care worker candidates. JICWELS should investigate why there were only a few certified care worker applicants. Unlike many societies, which have traditional stereotype of a caregiver such as females in a relatively subordinate position, such as wife serving her husband or a daughter-in-law serving her parents-in-law, Indonesian society is likely does not have the so-called traditional stereotype of caregiver. It is statistically proved in the quantitative analysis that no gender differences were observed regarding the application process for care worker.⁴ Therefore authors established the following hypothesis. If the job descriptions of *kaigo-fukushi-shi*, which is clear and distinguishable from those

3 The matching process made by the Philippine government and Japanese government for the first group of Filipino applicants has been improved. In February 2009, face-to-face interviews between job-seekers and employers were conducted in the Philippines (*Asahi Shimbun*, Feb 26, 2009).

of nurses, were given, more individuals might therefore apply for the position of *kaigo-fukushi-shi*.

In fact, the respondents of this study needed a detailed job description that differentiated between the nurses and certified care workers. The FGD indicated that the respondents were still confused about the qualifications needed for *kaigo-fukushi-shi*, even after they were given explanation by JICWELS officials.

We should also clarify the details of the social background before establishing the post of *kaigo-fukushi-shi*, in order to elucidate why such confusion regarding the job description may occur. In Japan, both nurses and *kaigo-fukushi-shi* are identified as health professionals, however, the difference in competencies needed for each profession was not clear to the Indonesian applicants. Nursing education is exclusive and different from other academic fields. Therefore, it is understandable that applicants for nurse's course are limited to S1 and D3 nurses. While, a certified care worker's course is opened not only to D3 and S1 in nursing but also to non-nursing D3 and S1, too, if they completed the special training course in Indonesia prior to go to Japan.

Freidson (1970) indicated that the health professionals are exclusive by obtaining a licensure, autonomy, and an educational career. In this context, a nurse can be easily identified as a health professional, because the EPA program allows only S1 nurse and D3 nurses, who received an exclusive education as a nurse. On the other hand, certified care workers are difficult to understand, because the EPA program allows in the participation of non-nursing people as well. This is inconsistent with the concept of a professional, so it may be confused the Indonesian appli-

cants.

The concept of the difference between care giving and nursing is in dispute in Japan. The job done by *kaigo-fukushi-shi* used to be a job done by nurses. The new profession called *kaigo-fukushi-shi* was established through a political movement. In the 1980s, due to the drastic increase in the elderly population, the Japanese government faced to a fundamental change in operating social welfare systems. In 1987, the Social Work and Care Work Law was established. Under the law, a nominal monopoly was given to *kaigo-fukushi-shi*, and it has been recognized to be a professional who takes care of the elderly and handicapped people. However, referring a Freidson's concept of professionalism, *kaigo-fukushi-shi* then did not fulfill the definition of professionalism. They did not offer every person a board examination, unlike nurses or doctors.⁵ According to the former Social Work and Care Work Law, those who received education in training institutions were immune from taking a national board examination. This is one of the reasons why the job description of *kaigo-fukushi-shi* is not considered to be sufficiently clear.

Of course, many Indonesian candidates may ask Japanese staff, "What is the profession and competencies of certified care workers?" and "Do we have our own autonomy?" after they start working at the extended-care facilities, after finding that there are no obvious differences between such care workers and nurses. Therefore, taking this opportunity, it may be necessary for Japanese *kaigo-fukushi-shis* to be more self-confident, and to establish autonomy of *kaigo-fukushi-shi* as a health professional. By clarifying this position, the Japanese people may thus be able to persuade Indonesian candidates of the autonomy of *kaigo-*

4 We should notice the existence of any bias among the respondents, before interpreting the statistical results. The respondents of this study were eliminated from the list, so their answer may be influenced by their wish to go to Japan, even as care workers.

5 In 1986, when the Japanese government started their project to launch *kaigo-fukushi-shi*, Kobayashi, the President of Association of the Educational Institution for Certified Care Workers suggested to the Japanese government, "There are no professionals to care for people (especially the elderly and handicapped who require daily assistance) in Japan yet. In order to establish such a profession, I would like to suggest you to offer a national board examination to people who have more than three years working experience in extended-care facilities, to assure the manpower of certified care workers. But, this is only a transitional measure. I hope, in the end, we will establish a system to offer every certified care worker-to-be national board examinations, so that we can unify the autonomy of certified care workers and assure the level of competencies" (Kobayashi, 2007:74-76). This episode indicated that at the beginning, there was not a unified licensure system for *kaigo-fukushi-shi* in Japan.

fukushi-shi, so that they do not underestimate this position.

(5) To make Japan Indonesia Economic Partnership Agreement a win-win Agreement

Although the EPA has many issues, it is possible to make this agreement a win-win situation for both Japan and Indonesia. The EPA can contribute significantly to Japan. First, introducing foreign nurses could help some hospitals advance. A foreign nurse and care worker may bring a new concept and idea to the clinical settings. In particular, Indonesian nurses may bring to Japan a new concept of nursing as a job that can be done regardless of gender differences, as the authors mentioned earlier.

There may be minor friction between Japanese medical personnel and foreign nurses, which has already been reported by Vietnamese nurses' case (Takeuchi, 2009, 82-89). Regarding Indonesian's case, the authors note that especially act of touching a person must be carefully understood in light of different cultural perspectives. It is an expression of love and affection toward one another for Indonesians. While touching the human body is less popular in Japan. Therefore, it could become a problem if Indonesian nurses or care worker unconsciously carried this act while working with patients or the elderly in Japan.

Despite the cultural differences, accepting foreign nurses made hospitals culturally diverse (ibid.). This is illustrated by the opinions, "Through mutual understanding of each culture, we can open our perspective in many ways" and "(through the experience to work with them) I was aware of the fact that there is some incorrect value in Japan". As such, we can expect the foreign nurses to provide an opportunity to observe the culture of the Japanese hospitals and Japanese society objectively.

Second, the EPA may offer the opportunity to firmly establish the autonomy of *kaigo-fukushi-shi*. After the Japan-Philippines Economic Partnership Agreement was signed in 2006, the Human Resource Guideline for Care Workers

was amended in 2007, to ensure care workers a higher salary and a better working environment. A member of an administrative board of the Japan Association of Certified Care Workers said that the requirement was made due to the EPA. According to this person, the Associations' primary goal was to establish a better pay and better working environment for care workers, so that the job attracts more people to engage. The mission should be accomplished before Japan started employing a 'cheap labor' from abroad. For this, one can say that the EPA took a role as an outside pressure in amending Human Resource Guideline. Such phenomenon may eventually provide an opportunity to establish the social status for *kaigo-fukushi-shi*, as mentioned earlier. Through establishing a more systematic educational system for *kaigo-fukushi-shi*, it may become more attractive work and attract more domestic and international professionals. Since more than half of the Indonesian nurses in this study would come to Japan to work as certified care workers, there will be a good chance for Japanese society to further develop skills for certified care workers. Because the Indonesian nurses have a basic medical knowledge as well as the skills to take care of the people who require daily assistance, the Indonesian nurse can help the Japanese certified care workers to promote the knowledge and skill of care.

On the other hand, there are also many advantages for the Indonesian side, too. The EPA will provide a good opportunity for Indonesian nurses to take ascend their career ladder. Observing nursing systems in different countries may offer them the opportunity to objectively observe their own nursing system in their home country, as well. Since nearly 80% of the respondents of this study answered that they preferred to or definitely would go back to Indonesia in the future, the EPA may offer the Indonesian nurses a good opportunity of brain circulation, not brain drain. As Hirano (2008: 26-27) reported, Indonesian nurses hope to learn from the Japanese, and thereby bring back such knowledge

to Indonesia to further develop their careers and also contribute to the Indonesian medical systems.

5. Conclusion

Although the Japan Indonesia Economic Partnership Agreement still needs some fundamental discussion in regard to its aim, procedures and goals, it may offer the opportunity to address various issues that exist regarding Japan's medical and social welfare systems. Therefore, evaluating this issue and taking appropriate actions to achieve fundamental change, will help to develop a better medical and social welfare system that will attract more medical personnel regardless of their nationality.

Acknowledgement

The authors of this study wish to express our sincere gratitude to Kreasita, a Kyushu University graduate student, who helped with the translation. This study was funded by the Kyushu University Program and Project on Education and Research named "A Global Sociological Study on Japan's Opening of Its Labor Market Particularly in the Field of Care and Nursing."

References

- Asahi Shimbun, August 6, 2008
—, Feb 26, 2009
- Asakura, K., 2005, "Jenda no Shiten kara Yomitoku Kea/Kearingu Gainen" [The Concept of Care and Caring from Gender Perspective], *Kango-kanri*, Vol. 69, No.11: 1120-25. (朝倉京子, 2005, 「ジェンダーの視点から読み解くケア/ケアリング概念」, 『看護管理』69巻11号).
- Freidson, E., 1970, *Professional Dominance: The Social Structure of Medical Care*, Atherton Press.
- Hirano, Y., 2008, "Indonesia-jin Kango-shi wa 'Kurofune' da: Kaigo Genba ni Shinpu mo" [Accepting Indonesian nurse is a milestone in the history of care workers: A new breeze to the field of care], *Gekkan Kea Manejimento*, Vol. 19, No.11: 26-27 (平野(小原)裕子, 2008, 「インドネシア人看護師は“黒船”だ 介護現場に新風も」, 『月刊ケアマネジメント』19巻11号).
- Hirano, Y. 2009, "Gaikoku-jin Kango-shi, Kaigo-shi no Donyu, Ukeire Gawa no Koe Kara" [Introduction of foreign nurses and care workers into Japan, Voices of accepting hospitals and facilities], *Bunka-ren Joho*, No. 371: 34-37 (平野裕子, 2009, 「外国人看護師・介護士の導入 受け入れ側の声から」, 『文化連情報』371号).
- Kobayashi, M. 2007, "Kaigo-fukushi-shi Shikaku Seido no Seiritsu to Genjo : Atarashii Kaigo-fukushi-shi no Yosei to Kokusaika Jidai ni okeru Senmonshoku no Arikata (2)" [A History and the present situation of the qualification system of the certified care workers: The training system and professionalism of the certified care workers in the era of globalization], *Chiiki Kearingu*, Vol.9, No.8: 74-76 (小林光俊, 2007, 「介護福祉士資格制度の成立と現状 新しい介護福祉士の養成と国際化時代における専門職のあり方」(第2回), 『地域ケアリング』9巻8号).
- Kosei Rodo-sho [Ministry of Health, Labor and Welfare], 2007, "Heisei Juhachi-nendo Hoken Eisei Gyosei Gyomu Hokoku" [The reports of administrative works of health and sanitation of the fiscal year 2006], accessed on 10 Feb. 2009 at <http://www.mhlw.go.jp/toukei/saikin/hw/eisei/06/kekka1.html>
- Piper, N. 2003, "Bridging Gender, Migration and Governance: Theoretical Possibilities in the Asian Context", *Asian and Pacific Migration Journal*, Vol.12, No.1 2: 21-48.
- Rivas, L. M., 2003, "Invisible Labors: Caring for the Independent Person", in Ehrenreich, Barbara and Arlie Russell Hochschild (eds.), *Global Woman-Nannies, Maids, and Sex Workers in the New Economy*, Owl Books: 70-84.
- Takeuchi, M., 2009, "Gaikoku-jin Kango-shi tonon Kyoudo no Kadai to Kyocho no Purosesu: Betonamu-jin oyobi Nihon-jin Kangoshi ni taisuru Chousa Kekka o motoni" [Challenges and cooperative processes of working with foreign nurses: Based on the results of a survey for Vietnamese and Japanese nurses], *Nursing Business*, Vol.3, No.1: 82-89 (竹内美佐子, 2009, 「外国人看護師との協働上の課題と協調のプロセス ベトナム人および日本人看護師に対する調査結果をもとに」, *Nursing Business*, 3巻1号)
- Yomiuri Shimbun, May 20, 2008
—, July 1, 2008