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<https://doi.org/10.15017/17931>

出版情報 : 九州大学アジア総合政策センター紀要. 5, pp.127-139, 2010-06-30. 九州大学アジア総合政策センター

バージョン :

権利関係 :

How Do Japan's Hospitals Evaluate the Economic Partnership Agreement Scheme?: A Comparative Survey between Hospitals Accepting the First Batch of Foreign Nurses and Those Accepting the Second Batch

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Abstract

Japan has opened its labor market to foreign nurses under the Japan-Indonesia Economic Partnership Agreement (JIEPA) since 2008 and the Japan-Philippine Economic Partnership Agreement (JPEPA) since 2009. By accepting foreign nurses under the governments' policies, JIEPA and JPEPA paved a way to a new era of globalization in nursing, and it may influence the attitudes and consciousness of Japanese hospitals.

The purpose of this study is to compare the attitudes and consciousness of Japan's hospitals accepting the first-batch hospitals (accepting the first batch of foreign [Indonesian] nurses), and the second-batch hospitals (accepting the second batch of foreign [Filipino] nurses). Since the JIEPA scheme and the JPEPA scheme are similar in accepting nurses from each country, a fair comparison between the first-batch hospital and the second-batch hospital can be made.

The result of this study indicated that the first-batch hospitals were likely to need information about culture and religion of the sending countries ($p<0.05$), to accept foreign nurses due to the reason "to observe the ability of foreign nurses in terms of communication with Japanese medical staff" ($p<0.05$) and "to observe the reading and writing ability of foreign nurses" ($p<0.05$).

The authors assume that the first-batch hospitals are the 'trial cases' in receiving foreign nurses to Japan, and thus preparation for the cultural and religious needs for the foreign nurses must also be considered, especially for the first-batch hospitals partly due to the religious characteristics of the Indonesian nurses.

Key words : JIEPA (Japan-Indonesia Economic Partnership Agreement), JPEPA (Japan-Philippine Economic Partnership Agreement), nurse, migration, hospital

1. Introduction

In August 2008, Japan welcomed 208 Indonesian nurse and certified care worker (*kaigo fukushi-shi*) 'candidates'¹ under the Japan-Indonesia Economic Partnership Agreement (hereafter referred as 'JIEPA'). They are the

first-batch of health care workers under this program to come to Japan to work and take training in the hospital or the long-term care facility. In May 2009, approximately 270 Filipino nurse and caregiver candidates also arrived in Japan as the second-batch of foreign care workers. They ar-

¹ The terms 'nurse candidate' and 'certified care worker candidate' were used by the Ministry of Health and Welfare of Japan. Foreign candidates are not considered as a nurse or certified care worker unless they pass the national board examination in Japan. (Kosei Rodo-sho, 2008)

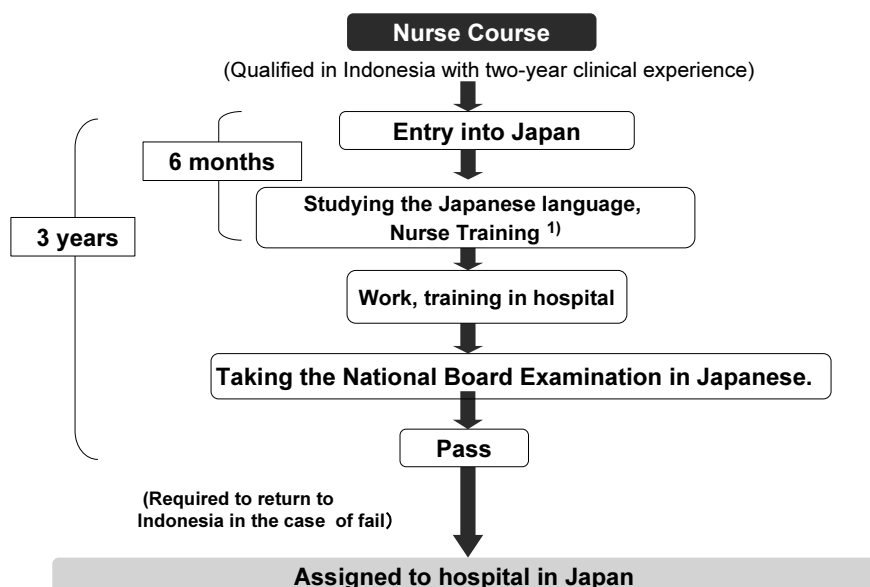
rived in Japan under the Japan-Philippine Economic Partnership Agreement, (hereafter referred as 'JPEPA'), which is very similar to JIEPA.²

By accepting foreign professional workers such as nurses and caregivers under these national policies, JIEPA and JPEPA paved a way to a new era of globalization in nursing and caregiving of Japan. **Figure 1** shows the flow chart for accepting foreign nurses under the EPA program. These candidates are required to pass the national board examination in the Japanese language within three years in the nurse course and within four years in the certified care worker course upon their entry into Japan. The hospitals employing them have to take full responsibilities for helping candidates pass the examination by preparing their own curriculum and others. If the candidates cannot pass the examination, they are obliged to return to their country (see **Figure 1**).

Japan has slowly opened its labor market to foreign workers particularly after the 1980s. The

Japanese government's immigration policy in principle is to welcome professional and skilled foreign workers, but not manual and unskilled foreign workers. In reality, thousands of descendants of overseas Japanese migrants (Nikkeijin) mainly from Latin America and even unqualified foreign workers entered into Japan especially since early 1990s, and have engaged in manufacturing and other industries, which need a lot of manual workers.

As mentioned above, Japan's labor market has been officially opened to some professional occupations, but most of Japanese people are not yet well ready to welcome foreigners to live close together as partners at the workplace as well as the community of their residence. Japan's immigration policy allows incoming of foreigners to stay and work for a certain period, but was not so generous to their permanent residency in the past. For these reasons, Japanese people tend to consider foreign residents as short-term sojourners or guest workers, who will ultimately return



1) For Indonesian candidates, a part of the Japanese language training has been conducted in Indonesia since 2009.

Figure 1. Procedures for Qualified Indonesian / Filipino Nurses in Japan

2 A 2-year clinical experience is one of preconditions for Indonesian nurse candidates while a 3-year clinical experience is one of them for Filipino nurse candidates. This difference was thought up because of different educational systems in Indonesia and the Philippines.

home. Such Japan's policy has been often regarded as too conservative and outdated by the international community. However, as globalization has accelerated the mobility of people, acceptance of a substantial number of foreign migrants is now more seriously discussed as one of realistic options to ameliorate the decreasing workforce in Japan.

Japanese society has been regarded as homogenous by peoples of the other countries partly because the majority of Japanese have limited experiences to work and live with foreigners.³ In other words, if good opportunities are given, Japanese people also have possibilities to open their society to foreigners more widely than ever. Assuming that Japanese experience of working and living with foreigners provides a model for co-existence with people from abroad, Japan might become a culturally and ethnically diversified society in the future (Ohara, 1991: 105-116). This is one reason why newly launched EPA project has attracted numerous Japanese citizens' attention.

2 . Purpose of the Study

The purpose of this study is to compare the attitudes and consciousnesses of Japan's hospitals accepting the first-batch of foreign nurses (hereafter referred as 'the first-batch hospitals') and hospitals accepting the second-batch of foreign nurses (hereafter referred as 'the second-batch hospitals'). As mentioned above, the first-batch of foreign nurses are Indonesian and the second-batch nurses are Filipinos. Despite their difference in nationality, Japanese people tend to consider that Indonesians and Filipinos are almost same in terms of their ability to learn the Japanese language (Hirano, 2009: 24-27).

For this reason, the authors assumed that a fair comparison between the first-batch and the second-batch hospitals will be needed. They also hypothesize that the first-batch hospitals, as a

first case, might have encountered more difficulties in accepting foreign nurses than the second-batch hospitals. On the other hand, the second-batch hospitals will be able to learn from the experiences of the first-batch hospitals, and thus it is assumed that the second-batch hospitals may have had fewer difficulties than the first-batch hospitals.

Some hospitals have accepted both Indonesian and Filipino nurse candidates.⁴ In such cases, they might have well prepared to accept Filipino nurse candidates, because they would be able to utilize their experiences, tactics, and materials used for Indonesians who were assigned earlier. For this reason, a cross-sectional analysis for the hospitals accepting both Indonesian and Filipino nurse candidates was done separately.

3 . Methods

Prior to developing the questionnaire for this survey, interviews with Japanese head nurses were conducted in order to obtain qualitative data with regard to the expectations toward foreign nurses with whom they would work, and the nurses' opinions concerning the Economic Partnership Agreement policy. A seven-page questionnaire was developed through careful study of the qualitative data mentioned above.

In the questionnaire, the following questions were included: 1) attribution data (type of hospital, 2) the number of beds, 3) the number of nurses by patients and type of ward, 4) whether they have an attached nursing education institution, 5) position of the person whose decision was made to hire foreign nurse/nurses in each hospital, 6) the person who answered the questionnaire, and 7) experiences of hiring foreign nurses or caregivers prior to the acceptance of foreign nurses under the EPA program.

A one-to-four ordinal score was used in the following questions: 1) How does your hospital

3 Before the end of World War II, around 30% of foreign residents in Japan were Koreans. They are categorized as 'old comers'. In this article, however, the authors focus on 'new comers' who have been migrated to Japan especially after the 1980s when Japan enjoyed the Bubble Economy.

4 According to Japan's Ministry of Health, Labour and Welfare, seven hospitals accepted both of the first- and second-batch foreign nurses.

recognize the socio-economic condition in hospital management?, 2) Reasons to accept foreign nurses, 3) Opinion about EPA, and 4) Future plan for hiring foreign nurse in hospitals. The preparation for accepting foreign nurses and other necessary information for the hospital were evaluated using a nominal scale.

The questionnaires were distributed to all hospitals listed by Ministry of Health, Labour and Welfare just before the foreign nurses were assigned to each hospital. The first-batch hospitals employing Indonesian nurse candidates are a total of 47. The questionnaire survey of the first-batch hospitals was conducted in January 2009. The second-batch hospitals employing Filipino nurse candidates are a total of 45 hospitals. The questionnaire survey of the second-batch hospitals was conducted in October and November 2009. This study was approved by Institutional Review Board of Kyushu University.

The Mann-Whitney's U test was conducted for each question with 1-to-4 ordinal scale according to the type of hospital, due to the data distribution. The chi-square test was conducted in each question with nominal scales according to the type of hospital.

4 . The Results

(1) Demographic Characteristics of the Hospitals

The respondents were 23 first-batch hospitals (respondent rate was 49%) and 21 second-batch hospitals (respondent rate was 47%). Five hospitals reported that they employ both Indonesian and Filipino nurses. The majority of the hospitals were private hospitals in both first-batch (95.7%) and second-batch (100%). There was no statistical correlation between the two groups.

The number of beds was higher in second-batch hospitals. The average number of beds of the first-batch was 292 whereas that of the second-batch was 289. There were no significant differences between the numbers of the two groups.

Of the first-batch hospitals, 26.1% responded

that they had an affiliated nursing education institution, while only 9.5% of the second-batch hospitals responded so. There was no statistical correlation between the two groups. Of the first-batch hospitals, 8.7% responded that they had experiences to hire foreign nurses through non-EPA program, while 14.5% of the second-batch responded so. There was no statistical correlation between the two groups.

Of the first-batch hospitals, 30.4% responded that they had hired foreign care givers through non-EPA program, and 38.1% of the second-batch hospitals responded so. There was no statistical correlation between the two groups.

Among the respondents, 30.4% were head nurses who responded to the questionnaire in the first-batch, while 19.0% of the respondents were head nurses in the second-batch. There was no statistical correlation between the two groups.

Of the first-batch hospitals, 66.7% responded that they decided to employ foreign nurse candidates under the EPA program with wishes of the chairman of the board of directors or a director of each hospital. Of the second-batch hospitals, 90.5% responded that they did so. There was no statistical correlation between the two groups.

(2) How the Hospital Perceive the Socio-economic Condition in Hospital Management?

The Mann-Whitney's U test was conducted in order to compare the first- and second-batch hospital. The mean rank are shown below in parentheses. The higher the number was, the more the hospital agreed on each statement. In descending order, the first-batch hospitals agreed on the following statements, "The turnover ratio of nurses in our hospital is high" (24.48), "The level of nursing in Japan has not reached to the level of world standard" (24.26), "Society underestimates the social status of nurses" (23.67), "The allocation rate of nurses is very high" (22.57), and "Medical service fees are too small" (21.09).

The second-batch hospital agreed on the

following statements, “Medical service fees are too small” (23.05), “The allocation rate of nurses is very high” (22.43), “Society underestimates the social status of nurses” (21.21), “The level of nursing in Japan has not reached to the level of world standard” (20.57), and “Turnover ratio of nurses in our hospital is high” (20.33). There were no significant differences between the first-batch hospitals and the second-batch ones in each item (see **Table 1**).

(3) Reasons to Accept Foreign Nurses

In the question about reasons to accept foreign nurses, two reasons with significant differences between the first- and second-batch hospitals were identified. The mean rank on the reason, “To observe the ability of foreign nurses

in terms of communication with Japanese medical staff”, was significantly higher in the case of the first-batch (25.55) than that in the case of the second-batch (18.29) ($p<0.05$). “To observe the reading and writing ability of foreign nurses” was significantly higher in the first-batch (25.48) than that in the case of the second-batch (18.36) ($p<0.05$) (see **Table 2**).

(4) Preparation for Accepting Foreign Nurses

Eighteen items listed in **Table 3** were asked in order to find out what kind of preparations the hospitals had done before they accepted the candidates. The majority of the first-batch hospitals responded that they had done “preparation for foreign nurses’ religious concerns” (63.3%), and

Table 1. Perception of the Socio-Economic Condition in Hospital Management (mean rank)

	First-Batch	Second-Batch	p-value
Medical service fees are too small.	21.09	23.05	n.s.
The allocation rate of nurses is very high.	22.57	22.43	n.s.
Society underestimates the social status of nurses.	23.67	21.21	n.s.
The level of nursing in Japan has not reached to the level of world standard.	24.26	20.57	n.s.
The turnover ratio of nurses in our hospital is high.	24.48	20.33	n.s.

Mann-Whitney’s U test

Table 2. Reasons to Accept Foreign Nurses (mean rank)

	First-Batch	Second-Batch	p-value
To contribute a national policy.	25.52	19.19	n.s.
To contribute a international exchange program.	24.67	20.12	n.s.
To obtain information to judge whether or not he hire foreign nurses.	25.59	19.12	n.s.
To fulfill the shortage of nurses.	22.74	22.24	n.s.
To develop a nursing skills.	22.98	20.98	n.s.
To observe the ability of foreign nurses in terms of communication with Japanese medical staff.	25.55	18.29	$p<0.05$
To observe the ability of foreign nurses in terms of communication with patients.	25.00	18.86	n.s.
To observe the reading and writing ability of foreign nurses.	25.48	18.36	$p<0.05$
To prepare for the ‘internationalization’ of our hospital.	21.83	23.24	n.s.
To activate the work place.	22.48	22.52	n.s.

Mann-Whitney’s U test

had done “preparation for letting patients and their families to understand the reason why we accept foreign nurses in our hospital” (62.5%). The majority of the second-batch hospitals responded that they had done “preparation for written format for job description of foreign nurses in the work place” (75.0%), and “preparation for communication support between foreign nurses and patients” (64.7%).

Two kinds of preparations with significant differences between the first-batch hospitals and the second-batch were identified in this study. These are “preparation for foreign nurses’ religious concerns” ($p<0.05$) and “preparation for the amount of work offered to foreign nurses”

($p<0.05$). The percentage of the hospitals that prepared for foreign nurses’ religious concerns was higher in the first-batch hospital, while that of those prepared for the amount of work offered to foreign nurses was higher in the second-batch hospitals (see **Table 3**).

The hospitals accommodating both Indonesian and Filipino nurse candidates responded that all of them had prepared a mock examination (100%) for the second-batch of nurses. This rate was much higher than that of the other second-batch hospitals (37.5%) ($p<0.05$). Moreover, 80 % of the hospitals accommodating both Indonesian and Filipino nurses responded that they had already established a support sys-

Table 3. Preparation for Accepting Foreign Nurses (%)

	First-Batch	Second-Batch	p-value
Preparation for meal services according to the foreign nurses’ culture.	42.9	57.1	n.s.
Preparation for foreign nurses’ religious concerns.	63.3	36.7	$p<0.05$
Preparation for uniforms for foreign nurses.	45.8	54.2	n.s.
Preparation for Japanese conversation support for foreign nurses.	48.6	51.4	n.s.
Preparation for Japanese writing and reading support for foreign nurses.	53.1	46.9	n.s.
Preparation for national board examination for foreign nurses.	52.8	47.2	n.s.
Preparation for accommodation for foreign nurses.	52.3	47.7	-
Preparation for communication support between foreign nurses and Japanese staff.	50.0	50.0	n.s.
Preparation for communication support between foreign nurses and patients.	35.3	64.7	n.s.
Preparation for the amount of work offered to foreign nurses.	38.5	61.5	$p<0.05$
Preparation for instructing manual for foreign nurses in the work place.	51.9	48.1	n.s.
Preparation for holidays and work leaves for foreign nurses.	36.8	63.2	n.s.
	52.6	47.4	n.s.
Preparation for written format for job description of foreign nurses in the work place.	25.0	75.0	n.s.
Education for Japanese staff how to deal with foreign nurses.	41.2	58.8	n.s.
Networking with local community.	42.9	57.1	n.s.
Preparation for letting patients and their families to understand the reason why we accept foreign nurse in our hospital.	62.5	37.5	n.s.
others	50.0	50.0	n.s.

Chi-square test

tem backed up by the local community, but none of the other second-batch hospitals responded so ($p<0.01$).

(5) Opinions about the Economic Partnership Agreement

There were no statistically significant differences on the views of opinion about the Economic Partnership Agreement, between the two groups (see **Table 4**).

(6) Future Plan for Hiring Foreign Nurses in the Hospital

Amongst future plans listed in **Table 5**, there were no significant differences between the first- and second-batch hospital, except for the plan to “hire other foreign nurses through non-EPA program” ($p<0.05$). The first-batch hospi-

tals (23.35) were more likely to agree with this plan than the second-batch hospitals (20.45) (see **Table 5**). The hospitals accommodating both Indonesian and Filipino nurses were more likely to agree with the plan to “hire foreign nurses as assistants to Japanese staff” ($p<0.05$).

(7) Information Needed by the Hospital

Regarding the question on information needed by the hospitals, most of the first-batch hospital responded that they needed “information about culture and religion of the sending countries” (69.6%), followed by “information about the opinion of patients and their families regarding the acceptance of foreign nurses” (61.1%). More than half of the second-batch hospital responded that they needed “information about the migration policy and the present condi-

Table 4. Opinion about Economic Partnership Agreement (mean rank)

	First-Batch	Second-Batch	p-value
Japan's registered nurse is a qualification. But, the Japanese government should not regulate that nurses must pass the examination within 3 years.	22.83	22.14	n.s.
The Japanese government should ease the regulation that foreign nurses can work in the hospital without qualification.	21.48	21.53	n.s.
The Japanese government must include the number of foreign nurse candidates in that of nurses to fulfill the allocation rate of nurses in each hospitals. .	20.87	23.30	n.s.
The Japanese government should reduce a financial burden owed by hospitals upon hiring foreign nurses.	22.26	21.70	n.s.
The Japanese government should abolish the regulation that hospitals must pay foreign nurse candidates as much amount of salary as they pay for the Japanese workers engaging in the same work.	25.02	18.83	n.s.
The Japanese government should expand the number of foreign nurses per hospital for more than 5 people.	23.54	20.23	n.s.
The Japanese government should support hospitals in terms of the preparation of the national board examination.	22.09	22.95	n.s.
The Japanese government should open its market share to global nurse market.	23.13	20.70	n.s.
The Japanese government should offer a permanent visa to those who will pass the national board examination.	22.28	21.68	n.s.
The Japanese government should invite private agencies to the EPA program.	23.26	20.55	n.s.

Mann-Whitney's U test

Table 5. Future Plan for Hiring Foreign Nurses in Hospitals (mean rank)

	First-Batch	Second-Batch	p-value
We will hire foreign nurses only the condition which we lack the number of Japanese nurses.	22.72	21.18	n.s.
We will hire foreign nurses to as assistants of Japanese staff.	26.30	17.05	p<0.05
We will hire other foreign nurses through EPA program.	22.11	21.88	n.s.
We will hire other foreign nurses through non-EPA program.	23.35	20.45	p<0.05
We will hire certified-caregivers through EPA program.	22.61	21.3	n.s.

Mann-Whitney's U test

Table 6. Needed Information (%)

	First-Batch	Second-Batch	p-value
Information about the Japanese government's future perspective of EPA program.	59.4	40.6	n.s.
Information about the job description of nurses in the sending countries.	58.1	41.9	n.s.
Information about the nursing education system in the sending countries.	58.1	41.9	n.s.
Information about the nursing term books in local language of foreign nurses.	60.7	39.3	n.s.
Information about culture and religion of the sending countries.	69.6	30.4	p<0.05
Information about the human resource management and labor practices of the sending countries.	54.5	45.5	n.s.
Information about the migration policy and the present conditions of the migrant workers in sending countries.	40.0	60.0	n.s.
Information about perceptions by Japanese people regarding the foreign nurses.	60.0	40.0	n.s.
Information about the opinion of patients and their families regarding the acceptance of foreign nurses.	61.1	38.9	n.s.
other	0.0	100.0	n.s.

Chi-square test

tions of migrant workers in sending countries" (60.0%), followed by "information about the human resource management and labor practices of the sending countries" (45.5%). Regarding "information about culture and religion of the sending countries", 69.6% of the first-batch hospitals responded that they needed it whereas only 30.4% of the second-batch hospitals responded that that needed it. The above data showed a significant statistical difference between the two groups ($p<0.05$) (see **Table 6**).

(8) Free Answers

In free answer questionnaire, only 5 hospitals among 22 first-batch hospitals and only 11 out of 22 second-batch hospitals responded. Regarding the Japanese government's policy on the national board examination conducted in the Japanese language for foreign nurse candidates, both of the first- and second-batch hospitals were anxious about the possibilities of low passing rate for foreign examinees. The voices representing the respondents were the follows:

Case 1

‘Three years is not long enough for them to prepare for the board examination in Japanese. The Japanese government should reconsider how to examine foreign nurses, by such as introducing face-to-face interviews aside from conducting a regular examination (national board examination).’ (A chief of secretary of a first-batch hospital)

Case2

‘There are so many problems in this EPA program. There is no systematic program offered by the government to support foreign nurses to assist their studies for the national board examination. There is no systematic program to support hospitals accommodating foreign nurses, despite shouldering our various financial burdens in accepting them. Everything is done in such a bureaucratic way, and the professionalism of nurses is not been considered. It may create a big issue in the next few years. The government should establish a system to allow foreign nurses to take the national board examination in English, and to support nurses and hospitals. I am afraid that the passing rate of foreign nurses is below 50% even after three years from now. ... There are huge differences between Japan and the other countries in accepting foreign nurse’ (A head nurse of a second-batch hospital).

Some first-batch hospitals were likely to show their positive perspective of accepting foreign nurses. One of them is shown in Case 3.

Case 3

‘The Japan nursing association should become more ‘internationalized,’ and try to upgrade (the quality of Japanese nurses) to the world standard.’ (A head nurse from a first-batch hospital)

In free answers, the opinions indicated that positive perspectives for accepting foreign nurses

were found. On the other hand, opinions reflecting the realities of foreign nurses in Japan were also written. Some opinions that severely evaluated foreign nurses were expressed. One of them is narrated in Case 4.

Case 4

The foreign nurses assigned to our hospital have asked us too much. They often asked and told us, “We have no money, so please let us borrow some money in advance”. I cannot accept their request any more. The same condition applies to their accommodation issue. They take it for granted and ask what we had prepared for their accommodation, as if they are deserved to be treated well. On the other hand, they never talk to us their progress in the Japanese language and the preparation for the national examination. There is a huge perception gap between foreign nurses and us. (A chief secretary of a second-batch hospital)

5. Discussions

(1) Differences between the First- and the Second-batch Hospitals

In our survey results, between the first- and second-batch hospitals, no statistical differences were observed in terms of perception of the socio-economic conditions in hospital management (see **Table 1**) and opinion about the present EPA scheme (see **Table 4**). The results indicate that the first- and second-batch hospitals are similar in characteristics, demographic conditions, hospital management, and past experiences to accept foreign care givers, and thus both parties do not show substantial differences in views on the present EPA scheme.

However, significant differences were found especially in the preparation stage. For example, the lack of information of recruitment of foreign nurses was problematic for the first-batch hospitals. It can be said that the first-batch hospitals are ‘trial cases’ in receiving foreign nurses to Japan. This is indicated by the facts that the first-batch hospitals were more likely to observe the

ability of foreign nurses in terms of communication with Japanese medical staff and to observe their reading and writing abilities than the second-batch hospitals (see **Table 2**).

Some private organizations have accommodated foreign nurses in Japan prior to implementation of the EPA program. For example, the AHP (Asian Human Power) Network, a private recruitment agency, introduced Vietnamese nurse candidates to Japan in the 1990s (*Asahi Shimbun*, July 14, 2009). However, the number of Vietnamese nurses who studied under the AHP program and passed the nursing board examination in Japan is only 56 (AHP Networks, 2010), which is much smaller number than that of those foreign candidates entering under the EPA program.

Due to the lack of information in previous cases, the first Indonesian candidate group could learn almost nothing from the previous cases. All they learned was limited information offered by a booklet printed by JICWELS (Japan International Cooperation of Welfare Services) (JICWELS, 2008). However, it seemed that this information did not meet the needs of hospitals accepting the candidates. The JICWELS booklet only contains a general introduction of Indonesia's geographical, historical, religious, economic, political, linguistic, educational, cultural, and ethnic information, and does not include crucial information of nursing and care giving in Indonesia. Although the booklet showed a curriculum for D3 (Diploma III) nurses in Indonesia as an example, it was not sufficient for the hospitals to prepare their own curriculum. This condition may lead to dissatisfaction with the EPA program.

Many hospitals have recognized that they had too much financial burden for accepting foreign nurses because they must prepare their own curriculum and instructors by themselves without any guidelines for the preparation for national board examination, which should be provided by the Japanese government (Hirano, 2009a: 44-47). In addition, the Japanese government initially strictly limited the information about Japanese

hospitals and foreign applicants at the time of the matching process of the first-batch as a precaution against the leaking of private information of both of job seekers and employers.

Hirano (2009b: 23-27) noted that hospitals complained about a lack of information about job seekers under such circumstances. This has been improved from the time of accommodating the first-batch from the Philippines. JICWELS in coordination with POEA (Philippine Overseas Employment Administration) provided good opportunities to hospital employers to have face-to-face interviews with job seekers prior to the matching process. Many hospitals sent their representatives to the Philippines to conduct personal interviews. (*Asahi Shimbun*, February 24, 2009). As a result, general information about applicants was provided through the interview, and thus fulfilled the hospital's needs. This fact may be reflected in the results shown in **Table 6**. It needed information except "information about the migration policy and present conditions of the migrant workers in sending countries", the second-batch hospitals needed relevant information less than the first-batch hospitals.

Moreover, the preparation for cultural and religious needs of foreign nurses must be also considered, especially for the first-batch hospitals. This was found from the results shown in **Table 3** and **Table 6**. 80 % of the total number of Indonesian nurse candidates accepted by the first-batch hospital respondents are Muslims. The Muslims have 'Five Pillars' philosophy, which includes faith or belief in the oneness of God and the finality of the prophet Muhammad, establishment of daily prayers, concern for and almsgiving to the needy, self-purification through fasting, and the pilgrimage to Mecca for those who are able to do so. For most of the first-batch hospitals, it was their first experience to accept Muslim employees. Therefore, they felt that it was their biggest concern to meet the need of Muslim candidates.

(2) From 'Guest Workers' to 'Co-workers'

It seems that there is a huge impact of the

Japanese mass media reports about the entry of foreign nurses into the hospitals in Japan on Japanese people. For instance, one weekly magazine reported with the headline, "Indonesian nurses as the savior for Japanese (aging) society" (*AERA*, December 1, 2008). Many reports portrayed positively about Indonesian nurse candidates working in Japanese hospitals by quoting the patients' admiring comments such as, 'She is a hard worker, and very kind. She speaks good Japanese too'. Indonesian female candidates wearing a Gilbub (Muslim headscarf) were often appeared in newspaper articles and TV programs (e.g. *Asahi Shimbun*, March 6, 2009). This tendency was particularly true at the early stage of Indonesian entry into Japan.

The authors assume that such a positive representation of the mass media easily creates a 'positive image' about foreign nurses. In fact, despite previous anxieties shared by Japanese hospital managers and nurses, there were almost no negative reactions regarding religious conflicts with foreign nurses, and almost no complaints against their wearing a Gilbub in the workplace. This may be partly due to the hospitals' efforts. Many hospitals have allowed Muslim female candidates to wear a Gilbub during their working time and respected their religious belief. Prior to accepting foreign nurses, many hospitals made orientation sessions for patients and their families, and some displayed even photos of foreign nurses with their scarf on their internet homepages. In these pages, they explain the reason why they decided to accept foreign nurses, and let their patients and families understand about foreign nurses in order to accommodate smoothly. Because of their great efforts, Japanese patients and families tend to welcome foreign nurses warmly at this moment.

It is assumed that such efforts were successfully done to allow foreign nurses to adjust well to Japanese society. This may also allow Japanese hospitals to treat foreign nurses as exceptional

cases by accepting the foreign nurses' demands. According to past interviews by the authors, a head nurse of one first-batch hospital explained the reason why she allowed her foreign employees to lend a certain amount of money in advance as follows: "They are foreigners, and they must spend a lot of money to prepare their houses, clothes..."⁵ This kind of money lending may not have been arranged for newly hired Japanese nurses. In other words, the first-batch hospitals tend to treat foreign nurses as 'guests'.

On the other hand, the second-batch hospitals are more likely to treat foreign nurse candidates not as 'guests' but as 'co-workers' than the first-batch hospitals. As shown in their free answers, the second-batch hospitals expressed frankly about their impression about foreign nurse candidates. As in Case 4, the second-batch hospital openly expressed their disappointment when they heard many demands from foreign nurses. Such cases were not found in the free answers of the first-batch hospitals. This might be so probably because the second-batch hospitals have learned fairly from first-batch hospitals how to accept foreign nurse candidates, and how to deal with their 'impudent' demands. In other words, the second-batch hospitals are more likely to treat foreign nurses as same as Japanese nurses. To treat foreign nurses as 'co-workers' and not 'guests' will be one step toward establishing a multi-national community in the work setting.

(3) To Establish a Better EPA Scheme

The results of this study indicate that most of the first- and second-batch hospitals are not satisfied with the present conditions of the EPA scheme. This is especially true in preparation for the national board examination. Prior to employment of nurse candidates, the hospitals are required to pay nearly 600,000 yen per person to JICWELS. (JICWELS, 2010). If the candidates cannot pass the examination, they are not allowed

5 Interview with a head nurse of a first-batch hospital in Tokyo in September 2008.

to continue to stay and work in Japan. This will be a big setback for the candidates as well as the hospitals that would not be able to recover their investment to their foreign employees. For this reason, it might be a 'gamble' to accept and employ foreign nurse candidates under the EPA program. This may be a primary reason why fewer Japanese hospitals wished to employ foreign nurse candidates in the case of the third-batch of Indonesian nurse candidates and the second-batch of Filipino candidates (*Asahi Shimbun*, February 2, 2010). On the other hand, both of the Indonesian and the Philippine governments have attempted to expand their overseas labor market in Japan. The Japanese government might be forced to reconsider this government-government (G to G) program after it will become a diplomatic problem due to inability of fulfill the 'quota' (a maximum of 400 nurse candidates per country for 2 years) and others.

It is a pressing matter to establish a sufficient support system for foreign candidates to pass the national board examination in Japanese. The Japanese government should provide more information such as a model curriculum for the national board examination. The financial support⁶ may be also effective to let hospitals use this for tuition for Japanese language schools or supplemental schools, or even to hire a new instructor to educate those nurse candidates. Otherwise, as shown in our study outcome, Japanese hospitals may begin to think that foreign nurse candidates will be used only as assistants to Japanese staff in the future. Needless to say, this is not an original propose and an ultimate goal defined by the Japanese government.

6. Conclusion

In this study results, various frustrations expressed by the first- and second-batch hospitals on current EPA program were characterized through our quantitative and qualitative data.

These findings indicate that these hospitals have become accustomed to manage foreign nurse candidates, and tend to treat them as 'guests' in the beginning stage but as 'co-workers' later on. This may be an important step for Japan to achieve integration of newcomer skilled care workers into its society that might host more multicultural communities in the future.

Acknowledgements

This work is a part of "A Global Sociological Study on Japan's Opening of Its Labor Market Particularly in the Field of Care and Nursing" (Representative: Dr Shun Ohno) funded by the Kyushu University Program and Project on Education and Research (so-called "P&P") as well as a part of "A Study on Support System for Foreign Nurses Introduced by Economic Partnership Agreement" (Representative: Dr Yuko Ohara-Hirano) funded by KAKENHI (Grant-in-Aid for Scientific Research (B), 21390166).

References

- AERA, December 1, 2008.
- AHP Networks, "Information", <http://www.ahp-net.org/pdf/01.pdf> (accessed Feb. 10, 2010).
- Asahi Shimbun*, February 24, 2009.
- , March 6, 2009.
- , July 14, 2009.
- , February 2, 2010.
- Kosei Rodo-sho [Ministry of Health, Labor and Welfare], 2008, "Keizaijo no Renkei ni Kansuru Nihonkoku to Indonsia Kyowakoku tonon Aida no Kyoutei Motodoku Kango Oyobi Kaigo Bunya ni Okeru Indonesia-jin Kango-shi tou no Ukeire no Jisshi ni Kansuru Shishin" (The Guideline for Employing Indonesian Nurse Candidates and Certified Care Worker Candidates under the Japan-Indonesian Economic Partnership Agreement), <http://www.mhlw.go.jp/bunya/koyou/other21/dl/05.pdf> (accessed Feb. 10, 2010) [厚生労働省, 2008, 経済上の連携に関する日本国とインドネシア共和国との間の協定

6 The Japanese government budgeted 870,000,000 yen for the fiscal year 2010. The main purpose of this budget is to financially support the hospitals and the long-term care facilities to subsidize the costs for foreign candidates, which are required for the Japanese language training and preparation for the national board examination.

- に基づく看護及び介護分野におけるインドネシア人看護師等の受入れの実施に関する指針].
- Hirano Y.O., 2009a, "Gaikoku-jin Kango-shi, Kaigoshi no Donyu, Haizoku go no 'honeymoon'-ki ga Owatte" [After Honeymoon Period in Accepting Foreign Nurses], *Bunka-ren Joho*, No.379: 44 47 [平野裕子, 2009, 「外国人看護師・介護士の導入 — 配属後の『ハネムーン』期が終わって」, 『文化連情報』, 379号: 44 47].
- Hirano Y.O., 2009b, "Gaikoku-jin Kango-shi, Kaigoshi no Donyu, Nihon deno Shijokakudai wo nerau Indonesia" [Indonesia Targets Japan's Labour Market], *Bunka-ren Joho*, No. 380: 23 27 [平野裕子, 「外国人看護師・介護士の導入 — 日本での市場拡大を狙うインドネシア」, 『文化連情報』 第380号: 23 27].
- Hirano Y.O., 2009c, "Gaikoku-jin Kango-shi, Kaigoshi no Donyu, Gaikoku-jin Kango-shi ha Dono Kuni no Hitotachi mo Onaji ka" [Are Foreign Nurse same Regardless the Nationality?], *Bunka-ren Joho*, No.381: 24 27 [平野裕子, 2009, 「外国人看護師・介護士の導入 — 外国人看護師はどの国の人たちも同じか」, 『文化連情報』 第381号: 24 27].
- JICWELS (ed.), 2008, *Indonesia-jin Kango-shi, Kaigofukushi-shi Jinzai Manajimento Tebiki* (Personnel Management Manual for Indonesian Nurse and Certified Care Givers), [国際厚生事業団編, 2008, 『インドネシア人看護師・介護福祉士人材マネジメント手引き』, 国際厚生事業団].
- JICWELS, 2010, *Indonesia-jin Kango-shi, Kaigofukushi-shi Jinzai Manajimento Tebiki* [Personnel Management Manual for Indonesian Nurse and Certified Care Givers], http://www.jicwels.or.jp/html/h22_epa_images/h22_kango_tebiki.pdf (accessed Feb. 10, 2010) [国際厚生事業団編, 2010, 『インドネシア人看護師・介護福祉士人材マネジメント手引き』, 国際厚生事業団].
- Ohara. Y., Yamazaki, Y., 1991, "The Japanese Young Generation's Acceptance of Foreign People", *The Kantoh Sociological Society*, No. 4: 105 116 [小原裕子・山崎喜比古, 1991, 「外国人に対する受容度及びその関連要因 — 日本人女子学生の調査から」, 『関東社会学会誌』, 第4号: 105 16].