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Setyowati

Faculty of Nursing , University Indonesia : Senior Lecturer

Susanti, Herni

Faculty of Nursing, University Indonesia : Junior Lecturer

Yetti, Krisna

Faculty of Nursing University Indonesia : Head of Graduate Program and Researcher

Hirano, O. Yuko

Faculty of Medical Sciences, Kyushu University : Associate Professor

他

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The Experiences of Indonesian Nurses in Japan Who Face the Job and Cultural Stress in Their Work: A Qualitative Study¹

SETYOWATI

(Senior Lecturer, Faculty of Nursing, University Indonesia)

SUSANTI, Herni

(Junior Lecturer, Faculty of Nursing, University Indonesia)

YETTI, Krisna

(Head of Graduate Program and Researcher, Faculty of Nursing, University Indonesia)

HIRANO, O. Yuko

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

KAWAGUCHI, Yoshichika

(Professor, School of Health Sciences, University of Occupational and Environmental Health)

Abstract

This joint research between University of Indonesia and Kyushu University was conducted in 6 hospitals and one elderly home in Western Japan in May and August 2009 in order to identify the stress and coping strategy of Indonesian nurses who work in Japan. There are 14 Indonesian nurses who participated in this study. The result shows that there are seven problems, namely, 1) language and communication barrier, 2) reward and salary issue, 3) being treated as assistant nurse, 4) feeling loneliness, 5) not suitable placement, 6) stress regarding the national board examination in Japanese, and 7) not enough information provided during the pre-departure program (there are some participants who had many expectations). Based on the result of this study, the researchers recommend a comprehensive preparation program to reduce the job and social culture stresses that may also happen amongst Indonesian nurses working in Japan. The comprehensive preparation program is needed before sending Indonesian nurses to Japan. This should include preparations for individual, group and system.

Key words : Indonesian nurses in Japan, Preparation program, Job stress, Social cultural stress

1. Introduction

Nurses are the “front line” staff in most health systems, and their contribution is recognized as essential to meeting the development of health services’ goals and delivering safe and effective care. Nurses of today have stressful workloads, combined with low wages and low social status in many countries. Nurses have many

physical demands in their work as well, for example, lifting the patients.

Role theory showed that organizations gave meaning to employees work satisfaction and stress in general. Therefore, it was interesting to see differences for nurses’ role stress. Fewer nurses have to do more tasks than before, because the public sector is saving money from that

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sector. In close work with patients, there are often demanding moments, like scattered work tasks, unsatisfied patients and relatives, responsibility and lack of competence. Nurses are also often afraid and concerned about making mistakes, when they care and give treatment of the patients. The risk of being reported about a possible error leads to increased psychological pressure.

The lack of satisfaction has several causes but similar outcomes; decreased retention, especially among specialty practice nurses, frequent turnover, early retirement and/or departure from nursing. In some hospitals, a significant component of the specialty nurse workforce is outsourced.

In previous decades, nursing shortages in many countries have been a cyclical phenomenon, usually as a result of increasing demand outstripping static or a more slowly growing supply of nurses (Friss, 1994; Buchan, 2002; Goodin, 2003). At the beginning of this new millennium, the situation is more serious. Driven by growing and ageing populations, demand for health care and for nurses continues to grow, whilst projections point to actual reductions in the supply of available nurses in some developed and developing countries. The nurses who will work in the foreign countries may encounter big problems like as social culture shock and job stress that in turn will influence their job performance.

The job stress in nursing is direct and results in negative influences on nurse' job satisfaction and, in turn, job satisfaction influences nursing practices. Changes such as increased workload and decreased influence over work situations can cause conflicts between co-workers, and nurses often feel that they do not get enough support from the doctors (Schaufeli and Peeters, 2000).

In order to prevent all stressful situations in nursing workforce, this research was conducted in response to the conclusion of the Economic Partnership Agreement (EPA) between Indonesia and Japan, which resulted in placement of hundreds of Indonesian nurses to many

hospitals and elderly homes in various parts of Japan since August 2008.

Since 2009, a lot of studies have been done in this phenomenon, but only a few of them focused on the job and social stress amongst Indonesia nurses who work in Japan under the EPA scheme. The qualitative methods used in this study may explore more deeply about what are the experiences that have happened during their work in Japan. The results of this study will be basic data for conducting and establishing the proper and comprehensive preparation program for those who work as nurse candidates or registered nurses in Japan. The research questions are; 1) how did the Indonesia nurses encounter the job and social culture stress that happen during their work in Japan?, and 2) how did they work with their coping mechanism to deal with this situation?

2 . Aims and Objectives

This research aims to compare between one group of Indonesian nurses working in Indonesia and another group of Indonesian nurses working in Japan. It also aims to identify how they manage their stress with the effective coping mechanism program if one group has more physical and psychological strain than the other.

The objectives of this research are as follows:

- 1 . To identify the stress and coping strategy of Indonesian nurses who work in Indonesia
- 2 . To identify the stress and coping strategy of Indonesian nurses who work in Japan
- 3 . To compare the stress and coping strategy of Indonesian nurses working in Indonesia with that of those working in Japan
- 4 . To build a program to prevent the job stress amongst Indonesian nurses who work in Japan, based on data that have been collected

3 . Methodology

The research used both quantitative and qualitative methods in order to explore job stresses amongst Indonesian nurses who work in

Indonesia and in Japan. An action research design uses in this project with a comparative study to compare between those groups. The research has been done in the survey of the job stress and coping management of Indonesian nurses in Indonesia and Japan. They belong to selected groups of nurses working in hospitals. They were asked to fill some questionnaires about job stress and coping mechanism, and the groups were randomly selected to be participants in the qualitative method with a phenomenology that explored their experiences in work and job stresses and how they managed the stress so that they could survive with their work as nurses.

The objects of the research are Indonesian nurses who work in Indonesia especially in Jakarta and in Japan. The researchers employed stratified quota sampling which includes some criteria: 1) fulltime working in the hospital, 2) bachelor of nursing or diploma in nursing, (3) two-year or longer work experiences in nursing services. More than 100 nurses will be expected to participate in this research in Indonesia and Japan with the rationale of more than 200 Indonesian nurses sent to Japan.

For a qualitative study, the respondents are randomly selected and interviewed.

4 . The Results

In Japan, a total of 14 Indonesian nurses participated in the research. They are composed of 12 registered nurse (*kangoshi*) candidates and 2 certified care worker (*kaigo-fukushishi*) candidates. 10 of them are D3 (3-year vocational school) graduates, and the other 4 are S1 (4-year college) graduates. 7 are females, and the other 7 are males. Their working experience period is 2 years and more with many variances of place and function in their work. Their current problems are classified into the followings:

[Problem 1] Language and Communication Barrier

All participants have difficulties in memorizing *kanji* (Chinese character), Japanese nursing

or medical terminology and jargons/abbreviation in Japan. The followings are transcribed data:

- Participant 1 (P1): “For me... maybe, the first problem is communication to make sure. Everything in the hospital is (written) in kanji, especially in health. We have difficulties in reading *kanji*. We learned the Japanese for only 6 months. That is our constraint.”
- Participant 2 (P2): “Here patients are mostly old. So, ... our language is not understandable, grandma and grandpa here use a difficult language because they are old and difficult to talk clearly, while they use also their local dialect.”
- Participant3(P3): “For hand over, it is very different language (to be used). In our country, more easy. We do not use local dialect for nursing. We use the same language in nursing report as well as in hand over report.”
- Participant 4 (P4): “In the written of nursing report. When we ask here, oh...oh, what kind of language is it? A bit strange, if we heard our patient, they use different Japan language. It is also different in medical terminology”.

[Problem 2] Reward and Salary Issue

Five participants feel that their salary is not as they expected before.

- P4: “hmm, here I’ve been paid as nurse assistant only, so the salary is just right to live in Japan”.
- Participant 5(P5): “ It is only a little bit different with Indonesia salary although we have to leave our family”.
- Participant 6(P6): “he eh, because here everything is expensive”.
- Participant 7(P7): “I did not choose to work in this hospital before, but I chose priority in the village, not in a big city like this so that the rest of salary I can save ...”.
- Participant 8(P8): “I have a family with 2 children, but I could not save here. I have to use my salary to live here and send to my family at home.... I do not know what happen later, and whether I can stay or not, because far away

from my family, but no money...”.

[Problem 3] Treated as Assistant to Nurse
(*kango joshu*) Only

All participants stated that they work as assistants to nurse only at their hospital in Japan, but they understand that this situation continues until they can pass the national board examination for registered nurse in Japan. They may work only to assist Japanese nurses' activities. Some of participants feel upset to be treated as nurse aids only because they have got enough experiences in nursing profession in Indonesia. The statements below are their explanation of their daily activities as assistants to nurse:

- Participant 9 (P9): “everyday there are schedule to work. For example, hair washing, cutting nails, personal hygiene”.
- P6: “At 3pm, I prepare and warm the towel for tomorrow..... After that I collect urine. In my country, those will be done by office boy”.
- Participant 10 (P10): “But, we hope that we can do nurse’s job, I do not know ...at least if we go back to Indonesia and there will be something to bring (nursing knowledge and skill). We can tell our friends there that in Japan nursing care is like this. We can compare and we will know our weakness so that Indonesia nursing service will improve or maintain ...”.

Nearly half of the participants said that they are aware of the work that they may do in this time before they pass the national nursing board examination, as they said below:

“When we are in Indonesia, we can do all medical treatment.... Here, we are not allowed to do, but we are aware that we should pass *kangoshi* examination first, but at least we want to learn a little bit”.

[Problem 4] Feeling Loneliness

One female participant lives alone in a big room inside her hospital. She used to stay with another participant who went back to Indonesia 2

months ago. She feels loneliness and spent her time alone every day. She said:

Participant 13(P13): “During day off, I will walk out alone, but sometimes another staff accompanies me, and we go to eat together. But, I stay mostly alone, and spent my time at home especially during winter ...”

Two participants who work as *kaigo-fukushishi* candidates feel loneliness because they work in a small town, but after a while they were able to adapt to this new life. One of them said:

Participant 14 (P14): “This area is not a big city, and far away from everywhere. So, when we arrived for the first time, it was a bit shock. So, we only go and back between our home and the facility. That’s all, and we feel a little bit boring!”

[Problem 5] Not Suitable Placement

More than half of the participants said that they have to work in the area that is not suitable for their past job experiences. According to them, their nurse experiences in a specific area of nursing services in Indonesia are not fitted with their current workplace in Japan. They just explain about the place to work when they arrived in Japan and without discussion with them before placement. For example:

P13: “This is a mental hospital. I have never worked in the mental hospital before. I was engaged in medical surgical work, and in Saudi Arabia I work in the clinic... I have to understand how to communicate with them. It is not easy!”

However, some of participants take this situation as their good opportunity to learn new things. One participant said as follows:

P12: “I have to work in an operating theater (OT) although I never worked in OT before. Of course, I will take this opportunity to learn and have experiences besides conversation and terminology. I can learn about instruments”.

[Problem 6] Stress Regarding the National Examination

Although participants have got information

about the regulation to take National Nursing Board Examination before they leaved to Japan, but all participants feel stress in preparation for the national board examination in Japanese. They feel that Japanese health care system is very difficult to understand, and too complicated. It is very different from Indonesian health care system. Besides this, Japanese nursing and medical terminology is very different from Japanese daily conversation. Thus, they have to memorize the knowledge in nursing and at the same time they have to master *kanji* letters.

One of them said:

“For me, I will study as much as possible, and I try my best. But, even though I study hard, there must be someone who decides whether I can pass or not. We only try, but the result?...”.

Another felt pessimism for taking the examination. She said, “nobody passes in the last exam. Even Japanese nurses have difficulty to pass...”.

[Problem 7] Not Enough Information Provided during the Pre-departure Program

All participants said that they did not get enough information before their departure from Indonesia. One of them said:

“We had to sign the contract at the airport before departure, and they did not give information about the salary, from which we have to pay anything (house, food, tax, electricity, etc). When we arrived here (and knew it), we felt shock”.

All participants recognize that the language learning should be prepared especially in nursing and health terminology. The following narratives are typical ones:

“The health terminology in *kanji* is difficult to understand. It is not enough (for us) to learn Japanese only for 6 months. It is OK for conversation, but not enough for hospital work, report and communicating with patients”.

“We hope that there is a way to solve the examination problem. The exam is very difficult for us especially for Indonesian nurses

who never done it before”.

5 . Discussions

The results of this study show that required information was not provided enough during the pre-departure program. This may make stressful of the participants after they began to engage in a new job and new role at the hospital and elderly home in Japan. The role ambiguity means that an individual has not been given enough information to be working efficiently in her occupation (Orpen, 1982). A person can experience anxiety and can be dissatisfied with their role. Continuous stress is harmful and can cause nervousness, frustration, anxiety and dissatisfaction with work.

The participants have to work routine and work load as assistants to nurse. Such a “deskilling” also makes them suffer from depression and stress. This is also stated by Sandberg (2005). The employees need a certain amount of stress to help motivation and to keep up with the workload. Greenglass and Burke (2001) said that excessive workload was a most significant predictor of stress with greater workload leading to greater emotional exhaustion. The stress also happens because they are not placed in a suitable place as their experiences, and this causes a job stress. Good assessment of the competencies and experiences for suitable placement is required. Jamal and Baba (2000) found that job stress was also significantly correlated with psychosomatic health problems, job satisfaction, and organizational commitment. In order to prevent the job stress amongst Indonesian nurses, the prevention program preparation are needed to fulfill their psychological needs. Self-help groups will facilitate them in expressing their feelings. Both governments of Indonesia and Japan are responsible with this situation. In addition, employer-generated organizational responsibility for support in recognizing and addressing occupational stress should be warranted (Rodham and Bell, 2002), and cannot be underestimated (Judkins, 2001; Maslach and Leiter, 1998).

A part of Japan's hospitals has countermeasure to overcome the situation since they realized that Indonesia nurses' stresses were also stressful for Japanese employers. Some hospitals began to use the common uniform color the same as Japanese nurse use, and also the others have given them opportunities to visit and observe ICU and others.

6 . Recommendations

In order to reduce the job and social culture stress that may happen among Indonesian nurses working abroad, good preparation programs should be established in the level of system, group and individuals. They are as follows:

1. System — being required to provide more information to fulfill the bio-psychological and sociological needs. This information should be about allowances, daily living, net income and so on. The language preparation program should include health and nursing terminology, overview of local dialects in Japan, and the exercise of the national nursing board examination by joint working of Indonesia Nurses Association and Japan Nurses Association as a special treatment for Indonesian nurse candidates who will work in Japan.
2. Group — Indonesian nurses in Japan should prepare for establishment of their self-help group in each area in Japan.
3. Individuals — Japanese employers and other people concerned should train Indonesian nurses to do the stress management, and try to turn their negative feeling caused by the stress into a positive feeling.

7 . Conclusion

This study found seven problems among Indonesian nurse and certified care worker candidates working in Japan, namely, difficulties in understanding the Japanese language especially nursing terminology in *kanji*. Other problems are related to salary, being treated as assistants to nurse, not suitable placement, feel loneliness,

stress regarding the national examination, and not enough information provided before departure from Indonesia. In order to reduce the job and social culture stress that may spread amongst Indonesian nurses who are already sent to Japan and who wish to work in Japan in the future, the comprehensive preparation program in each level of system, group and individuals is urgently needed before placement of Indonesian nurses into Japanese hospitals and elderly homes.

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