PROBLEMS IN ACCEPTING INDONESIAN CANDIDATES FOR NURSES AND CERTIFIED CAREGIVERS IN JAPAN: CAREER ACHIEVEMENT OF THE CANDIDATES BASED ON QUALITATIVE INTERVIEWS

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Abstrak
Under the Japan-Indonesia Economic Partnership Agreement (JIEPA), the Japanese Government allows nurses and caregivers from Indonesia to join a training program in Japan. These nurses and caregivers are obliged to take an examination by the end of the training program, and if they pass the exam, they will get a work permit for a couple of years in Japan. However, there are cases where these nurses and caregivers have passed the examination and received the work permit, yet they opted to go back to Indonesia rather than continued to work in Japan. This paper seeks to explain how and why such case happened. This paper also tries to see how the former participants of JIEPA applied their previous experience in Japan to their current life in Indonesia. By interviewing the nurses and caregivers that once joined JIEPA program, it was discovered that family matters and inappropriate treatment from fellow colleagues at work are the two main reasons why these participants decided to go back to Indonesia after they passed the examination. As for their current life in Indonesia, many of these participants do not really feel the benefit from their previous experience, mostly because the demand for skilled nurses and caregivers is limited in Indonesia. Also, their Japanese language skill may only be useful if they are willing to work in a Japanese company.

Kata kunci
Caregivers, Japan-Indonesia Economic Partnership Agreement.

Introduction
This study is intended as an investigation of Indonesian candidates for nurses and certified caregivers1 (hereinafter certified caregivers are referred as ‘caregivers’) in Japan, who came to Japan under the JIEPA (Japan-Indonesia Economic Partnership Agreement). I would like to consider the implication of the JIEPA program for the candidate’s career achievement. The JIEPA is a program that accepts foreign candidates for nurses and caregivers and allows them to work in Japan for a certain period of time. If
they pass the national examination of nurse/caregivers in Japan within a specified term, they will be able to continue their work in Japan without time limit. However, if they fail to pass the examination, they will have to go back to their country afterwards.

In the past, the Japanese government regarded foreign nurse and caregivers as “unskilled labor” and did not permit them to work in Japan except for special case. Hence the acceptance of foreign nurse and caregivers is regarded as a new labor policy and public opinion in Japan is still divided.

Nowadays, the Japanese government has signed agreements with the Philippines, Indonesia and Vietnam to accept nurse and “caregiver” candidates from these countries. The first batch of candidates came from Indonesia to Japan in the fiscal year 2008, followed by candidates from the Philippines in the following year. Some of these candidates are currently working as nurses or caregivers in Japan after passing the national examination.

Nonetheless, there is only small number of candidates that could successfully pass the national examination. From the fiscal year 2008 to 2012, 892 candidates (392 nurses and 500 caregivers) from Indonesia and 674 candidates from the Philippines (237 nurses and 437 caregivers) came to Japan. Although they have finished their training, many of them failed to pass the national examination and had to return to their countries. For example, only 39.8% of the total number of caregivers examinees passed their examination. The proportion is much smaller when it comes to the nurse candidates, as only 9.6% of the total number of nurse examinees passed the examination (Nihon Keizai Sinbun, March 29, 2013. See also Table 1).

The low pass rate is partly due to the language barrier problem, as the examination was delivered using Japanese language. Although all candidates have attended the Japanese language course, they were sent to hospitals/ care institutions before they could use the Japanese language properly. Moreover, the preparation time for the examination was not enough for the most candidates, as they had to take the job training while studying.

Research Problem

A large number of studies have been done upon the EPA candidates for nurse and caregivers from Indonesia and the Philippines. The objects of these studies range from the program itself (Asato 2007; Yasui and Rudyanto 2012), candidates and potential...
candidates (Adachi et al., 2010; Hirano, Ogawa et al., 2010; Hirano et al., 2010a; Hirano et al., 2010b; Kreasita 2010; Sato 2011; Setyowati et al., 2012), to the accepting institutions (Ogawa et al., 2010; Hirano et al., 2010a, 2010b). In particular, many are related to the system’s problem and candidates 6. I will briefly discuss the system’s problem in the section two. In the following part of this section, I will explain basic attributes of the candidates and their background according to the previous studies, and then formulate the research question for this study.

Hirano, Ogawa and Ohno (2010) studied nurse and “caregiver” candidates who came to Japan under the EPA program in fiscal year 2009. Hirano, Ogawa, and Ohno called these candidates as “the second group”, to differentiate them from the candidates coming to Japan in 2008. The majority of the second group of Indonesian candidates are Muslim, unmarried women in their twenties. Hirano, Ogawa, and Ohno identified the following attributions within the category of nurse candidates: (i) 82.0% are women; (ii) average age of 27.1 years old; (iii) 26.4% are married; (iv) 14.6% are from the Jakarta Metropolitan area; (v) and 60% are Muslim and 33% are Christian (Hirano, Ogawa and Ohno 2010: 155-156). Similar attributions were also found within the caregivers category: (a) 77% of them are women; (b) 90.6% are unmarried; (c) the majority is in their twenties; and (d) 91.7% of them are Muslim (Adachi et al., 2010: 165).

According to Hirano, Ogawa and Ohno, there are two main reasons for candidates to come to Japan: (1) to advance their career (nurse: about 70%, caregiver: about 50%) and (2) to financially support their families (nurse: about 20%, caregiver: about 20%) (Adachi et al., 2010: 171; Hirano, Ogawa and Ohno, 2010: 157; Chugoku Shinbun, June 12, 2012)7. Most candidates hoped that their later career in Indonesia would advance after getting working experience in Japan. However, some cases show that working experience in Japan as an EPA’s candidate does not help these candidates to advance their career after they return to Indonesia.

There is also another problem: some of those who pass the national examination decided not to continue working in Japan soon after passing the examination. According to Asahi Shinbun, the Japanese Ministry of Health conducted a survey of about fifty caregiver candidates who had the chance to continue to stay in Japan under the EPA program but decided to return to their country. The most popular reason for return was “family reasons”, followed by “expect working in home country”, “marriage” and “succeed to save up money” (Asahi Shinbun, April 27, 2013)8. However, these reasons seem to be superficial, as there should be the real determining reason and the minor
reason. Therefore, more study is needed to reveal the expediency reason and essential reason behind the decision of not continuing their work in Japan.

Although there are many studies on the EPA nurse and “caregiver” candidates, there was only a little attention given to their later career achievement after returning to their home countries. Therefore, this study seeks to contribute to the academic literature by examining about the effect of experience in Japan as EPA’s candidates in their later career achievement.

There are two research questions that this study seeks to investigate:

1) How do the EPA’s former candidates use their experience in Japan for their career achievement in Indonesia? This question can be elaborated further to the following questions: does the experience as the EPA candidates in Japan give advantage to them? Does the experience have good influence on their career building after they return to Indonesia?

2) Why did the EPA candidates decide to return to Indonesia although they still had a right to stay in Japan? Was there any “hidden” reasons for them to return? If so, what is it? Are there any reasons to which previous studies failed to grasp?

To explore these problems, this study uses data collected through semi-constructive interviews with Indonesian candidates/former candidates Indonesian nursing schools and the Indonesian National Board for Placement and Protection for Indonesian Overseas Workers (BNP2TKI, hereinafter referred as the National Board) from July 2011 to November 2013 intermittently. The eight former candidates were not collected by using random sampling but snowball sampling. This is due to the difficulty to have access to candidates/former candidates. Therefore, this study has the limitation of insufficient number of cases and case’s bias.

Outline and Problems of the Japan-Indonesia Economic Partnership Agreement (JIEPA) Program Accepting Nurse and “Caregiver” Candidates

Before investigating each case of the JIEPA candidate respondents in this study, it is useful to briefly explain about the JIEPA program for nurse and “caregiver” candidates. It is a program to train Indonesian nurse and “caregiver” candidates in Japanese host hospitals/care institutions to pass the national licensure examination of
nurse or caregivers. During the training period, these candidates also work as nurses’ assistant or uncertified caregivers and receive payments. If they pass the examination, they will have the right to work in Japan as a certified nurse or caregivers and to stay in Japan. However, if they fail to pass the examination within a specified period (three years for a nurse candidate and four years for a caregivers candidate), in principle they will have to return to Indonesia.

Indonesian nurses who apply for this program have to meet several prerequisites. For the nurse candidate, they have to be a certified nurse in Indonesia with more than two years of experience. For the caregiver candidate, they either 1) have a bachelor or associate’s degree (D3) and have caregiver license of Indonesian government or 2) are a certified nurse in Indonesia. The recruitment and coordination procedures in most part are conducted by the National Board and the Japan International Cooperation of Welfare Service (hereinafter referred as the JICWELS). These agencies hold a competitive selection to choose candidates and coordinate with Japanese hospitals or care institutions where the candidates will work at. Candidates who pass the selection will attend training of Japanese language in Indonesia and Japan and will be sent to each host hospitals or care institutions.

In Japan, these candidates work and attend training based on employment contract with the host hospitals or care institutions. The candidates are guaranteed to receive the same pay as their Japanese colleagues in the host hospitals/care institutions. However, the salary level and degree of support for candidates to attend the examination varies among institutions. As such, the candidates passing rate on the national examination varies from one institution to another. During the training period, the nurse candidates are allowed to stay in Japan for three years and to take the national examination every year. Meanwhile, the “caregiver” candidates are allowed to stay in Japan for four years, but are only allowed to take the national examination once after completing their training.

Next, we will turn to the problems related to the JIEPA program. Here we focus on the most serious problem, i.e. the JIEPA program is burdening both the candidates and host institutions. The passing rate of candidates in taking the national examination is low, while the host institutions suffer from heavy financial burden and candidates’ low retention rate. Most candidates have never learned Japanese until they registered as nurse or caregivers candidates. Nevertheless, they have to communicate in Japanese during the training period and pass the national examination conducted in Japanese within
three/four years. The passing rate is low compared to the total examinees including Japanese examinees. Many candidates feel a heavy pressure due to the language problem (Table 1).

<table>
<thead>
<tr>
<th>Year</th>
<th>Indonesian Examinee</th>
<th>Successful Candidate</th>
<th>Filipino Examinee</th>
<th>Successful Candidate</th>
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<tr>
<td>2009</td>
<td>82</td>
<td>0</td>
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<tr>
<td>2010</td>
<td>105</td>
<td>2</td>
<td>50</td>
<td>1</td>
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<tr>
<td>2011</td>
<td>285</td>
<td>15</td>
<td>113</td>
<td>1</td>
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<tr>
<td>2012</td>
<td>257</td>
<td>34</td>
<td>153</td>
<td>1</td>
</tr>
<tr>
<td>2013</td>
<td>173</td>
<td>26</td>
<td>184</td>
<td>10</td>
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Source: Ministry of Health

Meanwhile, the host institutions have to bear the costs of recruitment, pre-training, hiring and training. They also have to pay fee to gain and register candidates to the Japanese government. In fiscal year 2012, for instance, the recruitment fee is 138,000 yen per one candidate and the registration fee is 21,000 yen per one candidate for a year (JICWLES 2012). The fee for Japanese pre-course is 360,000 yen and the administration fee to the National Board is 3,320,000 rupiah per each candidate, and so forth. Moreover, some institutions hire Japanese-language teachers for the candidates to help them passing the national examination. To give special lectures to candidates, the institution must also hire other teachers. The host institution will also need to pay for travel fee and tuition for candidates to take courses held in distant places from the respective institution. Due to these high costs and low retention rate, recently less and less institutions are registered as host institutions (JICWELS 2012).

Too strict qualifications for “caregiver” candidate were also point of argument. Applicants for Indonesian “caregiver” candidates have to be either 1) acquired nursing license in Indonesia or 2) graduated from higher education institution for more than three
years and obtained caregiver’s license of Indonesia. While the EPA caregiver’s candidates are required to have nursing license and academic degree, their Japanese counterparts do not need to meet such requirements. Moreover, it is possible for the Japanese nurses to work in care institutions for the elderly or the disabled without having the license of caregivers. Thus, there is a discriminating treatment for the EPA candidates and the Japanese candidates.

There is a more fundamental problem: the poor working environment for nurse and caregivers, which is responsible for the health worker’s shortage in Japan. There are many potential Japanese health workers who have license but quit their jobs due to severe working conditions and insufficient payment. Although the Ministry of Health denies the problem of health worker shortage in Japan, the acceptance of foreign health workers is a counterproof of such denial. There is also strong opinion in the Japanese Nursing Association that to solve the problem of resource shortage in care, the government policy should be aimed to prevent Japanese nurses from quitting their jobs rather than hiring foreign workers (Japanese Nursing Association). The Japanese Nursing Association believes that accepting foreign health workers does not to solve the problem but worsens it instead.

**Cases**

Next, we will turn to cases in order to consider problems that Indonesian former candidates faced, particularly on their career continuation. The following is reconstructed interviews with six former candidates who returned to Indonesia and two candidates, who passed the examination and are still working in Japan. All of the respondents are Muslims. Two former candidates passed the national examination (case 7 and case 8). Two former candidates are nurse candidates and others are caregivers candidates. Seven are candidates who came to Japan under the EPA program in 2008 (the first group) and one is a candidate under the EPA program in 2009 (the second group). Their basic attributes and their experiences in Japan and after returning to Indonesia will also be explained.

1) The first groups’ nurse candidates

Case 1: Ms. A (late twenties in September 2011, interviewed in September 2011)
She is from Riau. She has two younger brothers and one younger sister. She obtained nurse license from a nursing academy in Riau and later obtained bachelor’s degree. After working as a nurse for about two years, she came to Japan under the EPA program in 2008 and worked as an assistant nurse in a hospital of eastern Japan from February 2009 to July 2011. She failed to pass the national examination in 2011 and decided to return Indonesia. The main reason was she was too tired to work. She also had another reason: her mothers’ opinion. Her mother was worried about her age and asked her to get married soon. The interview with her was conducted two months after her return to Indonesia and at that time she faced the difficulty to find a job in Indonesia. According to her, it is rather difficult to find a job in rural area of Indonesia than in Jakarta, as recruitment of new nurse in rural area is not frequently conducted. She planned to go to Jakarta to find a job as a nurse, where there are more hospitals with many Japanese patients.

Case 2: Ms. B (late twenties in September 2011, interviewed in September 2011)

Ms. B was born in Riau. She became a nurse following her parents’ wish. She worked her way through obtaining an associate degree (D3) from a nursing academy of Riau. She already had two years working experience as a nurse before going to Japan. Just one month after her marriage, she left for Japan alone as an EPA’s candidate. She began to work in a hospital in western Japan in 2009. However she was disappointed at the EPA program and returned to Riau in late 2009, since she thought that the EPA program was not the one as she had expected. She initially expected that the program would allow candidates to obtain international license of nurse to work in western countries, like the United States and Australia but it did not. Moreover, she worked in a hospital not as a nurse, but as an assistant. The ward of the hospital where she assigned to was not related to her specialty in Indonesia. Then she decided to resign.

After returning to Indonesia, she began to teach at her alma mater from December 2009 as a lecturer at the Department of Nursing. She decided to work as a lecturer not as a nurse because lecturer does not have to work at night. She complained that the government did not provide enough information about the EPA program before applying. She made a decision to go to Japan because she
heard that she could gain international license of nurse and the net payment was about twenty million rupiah to twenty-five million rupiah per month. But in reality, the EPA was not such a program as she had expected. She also looked back to the past that she and friends who applied to the program were too thoughtless. For instance, they decided to apply as a candidate because they thought that they could travel abroad by merely joining the program.

2) The first group of “caregiver” candidates

Case 3. Mr. C (late twenties in February 2013, interviewed in February 2013)

Mr. C was born in Central Java as a first son of his parents. When he was young, his family came to Jakarta. His mother, who sold vegetables, advised him to work as a nurse to easily find a job. He obtained his associate degree of nursing from a nursing academy in Bekasi. After working about one and half year in a clinic in Jakarta, he heard about the EPA program and applied for it. Since he passed the examination, he came to Japan. His parents allowed him to go to Japan. He came to Japan because he was simply wishful to go to Japan and liked Japan-related things, such as the shinkansen (super express train) and other stylish things. He wanted to work overseas soon after graduating from the nursing academy. He planned to apply for a nurse job in Arab countries but before trying, he was admitted to the EPA program.

His salary as a nurse in Jakarta was about one million rupiah per month. Compared to his salary in Jakarta, working overseas will allow him to get higher salary. At the time of this interview, Mr. C told that his friend, who was going to apply for a nurse job in the Arab countries with him, had already worked in Arab as a nurse.

He came to Japan under the EPA program in 2008 and worked in Kanto area as a “caregiver” candidate until June 2012. He failed to pass the national examination in 2012 and decided to return to Indonesia. He could extend his stay in Japan for one year and apply for the next year’s examination but he did not. The main reason was he was too tired. During his stay in Japan, he saved money and bought land and house nearby his parent’s house with the support of his sister, who was also the EPA’s candidate. The staff of the accepting institution was kind to him and treated him politely as a Muslim. He could use paid vacation and return to Indonesia for about two weeks every year for refreshing.
Nevertheless, the working condition of caregivers was not good. The number of patients in charge of a caregiver was too much for him and he had to look after too many patients every day. He and his colleagues suffered from shortage of hands. Having physically and mentally tired, he returned to Indonesia.

After returning to Indonesia, he married an Indonesian woman. As soon as he made a decision to return, he made a contact with his friend who was working in an investment company of East Jakarta and made a promise to recruit him in his friends’ company. During his stay in Japan, he learnt trading by using his own computer and investing his own money. But in Japan, he could not have any experience as a nurse and forgotten knowledge and technique as a nurse. After his return to Indonesia, he was afraid of working as a nurse and gave up working as a nurse. Two weeks after his return to Indonesia, he began to work as a trader.

Case 4, Ms. D (late twenties in September 2012, interviewed in September 2012 and February 2013)

Ms. D was born in Central Java and lived in West Java with her parents. She is the younger sister of Mr. C. Ms. D chose to become a nurse to follow her mother’s wish, although she initially wanted to enroll to Faculty of English when she was a senior high school student. After obtaining her bachelor degree of nursing from a university in Indonesia, she came to Japan. When studying in the university, she heard about the EPA program and applied for it. About twenty students and ex-students in the university applied for the EPA program. According to Ms. D, she could not save money if she works as an inexperienced nurse in Indonesia as her salary would be too small. She thought rather than staying in Indonesia, she could earn more money in Japan. She also wanted to visit foreign countries. These are the two reasons behind her application to the EPA program.

Ms. D worked as a “caregiver” in a nursing home in western Japan. There was a dormitory for workers where she could stay. The monthly rent was only 3,000 yen, excluding the utility expenses. She could save money and the working condition was not so bad.
She liked the job, but she was discontented with the treatment of the host institution. She felt lonely, as she could not communicate enough with her Japanese colleagues. They work together, but treated her like a guest. Even during holidays and after the office hours, she never communicates with her Japanese colleagues. She could not join regular meetings for workers and was never asked about her opinion. When the working institution made a decision to accept new candidates from the Philippines, she was never informed in advance. During the office hours, her boss used to be angry with her without explaining the reason.

There was an episode that shows decisive split between her and the institution. Although she did not pass the national examination in 2012, she could have extended her stay in Japan as long as the host institution agreed. However, the institution unilaterally expelled her. The institution did not tell her directly but suddenly posted a notice on the wall of the nursing home that informed the patient that “Ms. D will return to Indonesia.” She felt the institution did not provide enough chance and time to prepare for the examination.

After returning to Indonesia, Ms. D hoped to work in a hospital that accepts Japanese patients, as she thought that working without using her skill as a nurse is waste. However, in October 2012, she finally decided to work in a Japanese company that sells medical and care devices in Jakarta. The experience as an EPA former candidate is useful for her new job, since she uses Japanese to communicate with her boss. She can also apply her knowledge of nursing and care because the company sells medical and care devices, although she does not practice nursing and care techniques in her job.

Case 5, Ms. E (late twenties in May 2012, interviewed in May and September 2012)

Ms. E was born in Central Java. She was the youngest child of her parents who have three children. She obtained her bachelor degree of nursing from a health college in West Java. She worked as a “caregiver” in a nursing home of western Japan and returned to a city nearby Surabaya in June 2012. She had no complaint about life in Japan and accepting nursing home, but decided to return to Indonesia. The first reason of her decision was her failure to pass the national examination in 2012. The second reason was her health. She was sick and had to
stay in hospitals in Japan more than one month. She returned to a city nearby Surabaya because her parents were there. Working as a nurse was her choice and she was motivated to study about nursing, but she was not enthusiastic to study “care giving” and work as a “caregiver”. Her parents initially disagreed with Ms. E’s plan of going to Japan, but her aunt supported her cause, saying that it would be a good experience for her.

Ms. E said that she enjoyed her stay in Japan. Ms. E and her Indonesian colleague of the institution took the national examination in 2012, but did not pass. They then made a decision to return to Indonesia. Ms. E’s Indonesian colleague decided to return to Indonesia, since she was going to marry an Indonesian who stayed in Indonesia. Ms. E was satisfied with the accepting institution since the treatment for her was appropriate. Although she had to pay much expense for hospitalization, she still could save money to buy a car and a house in Indonesia.

At the time when the interview was conducted, Ms. E lived in nearby Surabaya. Surabaya is the second largest city in Indonesia by population (national census in 2010). The city has many medical institutions and a sizeable Japanese population. She expected to find a new job as soon as possible but was yet to find because of her poor health and lack of working experience as a nurse in Indonesia. When she was a student, her mother said that it would be a waste of money if she did not work as a nurse. As she agreed with her mother’s opinion, she tried to find a job as a nurse. Having difficulty in finding an appropriate job as a nurse in Indonesia, Ms. E said that she would also apply for any job.

Case 6, Mr. F (late twenties in September 2012, interviewed in September 2012)

Mr. F is from Cirebon, West Java. He has six sisters. After obtaining the associate’s degree of nursing (D3), he left for Japan. He worked as a “caregiver” in a nursing home of western Japan until 2012. He married Ms. E during his stay in Japan. In July 2012, he returned to Indonesia due to the failure to pass the national examination and her wife’s deteriorating health condition. In September 2012, he still could not find a new job and tried breeding and caring for goats and ducks in a farm.
Case 7, Ms. G (early thirties in February 2013, interviewed in May and September 2012 and February 2013)

Ms. G is from Jakarta. She is the first child in her family. She obtained the associate’s degree of nurse (D3) and worked as a nurse in several medical institutions around Jakarta. She began to work as a “caregiver” in a nursing home of eastern Japan in January 2009. She passed the national examination in 2012, but made a decision to return to Indonesia. The reason for return as she reported to JICWELS was family reason. That is, her mother felt lonely and requested her to return, because her younger brother married and was independent from her mother.

However, Ms. G. had other reasons for return. She complained about the host nursing home. According to her, firstly, the accepting institution did not follow the employment contract. She could not use paid vacation at all. That is why she had to work just until before her departure date to Indonesia. She said that the institution did not pay for her examination fee, thus she had to pay it by herself. When she applied for an extension of visa in outside of the city, she had to go there alone, although she did know how to access and could not speak Japanese fluently.

Secondly, too frequent after-the-job parties were also source of problem for Indonesian candidates, especially for Muslims. They had to pay extra expenses for party and taxi fare to return home. Every time they shared the cost of party although Indonesian workers did not drink alcohol. Initially, the Japanese workers took consideration of food and did not order pork menu, but later they never considered.

Thirdly, thick snow during the winter disturbed her life. To commute half an hour on foot through thick snow was hard for her. Fourth, the working condition was hard. Since the nursing home was understaffed, the workers were overburdened. Moreover, her boss often seemed to goof off on the care of the elderly. The boss went somewhere and she had to work harder during the job. Other boss used to reproach her with unprovoked charge. Her colleague Indonesian woman in the nursing home was also a source of problem. For Ms. G, the institution’s treated her and her colleague differently. Her colleague seemed to be befriended. For instance, her colleague worked in a unit with smaller patients and seemed to receive better treatment.
She also complained that support system of the JICWELS was insufficient. Even when she consulted to the JICWELS, the support was not enough and the response was too slow. When she applied for approval to work in a new institution, she had to wait for a long time. In the end, she succeeded to go back to Japan and work as a “caregiver” in a new host institution in late 2013.

Since Ms. G has more than five years working experience as a nurse in Indonesia and is familiar with medical personnel, for her it is easy to find a job as a nurse in Indonesia. For example, after she returned from Japan, a physician she knew offered her to return to a hospital. In the end, she decided to work as a nurse for home care for the time being, since she wanted to work as a “caregiver” in Japan again. She used her personal network and works in a new host institution in Japan as a “caregiver.” She can work in Indonesia but the payment is higher in Japan than Indonesia. She likes strict disciplines in nursing home of Japan.

3) The second group of “caregiver” candidate
Case 8, Ms. H (late twenties in March 2013, interviewed in March 2013)

Ms. H was born in East Java as a second child of her parents. She later wandered in West Java and Central Java owing to her parent’s job and later settled in West Java, where her parents still live in. After obtaining the associate degree of nursing in a nursing academy (D3), she came to Japan. She applied for the EPA program because she heard during her school days that she could gain working experience in Japan. She has worked in a nursing home in eastern Japan as a “caregiver”. She does not stick to working as a nurse. She has a dream to open a nursing home of Japanese style, or a school for “caregiver” or home caregiver in Indonesia. She learns and works hard for the dream. When she was undergoing nursing course in Indonesia, she visited a nursing home. There was affluent fund but it was not used for the care of the elderly. Rather, the nursing home’s officials use the fund for their own personal interests. She was very shocked to saw that the elderly were left without care. In Japan, she is motivated to learn care techniques and knowledge and plans to introduce them in Indonesia. She passed the national examination in 2013 and had the right to work in Japan.

She left her boyfriend in Indonesia and was worried about him. Nonetheless, she had no plan to return to Indonesia without learning about care
technique and management of nursing home. Her parents and her supervisor of the Japanese institution where she worked at supported her a lot. She was the only Indonesian who works in a nursing home in Japan. Ms. H initially had an Indonesian colleague in the institution in Japan, but she later returned to Indonesia after failing the national examination in 2013. However, she did not feel so lonely since she had good relations with her Japanese colleagues. Her Japanese colleagues took a good care of Ms. H’s condition and let her to have enough rest if she felt tired. As there are many foreigners in the town where Ms. H works, she also has many non-Japanese friends. Harsh winter with heavy snow was not a problem for Ms. H, because her Japanese colleague would pick her up by car in snowy day and rainy day. Although Ms. H was concerned about working the night-shift, she was enthusiastic to absorb new knowledge and technique.

Discussion

Each candidate’s experience is unique and different. However, based on the interviews, at least, the followings could be pointed out. The candidates learn not only about health and care but also Japanese language and life style in Japan. Some of the former candidates are successful in finding a job as a nurse by taking advantage of new knowledge when they return to Indonesia (Daily Jakarta, February 21, 2012)\textsuperscript{12}. However, there are also former candidates who face difficulty in finding a new job and those who found other job than nursing\textsuperscript{13}.

In a large city like Jakarta demand for Japanese-speaking nurses should be higher than smaller cities in Indonesia, but the demand is limited and not all former candidates can take advantage of their Japanese knowledge. As to ex-“caregiver” who is a specialist of “care” for the elderly, the chance to find an appropriate job is much lower. Indonesia’s average life expectancy is shorter than that of Japanese\textsuperscript{14} and the care industry for the elderly has just begun to develop. Unlike in Japan, there are not many elderly and nursing homes in Indonesia that needs caregivers with specialized knowledge and technique. Although there are also Japanese-style nursing homes build by Japanese investors in Indonesia, but these nursing homes are the newcomers in the Indonesian nursing market and not big enough to absorb unemployed EPA former candidates\textsuperscript{15}. 
Meanwhile, employment opportunities for former candidates who return to small town or rural area are more limited. Other choice for the EPA former candidates is to work in a Japanese company in Indonesia by taking advantages of their Japanese language and knowledge. Knowledge about health and care is useful in Japanese companies, particularly for companies related to the healthcare industry. Nonetheless, opportunities to work in such companies are also limited.

In brief, going to Japan as an EPA candidate involves high risk. A candidate who fails to pass the national examination in Japan, will return to Indonesia without any license to proof his/her knowledge about the Japanese healthcare technique while also bear “opportunity loss” for not pursuing career in Indonesia instead of going to Japan. Therefore, it seems rational for Indonesian nurses to select going to Arab countries, where they can directly use their license as a nurse in Indonesia and work as a nurse. Moreover, for Indonesian Muslims, Arabic language is more familiar than Japanese. Their status as nurse and their future prospect are also more secure in Arab countries than in Japan.

According to a lecturer of the Department of Nursing from an institution of health sciences in Jakarta, in many cases, overseas working experience as a nurse does not necessarily improve career for Indonesian nurses who are going to work in Indonesia. Even if they have overseas working experience as a nurse, they tend to be paid lower when working in Indonesia compared to their previous salary in the foreign countries. Therefore, Indonesian nurses who had worked as a nurse outside Indonesia tend to continue working in foreign countries and do not return to Indonesia16.

Conclusion

This study seeks to answer two questions on Indonesian nurse and caregivers candidates in Japan: (1) how do the EPA’s former candidates use their experience in Japan for their later career achievement in Indonesia? and (2) why did some of the EPA candidates decided to return to Indonesia even they have right to stay in Japan?

As for the first point, this study finds out that in many cases that experience in the EPA program does not benefit former candidates who are going to pursue their career as a nurse in Indonesia. While some former candidates succeeded to work as a nurse, other former candidates faced difficulties in finding new job in Indonesia. There are also cases
where former candidate’s new job in Indonesia is not related to either working experience in Japan or nurse license. These post-EPA realities are in contrast to the candidates’ expectation before going to Japan. Initially many candidates believed that even if they failed to pass the national examination, the EPA experience would benefit them in pursuing their later career in Indonesia. They thought that the EPA experience would ease them to obtain nurse job in Indonesia, or to find higher paid-job in Japanese company in Indonesia.

As is shown in the cases above, many former candidates found not only advantages but also disadvantages from coming to Japan under the EPA program. Those advantages include the higher salary in Japan compared to Indonesia and working experience gained in Japan. The most serious disadvantage is the career damage as a nurse when he/she fails to pass the national examination. Since the passing rate is low, the chance to step up career as a nurse by the EPA program is less promising and rather risky for the candidates. Although we can presume that in the future the demand for caregivers, who have learnt “care” technique for the elderly and who can teach “care” technique to Indonesian, will be higher than today, as Indonesia’s population is aging. However, the time is yet to come.

As for the second point, this study found out that there are problems, by which the EPA former candidates made a decision not to continue working in Japan despite having passed the examination. These problems include severe working conditions, bad relations between candidate and host institution, as well as poor support system of accepting institution and the JICWELS. From the interview with Ms. G, it was shown that the reason for returning to Indonesia is not only personal family reason, but also other kinds of problems and the candidates’ personal dissatisfaction. Hence, improving the training system for the EPA candidates alone is not sufficient to reduce the attrition rate of the EPA candidates. Such policy should be accompanied by policies to standardize the education system and to create better working environment for them. Moreover, it is necessary to build a feed-back system to punish or give penalty to accepting institutions that cannot meet standards set by these policies\textsuperscript{17}.

Albeit being able to provide answers to the two research questions, this study has some limitations. First, as the number of cases is limited and the sample is taken through snowballing technique, this study does not intend to make macro-level generalization for the EPA program. Second, this study examines only Indonesian nurses and caregivers candidates who took the national examination in within one year at interviewed time. It
does not explore long-term effects for the former candidates. Candidates who passed the examination and work in Japan may gain working experience in Japan and advance their career as a nurse in the future. Third, this study cannot conclude on whether Indonesian nurses who pass the examination will settle in Japan in the long term.

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Hirano O., Yuko, Reiko Ogawa, Yoshichika Kawaguchi and Shun Ohno, 2010a, “A Follow-up Survey on Hospitals and Long-Term Care Facilities Accepting The First Batch of Indonesian Nurse/Certified Care Worker Candidates (2): An Analysis of Various Factors Related to Evaluation of the Candidates and


Endnote
Certified caregiver (kaigofukushishi) in Japan is a technical qualification for caregiver of the elderly people and disabled people. It is certified by the Ministry of Health, Labour and Welfare in Japan (hereinafter referred to as the Ministry of Health). To obtain the certification, in fiscal year 2013, non-EPA applicants have to either 1) have experience more than three years and pass the national examination, 2) graduate from a senior high school for welfare and pass the national examination, or 3) graduate from training school for caregiver. They also have to pass the national examination for the certified caregiver (Ministry of Health). However, it is possible for Japanese citizens to work as an uncertified caregiver even if they do not qualified as a certified caregiver.

Until the end of November 2010, in principle, a foreigner who passed the national licensure examination of nurse in Japan could not work in Japan as a nurse for more than seven years (Ministry of Justice).

For example, a foreigner who has a Japanese spouse, parents, or grandparents, is allowed to work in Japan as a nurse as long as he/she has nurse license in Japan. As to caregivers, he/she can work as uncertified caregivers or caregivers. In another case, hospitals accept foreign nurses to train for a certain period.

There are several reasons for opposing views. That is, accepting foreign nurses and caregivers who are not proficient in Japanese leads to users’ deteriorating convenience in communication and reduces the quality of care. Moreover, it may lead to restrained wage in care and nursing and constitute obstacle to improve work environment of nurse and caregiver. For example, see Asato (2007). On the other hand, there are those who welcome foreign nurses and caregivers. According to them, the advancement of aging society with falling child birthrate increase demand of nurses and caregivers, and accepting foreign workers contributes to vitalize workplace (Ogawa et al., 2010: 87-88).

In 2013 the national examination pass rate of all applicants including Japanese is 88.8% for nurse and 64.4% for the caregivers (Ministry of Health; Mihon Keizai Shinbun in March 29, 2013). From the beginning, the rate was low. For example, the pass rate of Philippine and Indonesian candidates for nurse was 0% in 2009 and 1.2% in 2010.

According to Setyowati et al., Indonesian candidates face mainly seven problems. That is, one pre-departure and six in post-departure problems: 1) insufficient information provided before departure, 2) language and communication barrier, 3) reward and salary issue, 4) for nurse candidates, treatment as assistant nurse, 5) loneliness, 6) unsuitable treatment and 7) stress of the national licensure examination in Japanese (Setyowati et al., 2010: 177).

See also Hirano et al (2012).

As for the candidates’ reason for return, see also the survey conducted by Bimaconc.

These are Cirebon Health Collage in Cirebon in West Java and Binawan Institute of Health Science in Jakarta. These are famous for sending graduates to foreign countries to work as a health professional.

In the beginning it was six month. However since the fiscal year 2013, it was extended to twelve months.

Due to low pass rate of the national examination, nurse and “caregiver” candidates who failed to pass the examination were allowed to extend their stay for one year if their score in the national examination exceeded a certain standard and their accepting institution allowed.

Precisely, a part of the nurse candidates of the first group were well-experienced and delegated to Japan by Indonesian hospitals and their employment contract had been kept until their return. That is why they easily could find job after their return to Indonesia.

There are ex-nurse candidates who work in a Japanese manufacturing company in Indonesia (Daily Jakarta, 2012, February 22).

Life expectancy at birth is 70.7 in Indonesia and 83.5 in Japan during period 2010 to 2010 (United Nations).

In late 2012, a Japanese care company established a joint venture company in Indonesia (Daily Jakarta, October fourth, 2012). In Malaysia, several Indonesian caregivers work in a Japanese nursing home for the aged (Asahi Shinbun, April 17th, 2013).

It is based on interview with the head of the Nursing Department of the Binawan Institute of Health Sciences in February 2013.

JICWELS should play these roles, but in reality it does not. Of course, these institutions seem to be overwhelmed. That is, even they train foreign candidates, the candidates do not settle in these institutions. For example, the ex-host institution where Ms. G worked, produced caregivers every year but the caregivers do not continue to work there. Rather, some go back to Indonesia and others move to other institutions.