

To Stay or Not to Stay: Diverse and Conflicting Interactions between Indonesian Nurses' Socio-Cultural Backgrounds and Their Work Environment

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Abstract

Seeking to provide an integrative account of Indonesian nurses' encounters with a culturally and socially distinctive work environment in Japan, this article provides a number of case studies, especially important among which are the diverse and conflicting interactions between these nurses' individual socio-cultural backgrounds as represented in their age, marital status, ethnicity, family values and relationship, work experience, self-motivation and expectation on the one hand, and the work culture as well as the institutional underpinnings of their work environment on the other. Probably the most enlightening finding of this study is that such encounters across differences can bring about "friction" — to use Anna Tsing's felicitous term [2005] — which has turned out to be both enabling and constraining in terms of Indonesian nurses' adjustment to unfamiliar cultural settings, and this in turn has proved to be significant in shaping their decision as to whether they should continue working in Japan or return to their home country.

Keywords: Indonesia, Japan, nursing, Economic Partnership Agreement (EPA), friction, socio-cultural factors, work culture

I Introduction

Something shocking began to happen during the three-year period when Indonesian nurses¹⁾ came to work at Japanese hospitals and elderly homes under the Economic Partnership Agreement (EPA) between Indonesia and Japan.²⁾ In spite of the growing numbers of candidates [Hirano 2011], the changing attitudes of the Japanese hospitals, elderly homes or the patients themselves towards Indonesian nurses [Ogawa 2011], not to mention the great potential to continue the program under the EPA scheme [*ibid.*], there have occurred a number of unexpected phenomena. Most notable among them are a number of Indonesian nurses who still want to return to their home country even if they pass the national examination, or those who wish to go home before the completion of the program, the so-called "halfway

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- 1) Throughout this article, Indonesians working in Japan under the Economic Partnership Agreement (EPA), either as registered-nurse candidates or certified care-worker candidates, are referred to as "Indonesian nurses," except where the distinction between the two is needed. We believe such a designation is justified as they have worked as professional nurses in Indonesia.
- 2) For the EPA between Indonesia and Japan, see Shun Ohno's paper in this issue.

returnees” (*chuto kikokusha*), which is unpredictably increasing during the three-year period. Statistics provided by the governmental institution of Japan shows that as of early April 2011, out of 686 Indonesian candidates who entered Japan by 2010, 41 persons (30 nurses and 11 care workers) cancelled or finished their employment contract and returned to Indonesia [Ohno 2011]. As foreign workers living in unfamiliar cultural settings, it is inevitable that Indonesian nurses experience varying degrees of “friction,” to use a felicitous term coined by Anna Tsing [2005], an anthropologist known for her study of marginalized people’s involvement in conflicting socio-cultural interactions. In her view, friction, defined as the imperfect connectivity between people from different cultures and socio-economic strata, can prove to be creative when it provides glue that gives meaning to cultural interactions. She points out, however, that in the absence of special effort, friction can also get in the way of the smooth adjustment process in unfamiliar cultural settings.

This study argues that the encounters across socio-cultural differences in a transnational terrain such as the one experienced by Indonesian nurses in Japan can bring about “friction.” Especially crucial in this regard is that friction arises from the diverse and conflicting interactions across these nurses’ individual socio-cultural backgrounds such as age, marital status, ethnicity, family values and relationship, work experience, self-motivation and expectation on the one hand, and the work culture as well as the institutional underpinnings of their work environment on the other. This study has found that friction produces unpredictable effects or consequences, which can be enabling or constraining. They can prove to be either enabling or constraining in terms of Indonesian nurses’ adjustment to unfamiliar cultural settings, and this in turn has proved to be extremely instrumental in shaping their decision as to whether they should continue working in Japan or return home.

It should also be noted here that friction is a concept developed by Tsing to open a possibility of an ethnography of global connections. The concept is designed to overcome the methodological dilemma looming over her innovative attempt to deploy ethnographic methods for a study of international encounters. “How does one do an ethnography of global connections? Because ethnography was originally designed for small communities, this question has puzzled social scientists for some time. My answer has been to focus on zones of awkward engagement, where words mean something different across a divide even as people agree to speak. These zones of cultural friction are transient; they arise out of encounters and interactions” [*ibid.*: xi]. And as such zones of cultural friction are presumably found in “narrowly conceived situations” [*ibid.*: 2], this study focuses on narratives told by Indonesian nurses to shed lights on the friction they have encountered in Japan.

Such being the main thrust of this study, it examines unpredictable effects of “friction” between Indonesian nurses’ individual socio-cultural factors and their work environment upon their decision to stay or not stay in Japan, by drawing upon their narratives, namely what Tsing [*ibid.*: xii, 267] chooses to call “their stories,” “other stories,” or stories “that should be told . . . [which] deserve . . . an ‘audible’ track.” By giving precedence to narratives, this study opts not to focus on the analysis of institutional arrangements and interconnections that may have contributed for the friction.

The aim of this study, therefore, is threefold. First, to demonstrate how friction in the form of heterogeneous and unequal encounters can lead to a rearrangement of actions, effects, or consequences. Second, to register, in a form of a detailed sociological account, the importance of cultural diversity

which is not altogether banished from these interconnections. Cultural diversity is not only there, but on the very contrary, “it *is*,” to borrow Tsing’s [*ibid.*: ix] apposite assessment, “what makes them — and all their particularities — possible.” Third, by examining friction, this study seeks to highlight the central feature of all Indonesian nurses’ decision as to whether they should continue working in Japan, namely a degree to which the interactions between their personal goals, objectives and strategies — informed by their individual socio-cultural backgrounds — and the institutional underpinnings of their work environment have figured prominently in shaping their decision.

II Significance of the Study³⁾

The past studies on overseas Indonesian workers tend to focus on unskilled or semi-skilled migrants working mostly in Asia and Middle East since the vast majority of them belong to such categories and over a half of them are women. These women are predominantly employed as domestic workers and caretakers [see Shun Ohno’s introductory paper in this issue]. There are also a large number of unauthorized or undocumented Indonesian workers particularly in Malaysia. Because of such characteristics of overseas Indonesian workers, many previous studies have focused primarily on their low social and economic status and vulnerability in receiving countries, and attempted to examine the structure of exploitations set up by placement agencies and others [e.g. Wong *et al.* 2003; Adi 2003; Tirtosudarmo 2004; Anggraeni 2006; Hugo 2007; Ogaya 2008; Asato 2009].

Most of these Indonesian workers emigrated abroad through the so-called P-P (private-private) arrangements in accordance with the demand and supply of human resources in international labor market. However, the sending of Indonesian nurses and care workers to Japan has been processed under the so-called G-G (government-government) agreement. Such arrangements are very seldom in the deployment of Indonesian overseas workers.⁴⁾ Furthermore, the number of Indonesian nurses sent abroad has been quite limited in the past due to certain factors [see Ohno’s paper in this issue], and the programs for overseas nurses employed in Saudi Arabia and others were processed through P-G (private-government) or P-P. Thus, it may fairly be presumed that experiences of Indonesian nurses and caregiving workers sent to Japan as “skilled workers” under the G-G arrangement involve challenging issues related to the development of technical skills and language proficiency as well as cultural adaptation at the workplace in the country of their destination, which have not been well examined in the past studies on Indonesian migrant workers.

Collections and analyses of frank voices and candid opinions on the above issues expressed by Japan-bound and other overseas Indonesian nurses have been also rarely made until the present. One

3) The authors wish to thank Professor Shun Ohno for his kind assistance in providing all the information needed to put together this section.

4) As of July 2011, the Indonesian government has concluded only three G-G agreements for the dispatch of Indonesian workers overseas. They are 1) its EPA project with Japan, 2) its arrangement with the South Korean government, and 3) its agreement with the Eastern Timor government for the dispatch of Indonesian midwives (data obtained from the National Board for Placement and Protection of Indonesian Overseas Workers on July 29, 2011).

of a few such works is the authors' preliminary research conducted in the western part of Japan in September–October 2009, one year and a few months after the entry of first-batch Indonesian “candidates” for registered nurse and certified care worker into Japan. The study has identified several socio-cultural issues encountered by first-batch Indonesian candidates, and found that their initial friction later developed into their innovative attitudes toward nursing, namely intimacy, emphatic nursing and punctuality as a work ethic [Alam and Wulansari 2010].

The authors feel that a follow-up study is needed in order to explore the first-batch candidates' subsequent experiences and shifting views as well as socio-cultural issues encountered by the following batches of Indonesian candidates who entered Japan. The authors believe such a work is important especially for the first-batch nurse candidates as they are required to take their third, and presumably the last, national nursing examination in February 2011, the results of which will inevitably affect their work and life in Japan.

III Methodology

The interviews upon which this article was based were conducted from February 28, 2011 to March 5, 2011, at four hospitals and one elderly home in the Western part of Japan.

The total number of Indonesian nurses interviewed was 15, 2 males and 13 females. At their departure time for Japan, and the time of interview, they were all preparing to become registered nurses or certified care workers. In other words, when the interviews were conducted, none of them had passed the National Nursing Board Examination (*Kangoshi Kokka Shiken*) yet.

Their ages range from 24 to 34. Their educational backgrounds vary from what in Indonesia is referred to as D3 (three-year vocational education) to S1 (four-year college education), with 2 to 10 years of working experience as a nurse in Indonesia. Most of them (i.e. 9 out of 15) were unmarried. With regard to their Japanese language proficiency, they had studied basic Japanese for six months after they arrived in Japan and they continued the language training in order to pass the exam.

Our interviews addressed how friction arises from diverse and conflicting encounters between individual socio-cultural factors such as age, marital status, ethnicity, family values and relationship, work experience, self-motivation and expectation, and the surrounding work culture and institutional underpinnings such as communication, job description and responsibilities, remuneration, working hours and workloads, and the preparation for the National Nursing Board Examination. The duration of the interviews ranged from one to two hours, conducted in hospitals and elderly homes during work hours.

From the interviews of 15 informants, this study purposively selected a number of key informants, who presumably represent diverse individual socio-cultural characteristics, and whose story and interview records can constitute the primary data for the analysis of the emerging friction as well as their decision to stay or return home. As such, the sampling method used in this study can be categorized as a purposive sampling, i.e. a “form of non-probability sampling in which decisions concerning the individuals to be included in the sample are taken by the researcher, based upon a variety of criteria which may include specialist knowledge of the research issue, or capacity and willingness to participate

in the research” [Jupp 2006: 244–245].

The interview method was used in this study as a primary research tool to assess how individuals interpreted and understood their own lived experience. The main emphasis in the data analysis conducted after the completion of the interviews was to find out how Indonesian nurses shaped their decision in the face of the emerging friction.

IV The Surrounding Work Environment

The surrounding work environment of the Indonesian nurses interviewed for this study was as follows [cf. Alam and Wulansari 2010].

In terms of communication with patients, there was a sort of “communication gap” between Indonesian nurses and Japanese patients. Most of the Indonesian nurses interviewed for this study were working at a hospital or a care facility where the majority of patients or residents were elderly, and bedridden or senile, thereby in need of total care. Because of such physical or mental impairments, these patients had difficulties in verbal communication to the point where it was difficult for them even to tell which part of the bodies hurt and what they needed. In addition, elderly who live outside Tokyo normally spoke in dialect, and not in standard Japanese, therefore the communication between the two parties became even more difficult. Nevertheless, most of Indonesian nurses felt that their patients were very welcoming and appreciative.

Concerning communication with Japanese staff, most of Indonesian nurses were able to communicate with Japanese staff in elementary level Japanese. However, this did not necessarily mean that they communicate “openly and freely” about their work. This was particularly evident in their interaction with senior staff members such as the head nurse at some particular hospitals, the situation appeared to be further compounded by the cultural differences related to daily interaction patterns.

In relation to work culture, most of Indonesian nurses experienced culture shocks related to the differences of work ethic. In one such case, the rigidity of working hours in Japan, a strict division between working hours and leisure time, do not usually engage in small talk during working hours and keep things on the move, so much so that they cannot do anything else but work during working hours.

Regarding job description and responsibilities, Indonesian nurses’ status in a hospital is a “nurse candidate” or “trainee” with a limited job responsibility and authority, occupying the lowest ladder in the formal employment structure. Furthermore, this arrangement was unfavorable for them in many ways. First, since he/she was not granted the responsibility and authority as a nurse, they were not allowed to perform any medical intervention by using his/her nursing knowledge, skill and techniques. Second, most of the Indonesia nurses’ job description is limited to the fulfillment of basic human care for Japanese patients who are most elderly.

With regard to remuneration, Indonesian nurses in Japan earn a take-home pay ranging from around 120,000 yen to 180,000 yen per month, depending on the institution and the town where they are stationed. Given the fact that Indonesia’s annual income per capita is less than 2,500 dollar, it is undeniable that such a monthly take-home pay is highly attractive for Indonesian nurses. Be that as it may, there

were a few nurses who were not content with their income due to the fact that they are working at a hospital in an urban area where the cost of living is substantially higher than that in the countryside. Of particular importance in this regard is that for married male nurses, the monthly take-home pay is not enough to maintain a family with a wife and children back home in Indonesia.

In the matter of working hours and workloads, the average working hours of Indonesian nurses are eight hours a day, from 8:00AM to 4:00PM. These working hours are the same with Indonesian hospitals. However, the workloads in Japanese hospitals were a little heavier than what Indonesian nurses were used to in Indonesia. The main reason for this, was that at Indonesian hospitals, daily care for the bedridden, elderly patients were normally done by their family members or personal helpers, and not by nurses, therefore when Indonesian nurses were required to perform such a duty at a Japanese hospital, they acknowledged that their workloads became heavier.

Last but not least, relating to National Nursing Board Examination, the EPA between Indonesia and Japan stipulates that Indonesian nurses are allowed to work in Japan for a maximum of three years as a nurse candidate. If they can pass the exam during this three-year period, they are allowed to remain in Japan and work as registered nurses. However, if they fail, they have to leave the country at the end of the three-year period. The Japanese hospitals are divided into two types in this regard; those who were able to provide support such as exam preparation tutoring and those who were not able to do so due to lack of time, budget and human resources [see Wako Asato's paper in this issue].

V The Narratives of Five Nurses

Such being the work environment surrounding the Indonesian nurses, this section presents the narratives of five nurses and the subsequent emerging friction.

1. Nurse A (Age 22, Female, Single): "I've never been so independent in my entire life"

Ms. A is a 22 years old, radiant, and very friendly young nurse candidate who works at a hospital in Japan. After earned her bachelor degree three years ago, she came to Japan and surprisingly found herself very much enjoy her job and her life.

She is originally from Jakarta, the capital city of Indonesia. She is proud that her mother and father are loving parents; she has two young sisters. Her father works as an employee for a private company and her mother is a kindergarten teacher. As a middle class family, her family has a number of housemaids who help to take care of the household chores. She, therefore, has never really taken care of domestic tasks.

Being an eldest child, she feels that her mother has been very protective of her. She recalls that when she was working as a nurse in Jakarta, she seldom went out at night and spent more time at home with her family. In retrospect, she believes that that kind of life style gave her much time to focus on her work, but on the other hand, she became rather dependent on her family when it comes to daily chores. The situation, however, changed drastically when she came to work in Japan. At the beginning, she felt terribly tired and stressed out as she had to do by herself every housework, ranging from preparing meals to doing the dishes. But after a while, she got used to it and began to enjoy the wonderful

feeling of being independent, a feeling she never had when she lived with her family. As she related in the interview, "I'm so happy to be here. Since I have to do everything myself, I'm getting more independent every day. It's a very wonderful feeling, because at home in Indonesia it is my family and the housekeepers who did all the work for me."⁵⁾

She also admitted that as she enjoys living in Japan so much, she is even considering marrying a Japanese man and starting her own family in Japan. "Since I do enjoy my life here, I may want to marry a Japanese man someday. I think it will be wonderful to do so."

In addition to her happy personal life, Ms. A feels very content with her job. As a nurse candidate, her job is no different from that of other candidates, which is to say, she is not allowed to take part in any medical intervention. However, she finds taking care of ageing patients is fun. "I love working here. My patients are just like my parents. I like to make them smile and happy. . . . Every day I have to do some physical exercise with the patients, and I really enjoy playing ball or doing any other activity with them."

As regards her future plan in Japan, Ms. A's intention is to work hard to pass the exam so that she can continue working in the country as a registered nurse.

2. Nurse B (Age 26, Female, Single): "I want to continue my study in Japan"

Ms. B came to Japan as a member of the third batch of Indonesian nurses sent to Japan. While she had worked as a nurse in Indonesia, she decided to become a certified care worker in Japan, and therefore at the time of the interview she had been working in a rehabilitation hospital for elderly as a care-worker trainee for a year and three months.

Unlike the other nurses, she did not have much experience in medical field before she came to Japan as she had just received her bachelor degree from a private nursing college in Bandung, West Java, about a year before her departure for Japan. After her graduation from the college, she did not take any special training in nursing, but instead worked as a part-timer at a beauty clinic for six months.

Describing the difficulties she faced at her workplace, Ms. B said that her status as a candidate for a certified care worker has made her job description limited to the fulfillment of basic human care for the elderly patients, and was not allowed to perform any medical intervention by using her nursing knowledge, skill and techniques. "The Japanese staff don't easily trust trainees like us. Neither do the patients. But after a while, we were gradually trusted with various tasks, beginning with minor chores. They've never given you an important task right away."

According to her, the Japanese staff tend to be extremely cautious about one's capability, most notably, the foreign workers'. This attitude has made them intensely careful in delegating any work to trainees. Therefore, she thought it is good to follow their way of thinking or imitate the prevailing system at their work environment. As a result, she has been given increasing workloads these days.

However, increasing workloads with no clear job description have posed a new problem for her.

5) For similar experience of a feeling of independence by Asian migrant women, see Parreñas [2003] and Ogawa [2008].

In her view, the guidelines as to what she may and may not do have become increasingly blurred. Sometimes, she has to do things that, by the official rule, she is not supposed to be doing, or the other way round, occasionally she is told not to take part in what is actually part of her responsibilities. “At one time, I took an initiative to take a patient to the bathroom, because the other care workers were busy. I knew that helping the patients with bathing was part of my responsibilities, but at the time I had never done that myself. The Japanese staff immediately told me not to do so. They may be worried that as I am inexperienced, some accident, like the patient tripping on something and fell over, might happen. So I immediately said to them ‘*sumimasen*’ (I’m sorry) and backed off.”

She felt a similar dilemma whenever a patient asked her to do things that she was not sure if it is part of her responsibilities. She did not know exactly if it is allowed or not. The feeling of perplexity was getting even stronger when all the other nurses or care workers were unavailable at the moment. At a moment like that, she felt reluctant to bother other nurses, but at the same time she did not want to be perceived by the patients as someone who is not responsive to their request, especially because most of the patients on her floor were the elderly in need of constant care.

Despite such dilemmas she had been facing, she pointed out at the interview that she began to feel that somehow she had got used to the work culture of Japanese hospitals, thereby beginning to acquire a sense of accomplishment and pride at her work place. She said she would be delighted to continue working in Japan if she could get a certification as a care worker.

As regards the Japanese language proficiency, Ms. B emphasized the importance of acquiring some understanding of a local dialect spoken in the area where an Indonesian nurse is stationed. At her work place, almost all patients spoke in a dialect, which is different from the standard Japanese. Phrases such as “*yoka-yoka*” (yes, yes; in Japanese: *hai-hai*) or “*nanshotto?*” (what are you doing; in Japanese: *nani shiteru no?*) and many others are certainly very difficult to understand for Indonesian nurses who have but a limited mastery of Japanese. She was therefore hoping that Indonesian nurses will be given some lessons in a Japanese dialect before being stationed at a hospital or an elderly-care facility.

Regarding her future career, she said she would like to continue her study to a master’s program in Japan, majoring in gerontology. She had several reasons for continuing her study, most notably among which was the fact that she was still relatively young and also being the youngest child in her family she did not have to send money back home to help her parents. Another contributing factor is a fact that there are very few Indonesian nurses or care workers specializing in gerontology, therefore by obtaining a master degree in the field, she thinks she will have a good career prospect in the future.

3. Nurse C (Age 31, Male, Single): “I want to learn something here and give something back to my country” While relatively young, Mr. C is a seasoned nurse. He started his education in nursing by entering a three-year non-degree program (known in Indonesia as a “diploma program”) in West Sumatra, and earned his diploma in 1999. Eight years later in 2007, he earned his bachelor degree at a nursing college located in the Riau Province, Sumatra. After the graduation, he actively took part in various nursing training courses, therefore had managed to obtain a number of nursing skill certificates before securing a permanent job at a hospital as a nurse.

He began his career at a government-owned general hospital in Bandung, West Java, where he also obtained additional training in nursing skills. After having worked there for a couple of years, he moved to another major government-owned hospital, but this time in Jakarta, and took a special cardiovascular training while working there. Finally, he went back to his home province, South Sumatra, to work at a private hospital owned by an Islamic Foundation.

“It was very disappointing,” said Mr. C when he was asked about his working conditions in Japan right after his arrival. “I was a head nurse in Indonesia, but when I came here, it was like I had to start all over again as a trainee.” What is demanded from him and many other Indonesian nurses who came to work in Japan, according to him, was to forget about what they have achieved professionally at home in order to adapt to the new and unfamiliar work environment. “In a Japanese hospital,” he noted, “I’m nobody, and therefore my opinions are rarely heard, or even worse, my capability is doubted.”

Therefore he felt he was “constantly underestimated, not allowed to do anything to the patients despite many years of experience and numerous certificates.”

Such being his feelings at the early stage of his employment, he nevertheless experienced a turning point after a while. “My disillusionment with the working conditions in Japan was quite real, but after a while I was beginning to feel that rather than allowing myself to be carried away by a sense of self-pity, I should do my best to learn as much as possible while I’m in Japan.” And he believed that such a change of mind was occasioned precisely by his amazement at the strong work culture demonstrated by the Japanese staff. “Compared to us, Indonesian nurses, they are much more precise and disciplined in time management, more committed to their job, and always willing to take the full responsibility of whatever they are doing.” He further explained, “before coming to Japan, I thought we were good enough, but in fact we were, as the Indonesian saying goes, ‘like a frog hiding under a coconut shell’, who doesn’t know the world.”

Nevertheless, it took some time for him to adjust to such a strong work ethic, and in the meantime oftentimes he felt totally exhausted just trying to emulate his Japanese counterparts. “But thanks to the efforts,” he remembered, “I was beginning to be trusted with a number of tasks that otherwise would never been given to me.”

Aside from the Japanese staff’s superiority in their discipline and consistency with the standard work procedure, he thought that Indonesian nurses had their own unique strong point, namely what he called “imaginative nursing,” by which he meant a nurse’s ability to understand what to do in any given situation unspecified in the standard operational procedure. He speculated that this sort of ability might have something to do with Indonesian nurses’ predisposition to look upon the patients as their own parents or grandparents. Along the same line, he imagined that “If Indonesian nurses had been given the chance to gain adequate knowledge in Japanese language and the Japanese health care system before they came to Japan, it was not impossible that they would have been capable of competing with Japanese nurses themselves.”

With regard to future plans, he said he was not too concerned about the National Nursing Board Exam at the moment. “For me, if I should pass the exam, that’s a gift from God, because it would mean I’ll be able to study in Japan much longer.” “But if, on the contrary, I have to go home after three years, I can take it because now I have a special dream, that is a dream of one day building a hospital in Indo-

nesia entirely based on the Japanese system.”

He emphasized, however, that “this doesn’t mean I do not want to stay in Japan if I should get the chance to do so.” “I just want to be realistic. My chances of passing the exam are slim, as my practice tests scores are very poor; but it’s OK, because even I had to go home, there are lots of lessons I can bring back home.” He further pointed out, “I know the Japanese government is likely to allow us to extend our stay for one year, just to let us take the National Nursing Board Exam one more time, but at the moment, if I failed the exam this year, I’d rather go home right away.”

He believed that his passion for studying abroad has a lot to do with the fact that he comes from West Sumatra, where people have traditionally been upholding a value that one has to achieve success away from their home village. “We West Sumatrans, known as Minangkabaus, traditionally have always been motivated to migrate to other countries or islands to accomplish our dreams. And normally we don’t return to our native village until we’ve attained some measure of success, be it financial or career-wise.”

4. Nurse D (Age 34, Female, Married): “I’m a mother of two kids and my husband was unemployed” Ms. D is certainly not a “rookie” in the field of nursing. Before coming to Japan, she had worked for eight years as a full-time nurse at an upscale private hospital tucked away in a leafy Jakarta suburb. She was responsible for the overall supervision of the section called “Executive Health Check Up,” which provides exclusive and expensive care for the expatriates and affluent Indonesians alike. Her nursing education started when she took a non-degree three-year program at a nursing school in Padang, West Sumatra. After the graduation, she continued her study to the undergraduate program at the Faculty of Nursing, University of Indonesia, in Jakarta.

She has two children; at the time of the interview, the eldest one was four and the youngest three. When her husband’s small trading business went bankrupt a couple of years ago, her economic situation deteriorated drastically, which was one of her main reasons to apply to go to Japan, leaving her husband and two children in Indonesia. She described the circumstances surrounding her departure as follows. “I had a lot of financial problems right before I came to Japan. Many, many debts. Even our only home had to be sold. I have nothing. My family and I were really suffering at the time. So I decided to come to Japan, never mind being separated from my children. At the time, my youngest child was just eight months and I was still breastfeeding him.”

While Ms. D was in Japan, her husband took care of her two children, but as he was unemployed, she was compelled to set aside most of her salary earned in Japan to be sent home in Indonesia. Out of her monthly take-home pay of approximately 130,000 yen, she tried hard to send the lion’s share home. “If I cut corners in just about every aspect of my life here, every month I can lay away about 90,000 yen, or roughly 10 million rupiahs, and sent it back home.”

Her hard work eventually paid off. After three years in Japan, she could redeem her house, pay off her debts, and even send some extra money home to start up her husband’s new business as well as to support her aging parents. She exuberantly related, “Now, my husband is back at work, although he is no more than a tradesman peddling from one market to another.”

Regarding her work environment in Japan, she said that throughout the three-year period in Japan,

she was quite content that she never felt any pressures at work, except the demands for working professionally by the Japanese standards. Just like other Indonesian nurses, her status in Japan was a nurse candidate, but she felt that she had been always treated equally and with respect. She described her situation as follows. “Maybe every hospital in Japan is different. And I know, there may be Indonesian nurses who were not even considered as employees by their hospital, or those who were merely regarded as trainees with limited knowledge and skills. But in my case, I have always been regarded as one of their staff, part of the family, so to speak. So all the rules apply equally for all the nurses including myself. In addition, all the facilities I received as a nurse candidate are no different from theirs. So no one is better off.”

Even regarding the National Nursing Board Exam, the hospital does not set any specific target for her. When she failed the exam last year, the hospital management did not blame her and, on the very contrary, they comforted and encouraged her not to give up and try again. “Likewise,” she pointed out, “moments before the exam started, what I heard from the Japanese staff were nothing but the words of encouragement.”

But Ms. D noted that the Japanese language is quite difficult. She felt it is impossible to master the language, let alone memorizing nursing terminology, in just two-and-half years with three learning hours per day. She admitted that up to now she had not been able to speak the language well, even for everyday conversation. Luckily, the hospital showed deep understanding and readily offered encouragement.

“They are so nice. They’ve never spoken negatively about my linguistic incompetence. I’ve never heard any derogatory comment like ‘you’ve been in Japan for three years and you still can’t speak well’. They seem to have been keenly aware of the fact that the Japanese language, especially the enormous amount of nursing terminology, is awfully difficult to master. So, when I failed the second exam, they still tried to boost my spirit by offering kind words like ‘don’t worry; you can do it better next time.’”

She also felt that she managed to establish very good relations with the patients. She remarked that most of Japanese patients seem to like Indonesian nurses very much thanks to their friendly attitude. “We always smile. Although we don’t understand many things they say as our Japanese proficiency is limited, I feel we’re very welcomed. Probably our body language like smiling and touching helps us build a rapport with them.”

Despite the friendly work environment, the welcoming attitude of the Japanese staff and patients, not to mention the salary sufficient to solve her family’s financial problems, Ms. D decided to return to Indonesia, even if she passed the exam. She said she was actually uncertain as to whether she wanted to go home or stay, but her family’s insistence helped her to make up her mind. Especially, after being separated from her family for more than two years, her mother told her that her two children began to forget they had a mother.⁶⁾

“My contract will be over on February 25, 2011. My family is asking me to go home. My mother cried over the phone and said, ‘just resign and come home. Your children have already forgotten about you. If you insist to keep working in Japan, it wouldn’t do any good to your family’. My husband also

6) For similar experience by Asian migrant women, see Parreñas [2003].

said, ‘just come home and take care of your children.’”

After all, for Ms. D, her family remained the most important factor in determining whether or not she should go home. Indeed, she went to Japan to save her family and decided to return to take care of her children, especially to mend her relationship with her young children.

5. Nurse E (Age 27, Female, Single): “I thought I could advance my knowledge and skills in Japan”

Ms. E is 27 years old nurse originally from one of Indonesia’s outer islands. She is single and has a lot of experience as a nurse before coming to Japan, the most notable of which was probably her work for two years at the Emergency Unit of an internationally renown clinic catering almost exclusively to the medical needs of the expatriates and well-to-do Indonesians.

As a nurse working for an international clinic, Ms. E was used to providing health care service to patients from various countries and had been exposed to cultural differences on a daily basis. She also believed that her employment had enabled her to acquire state-of-the-art nursing skills, especially those related to emergency medicine.

Such being her background, she came to Japan three years ago full of hope and anticipation for an exciting process of learning the cutting-edge science of nursing in an advanced country. She was, however, disillusioned right on the very first day of work, when she was asked to measure the uniform she was going to wear at the hospital. “When I arrived, the first thing they asked me to do was uniform fitting. When I saw it, I said to myself in sheer astonishment, ‘Gosh, it’s not a nurse uniform. It’s a T-shirt!’ I came all the way from Indonesia, with many years of experience as a professional nurse, but here, I’m just a nurse assistant wearing a T-shirt.”

This difference in uniform might seem trivial, but it made her extremely uncomfortable at work, being constantly reminded of the status gap between registered nurses and nurse assistants in a Japanese hospital. And it turned out that the uniform is just the smallest difference between them; she was later exposed to many other forms of disparity. “The uniform is only the beginning. When we had lunch at the canteen, we were told that there are two different sections for nurses and assistants. And that’s also the case with the lounge. In short, they keep telling us ‘to know our place’, giving us all these constant reminders of our status difference.”

But among all these status differences, it was her status as a nurse assistant that was the most difficult to accept. She had a bachelor degree in nursing, and was confident of having acquired much more advanced skills and knowledge than most of the nurse assistants in Japan. And yet, she was lumped together with nurse assistants simply because she had not passed the National Nursing Board Exam in Japan, and as a result, she had to do the work that can be done by any unskilled laborer. “My job description is limited to basic human care such as preparing meals, feeding, bathing, helping with personal hygiene, changing diapers, and even cleaning up the rooms, floors and lavatories. Of course I know as a nurse these are part and parcel of my work, but I’ve never imagined that these would be the only work I’m allowed to do in Japan!” She further pointed out, “deep in my heart, I still cannot accept this. I am a professional nurse, why do I have to do these things? What is the rationale for hiring Indonesian nurses with a minimum of two year work experience to this kind of job in Japan? Even a fresh graduate from a nursing school can easily do it.”

Due to all this, Ms. E felt that her skills and capability as a nurse were terribly underestimated by the hospital. And to make the matter worse, while she was working in Japan, she felt she came across a number of cases indicating that her knowledge and skills were possibly superior to those of the Japanese staff. “For example,” she said at the interview, “one time I was asked by the Japanese staff to use cold water or ice block for a compress to alleviate a fever, but as far as I know, the latest research on the issue indicates that we’d better use warm water because, contrary to the common belief, cold water or ice block prevents the patient’s body temperature from decreasing.” She further noted that this was but one of many examples of the fact that what was going on in a Japanese hospital was not necessarily abreast with the latest development in medicine.

In addition to this, Ms. E also felt that being part of the very first batch of nurses sent to Japan, the pre-departure preparation for her group was far from adequate. For example, the exact job description and responsibilities of their employment in Japan was never clearly explained to them. “Yes, our contract does mention that we will not be allowed to take part in any medical intervention, and that our job is to provide basic service to the patients, but we never imagined that this would be applied so strictly to the point we won’t be able even to observe medical practice in Japan.” Also, she was not told before departure that most of the patients she would take care of were elderly. “If I had been told that most of the patients were elderly, I could have studied the diseases commonly found among old people such as dementia before my departure for Japan, and that should have made a big difference.” Due to such lack of information, she felt that what actually happened to her was “very tragic,” since in order to come to Japan, she had to “make a lot of sacrifice, including quitting a job that she really loved.”

She also deplored the fact that while she had been originally very excited about learning many new things in Japan, she realized soon after her arrival that not only was she not allowed to take part in any medical intervention, but she was not even given any opportunity to observe the Japanese staff performing simple procedures such as measuring blood pressure or giving an injection. “Let me give you a simple example: cleaning a patient’s wounds. I just wanted to see how Japanese nurses clean a wound because I wished to compare it with what I used to do in Indonesia. But I was never given the opportunity to do so.”

As for the issue of language learning, she explained that she had the opportunity to learn Japanese for six months before being placed at a hospital, but that turned out to be extremely inadequate. “I think learning such a difficult language in just six months is impossible. We were just like foreigners learning English for the first time. In the text book, we learn simple sentences like ‘this is my mother’. But in the actual daily conversation, it takes much more than that to build a communication. When I started working here, I was faced with a lot of questions using totally unfamiliar words, and naturally I couldn’t answer them correctly.”

To compound the problem, some of the Japanese staff at her hospital were not exactly helpful and understanding about her language deficiency. She was under the impression that the Japanese staff did not bother about the fact that she was a foreigner who still had some difficulty speaking and listening in Japanese, nor did they care to ask her if she understood. “They speak so fast and seem just don’t care if I am a foreigner.” In addition, “there are some Japanese nurses who seem uncomfortable with my being here. I don’t know why, maybe I am considered a bother, or a burden to them as they are

very busy with their own themselves, so much so that they do not have time to help me with anything. I know that helping me with my Japanese means extra work and time for them, so it's understandable if they feel that I present a new burden to them."

As for the issue of the National Nursing Board Exam, she was of the opinion that "the exam materials were far too complicated to be learned in just one or two years." Moreover, she pointed out, Indonesian nurses have to study them while working at a hospital or an elderly home. And according to her, the most difficult subjects of the exam were the health care law and the insurance system in Japan, which are entirely unfamiliar subjects to Indonesian nurses.

Finally, having gone through all this, she felt that she began to feel she had lost her own identity as a professional nurse who possessed adequate skills, knowledge, capability and credibility. As a result, she could not help feeling that she was not proud of her job, as contrary to her original expectation, she could not expand her knowledge and develop her skills. "Frankly speaking," she remarked, "I don't feel I belong here. Oftentimes, I even feel ashamed of just sitting back without doing anything. I feel I am not myself anymore. The job I am doing is not my kind of job."

In addition to the loss of her identity, she also felt that she had lost motivation. "Sometimes I'm just wondering where the spirit's gone? I don't even have any motivation to learn a new *kanji* character, let alone study for the exam." She therefore explained that what she was doing at the moment is just to finish the contract. After the contract is over, she said, she would go home, "regardless of the result of the exam." She was quite clear about this. "I feel I am not myself anymore, and this is clearly not a job for me. I came here to learn something and advance my nursing knowledge and skills, but that didn't happen. So, even if I pass the exam, I won't even bother to stay and had rather go home and start a new career."

VI Analysis

As stated earlier, the main thrust of the argument proposed in this study is that the encounter across differences can bring about "friction" [cf. Tsing 2005], which has proved to be both empowering as well as disrupting in Indonesian nurses' adjustment to the unfamiliar cultural settings, and thereby in shaping their decision as to whether continue working in Japan or to go home.

The five narratives presented in the previous section are meant to describe in detail the diverse and even conflicting interactions between the nurses' individual socio-cultural backgrounds such as age, marital status, ethnicity, family values and relationship, work experience, self-motivation and expectation on the one hand, and the work culture as well as the institutional underpinnings of their work environment on the other.

From these narratives, however, one can discern at least two patterns of interactions between the two factors: individual socio-cultural backgrounds and the surrounding work environment in Japan. They are, the pattern of interactions which has brought about "creative friction" and the one that has given rise to "constraining friction." And, while the creative or enabling friction was instrumental in shaping the subjects' decision to continue to working in Japan, the constraining or restrictive friction was certainly a critical factor in their decision to go home.

The pattern of interactions which has led to creative friction can be clearly found in the narratives of Ms. A and Ms. B, and in a somewhat ambiguous fashion, that of Mr. C. In the case of Ms. A, who is a young single woman, the interactions between the two factors have opened many possibilities for her to plan her life, including marrying a Japanese man and continuing to work in Japan as a nurse. Moreover, the fact that when she lived with her family in Indonesia she felt she was very dependent and had no freedom of her own, contributed significantly for turning her friction into a creative one. As clearly shown in her remark "I've never been so independent in my entire life," only after coming to Japan did she feel being truly self-reliant, which in turn has made her content and aspiring to continue working in Japan.

Ms. B's case also presents interesting interactions between age, marital status and work experience on the one hand, and the work environment on the other. As a young single woman who just graduated from a nursing college, she very much enjoyed working as a trainee in a nursing home as this could significantly improve her work experience and gave her a sense of accomplishment and pride at her work place. She therefore decided to pursue a master's degree in gerontology in the future. Her family background was also an enabling factor. Being the youngest child in her family, she was not required to send money back home, so she could save as much to support her own plan. Thanks to all these contributing factor, Ms. B decided to continue working in Japan if she could get a certification as a care worker.

Mr. C's narrative presents a very interesting case. A male nurse with a distinctive ethnic background (a West Sumatran or Minangkabau), known for their belief that one has to achieve success away from their home village, he has shown a strong degree of self-motivation to advance his knowledge and skills, therefore he seems to possess all the individual characteristics of a person who would wish to continue working in Japan. However, in his case, friction arose from the fact of his being a seasoned nurse with eight years of work in Indonesia conflicted with his work environment in Japan, where as a nurse candidate he was not allowed to perform any medical intervention. But precisely because of this friction, he became motivated to adapt by enhancing his learning effort. As a result, by the time of the interview, he had made his mind that should he get to pass the exam, he would stay and continue working in Japan.

The pattern of interactions which has given rise to constraining friction can be plainly discerned in the narratives of Ms. D and Ms. E.

For Ms. D, a mother with two children and a breadwinner for her family, the work culture as well as the institutional arrangements at the hospital were very supportive, but her status as a mother of two was in conflict with her intention to stay and work in Japan. As evident in her narrative, by the end of her contract, she would have been away from her children for three years and the money she had sent home had already helped her husband start a new business, therefore despite the conducive work environment, she could not resist both her own desire and her family's urging for going home. Furthermore, as she is a mid-career nurse, her motivation to pursue further her study abroad does not seem as resolute as her younger colleagues such as Ms. A and Ms. B, and this too seems to be a factor in her decision not to go home.

The last narrative by Ms. E seems to present a quintessential case of constraining friction arising

from the interactions between individual socio-cultural factors and the work environment. As an experienced nurse at an international clinic in Indonesia with substantial work experience, including with the patients from all over the world, when she came to Japan, she was full of hope for an exciting process of learning the cutting-edge science of nursing in an advanced country. However, friction arose when the work culture and arrangements at her hospital did not meet her high expectations. The effects of this friction were destructive, by any standards. She soon lost her confidence, and eventually she felt that she lost her identity as a nurse too. It should be noted here, however, that such detrimental effects were felt by her not only because as an experienced nurse it was terribly difficult to put up with the work environment which does not allow her to take part in any medical intervention, but also — and this one is undoubtedly far more important — because of the fact that throughout her employment there she was constantly reminded of her “inferior” status as a nurse trainee. It was obvious that these circumstances were more than sufficient to drive her to a resolute determination for not extending her work in Japan any longer.

VII Conclusion

The question asked in the title of this article, “To Stay or Not to Stay,” is admittedly a hypothetical question implying “if you should pass the exam, would you stay or go home?” But in addition to that, as the Japanese government decided in March 2011 to allow the first batch of Indonesian nurses sent to Japan in 2008 to extend their stay for one more year to take the National Nursing Board Exam one more time, the question is also meant to ascertain whether those who can extend their stay would make use of the facility.

At the time writing of this article in October 2011, it has been known that out of 104 nurse candidates departed for Japan in 2008 as part of the first batch of the program, only 15 have passed the exam, and all of them but 1 have decided to stay in Japan. On the other hand, out of 89 nurse candidates who did not pass the exam in the last three years, only 27 have applied for the extension. In other words, 62 nurse candidates who did not pass the exam, plus 1 who passed the exam, have decided to go home in 2011.

The narratives and the analysis presented in this article purport to shed lights on the fact that, behind these statistics, Indonesian nurses’ individual socio-cultural backgrounds and the institutional underpinnings of their work environment have figured prominently in shaping their decision to stay or not to stay.

While the findings of this study cannot be generalized for all Indonesian nurses working in Japan, they have demonstrated how friction in the form of heterogeneous and unequal encounters can lead to a rearrangement of actions, effects, or consequences. This in turn constitutes a detailed sociological account of the importance of cultural diversity, which, as shown in the vivid narratives presented above, is not only there, but on the very contrary, it is what makes them — and all their particularities — possible. The use of friction as an analytical tool, therefore, has been instrumental in achieving the aims of the study as it enables the examination of unpredictable effects of “friction” between Indonesian nurses’ individual socio-cultural factors and their work environment upon their decision to stay or not

to stay in Japan. And this in turn drives home a point that in order to understand adequately the diverse and intricate processes of foreign workers living in unfamiliar cultural settings, one should not homogenize their backgrounds, perspectives and experiences, but rather need to appreciate and understand their startling diversity.

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