

Southeast Asian Nurses and Caregiving Workers Transcending the National Boundaries: An Overview of Indonesian and Filipino Workers in Japan and Abroad

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Abstract

One year after Japan became a “super-aging society” in 2007, she began to receive Indonesian and Filipino nurses and caregiving workers into its labor market. This new government-to-government (G-G) program commenced in accordance with Japan’s Economic Partnership Agreements (EPAs) with the Philippines and Indonesia having large young populations. Between 2008 and 2011, a total of 1,360 Indonesian and Filipino nurse and certified care-worker “candidates” have entered Japan, and have been under training and employment across the Japanese archipelago. Expectedly or unexpectedly, they have encountered a number of problems at the hospital or the elderly-care facility that was not opened to foreign workers until recently.

This paper addresses the past implementation of the EPA provision “Movement of Natural Persons” and reactions among the nursing associations in Japan, the Philippines and Indonesia to controversial EPA programs. It also explores the current situation of Filipino and Indonesian nurses/care workers in their countries as well as abroad to deepen understanding of different views and stances of the governments and nursing/care workers in the field of “emotional labor.” Its discussions entail the possibilities and limitations of border-crossing care managed by the state in the country of linguistic homogeneity.

Keywords: Economic Partnership Agreement, JPEPA, IJPEA, Movement of Natural Persons, border-crossing care, emotional labor, deskilling

I Introduction

In 2007, Japan became a “super-aging society,” one in which the percentage of elderly people is more than 21% of the total population. This percentage is predicted to reach 32% by 2030, and 41% in 2055, when Japan’s population will be decreased to fewer than 90 million, 70% of the current population [Tokyo Daigaku Koreishakai Sogo Kenkyu Kiko 2010: 15]. If this extrapolation by the national research institute is accurate, it will require 1.2 Japanese workers to support 1 elderly person by the middle of the twenty-first century.

Before the recognition of a serious elderly care crisis in Japan, the project for accepting nursing and caregiving workers based on Economic Partnership Agreements (EPAs) between Japan and South-east Asian countries had begun. A total of 1,360 Indonesian and Filipino candidates for registered nurse

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or certified care worker entered Japan between 2008 and 2011. Japan's certified care-worker category, named "*kaigo fukushishi*" in Japanese, is a job category peculiar to Japan. In general, certified care workers are required to pass the national examination. Their main role is to provide support to elderly and/or disabled persons unable to meet their daily needs independently. They are also required to guide elderly, disabled persons and their assistants in caregiving matters. This differs from the primary roles of the caregiver in the Philippines and some other countries, which include care of infants and children, not required for certified care workers in Japan. The term, care worker, applies to various workers whose job is to look after those who need care. In this paper, this term implies nurse and certified care worker/caregiver.

The Indonesian and Filipino workers arriving in Japan under the EPAs are designated "candidates" on their jobs until they pass the national board examination for registered nurses or certified care workers. Not only Indonesian and Filipino candidates but also Vietnamese candidates for registered nurse and certified care worker will begin to work in Japan within a few years based on the Memorandum of Understanding signed by the two Prime Ministers of Japan and Vietnam on October 31, 2011 [Japan, Gaimu-sho 2011]. There is also the possibility that Indian nurses and care workers will enter Japan in the near future since their government has requested acceptance of Indian nurses and care workers from the Japanese government in their EPA negotiations.

It is anticipated that receiving a number of foreign workers entering the field of professional care, will not be an easy project. In the past, Japan has accepted many foreign workers, mainly *Nikkeijin* (people of Japanese descent) and trainees (*kenshusei*)/practitioners (*jisshusei*), particularly after the late 1980s (just before Japan's economic bubble collapsed), mainly in industrial fields such as manufacturing and construction, which do not generally require a high level of proficiency in Japanese. However, in nursing and caregiving positions, which require the skills to manage feelings and emotions, designated "emotional labor,"¹⁾ it is necessary to acquire proficiency in Japanese communication as well as knowledge and skills related to Japanese medicine and/or social welfare.

The success or failure of this project is also a real test of whether Japan, which has been called a "homogeneous society" by other countries, can smoothly cooperate with foreign workers even in the field of care for patients and/or disabled elder people. Although Japan's EPA programs were not shaped by the push-pull factors of the international labor market, they might be linked to contemporary world-wide movements of "global care chain"²⁾ and reproduction of migration flows in the future.

Anticipating the outbreak of such problems and new global research issues, in 2007 the author organized an interdisciplinary and international research team (members from Japan, Indonesia and the Philippines) specializing in nursing, elderly welfare, migration, and international relations between Japan and Southeast Asia. By utilizing research funds provided by Kyushu University, with which the author was once affiliated, and other external funds, the author and his partner scholars have conducted a number of research projects from various angles in the sending countries and in Japan in order to find

1) Arlie Russell Hochschild [2003: 7] defines the term "emotional labor" as "the management of feeling to create a publicly observable facial and bodily display," and "is sold for a wage and therefore has exchange value."

2) The concept of "global care chain" originated as a way of capturing "a series of personal links between people across the globe based on the paid or unpaid work of caring" [Hochschild 2000: 131].

collaborative solutions. The studies include a series of surveys on the candidates' socioeconomic characteristics, nationwide questionnaire for receiving hospitals and care facilities on consciousnesses for foreign nurse and certified care-worker candidates, case studies on nursing and elderly-care in the Philippines and Indonesia, as well as current problems and policies on migrant care workers in the United States, Europe, Asian NIEs (Newly Industrialized Economies) and Australia. This paper is a partial report of the collaborative surveys conducted in Japan, the Philippines and Indonesia since 2007.

The issue of transnational or intercultural care is becoming more important for the countries pursuing enhancement of international mobility of nurses and care workers especially after the reduction of border-barriers for skilled migrants has become part of bilateral and multilateral labor and economic agreements such as EPAs and the ASEAN (Association of Southeast Asian Nations) Mutual Recognition Arrangement on Nursing Services.³⁾

This issue addresses the above-mentioned Southeast Asian nursing and caregiving workers transcending national boundaries with the goal of finding better system and policy interrelated between Japan and Southeast Asian countries. This introductory paper overviews implementation of the EPA programs in transnational mobility of nurses and care workers from Indonesia and the Philippines, their current problems in the country of origin, and discusses the possibilities and limitations of border-crossing care in the country of linguistic homogeneity.

II Progress of Movement of “Natural Persons” under the Economic Partnership Agreements

Due to the delayed and complex processes of multilateral trade negotiations in the meetings of the World Trade Organization (WTO), many countries have launched bilateral negotiations in the frame of Free Trade Agreement (FTA) or Economic Partnership Agreement (EPA) since 2000. The Japanese government has intensified its negotiations with its trading partners in the frame of EPA rather than FTA because she expects wider range of economic benefits.⁴⁾

The government recognizes that a structural transformation is taking place in the world economy in which Japan's status is gradually declining while the emerging economies are experiencing dramatic growth. While it continues to be important for international trade rules to be reinforced by concluding the negotiations at the WTO Doha Development Agenda, their fate remains uncertain and the networks of high-level EPA/FTAs formed by major trading countries are expanding. In order to revive its strong economy accelerating until the 1980s, the government plans to deepen economic relationships with Asian and emerging countries whose markets are expected to grow [Japan, Ministry of Foreign Affairs

3) Economic ministers of the ASEAN signed a package of Economic Integrated Agreements including a Mutual Recognition Arrangement (MRA) in December 2006. MRA intends to facilitate mobility of nursing professionals within ASEAN and expertise on standards and qualifications [ASEAN Secretariat 2009].

4) The FTA is a trade agreement between the trading partners mainly by liberalization of trade of goods and services whereas the EPA is a comprehensive economic agreement between them by not only liberalization of trade but also other measures such as deregulation of investment rules and enhancement of movement of workers and other persons [Japan, Zaimu-sho 2011].

2010]. To realize this, the government finally accepted a strong request made by the governments of the Philippines and Indonesia to receive nurses and care workers from the two countries, and drafted the provision of “Movement of Natural Persons” (MNP). The temporary movement of natural persons is also included as one of trade liberalization areas in WTO’s General Agreement on Trade in Services (GATS) [Panizzon 2010: 6].

Japan’s acceptance is not officially intended to solve the shortage of labor force in the medical and social welfare fields. Rather, her acceptance was agreed as an “exception” in order not to jeopardize its EPA negotiations. The government set up maximum numbers of foreign workers by considering the effects on the domestic labor market rather than a measure for labor shortage in nursing and caregiving fields [Satomi 2010: 89–98]. There were less than 400 nurse candidates and 600 certified care-worker candidates by country for the first two years.

The Japanese government’s requirement that the candidates pass the exam in Japanese results from its recognition of the importance of a high-level language ability to communicate with the patient or the elderly-care facility user (resident). The Japanese Nursing Association and the other care-worker associations of Japan strongly supported this requirement, as will be discussed later.

The Philippines is the first country to demand acceptance of its nurses and caregivers from Japan in the EPA negotiation. The Philippine government recognizes that nurses and caregivers are in demand in developed countries such as Japan. Indonesia is the second country to demand the same as the second biggest labor exporter next to the Philippines among Southeast Asian countries. Although the numbers of care workers accepted in Japan under the EPAs are limited and the requirements for those workers to work as qualified professionals are quite high, both governments anticipated larger demands and lighter requirements for their overseas workers in the most aged society in the world.

Then Prime Minister Jun’ichiro Koizumi of Japan and then President Maria Gloria Macapagal-Arroyo of the Philippines signed the Japan-Philippines Economic Partnership Agreement (JPEPA) in September 2006. JPEPA was not in effect in the Philippines immediately because it required ratification by the Philippine Senate. Since NGOs and other organizations opposed passage, the Senate held extensive hearings which delayed consent. The opposition questioned the possibility that tariff-free toxic wastes could be imported from Japan and that Filipino nurses and caregivers did not have a fair deal.⁵⁾ It took approximately two years for the Senate to ratify JPEPA in October 2008.

In contrast, the Indonesia-Japan Economic Partnership Agreement (IJEPA) was signed between then Prime Minister Shinzo Abe and President Susilo Bambang Yudhoyono in August 2007, and became effective in May 2008 after Japan’s House of Representatives and House of Councilors approved it. Indonesia did not require ratification of the agreement by its parliament.

Filipino candidates applying for the Nurse (*kangoshi*) Course are required to obtain a nurse license in the Philippines, and have three or more years of experience working as a nurse. The Certified Care-Worker (*kaigo fukushishi*) program provides two courses: Probationer and Vocational School (two-year).

5) Some Philippine NGOs opposed the JPEPA partly because it was a “lopsided deal” and “difficult to comply with” for Filipino nurses and care workers who were not allowed to work as full-fledged nurses or care workers before they passed the exam in Japanese [Aning 2007].

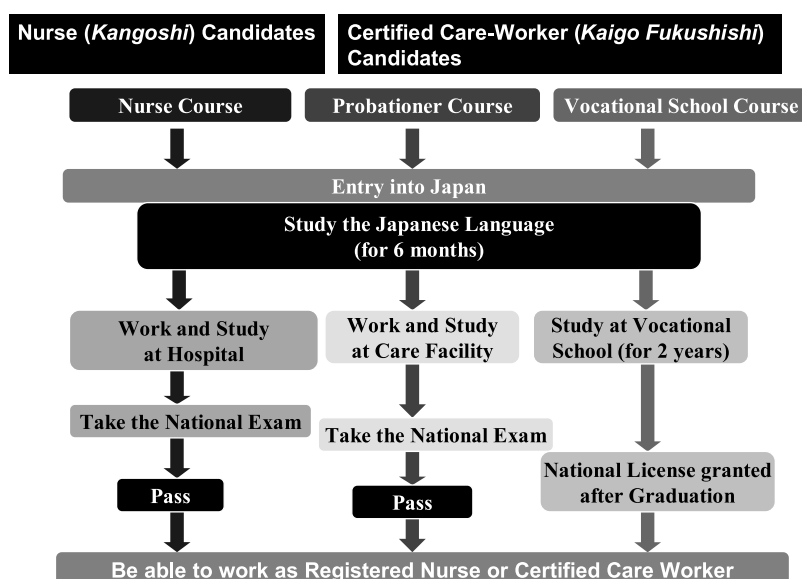


Fig. 1 Process of Acceptance of Filipino Nurse and Certified Care-Worker “Candidates” into Japan

Those enrolling in the Probationer Course are required to have graduated from the nursing college or from a four-year college with another major and to obtain a caregiver certificate accredited by TESDA (Technical Education and Skills Development Authority). Those enrolling in the Vocational School Course need only to have graduated from a four-year college with any major but are obliged to pay educational fees for their schooling in Japan. If Filipino candidates graduate from the Vocational School with a social welfare course in Japan, they will be automatically granted a license as a certified care worker equivalent to the Japanese graduates, and are not required to take the national exam at present.⁶⁾

The acceptance requirements for Filipino workers became a precedent for Indonesian workers, but there are a few differences between the two. Indonesian candidates for the Nurse Course are required to obtain a nurse license in Indonesia and have two or more years experience working as a nurse. The minimum two-years’ experience, one shorter than Filipino candidates, is due to the similarity of Indonesia’s educational system to Japan’s.⁷⁾ Indonesian candidates for the Certified Care-Worker Course are able to apply only to the Probationer Course. They are required to graduate from the three-year nursing vocational school or a four-year college, or graduate from the same-year vocational school or

6) The Philippine government has discontinued sending Filipino workers to Japan for the Vocational School Course since 2011 because it is concerned over the Japanese government’s future plan to oblige Japanese and foreign graduates of vocational schools to take the national exam [*Daily Manila Shimbun*, August 20, 2011].

7) As the Japanese nurses, Indonesian nurses have studied at the elementary school level (six years), junior high school (three years) and senior high school (three years) before enrollment in the three-year vocational nursing school or four-year nursing college. On the other hand, Filipino nurses have studied at the elementary level (six years) but only four years in high school before enrollment to the four-year nursing college.

college in any major plus obtain a caregiver certificate accredited by the Indonesian government.

Japanese language proficiency is not a pre-condition for either Filipino or Indonesian candidates. The policy became problematic after foreign nurse and certified care-worker candidates were placed in the workplace in Japan.

Arrangements for employment and placement are administered by the governments of Japan and the sending country, employing computer data-matching and the employers' interviews if requested. All candidates have to sign a labor contract with their Japanese employers.

After arrival in Japan, Filipino and Indonesian candidates are required to study standard Japanese for six months at the language training institution.⁸⁾ Then they will be assigned to a workplace (hospital or elderly-care facility). During the period of candidacy, in addition to working, they learn Japanese sufficiently to pass the national exam in nursing or caregiving, one of main purposes of the EPA programs. Since the Japanese government does not regulate the ratio of daily work and learning hours for foreign candidates at their workplaces, and the conditions vary widely depending on the assigned hospital or care facility [see the papers of Setyowati *et al.* and Wako Asato in this special issue].

The nurse candidates may take the exam three times within three years whereas the certified care-worker candidates may take it only once over four years because a pre-condition for taking the certified care-worker exam even for Japanese examinees includes working three years at a care facility.⁹⁾ Candidates are guaranteed a salary at least equivalent to that of Japanese care staff who are working without a national license of a nurse or certified care worker. The Japanese government pays the candidates travel, accommodations and daily expenses during their intensive Japanese language training. In contrast, the employers must pay for the intensive Japanese language training, commission for matching, employment and the others. This amount is nearly ¥600,000 for each candidate. The employers also have to shoulder additional costs for their training in the Japanese language and the national exam. Some of the accepting hospitals and care facilities have minimized such costs by imposing nearly full-time work schedules and limited learning hours for their foreign employees [see also Asato's paper in this issue]. Candidates who pass the national exam become formally registered nurses or certified care workers, qualified to remain in Japan and work under a "designated activity (*tokutei katsudo*) visa" that can be extended indefinitely.

Because of the quick passage of the IJEPa by Japan's both Houses, Indonesia began to send care workers to Japan before the Philippines. The first batch (104) of Indonesian nurse candidates and

8) The Japanese government arranged for the second batch of Indonesian candidates to study Japanese in Indonesia for the first four months and in Japan for the last two months. It arranged for the third batch of Indonesians to study in Indonesia for the first two months and in Japan for the last four months. These changes of learning location were made in order to economize a governmental budget for their learning. It arranged for the first and second batches of Filipino candidates to let them learn in Japan for full six months.

9) Care workers working at the care facility in Japan are classified mainly into three categories, namely, certified care worker (*kaigo fukushishi*), "home helper" and care staff (having no license and certificate). The qualification of home helper is given to persons who finished studying at the class and job training provided by municipality offices, vocational schools and private companies on care. The course for home helper Level 2 (standard) requires the applicants to study at the class and training totally for 130 hours, but does not require them to take the exam.

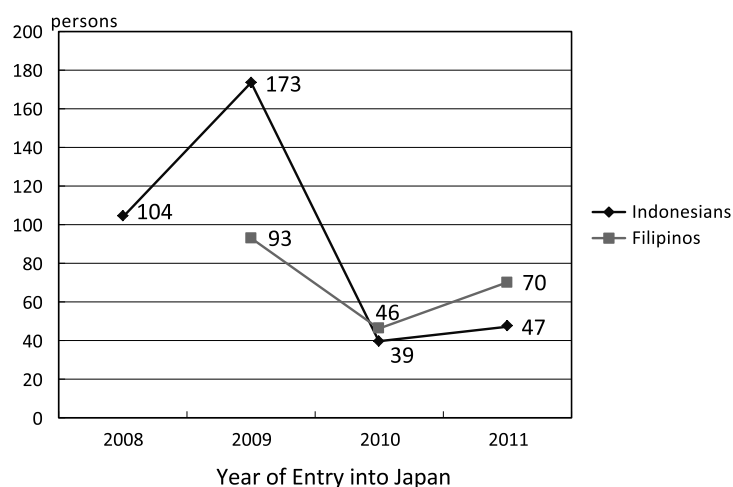


Fig. 2 Indonesian and Filipino Nurse Candidates Accepted in Japan under Economic Partnership Agreements, 2008–11

Source: [Kokusai Kosei Jigyodan 2012: 5]

certified care-worker candidates (104) entered Japan in August 2008. The first batch of nurse candidates (93) and certified care-worker candidates (217) from the Philippines entered in 2009. A total of 791 Indonesian candidates (363 nurse candidates) and 569 Filipino candidates (209 nurse candidates) arrived in Japan under the EPA programs by 2011.

Figs. 2 and 3 indicate that the numbers of nurse and certified care-worker candidates from Indonesia and those from the Philippines drastically decreased after 2010. Japan's Ministry of Health, Labour and Welfare in charge of the EPA projects identified the primary reasons: 1) Japan's worsened economic and employment situation (following the Lehman Shock in the United States) and the increase in Japanese who wanted to enter the care and medical professions; and 2) The hospitals and care facilities who employed the foreign candidates chose to concentrate their training capacity on those candidates, which might overburden their capacity to train in the case of employment of additional candidates [Ohno and Ogawa 2010: 129, 133].

It is also possible that many Japanese hospitals are less inclined to employ foreign nurses because they have experienced the substantial burdens on financial and human resources in the hospitals that accepted foreign nurse candidates after 2009. This is suggested by the research team's 2008 survey that described a relatively positive attitude in hundreds of Japanese middle-sized or big-sized hospitals on the interest of using foreign nurses. In this first nationwide survey on this issue, 46.1% of all responding hospitals expressed their intentions to employ foreign nurses at their hospitals [Kawaguchi *et al.* 2009].¹⁰⁾

10) Our survey questionnaires were delivered to 1,604 hospitals having more than 300 beds located across Japan in January 2008. A total of 541 hospitals responded (response rate: 34.1%) by February 2008.

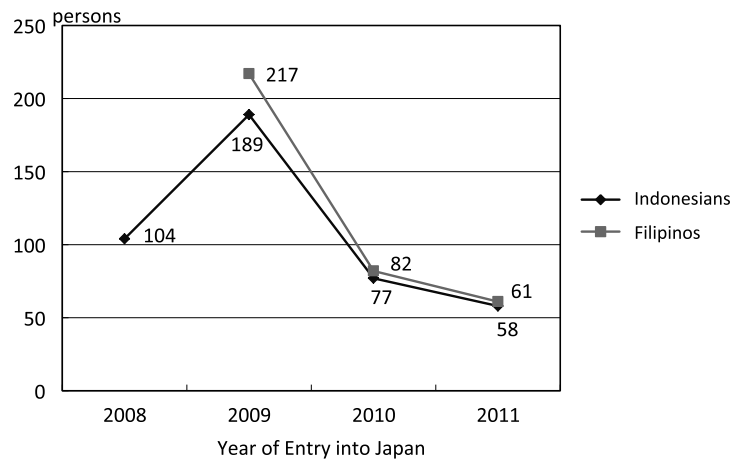


Fig. 3 Indonesian and Filipino Certified Care-Worker Candidates Accepted in Japan under Economic Partnership Agreements, 2008–11

Source: [Kokusai Kosei Jigyodan 2012: 5]

For the 2011 EPA project, it is reported that dozens of Indonesian and Filipino nurse and certified care-worker candidates already matched with Japanese employers canceled their initial commitment to work in Japan mainly due to concerns about the aftereffects of the Great East Japan Earthquake March 11, 2011 [*Daily Manila Shimbun*, April 20, 2011]. This unexpected, devastating natural disaster in the regions of Tohoku and Kanto negatively impacted the IJEPa and JPEPA projects.

III Complexity of Positions Held by Trade Organizations in Japan, the Philippines and Indonesia

The Japanese government's strict policies for foreign nurses and certified care workers can be regarded as the result of its respect for the positions of associations of Japanese nurses and care workers such as the Japanese Nursing Association (JNA; Nihon Kango Kyokai). Shortly after the leaders of Japan and the Philippines signed the JPEPA, JNA released a position paper opposing the acceptance of Filipino nurses in Japan unless they met the following four requirements: 1) obtained a nurse license by passing the national examination of Japan, 2) were sufficiently proficient in Japanese for safe nursing practices, 3) were employed under the terms of the job the same as or better than those of Japanese nurses, and 4) no mutual recognition of the nurse license with the other country. The JNA was very cautious in accepting foreign nurses, considering the priority of hiring Japanese nurses first, then the ethical problems, such as shortage of skilled nurses in the sending country [Nihon Kango Kyokai 2006]. It expressed the same stance on Indonesian nurses coming to Japan under the Indonesia-Japan EPA later. The Japan Association of Certified Care Workers (Nihon Kaigo Fukushishi Kai) also took the same stance on acceptance of foreign care workers in Japan.

The Philippine Nurses Association (PNA; Pambansang Samahan ng mga Nars ng Pilipinas), which

objected to inclusion of the MNP provision in the JPEPA during the Philippine Senate's hearings, made its position statement after the first batch of Filipino nurse "candidates" entered Japan in 2009. Its then president, Leah Samaco-Paquiz, stated that it declined "the offer of Japan" because "the Filipino nurses will go to Japan not to fully practice the nursing profession but to become a trainee," and "the language skills required by the JPEPA are so high as to constitute an almost impregnable barrier to our entry" [Philippine Nurses Association 2009].

The association made another statement after only one Filipino nurse was able to pass Japan's national nursing examination conducted in February 2010. Its president, Teresita Irigo-Barcelo, stated, "JPEPA is a cheap labor trap for nurses and caregivers" after referring to the "plight" of Filipino nurses working in Japan as nurse assistants with salaries lower than expected during their training period, and an increasing number of halfway returnees from Japan [Philippine Nurses Association 2010].¹¹⁾ The association, however, made some recommendations towards improvement of the JPEPA program, and requested that the two governments provide adequate language training prior to their deployment in Japan [*ibid.*].

In contrast, the Indonesian National Nurses' Association (INNA; Persatuan Perawat Nasional Indonesia) expressed a positive position on deployment of Indonesian nurses to Japan from the beginning because "each nurse has a right to work anywhere in the world in accordance with the policy of the International Council of Nurses, and INNA is a member of the council." But INNA, in agreement with the Philippine Nurses Association, has opposed sending Indonesian nurses as caregivers (care workers) to Japan due to the risk of "lowering their professional skills."¹²⁾

In line with INNA's firm position that every nurse has a right to be treated and rewarded as same as native nurses in the host country, it requested the JNA leadership to accept Indonesian nurses working in Japan under the JPEPA as "special members of JNA."¹³⁾ JNA has not yet responded positively to INNA's request, and has introduced no particular program to support foreign nurse candidates, although some local nursing associations of Japan started their own programs to assist foreign nurse candidates in passing the examination.¹⁴⁾ After only two Indonesian nurse "candidates" passed the national nurse examination of Japan conducted in February 2010, the president of INNA made recommendations to the Japanese government to allow Indonesian nurses four chances to take the exam instead of three, and to make the exam language more easily understood.¹⁵⁾

JNA has been in a sensitive position since the Japanese government adopted some requirements

11) According to data that the author obtained from JICWELS, 23 Filipino nurse candidates and 22 Filipino certified care-worker candidates in all had returned to the Philippines by April 1, 2011 after dissolutions of their employment contracts in Japan due to dissatisfaction at the workplace, and other reasons.

12) Interview with Achir Yani S. Hamid, then president of Indonesian National Nurses' Association in Jakarta June 10, 2008.

13) [*ibid.*]

14) For instance, Osaka Nursing Association with the largest number of nursing members (approximately 43,000) in Japan launched its own introductory training program for Filipino nurse candidates at its facilities in 2009.

15) Interview with Achir Yani S. Hamid, former president of Indonesian National Nurses' Association in Jakarta August 5, 2010.

demanding by JNA in its requirements for acceptance of foreign nurses under the JPEPA and IJPEPA. Leading Japanese mass media has often criticized this government policy as “setting too high a block to foreign nurses and care workers.” Almost all nationwide newspapers have maintained their position that Japan should be open to foreign nurses and care workers because of its rapidly aging population and the increasing need for the health-care work force in the near future. After only two Indonesian and one Filipino candidates passed the nursing exam in 2010, the media focused on the extremely low passing rate (1.2%) among Indonesian and Filipino examinees compared with the high passing rate (89.9%) among Japanese examinees, and criticized Japan’s “unrealistic” policy even more severely.¹⁶⁾

Mainichi Shimbun [April 15, 2010] carried the headline “stupidities of shutting-out examination” on its editorial, and another nationwide newspaper *Yomiuri Shimbun* [February 9, 2011] even criticized JNA in its editorial by asserting that “it is said that the Japanese Nursing Association has a negative attitude to substantial review [of nursing exam questions for foreign examinees] because it guards against being deprived of job opportunities for Japanese nurses.”

The Japanese government’s policy on the EPAs was sternly blamed for the low passing rate. Some politicians from the opposition demanded in the Diet to substantially amend the policies. One member of the House of Representatives labeled the EPA policy as “blocking the exam pass for foreign nurse candidates by a non-tariff barrier, that is, the Japanese language” [*Daily Manila Shimbun*, February 21, 2011].

On the date, March 25, 2011, the Japanese government announced 16 Indonesian and 1 Filipino nurses passed the exam, JNA’s Executive Director Shinobu Ogawa advocated the organization’s previous position in a news release and reinforced the importance of understanding Japanese technical terms in order to guarantee the safety of patients in Japan’s medical workplaces. He stated that the low passing rate among foreign examinees of 2011 (only 4.0% versus 91.8% among Japanese examinees)¹⁷⁾ originated from the questionable government policy of accepting foreign nurse candidates regardless of their competence in the Japanese language, and recommended to the governments that they should screen language ability before accepting candidates into Japan [Nihon Kango Kyokai 2011].

JNA’s position appears to correspond with PNA’s request to facilitate adequate language training in the Philippines prior to employment of otherwise qualified Filipino nurses in Japan. In 2010, PNA also recommended to the respective governments that the association become involved in the orientation of Filipino nurses prior to their employment in Japan [Philippine Nurses Association 2010]. PNA’s stance, which appears more flexible, seems to reflect current difficult circumstances surrounding Filipino nurses in their country.

16) For instance, *Nishinippon Shimbun* [April 15, 2010] based in Fukuoka fiercely criticized the EPA scheme in its editorial by asserting that “the purpose of acceptance (of foreign nurses) would be unclear if the majority of them could not pass the exam and have to return to their countries,” and “(the EPA program) could be blamed for making them throwaway.”

17) The passing rate of Japan’s Nursing National Examination among the first batch of Indonesian nurse candidates who took the exam in 2010 and/or 2011 (93 persons) was 16.1%.

IV Oversupply of Nurses in Declining Labor Market: The Case of the Philippines

The Philippines had a reputation as the global leader in training nurses for the international market for several decades. Its labor export policy was codified in the Labor Code of the Philippines in 1972, and its policy of nurse and other worker's exports has been adopted as a development strategy by the government [Yeates 2009: 86]. The deployment of Filipino nurses to the Middle East and North America began in the late 1960s and escalated in the late 1990s, to alleviate the widespread global nursing shortages [Ronquillo *et al.* 2005]. Higher salaries abroad became a strong incentive to encourage Filipino nurses to work outside their country.¹⁸⁾

Consequently, a total of 119,427 Filipino nurses worked abroad between 1994 and 2006, according to Philippines' Department of Labor and Employment [Cruz 2008: 39]. However, this trend has been hindered since 2006 when the demand for Filipino nurses reached a plateau partly due to U.S. visa retrogression and a U.K. policy shift from recruiting nurses overseas to home-grown health workers [Philippine Nurses Association 2008]. The Filipina scholar reported that the number of permanent Filipino nurse migrants to the U.S. dropped sharply from 5,790 in 2006 to 771 in 2008,¹⁹⁾ and that of temporary Filipino nurse migrants to the U.K. fell from 546 in 2005 to 28 in 2008 [Lorenzo 2010: 75–76]. After 2006, only Saudi Arabia has continued to accept more than a thousand Filipino nurses per year (see Fig. 4).

Saudi Arabia has faced an acute shortage of native nurses primarily due to lack of enthusiasm among young Saudi Arabians for vocational training and religious barriers that restrict female access to education and employment [Ball 2008: 41]. For female Overseas Filipino Workers (OFWs), however, it sometimes has a reputation as a difficult destination. Some stories on abuses and discrimination against Filipino women in Saudi had been reported in the mass media. For instance, the leading Philippine newspaper published an article that Saudi religious police arrested a Filipina nurse on charges of immorality for sitting in a restaurant with a male colleague [INQUIRER.net 2008]. The Internet reported a story about Filipino Catholic nurses who were forced to convert to Islam [e.g., Digal 2010]. Moreover, their salary scale is lower than that in the U.S. and the other Western countries.²⁰⁾ Thus, the rapid increase of Filipino nurses in late 2000s in Saudi can be considered a result of the shrunken labor market for foreign nurses in the other countries.

Although Saudi Arabia and the other countries of the Middle East have been main destinations for

18) According to the chairperson of the Professional Regulatory Commission, nurses in private and public hospitals in the Philippines were paid between US\$58 and US\$115 per month as of 2006. In the U.S. and U.K., however, they could earn as much as US\$5,000 per month [Llorito 2006].

19) Filipino nurses enter the U.S. as immigrants under the 1965 Amendment to the U.S. Immigration and Nationality Act [Venzon and Venzon 2005: 64].

20) According to Philippine Overseas Employment Administration [2008], the salary of Filipino nurses employed by the Saudi Ministry of Health ranged from SR2,250 (US\$600) to SR4,000 (US\$1,070) as of March 2008. On the other hand, the salary of Filipino nurses in the U.S. was reported to range roughly from US\$3,000 to US\$4,000 as of 2004 [Conde 2004].

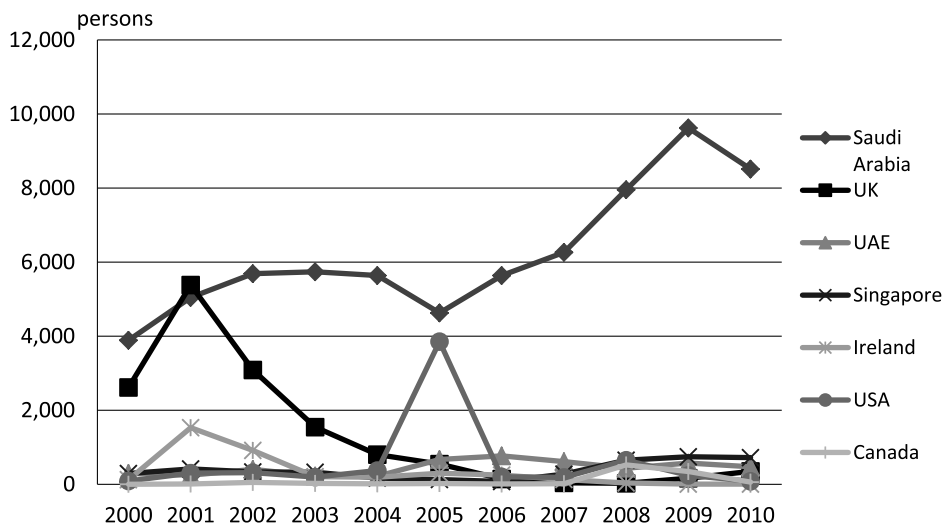


Fig. 4 Numbers of Filipino Nurses Deployed Abroad by Country, 2000–10

Source: Data obtained from Philippine Overseas Employment Administration (POEA) [2011]

Note: The 2005 figure of the U.S. (3,853) includes the number of nurses deployed through an employed-based immigration scheme (3,624).

Filipino and Indonesian nurses, some of these countries are currently politically unstable, and those overseas workers tend to avoid them [e.g., *Daily Manila Shimbun*, April 25, 2011].

A number of Filipino nursing graduates and even registered nurses have emigrated abroad to work as “caregivers.” Until the 1980s, the occupational category “caregiver” was not familiar among Filipinos since their elderly were cared for at home. The profession developed in the 1990s when Canada and other aging countries began to actively accept Filipino care workers.²¹⁾

Canada is one of the more preferable destinations for Filipino nurses to work not only as registered nurses but also as caregivers. Its Live-in Caregiver Program (LCP), established in 1992, enables qualified foreign workers to apply for permanent residency after working for two years.²²⁾ Under the auspices of the LCP, thousands of Filipinos (mostly females) entered Canada.²³⁾ Since 2008 when the global economic recession spread to Canada, the opportunities for Filipinos to work as caregivers have diminished.

Many employers in countries and states such as Taiwan prefer to employ caretakers with nursing-backgrounds in the care facilities or hospitals. Taiwan’s caretakers (“看護工” in Chinese) are required

21) Interview with Fercival Encarnado, then School Administrator of Fil-Canadian Training and Development Center for Caregivers, Inc. in Manila February 16, 2009.

22) Under a new regulation adopted by the Canadian government in 2009, foreign live-in caregivers would be eligible to apply for permanent residency after working 3,900 hours [INQUIRER.net 2009].

23) A total of 36,640 migrants came to Canada between 1993 and 2006 under the auspices of the LCP. The majority of them possessed Philippine citizenship [Spitzer and Torres 2008: 10–12].

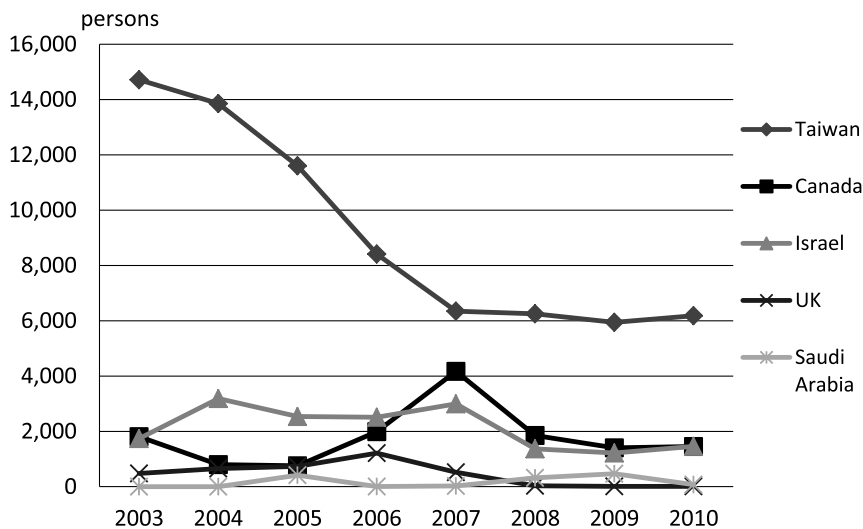


Fig. 5 Numbers of Filipino Caregivers/Caretakers Deployed Abroad by Country, 2003–10

Source: Data obtained from Philippine Overseas Employment Administration (POEA) [2011]

to take care of elderly or disabled persons, and also perform domestic duties in the case of live-in caretakers [Ohno 2010: 70]. Although the Taiwanese have extensively employed Filipino caretakers at home or in the elder-care facilities since the late 1990s, job opportunities have decreased since the early 2000s due to Taiwanese preference for Indonesian care workers rather than Filipinos [*ibid.*: 72–75; see Fig. 5].²⁴⁾

In midyear 2008, PNA warned about the surplus of Filipino nurses, and stated in its press release that “the domestic market is now oversaturated with nursing pools in major hospitals as high as 1,500 and with employment waiting times ranging from 6 to 12 months” [Philippine Nurses Association 2008]. In this year, there were already approximately 150,000 unemployed nurses around the country. The number of the unemployed has grown rapidly in recent years. The Department of Labor and Employment stated in its 2011 position paper that the number of unemployed or underemployed nurses would increase to 257,296 [The Philippines, Department of Labor and Employment 2011].

These figures do not establish that the Philippines has provided sufficient nursing services for its nation. Although the government has defined a hospital-staffing standard of one nurse to 12 patients ratio in regular hospital wards or one nurse per 20,000 residents in the community health setting, it was not implemented in many hospitals and areas [Philippine Nurses Association 2011b]. According to PNA, in some local provinces one nurse has to take care of 20–30 patients due to the severe shortage

24) As of October 2009, the number of Filipino care workers in Taiwan was approximately 22,000, whereas that of Indonesians was approximately 120,000. It is a popular notion among Taiwanese employers that Filipino workers tend to be well educated and have stronger self-assertion whereas Indonesian workers tend to be obedient to the employer and avoid quarrels with others [Ohno 2010: 74].

of nurses [*Daily Manila Shimbun*, January 17, 2011]. As one of solutions to such serious problems, the Department of Health launched a new program titled “Registered Nurses for Health Enhancement and Local Service,” and plans to provide a specified allowance to 10,000 unemployed nurses and send them to poor communities in the country [The Philippines, Department of Health 2011].

The serious oversupply and unemployment of Filipino nurses has resulted in widespread “volunteer nurses” during the last several years. These nurses volunteer to provide services without salary in the name of “on-the job training (OJT)” usually for the acquisition of two–three years of actual nursing experience required for overseas employment in the future. In recent years, the issue of Filipino nurses forced to pay the hospitals for their volunteer work rose to the surface. It was frequently reported in the local mass media [e.g., Jaymalin 2011]. PNA made a statement to stop the exploitation of “nurse-volunteers for a fee” [Philippine Nurses Association 2011a], and proposed a law to the House of Representatives in February 2011 that bans the exploitative practice [Philippine Nurses Association 2011b].

The quality of hundreds of commercial nursing schools also became questionable. The number of higher educational institutions offering nursing programs jumped from 182 in 2000 to 464 in 2005 [Acacio 2007], and increased to 517 in 2007 [Kanchanachitra *et al.* 2011: 771]. According to data obtained from the Commission on Higher Education (CHED), in the fiscal year 2006–07, 452,793 students enrolled for the Bachelor of Science degree in nursing but only 79,148 students graduated in the same year [Lorenzo 2010: 75]. Fewer than 50% of those graduates could pass the Nurse Licensure Examination in 2006 and 2007 [Philippine Nurses Association 2008].

The deteriorating labor market and overproduction of health workers may be one of the primary factors behind a considerable number of nurse applicants in the JPEPA programs. According to the Japanese Embassy in the Philippines, 235 Filipino nurses fulfilling all requirements applied to the nurse program whereas 292 nurses and other workers applied to the certified care-worker program in 2009.²⁵⁾ In the following year, among approximately 6,700 applied through the POEA website, 410 fulfilled all requirements for the two programs and were interviewed by JICWELS and potential Japanese employers [*Daily Manila Shimbun*, February 5, 2010]. In 2011, a total of 550 applicants, selected based on application forms, were interviewed [*Daily Manila Shimbun*, February 4, 2011].

This reality contradicts the results of a survey of dozens of Filipino nurses and nursing students in Manila and Davao conducted by Kyushu University’s research team in 2007, one year before the implementation of JPEPA. Those results indicated that the majority of those polled were not willing to work in Japan under the JPEPA program due to the language barrier, insufficient income during the candidate period and other discouraging conditions after learning the requirements for foreign nurses to be registered nurses in Japan [Hirano and Kawaguchi 2008; Ishii and Hirano 2009].²⁶⁾

25) Interview with a Japanese official in charge of the JPEPA program at the Embassy of Japan in Manila February 13, 2009.

26) The subjects of surveys done by Ishii and Hirano [2009] were 81 nursing students from two universities in Manila and four universities in Davao. Hirano and Kawaguchi [2008] had focus-group discussions with 66 nurses in the same areas.

Nonetheless, several hundreds of Filipino nurses continue to apply to the JPEPA program annually, as mentioned above. The author's research team has conducted a series of surveys on Filipino and Indonesian "candidates" bound for Japan since 2009. The outcome of the 2009 surveys conducted in the Philippines and Indonesia demonstrates that the most important reason for the first batch of Filipino nurse "candidates" to apply to the program was to "support my family economically" (47.2%), whereas the second batch of Indonesian nurse "candidates" applied primarily to "develop my professional career" (66.7%).

Regarding their economic conditions, 68.0% of Filipino respondents agreed with the statements "difficult but able to survive" or "very difficult to survive," whereas only 25.7% of Indonesian respondents concurred. Nearly 40% of Filipino nurse "candidates" were jobless when they applied, whereas more than 10% of Indonesian "candidates" were unemployed as of 2009 [Hirano *et al.* 2010: 154–158].²⁷⁾

A number of Filipino nurses or nursing graduates applied to the Certified Care-Worker Course rather than the Nurse Course under the JPEPA. One of primary reasons was their lack of the requisite work experience (three years or more) as registered nurses (RN) in the Philippines to qualify as nurse "candidates" in Japan. The results of the author's survey of the second batch of Filipino certified care-worker candidates (Vocational School Course) demonstrate that all of these candidates (10) studied nursing at college or university, but none had more than two-year work experience as a Registered Nurse. Two of them stated that they worked as "volunteer nurses" before applying to the JPEPA program because they faced difficulties getting paid-employment even after graduation from the nursing school.²⁸⁾

In general, Filipino nurses prefer to work in the U.S. because they have a reasonable opportunity to earn approximately US\$4,000 [Connell 2008: 11] or even more, and many of them have relatives living there [Institute of Health Policy and Development Studies 2005: 27].

The survey data, obtained by the author and his research partners, combined with past studies on the migration of Filipino nurses suggest that Filipino nurse candidates have tended to experience more financial challenges than the Indonesian nurse candidates. Therefore some of them might have decided to work in Japan, although it was not their first priority, as steppingstone to a more favored English-speaking country.

27) These surveys were conducted during the predeparture orientation hosted by POEA in Manila in May 2009 and the Japanese language training conducted by Human Resocia, a Japanese placement company, in Bandung, Indonesia, in August 2009. One hundred Filipino nurses and 144 Indonesian nurses were given the same questionnaires.

28) The author's research team conducted questionnaire and interview surveys on 10 second-batch Filipino certified care-worker candidates (Vocational School Course) under training provided by the AOTS Kansai Training Center in Osaka City January 31, 2011.

V Newcomers in Globalizing Labor Market of Nursing and Care: The Case of Indonesia

Because of longtime abundant supply of registered nurses, the Philippines has the largest number and highest density of nurses in ASEAN (Association of Southeast Asian Nations) countries. The 2010 statistics from the World Health Organization (WHO) register 480,910 Filipino nursing and midwifery personnel with a density of 61 per 10,000 population in the 2000s.

In contrast, Indonesia has faced a serious shortfall in trained nurses compared to its massive population (227,345,000 in the 2010 WTO statistic). According to the above statistics, there were only 179,959 nursing and midwifery personnel in the entire country, with a density of eight, the lowest in ASEAN countries. This density was same as Viet Nam and Cambodia, and much lower than the world average of 28 [World Health Organization 2010: 116–124].

On the other hand, the Indonesian government's 2006 statistics demonstrate that there were 308,306 nurses in the country. Many do not work in primary health facilities such as hospitals and health centers.²⁹⁾ Only 109,210 nurses worked in hospitals, but 56,727 nurses were employed at the health center in 2006 [Indonesia, Ministry of Health 2008: 102–103].

The number of nursing students, however, has been increasing. In 2007, 40,884 nursing students graduated from polytechnic institutions [*ibid.*].³⁰⁾ According to a government official who oversees nursing in the country, only 10% would be employed as nurses at hospitals.³¹⁾ Consequently, many nursing graduates have to engage in other occupations such as sales, clerical works and so forth similar to the Filipino nursing graduates.

A substantial number of Indonesian nurses began to emigrate only two decades ago, therefore the number of Indonesian nurses working abroad is much fewer than their Filipino counterparts. Official data shows that a total of 5,566 nurses had been deployed abroad in the years 1989–2007. The majority of them have worked in Middle East countries such as Saudi Arabia (3,297) and Kuwait (1,054). Its former colonizer, the Netherlands, accepted 269 Indonesian nurses during the same period [Panchaweda 2008: 46–50]. The United States, the favorite destination for Filipino nurses, accepted only 12 Indonesian nurse migrants between 2005 and 2008³²⁾ and the same number in 2009 (see Fig. 6).

As illustrated in Fig. 7, the majority of Indonesian labor migrants are women, as a result of increased demand for migrant labor in domestic and manufacturing sectors. Feminization of Indonesian labor migration escalated especially after 2004. These unskilled or semiskilled domestic workers are considered vulnerable to exploitation [Hugo 2007]. Thus, the Indonesian government wishes to change

29) In Indonesia, the health center is a technical unit of the district/municipal health office that implements integrated health programs. It functions as the center of health development, community-based health-effort mobilization and primary health care [Indonesia, Ministry of Health 2010: 110].

30) Polytechnic academies (institutions) are classified into four by length of years at school, namely, D1, D2, D3, and D4. The majority of polytechnic students are D3 [Kokusai Kosei Jigyodan 2008: 9].

31) Interview with Ilham Setyo Budi, Director of Nursing Services of Ministry of Health in Jakarta June 7, 2008.

32) Interview with Dr. Asjikin Iman Dahlan, then Chief of National Center for Empowerment of Health Professions and International Workforce, Ministry of Health in Jakarta June 6, 2008.

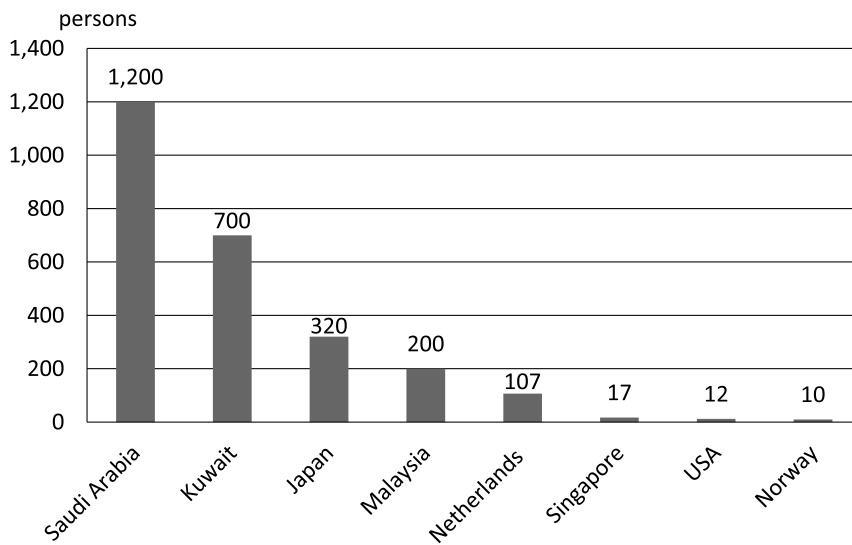


Fig. 6 Indonesian Nurses Deployed Abroad in 2009 by Country of Destination

Source: Data obtained from Indonesia's Ministry of Health on August 1, 2011.

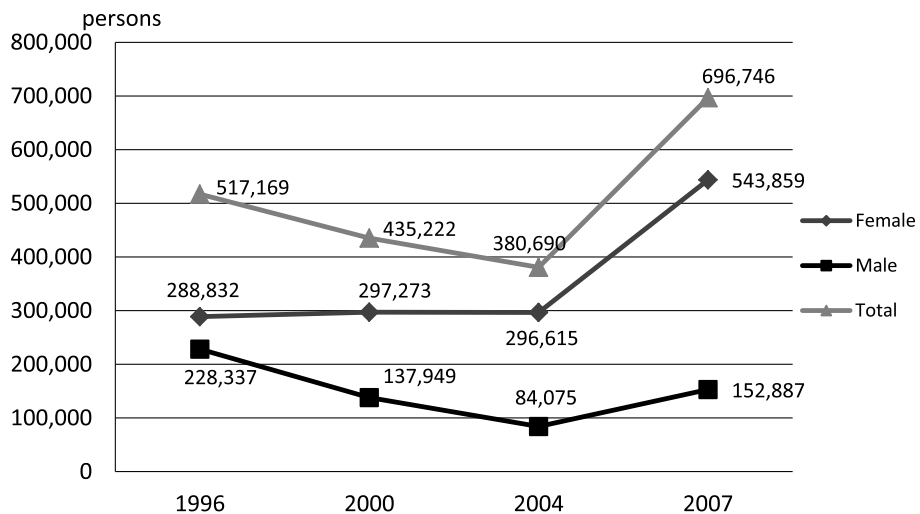


Fig. 7 Numbers of Indonesian Labor Migrants by Gender, 1996–2007

Source: [International Organization for Migration Mission in Indonesia 2010: 9]

the negative image and stigma attached to “Indonesian Migrant Workers (*Tenaga Kerja Indonesia*),” and accelerate overseas deployment of skilled and educated workers in health and other sectors as “Indonesian Foreign Workers (*Tenaga Kerja Luar Negeri*)” [Indonesia, Republic of Indonesia 2006; 2009].

A delay in developing a system and nursing education contributes to the fact that there are fewer overseas Indonesian nurses. In Indonesia, nurses are often labeled “the helper of the medical doctor” [Setyowati 2010: 201] or “servants of the doctor” [Wardani 2007].³³⁾ This is partly because of the limited education available to the majority of Indonesian nurses. Most of the current nurses were educated in nursing high schools called “SPK” (abbreviated from “*Sekolah Perawat Kesehatan*” [Nurse and Health School]). Since the early 1980s, SPK nurses have been gradually phased out.³⁴⁾ Many nursing schools upgraded to diploma level after 1998 [Shields and Hartati 2003: 211] and graduated a number of nursing academy (usually three-year course) D3 students (D3 is abbreviated from “Diploma 3”) and bachelor’s degree S1 students (S1 is abbreviated from “Specialist 1”). Although INNA proposed to the government that it should make most nurses reach at the S1 level by 2015 [Setyowati 2010: 203–205], the majority of Indonesian nurses are still SPK or D3 level at present.

The absence of comprehensible job descriptions and autonomy for nurses is also a long-time problem. In this respect, the Philippines advanced rapidly after enacting the Philippine Nursing Act of 2002, which clearly defines nursing practice, examinations, registration and other areas. This has led INNA to lobby for an equivalent bill on nursing practice and regulation from their House of Representatives for years. Such a bill is expected to clarify the rights and duties of nurses, and provide a formal legal platform for nurses’ jobs. The draft bill, however, has been revised many times, and not yet passed by the House [*The Jakarta Post*, May 10, 2008; Wardani 2010]. These delays in defining nursing regulations and the lack of national standards for nurses have sometimes endangered Indonesian nurses, detained by the authorities for providing emergency assistance without the presence of doctors [*The Jakarta Post*, May 10, 2008].

The nursing board examination has not yet been standardized in the Indonesia either. In the past, only five provinces on the islands of Java and Sumatra have conducted a provincial nursing exam for nursing students and others. In the other provinces, each university and academy developed their own nursing exam for their students. Approximately 70% of nursing graduates (roughly 30,000 per year) across the country have passed the exam.³⁵⁾ According to INNA, its government with the cooperation of the Canadian Nurses Association introduced a common nursing board exam in six provinces in Central Java, Northern Sumatra and Southern Sulawesi in 2009.³⁶⁾

This is a significant step towards national standardization of nursing examination in Indonesia. This measure is in line with government policy to encourage Indonesian nurses to work abroad since opportunities in domestic health institutions are quite limited — only a fraction of the new nursing graduates have a chance of employment as nurses. The Ministry of Health began a new program, International Training for Preparing Nursing Course in 2004. The course composed of several classes

33) The social status of Indonesian nurses is similar to that of Vietnamese nurses, often called “*y tá*” in Vietnamese, which means “assistant to the doctor.”

34) Interview with Achir Yani Hamid, then president of Indonesian National Nurses’ Association in Jakarta June 10, 2008.

35) Interview with Ilham Setyo Budi, Director of Nursing Services, Ministry of Health in Jakarta June 7, 2008.

36) Interview with Achir Yani Hamid, former president of Indonesian National Nurses’ Association in Jakarta August 5, 2010.

provides nursing courses taught in English, and graduated more than 300 D3 and S1 nurses who had English proficiency.³⁷⁾ They are educated workers or *Tenaga Kerja Luar Negeri*, whom the government hopes to deploy actively in the global labor market.

The Indonesian government is optimistic that the IJEPA program will continue because Japan's quota ("the maximum number" in Japanese official words) for Indonesian nurses and care workers needed in Japan is much larger than other developed countries. Indonesia anticipates that Japan will be the biggest labor market for Indonesian nurses in the world.³⁸⁾ Indonesian government officials and a leading businessman involved in the IJEPA negotiations have strong expectations for their "candidates" to perfect their nursing skills in Japan, then bring back them and upgrade nursing education and practice in their country.³⁹⁾

Japanese popular culture, including *anime* and *manga* (Japanese comics), is one of the most popular foreign influences among Indonesian youth. Because of their strong interest in Japan and her culture, the number of Indonesians learning the Japanese language reached 716,653 (mostly high school students) by early 2010. This number is 32 times more than that of Filipinos (22,362) at the same time [Japan Foundation 2011].⁴⁰⁾ Because of the immense popularity of Japanese culture and the promise of higher salaries, many Indonesian nursing students and nurses have indicated a strong interest in working in Japan.⁴¹⁾ This trend is manifested in the number of Indonesian applicants (mostly nurses) in the second batch of nurse and certified care-worker candidates (950),⁴²⁾ and the third batch (502) that fulfilled all requirements.⁴³⁾

Indonesia's National Board for Placement and Protection of Indonesian Overseas Workers that administers the IJEPA program has rated the program highly compared with other country's labor-import programs, and expressed the highest appreciation to the Japanese government during the international conference for government officials and scholars hosted by the author's research group in February 2010.⁴⁴⁾ The above-mentioned factors are good reasons the Indonesian government continues

37) Interview with Dr. Asjikin Iman Dahlan, then Chief of National Center for Empowerment of Health Professions and International Workforce, Ministry of Health in Jakarta June 6, 2008.

38) [*ibid.*]

39) For instance, Rachmat Gobel, president of the Indonesia-Japan Friendship Association and one of the Indonesian government members of the IJEPA negotiation, told the author, "This (IJEPA) is the best chance for Indonesia to develop human resources in nursing. Indonesian nurses and care workers should challenge for the national exam in Japan even though Japan's standard is very high" (Interview with Rachmat Gobel in Jakarta June 3, 2008).

40) In respect to the number of Japanese-language learners, South Korea has the most (964,014 persons) and China is the second (827,171 persons), in the world as of 2009–10 [Japan Foundation 2011].

41) For instance, the results of a survey conducted for nursing students of Gajah Mada University late 2008 show that 59.5% of 251 respondents expressed their wishes to work in Japan [Hapsari 2009].

42) Interview with an official of Japan Embassy in Indonesia in Jakarta August 11, 2009.

43) Interview with Haposan Saragih, director of National Board for Placement and Protection of Indonesian Overseas Workers, in Jakarta August 4, 2010.

44) During the international conference titled "Transnational Care Workers from Southeast Asia to Japan: A Dialogue between Government Officials and Scholars" held in Fukuoka City in February 2010, Haposan Saragih, director of National Board for Placement and Protection of Indonesian Overseas Workers, stated: "This employment corporation has been bringing hope to thousands of Indonesian young job seekers, and even more when they see those who succeeded to work in Japan" [Ohno and Ogawa 2010: 111, 114].

its strong efforts to deploy Indonesian nurses and care workers to Japan even though the government is still disturbed about the continuing requirement of having to pass the national exam in Japanese.

In sharp contrast, Philippine government officials expressed dissatisfaction over the Japan's limited requests for Filipino nurses and care workers and their difficulty in passing the national exam in Japanese after deployment of the second batch of Filipino candidates to Japan [*Daily Manila Shimbun*, November 6, 2010; January 20, 2011]. One of its negotiators on the JPEPA suggested at the local press conference that the Japanese government should establish a new examination system for foreign nurses if Japan really needed Filipino qualified nurses [*Daily Manila Shimbun*, January 20, 2011]. The controversy over the examination system for foreign workers has escalated between the Philippines and Japan since only two EPA Filipino nurses had passed the nursing exam by 2011.

VI Foreign “Candidates” and Japanese Staff Caught in a Dilemma

As mentioned above, before foreign nurses and care workers pass the national exam in Japan, they are treated as nurse or certified care-worker “candidates.” Although many of them may have valuable experience working as registered nurses in their country of origin, they are not allowed to perform any medical interventions for the patients until they have a national nursing license in Japan. Their job descriptions and salaries are equivalent as those for Japanese nurse assistants or non-licensed care staff. Their duties at the workplace are outlined in Table 1.

For those candidates not well informed about the specifics of their duties as “candidates” by their government before their departure, it was shocking and demeaning to their status as professionals to perform basic care works such as changing diapers and collecting urine or other garbage, assisting in taking meals and tea to the patients, which are usually performed by family members or nurse aides in their home country, but by nurses and other care workers in Japan. Such tasks are sometimes contradictory to their pre-departure expectations of “developing my professional career” and “learning about advanced Japanese technology” in Japan [see also Yuko Hirano’s paper in this issue]. Non-utilization of their nursing knowledge and skills or deskilling (erosion of a person’s skill or mastery) is a serious annoyance to Filipino and Indonesian candidates who had years of experience working as nurses and thrived on professional work in their homeland [refer to the paper by Bachtiar Alam and Sri Ayu Wulansari in this issue].⁴⁵⁾

Their only path to eliminate the candidate status and classify as a formal nurse is to pass the national exam in Japan. This is an intimidating task for Filipinos and Indonesians who use the Latin alphabet and never learned *kanji* (Chinese characters) in their countries. There are numerous and complicated *kanji* words embedded in the questions of national examinations for nurses as well as those for certified care workers. These technical and colloquial words are very difficult for the candidates to master and read [see papers contributed by Setyowati *et al.* and Alam and Wulansari in this issue].

45) The outcome of JICWELS’ survey on 92 Indonesian nurses conducted between November 2007 and January 2008 in Indonesia show that 39% of all respondents chose the statement, “being able to demonstrate their profession (as nurse)” as their happiest thing during their working time [Kokusai Kosei Jigyodan 2008: 36].

Table 1 Duties of Indonesian (and Filipino) Candidates for Nurse (*Kangoshi*) and Certified Care Worker (*Kaigo Fukushima*)

[Nurse Candidates]	
1.	Assistance in patient's surroundings
2.	Assistance according to patient's conditions
3.	Assistance with meals
4.	Organizing environment
	(1) Adjusting room temperature, humidity, ventilation, lighting, etc.
	(2) Maintaining hygiene of bed and bedside table, making beds, maintaining hygiene of wheelchairs and stretchers, cleaning and keeping ward tidy
5.	Others
	(1) Serving tea, and distributing and collecting meal tray
	(2) Patient transfer and/or transport
	(3) Transporting specimen, laboratory test results, various order slips, etc.
	(4) Reception of drugs and organizing
	(5) Cleaning and hygiene of equipment and instruments, preparation of replacement equipment and goods, and replacement of equipment and/or goods
	(6) Cleaning, organizing and tidying the sanitary room; waste disposal
	(7) Other instructed duties
[Certified Care-Worker Candidates]	
1.	Observation, record keeping, reporting
2.	Communicating, relation building
3.	Developing care processes
4.	Adjusting human, physical, social and economic environments
5.	Providing support for everyday living (assistance in bathing, going to the bathroom, and taking a meal, etc.)
6.	Helping to maintain and expand social relations (supporting rehabilitation and recreational activities)
7.	Helping to realize a healthy and sound environment and managing crises (responses to emergencies)
8.	Supplying supportive counseling (utilization of social resources)
9.	Giving guidance on care methods
10.	Liaison and coordination (utilization of care-related professionals and social resources), etc.

Source: A paper written in English, drafted April 3, 2008 and provided to the author by Indonesia's Ministry of Manpower and Transmigration August 2008.

The candidates must manage many everyday tasks such as studying the Japanese language, preparing for the national examination conducted in Japanese, and working as assistants to Japanese nurses or care workers. They also must try to overcome their uncomfortable feelings and mental stresses caused by insufficient Japanese language ability, deskilling and other difficulties [see Alam and Wulansari's paper]. Even though they have many challenges, most of the foreign workers are positively evaluated by their Japanese employers and coworkers. The outcome of the author team's survey conducted with the questionnaires sent to all care facilities and hospitals that accepted the first batch of Indonesian nurse and certified care-worker candidates in Japan related relatively positive evaluation of those candidates. Their attitudes such as respect for the elderly are generally welcomed and positive factors that vitalize their workplaces [see Reiko Ogawa's paper in this issue].

In addition, Japan International Corporation of Welfare Services (JICWELS), an extra-governmental organization in charge of the EPA projects, made public its survey report on Japanese staff in charge of personnel management of foreign nurse and certified care-worker candidates, and demonstrated that

approximately 70–80% of Japanese respondents replied that they learned (nursing or care) through their instructions to the candidates. One third of them replied that the acceptance of the candidates acts as a stimulus to the Japanese staff [Kokusai Kosei Jigyodan 2011].

Furthermore, the outcome of the Japanese government's questionnaire survey given to Japanese patients and elderly users (residents), taken care of by Indonesian candidates, also demonstrated that many of them feel that medical or care services at their facility were relatively or remarkably improved after the candidates arrived at the facility. Only a negligible number of patients, elderly users and their families felt that the services were deteriorated (see Figs. 8 and 9).

On the other hand, Japanese hospitals and care facilities employing Indonesian and/or Filipino candidates have encountered some difficulties such as financial burdens and the increasing workload shouldered by the Japanese preceptors (mostly nurses and certified care workers). They were also puzzled about lack of the government's support regarding the proper requirements for the learning presented to the candidates. These difficult situations were clearly manifested in the author team's questionnaire survey [see Ogawa's paper in this issue]. There is no doubt that both the Southeast Asian candidates and the Japanese employers are in the midst of serious dilemma that cannot be easily solved by themselves.

On March 11, 2011, just before the Japanese government announced the results of the national nursing examination, the government decided to extend by a year the stay of Indonesian and Filipino nurse and certified care-worker candidates who came to Japan between 2008 and 2009. In consideration of the national policy to "open the country to the world" and its diplomatic relations with Indonesia and the Philippines, it gave candidates who scored over a certain grade in previous national exams an extra chance to retake the yearly national exam [Japan, Shusho Kantei 2011]. It is still uncertain whether

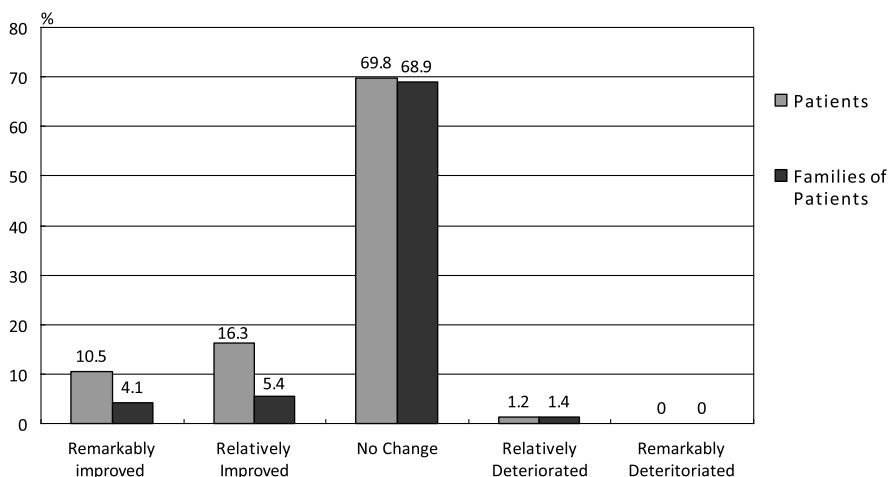


Fig. 8 Patients and Their Families' Evaluations of Indonesian Nurse Candidates in Medical Services

Source: Data obtained from Japan, Kosei Rodo-sho [2010a]

Note: Survey conducted in February 2010; n=86 in patients, n=74 in their families.

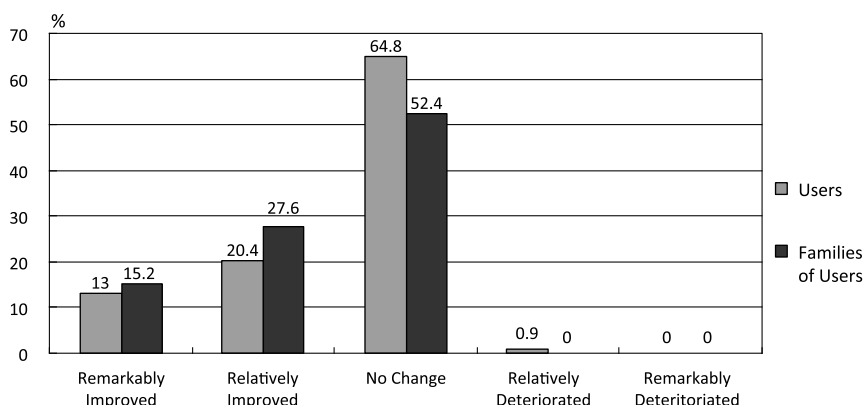


Fig. 9 Elderly Users' and Their Families' Evaluations of Indonesian Certified Care-Worker Candidates in Care Services

Source: Data obtained from Japan, Kosei Rodo-sho [2010b]

Note: Survey conducted in January and February 2010; n=108 in users, n=105 in their families.

this new measure will be effective in increasing the number of those who pass the exams conducted after 2012.

The G-G substantial consultations to review the JPEPA began in 2011, and those to review the IJPEPA are scheduled in 2013. In these renegotiations, Japan plans to add a minimum level of Japanese proficiency as a precondition for the EPA candidates. Such pre-condition was already agreed by the Vietnamese government that wishes to deploy its care workers to Japan soon, but it became controversial between Japan and the Philippines because of the increased opportunity to reduce the number of applicants [*Nihon Keizai Shimbun*, May 7, 2010]. The provision of MNP will be core of heated discussions because it is deeply challenging national emotions and nationalism among those in both countries.

VII Conclusion: Toward a Sustainable System

The provision for movements of nurses and care workers between Japan and Southeast Asian countries was included in the EPAs after the governments compromised as on free-trade deals. It can be seen as a quid-pro-quo that reduces trade barriers. After implementation of the EPA programs, the difficulty of the Japanese language barrier for Indonesian and Filipino nurses and care workers coming from non-*kanji* countries became illuminated. In addition, insufficient coordination between the government and trade organizations has caused friction similar to that between nurse associations in Japan and the sending countries, as described above. Yet even under these difficult conditions, the spread of over-production and unemployment among nurses and the government's active strategy to upgrade its nursing level in the competitive global labor market became push factors driving a number of applicants to the EPA program in the sending countries.

The initial enthusiasm has declined somewhat after the challenges for foreign candidates and the

employing hospitals/care facilities proved more difficult than expected. Due to inadequate information on job descriptions, including those related to deskilling, provided to the candidates before their departure, limited support from the governments to groom them for the national exam, various problems have occurred in some areas such as Japanese language acquisition and preparation for the national board exam. The crisis of sustainability of the EPA projects is manifested in decreased numbers of Japanese employers who choose to hire Indonesian and/or Filipino candidates since 2010, despite the fact that many care facilities and hospitals are impressed with their foreign employees' caring attitudes and recognize their valuable role in vitalizing their workplaces. It can be said that the current reality is far from a "win-win" situation.

The author's research team has already determined that the difficulty in passing the exam in Japan for Filipino nurses was not only due to the language barrier but also differences in nursing education and basic nursing policy between Japan and the Philippines/Indonesia [see Kawaguchi 2009 and also the paper contributed by Yoshichika Kawaguchi *et al.* in this issue]. Apparently, it would be difficult to activate movement of foreign nurses and care workers to Japan without the formation of transnational networks among nursing and care professionals in addition to promoting mutual understanding and trust between both countries.

Japan's policy of not requiring language proficiency during recruitment was obviously a problem in the area of "emotional labor," which requires high proficiency of the language in any country. Past G-G arrangements and projects that have not established a comprehensive migration policy with due consideration of demands and supplies in the global labor market as well as gaining insufficient support from private stakeholders and/or non-state actors showed their limitations in smooth operation of the migration project. Nonetheless, it would be true that the Indonesian and Filipino candidates who passed the national exam in Japan, even though its number is still very limited, can become "transnational carers" interacting and connecting Japan with their home countries in the future. By obtaining the right to work steadily and developing a high mobility to shuttle between the two countries as professionals, they may become frontrunners in the field of cross-border care and develop their potential in bridging new human relations between super-aging Japan and less-aged Southeast Asia.

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Glossary and Abbreviations

AOTS	: Association for Overseas Technical Scholarship
ASEAN	: Association of Southeast Asian Nations
CHED	: Commission on Higher Education
D3	: Diploma 3
EPA	: Economic Partnership Agreement
IJEPA	: Indonesia-Japan Economic Partnership Agreement
INNA	: Indonesian National Nurses' Association (Persatuan Perawat Nasional Indonesia)
JICWELS	: Japan International Corporation of Welfare Services
JLPT	: Japanese Language Proficiency Test
JNA	: Japanese Nursing Association
JPEPA	: Japan-Philippines Economic Partnership Agreement
<i>jun-kangoshi</i>	: "assistant nurse" in Japanese
<i>kaigo fukushishi</i>	: "certified care worker" in Japanese
<i>kangoshi</i>	: "nurse" in Japanese
LCP	: Live-in Caregiver Program
MHLW	: Ministry of Health, Labour and Welfare (of Japan)
PNA	: Philippine Nurses Association (Pambansang Samahan ng mga Nars ng Pilipinas)
POEA	: Philippine Overseas Employment Administration
RN	: registered nurse
S1	: Specialist 1
SPK	: <i>Sekolah Perawat Kesehatan</i> (nurse and health school)
TESDA	: Technical Education and Skills Development Authority
WHO	: World Health Organization

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