

Emotional Experiences of Indonesians who Work as Caregiver at Japanese Nursing Home

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I . Introduction

Japan and Indonesia signed the Economic Partnership Agreement (EPA) in 2007. One of the agreements was to accept Indonesian nurses to work as nurses (*kanggo-shi*) in Japanese hospitals and as caregivers (*kaigo fukushi-shi*) in Japanese nursing homes. Beginning from 2008 until 2016 Indonesian nurses sent to Japan have reached 1,729 people (Ministry of Health, Labour and Welfare). They were required to pass the National Board Examination (*kokka shiken*) to become registered nurses and caregivers in Japan. With the nurse path, candidates, with three years period of stay, can take the National Board Examination every year during their stay, while for the caregiver path they are allowed to take the National Board Examination only once, in their fourth year of stay. They can stay and work in Japan with no limit of time if they have passed the examination, and if they failed they can extend their period of stay for one year and take the examination in the coming year. If they failed again they must leave Japan. The National Board Examination is given in Japanese, which is their main struggle for passing the examination. In 2015, the passing percentage for nurse path was below ten percent, while the caregiver path exceeded fifty percent (Ministry of Health, Labour and Welfare). Before they passed the National Board Examination they are treated as candidates (*kouhoshu*). They work as well as study at the hospital and nursing homes until they have passed the National Board Examination. In this study I will focus only on Indonesian nurses who work as caregivers in Japan.

All Indonesians sent to Japan to work as caregiver candidates through this EPA scheme all have backgrounds as registered nurses in Indonesia. Before leaving for Japan, there are some nurses with years of experience whom have worked in hospitals in Indonesia, as well as fresh graduates with no work experience. Most of the nurses I interviewed explained that before their departure to Japan, there was no sufficient explanation about care (*kaigo*) that is practiced in Japanese nursing homes and the work of caregivers. Because one of the reasons of the candidates to come to Japan is to learn about Japanese nursing, most of them feel disappointed when they found out that they no longer are doing a nurse's job and the work of a caregiver does not contain any medical activities.

A caregiver's main work is to assist or to help individuals who can't or no longer can perform his or her activities of daily living. What are these activities of daily living? Activities of daily living

are all the activities that we do from the minute we wake up from our bed in the morning until the night comes and we rest in our bed. These activities, such as breakfast, lunch, dinner, bathing, toileting, changing our clothes and other activities, support our lives. Thus it is unnecessary to say that the nature of the caregiver's job is bed and body-work (Gubrium 1975). This physical work is scheduled from hour to hour, and everybody should do the same thing at the same time and, for the sake of the bureaucracy, all the work done must be recorded in a document. The caregiver's work is not only doing these physical things that can be seen and recorded in a document. A caregiver's work is an emotional labor (Hochschild 1983). Bureaucracy, shortage of labour, and a high number of residents who need care make a caregiver's workload incredibly high, but in the other side they are expected to be able to deliver good care in strict time. They're always busy and under pressure. To be able to deliver good care, a caregiver must know the facts about each of their resident's physical and mental condition. As Timothy Diamond observed in feeding residents "knowing how to vary portions and tastes, how to reinforce nonverbally while feeding (Diamond 1992:134). While caregivers are expected to provide compassionate, supportive care, there are structural forces that work against this care (Foner 1994). This dilemma of caregiving arises from different groups in the nursing home, from the administrator, co-workers, and from the residents themselves. Residents in a nursing home stay for years and the relationship between the caregiver and the residents often contain genuine feelings, yet caregiver have to deal with their emotion almost everyday. In this journal I will describe how two Indonesian nurses worked as caregivers, in a Japanese nursing home I worked with, are experiencing emotions and dilemma in their workplace. From the time they arrived at the nursing home, during their working hours, and how this care (*kaigo*) experiences might affect their future.

II. Methodology

For three months, from February to April in 2016, I immersed myself in the life of the Himawari nursing home, and in the life of Indonesian work as a caregiver in this nursing home. Main data was based from in-depth interviews and participant observation. I worked as a non-licensed part-time caregiver and lived with one of the seven Indonesians who worked in this nursing home. I did almost the same portion of work with them from feeding, making beds, helping residents eat at mealtimes, changing diapers, cleaning the floor, fold resident's clothes, making and serving tea and snacks, dishwashing, bathing, and helping them attend special events such as music club. However, I did not make records, wash resident's clothes, or transfer the residents (but sometimes they asked

my help for transferring). I worked 28 hours per week, five days a week, so my shift in a week was two days working for five hours (from 10.00-16.00), and three days for six hours (09:00-16.00). ¹

On the first day I was left to my own devices. Then one caregiver on my floor suggested to me to clean the floor first and then go round with the caregivers to see how they work. This was just to see the caregivers doing their work and without any formal supervisor to teach me, for example how to change a diaper, in the first week, as changing diaper is one of my routines. Then one day I realized that I found myself all alone in the pantry making tea and watching over the residents. I felt frustrated and tired of racing with time and juggling many things altogether.

I lived in the same house with Rani, so I spent more time with her than with anyone else. Sometimes Sari, which I will introduce her story in chapter six, would come over and stay the night. We cooked and ate together while they started to talk about their families, love stories, condemnation for the nursing home's administrator, or what happened on their floor that day. A few times, when our day off was matched, I also spent time together with other Indonesian. Most of them called me *kakak* or *teteh*. ²They held a party for me when it was time for me to leave them and wishing me to write a book about their lives in Japan.

Although, in the EPA scheme, Indonesian nurses who work at the nursing home who have not passed the national examination are called caregiver candidates (*kaigo fukushi-shi kouhosha*), and those who already passed are called certified caregivers (*kaigo fukushi-shi*). In this study I will refer them simply as "Indonesians". From the participant observation and in-depth interview of seven Indonesians, I selected two interviews, Sari and Tomi. For the sake of academic ethics, I changed some information about the nursing home, and all names appear in this article such as the nursing home, Indonesian nurses, Japanese names and the region that I did my fieldwork are pseudonyms.

III. Setting the Fieldwork, Himawari Nursing Home

Himawari nursing home is a nursing home placed in eastern Japan. ³It was built 30 years ago. Himawari nursing home is among the rice fields, mountains, factories, and new housing. It takes twenty minutes, by bicycle, riding from the house that I lived in.

Himawari nursing home is a clean nursing home but they lack sufficient room. It's a two floors building and has three rooms for the residents. The first floor, the floor where I did my fieldwork, is for day service, which the resident come and go on the same day, rehabilitation room, kitchen, office, big dining room, room for permanent residents and short stays, in which usually the

residents stay only for a few days. The second floor has two rooms for permanent residents and short stays. When I was here, the number of residents was approximately eighty-seven, including short stay resident. Each floor consists of resident's room, each mostly for four residents, four or five bathrooms (one reserved for staff), a dining hall that doubles as a day room where usually residents spend time together watching television, just sitting or even sleeping. The most seriously ill and bedridden resident rarely leave their rooms. Pantry and caregiver station are lumped together in one place, placed in front of the dining hall so that caregivers can watch residents while doing their job. But caregivers don't have their own lounge to rest and to eat their lunch and, regardless of their shift, they take their break time together, and eat their lunch while watching over the residents. Consequently they never fully get rest. There is only one elevator to connect the first floor and second, used mainly to transfer the residents for bathing, because the bathroom is on the first floor, and to transfer residents to the main dining hall for various activities. Long lines of wheelchairs sometimes clog the passage as the residents wait for an elevator to get to these various activities. At meal time this elevator is also used to bring food from the kitchen in the first floor.

The most serious problem is the extreme shortage of caregivers. When I was here, there was only thirty caregivers and most of them were part-timers aging between their fifties to sixties. Of these thirty, only twelve were full-time caregivers, ten of which were EPA Indonesian and EPA Philippine. Only two were Japanese full time caregivers. Part-timers have irregular working hours, and there is part-timer work only for the night shift. This makes the quantity of the work of full-time caregivers overloaded and sometimes they have to stay overtime to obscurity of overtime payment. On my floor, there was only one caregiver for each shift to care from twenty-four to thirty-two residents (each room has a different capacity). What always made caregivers frustrated was bath time (*ofuro*). Bath time is held three times a week, they bathe approximately forty residents on each bath time, and four to five caregivers are required to execute the bath time. Sometimes they are faced with the difficulty of deciding who will stay to watch over the residents on their floor and who will bathe the residents because there are not many caregivers. Since there were not many caregivers on the floor, sometimes bath time was executed with only two or three caregivers. In the end, not all the residents could be bathed. Bath time was extended to the next day, and it goes like that almost every day. The caregivers on my floor had to clean the eleven bedridden residents alone. This diaper changing is scheduled after the residents took their breakfast and lunch in the day time. The view when caregivers were feeding the residents at the meal time is another displeasing thing to see. I often saw a caregiver feeding six residents and watched the rest of the residents alone. She had to race with

time because the kitchen utensils all must be returned in time to the kitchen. This was not an uncommon situation I found in Himawari nursing home. One Indonesian nurse would often say that care practiced in here is not care but a “torture”. Physical and word abuse was informally tolerated on the floors at the Himawari nursing home. I watched several times as caregivers in their consciousness slapped the heads of the residents or talked in a bad manner. Even so, only some of the caregivers consistently abused in this way. Many of them are very kind.

The elderly who can enter and enjoy the services at the nursing home are elderly with care provision level three. ⁴I will not explain in detail every care level in this article. I will only explain that a resident who has provision care level three is still in a state somehow could walk but still must be accompanied, and she or he is very dependent on the caregiver to perform daily activities. In this nursing home, I can say that most of the residents are residents with provision care level five, that is resident who no longer could walk, only sit in his or her wheelchair, or are bedridden residents.

On my floor, there were twenty-two permanent residents and usually we had two short stay residents. Seventeen of them were extremely dependent on caregivers. There are four major tasks for the caregiver, to assist with the meal, cleaning, transfer of residents to and from their rooms to the dining hall, and to bathe the residents. Of these seventeen, cleaning of eleven was executed in their room because they were bedridden or not able to stand to do go to the toilet. Some of them could still eat on their own and some simply needed to be fed. Bedridden residents must be transferred to and from their room every time a meal or snack time comes. Six of the residents went to the bathroom in the toilet because they were still able to stand on their legs, and they could still manage the meals on their own, yet still the caregivers had to encourage them. Five residents were still independent in hygiene and meals but still required supervision from the caregivers. The average age of the residents at Himawari nursing home was from the seventies to the oldest, one hundred and three years. Most of them were suffering from low level to very serious dementia, accompanied by other diseases such as bone fractures or even cancer.

Despite these heavy labours, the administrators seemed unwilling to put attention on the welfare of their employees. If something wrong happened on the floor, the caregivers were usually to be blamed without putting any consideration into the harsh reality of the shortage of caregivers. Communication only works from the administrator side, and they rarely follow up any complaint from the caregivers if there is any chance to say a word about their work or life. I can see that there is a distance between the administrators and the employees that is not reconciled by the administrator. The absence of events to build a trust between the administrator and employees resulted in the further

distance between them. At least as long as I was there, there was no such event.

IV. EPA Indonesian in Himawari Nursing Home

There were seven Indonesians, four females and three males, and three Filipinos who worked there as caregivers through the EPA program. Their ages ranged from twenty-five to thirty-four. Six were Moslems from Java Island and one was a Christian from Celebes island. Their educational backgrounds were D3 (three year vocational nurse), and one of the nurses had experience working as an emergency nurse for five years in Jakarta. Only one of the nurses was married. This nursing home had been actively recruiting Indonesians through EPA program to work as caregiver since 2008, but they rarely passed the National Board Examination so they had to return to Indonesia. One person who had passed the National Board Examination, is Sari. Due to the shortage of caregivers and since many part-timers also quite old, they become the forefront of the daily work. This nursing home relied on them. One example that they became the forefront of this nursing home is when two Indonesian left for study and on the floor only part-time caregivers were left remaining. The bath time couldn't be started on time because they were waiting for them to finish their studies.

Once assigned to each nursing home, they were required to study in preparation for the National Board Examination. However, it is difficult for them to manage between studying and working. In Himawari Nursing Home this studying is held twice a week by inviting teachers to teach them about *kaigo*. The study is usually held on the day they work, or even held after the night shift. This kind of study hour is clearly unfavorable to them.

As caregivers from Indonesia are mostly Moslems, they have an obligation to pray five times a day and Friday prayer for the men. They have difficulty practicing prayer since there is not so many chances that they could leave the floor for minutes to pray and the administrators did not seriously encourage them to do so. As I explained above they lacked sufficient room, so if they had a chance to pray, they prayed in an inappropriate place after they ate their lunch. For the females, they were forbidden to wear a veil. The administrators said because it's scary for the residents. One Indonesian Christian nurse was likewise, in it was difficult to obtain a day off on Sunday, so she rarely went to church. The administrators also did not hold a consultation time to listen to them, to hear how they felt about the work and life in Japan.

Life in Japan could be very lonely life for them. Especially for those living away from the city like they are. Because they have different day off schedules, it is hard for them just to meet their

friends, even among them it is very difficult to spend time together. Only at the end of the month after they received their salary, would they usually gather and dine in the only family restaurant in the area where they lived. They talked about many things, informal talk about the nursing home and its residents, paying debts to each other, or exchanging information about Indonesia.

V. Daily Works at Himawari Nursing Home

There were four shifts in Himawari nursing home. Morning shift was from 7 AM to 15:30 PM, day shift from 9 AM to 17:30 PM, late shift from 11 AM to 19 PM, and night shift from 16:30 PM to the next day 10 AM. Below is an example of Himawari nursing home's daily routine for the day shift. However, bear in mind that I had different work hours than the other part-time and full-time caregivers. I did not do some of the jobs that the full-time caregivers usually did, such as writing daily care performed on residents and transferring the patients.

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|-------------|--|
| 09:00-09:15 | Morning briefing at the office (followed by briefing at each floor, but this rarely was done due to the shortage of caregivers) |
| 09:15-10:30 | Cleaning the floor, hygiene, return used diapers to the collecting area (because they used the washable diaper cover), watch over the residents (because there must always be someone to watch over the residents). And Sometimes I help other to transfer the residents from their room to the dining hall. When the bath day comes, from 10 am to 12 am I usually helped them bathing the residents. |
| 10:30-11:40 | Prepare and serve tea and liquid diet (because some residents don't eat a regular diet), and other lunch preparation (hand out the aprons, hand towels, spray each resident's hands with disinfectant spray, and wipe the tables). Transfer bedridden residents from their rooms to the dining hall and residents with liquid diets being assisted first. |
| 11:40-12:30 | Serving lunch, assist residents who need assistance, collecting eating utensils and return them to the kitchen (full time caregivers make records about how much the residents eat or drink, usually only percentage), clean the floor, wipe the tables, wash resident's cups. |
| 12:30-13:00 | Hygiene (residents who are able to go to toilet), sometimes help other caregivers to transfer the residents. |

13:00-13:30	Lunch break (eat lunch and watch over the residents)
13:30-14:30	Hygiene (for bedridden residents), return used diaper covers to collecting area
14:30-15:30	Preparation for snacks and afternoon tea
15:30-16:00	Fold resident's clothes and return it to their rooms

However depend on the actual situation, there are some cases causing delay in the daily routine, and this is not unusual.

VI. Sari and Tomi

I will introduce two of the seven Indonesian who worked as caregivers at Himawari nursing home. They are Sari and Tomi. Sari is a 27 years old female nurse from Yogyakarta. After graduating from nursing school, she applied as caregiver to the EPA program. She was motivated by the fact that salary of a caregiver in Japan is high compared to a nurse's salary in Indonesia. However economic reason is not the only reason for her to apply to the EPA program. She says that she wanted to learn about Japanese nursing. She arrived in Japan in 2011 and already passed the Caregiver National Board Examination. However she decided to return to Indonesia. The next nurse is Tomi. He arrived in Japan in 2014. He is a 31 year-old male nurse from West Java and born in a nurse family. Tired of being an emergency nurse in Jakarta and wanting to learn Japanese nursing, he decided to apply to the EPA program. Instead of choosing the nurse path he chose to enter the caregiver path. He is now working as a caregiver candidate and also studying to prepare for the Caregiver National Board Examination in 2018. Sari and Tomi are both moslems.

VII. "I felt my character as a nurse has been killed"

In the previous study, there are two main reasons why Indonesian nurses decided to go to work in Japan. First is to get a higher salary and, second, to obtain knowledge about nursing in Japan (Hirano and Wulansari, 2009). As I pointed above, the main reason for Sari to come to Japan is to get a higher salary and learn about nursing in Japan. However, Sari as well as other Indonesians who work at Himawari nursing home admitted, they didn't have a clear picture of what a *kaigo* is and what is the content of their work. It is true that before they leave for Japan there was an explanation about the work of caregiver. However, it was brief and vague information, and tended to be limited

to 'easy work'. They were told to give for example assistance at mealtime or taking residents for a walk. The other part of work such as lifting and transferring the residents, changing diapers, cleaning job, and even the reality of aging society in Japan, was absent from the explanation. They are also forbidden to perform any kind of medical actions. Hence, they were surprised by the content of their work when they were being delivered to a nursing home.

"First time I came to this nursing home I was shocked by the content of my work. The daily activities do not content the medical activities. I felt my character as a nurse was killed. I think we all Indonesian nurses sent to Japan to work as caregiver feel the same way" (Sari)

Tomi was surprised by the total care practiced in the nursing home and by the fact that most the residents were very old and have severe dementia.

"Before coming to Japan I knew that our job is to assist the residents in their daily lives. But I was surprised that we have to take care everything, from hygiene, its total care. I know that is my job, but there so many residents with dementia, this is what I'm not used to, it's like a mental hospital to me". (Tomi)

This finding is similar to Wulansari and Alam (2010). In their study they found that Indonesians who work as nurse candidates at the hospital in Japan felt disappointed because they were only allowed to perform non-medical care before passing the National Board Examination.

Before coming to Japan, Sari worked several months as nurse at a hospital in Yogyakarta. As she explained, a nurse's main work in Indonesia is to give injections, infusions, and to provide medicine. In other words, nurses in Indonesia are doing medical activities. Sciortino who has done research on the role of the nurses in a Health Center in Central Java pointed out that nursing practiced in Indonesia is curing nursing, different with the nursing practiced in the West that is more caring nursing (Sciortino 1996). They analyse the disease from the symptoms said by the patients and prescribe medications for the patients. Not infrequently they extend their role as a curative specialist by opening their private clinic in their house and gaining high esteem and economic advantages from the surrounding population (Sciortino 1996:121). Therefore when Sari was sent to the nursing home and found out that her work was limited to the 'domestic' work she felt very disappointed. They often make jokes, calling each other as *babu* (servant) to each other. ⁵

Not only Sari, almost all the Indonesians working as caregivers at Japanese nursing homes said the same story. Although they have done field observation (*praktek kerja lapangan*) at Indonesian nursing homes when they were at the college, they said the situation was very different. Nursing homes in Indonesia are usually for elderly who don't have a family or home, and most of them can perform their daily live activities independently. During this field observation their only job was only to check the resident's health. Even though there are people who work to take care of the elderly at the nursing home in Indonesia, it's not like caregivers in Japan, who are recognized by the government as a profession, and they don't have a formal name.⁶

From the statistical result in 2014 held by the Central Bureau of Statistic, it shows that the elderly population in Indonesia reached 8.3 % from the total population, while Japan's elderly population is reaching 30% of the total population. And while a three-generation family is still very common in Indonesia, in Japan parents usually live separated from their children. Life expectancy in Indonesia is still low compared to Japan. Life expectancy in Indonesia is in the seventies, while in Japan is eighties. Elderly in Indonesia are taken care of by their respective families. Although, for families who have a good economic status, they usually hire someone or even relatives to care for their parents, but they still live in the same house. To entrust parents to a nursing home is not the first choice because socially this is something that can't be accepted yet. The abstinence of care insurance in Indonesia is also affecting of how the society sees the importance of caring for the elderly, so obviously there is a huge social gap between Indonesia and Japan, which should be clarified before they leave for Japan.

VIII. *Sabar* and *Ikhlas* as Emotional Value

In this chapter, I will explain two notions of values, *sabar* and *ikhlas*, the key terms to understand the state of emotion of Sari and Tomi. Then I will show how these values are challenged by the context of the nursing home, which makes it difficult for both of them to implement these values in their daily lives at the nursing home.

1 *Sabar* and *Ikhlas* in Indonesian Society

The words *sabar* and *ikhlas* are common words in Indonesian society and can be heard in daily conversation. *Sabar* can simply be translated as patience, while *ikhlas* means sincere or sincerity. Both are sometimes said separately or together as well, have seems similar meaning but profoundly

different. *Sabar* and *ikhlas* have very deep values in Indonesian society, especially in the Javanese society.

Geertz, one of the notable anthropologist in the research of Javanese society and its religion, argued that *sabar* and *ikhlas* are central values in Javanese society. ⁷Geertz defined these values as Hindu-Buddhistic or animistic values. *Ikhlas* means detachment from the contingencies of the external world and *sabar* as an absence of eagerness, of impatience (Geertz 1960: 240-241). Disagreed with Geertz, Nakamura (1984) pointed out that *sabar* as well as *ikhlas* are two words derived from Arabic and have Islamic meaning. *Sabar* derived from the word *sabr*, appear in the Quran with the meaning of 'being patient' (Nakamura 1984:72). *Sabar* was also used to describe the personality of the prophet Muhammad and good moslem (ibid). Meanwhile *ikhlas* means 'absolute devotion to God' and occurs frequently in the Qur'an (ibid). He further says that one chapter in the Qur'an is entitled *al-ikhlas*, 'sincere devotion' is very popular and often recited in the prayer, *salat* (ibid). I agree with Nakamura that *sabar* and *ikhlas* both have Islamic values.

I will simply explain about how *sabar* and *ikhlas* are often practised in daily life in Indonesia. *Sabar* is a notion for self-defense, to protect the self from aggression from outside, from 'worldly' ordeal, to maintain the self. ⁸For example, I often was told to be *sabar* if people around me said something untrue about me. *Sabar* is about endurance, to not surrender to any ordeal that comes from outside that will make any disturbance to the inner self. *Ikhlas* is a state where we put God in the first place for every action that we take, to resign the self from selfish motivation and devote everything solely for God. God will provide us with *pahala* (reward) by being *ikhlas*, as a provision for the afterlife. For example we were often told to be *ikhlas* for example when we want to give any kind of help to other people or we should *ikhlas* to face a disaster, for example, a mother loses her child or vice versa. Under the latter circumstances, *sabar* and *ikhlas* can be said simultaneously. *Sabar* and *ikhlas* are an effort made to avoid emotional disturbance. By applying both of these values in daily life will bring a peace of the inner state. Conversely, if we couldn't apply these values emotional disturbance will arise causing *marah* (anger) or *dosa* (sin).

Sari and Tomi took these two values and tried to implement them in the nursing home they worked. They both believed that to care for people, we must be in a state of *sabar* and *ikhlas*. They're trying to be *sabar* and *ikhlas*, sometimes they could implement it but too often these values were challenged by the residents they care for and caused an emotional disturbances.

2 *Sabar* and *Ikhlas* at Workplace

Tomi, often called by other Indonesian nurses as a calm person, rarely got angry and was very tender. One day when Tomi and I sat in a chair while watching over the residents, he said pointing to a resident who went back and forth to the caregiver station asking the same question every minute, that work as a caregiver must be *sabar* because the situation is like this. He further says:

“The most important thing is *sabar*, because if you’re not *sabar* you couldn’t get the work properly (*kerja jadi ga benar*). We should be *sabar* with elder people (*orang tua*), because if you’re not *sabar*...you will get emotion (*jadi emosi*), you get angry (*jadi marah marah*), get angry to other people, you’ll feel being forced to do your work.”

For Tomi, *sabar* is an inevitable condition to be able to deliver a good care. *Sabar* is the way for him to not to become *marah* (angry) and *emosi* (angry) two conditions that in conflict with *sabar*.⁹Not only as a way to gain self-defense that prevents him from the feeling of *marah* or *emosi*, but to do his work properly, for Tomi who still found it difficult to communicate with the residents speaking Japanese, *sabar* along with *bercanda* (joking), also was one way to foster a good relationship and trust with the residents.

“To build a trusting relationship with the residents, either residents who have dementia or not is to repeat everything every time we talk with them, for example say your name. Then they could be closer to us. The point is to do everything with *sabar*. We should *sabar* with the elder people (*orang tua*). If we are repeating our name when we talk with them, even resident with dementia will remember our name. To repeat the words and make some jokes. Joke is an entertainment for them.”

Tomi, who likes to joke, every time *ofuro* (bath) time comes, would be wearing a pink or blue apron and tied a small towel on his head and would greet with “*irasshaimase*” (welcome) to all the residents who will be bathed. *Sabar* dan *bercanda*, this kind of communication makes him the most favorite caregiver in his floor. He says that the residents would usually get angry or mad at another caregiver that never did the same thing as him. One day when Tomi did not come to work, a resident name Tachikawa asked about Tomi to Sari. “Where is Tomi?” Sari replied “He is not coming today, but don’t worry I will take care of you today” but then she denied her “Oh no, I prefer Tomi”, and Sari burst out laughing.

Another religious moral value that was important for Tomi was *ikhlas*.

“From the viewpoint of Islam, it is clear that caregiver is a job that will give us reward (*pahala*). We receive salary of course, but we will also receive *pahala* from God. But only if we do it with *ikhlas*, and it’s very hard to do. Why? Because elder people are have different characters (*sifat*) and moral (*akhlak*), sometimes they annoyed us. From viewpoint of Islam, this is *pahala* but it is very hard to achieve. Just imagine it's like to take care of your own parent. Even though we have a different belief, elder people are like that, sometimes I can't control my emotion (*emosi*).”

Tomi believes that being caregiver will give him *pahala*, a provision for the afterlife. But *pahala* can only be achieved by being *ikhlas*, which was very hard to implement because the residents challenged his notion of *ikhlas*. He stated *emosi* as an outcome from the emotional disturbance, thus this undermined the state of *sabar* and *ikhlas*. This *emosi* lead him into an action that he knew should not have made to the elderly people.

“Sometimes when I peevish, I feel want to knock off (*jitak*) his or her head, I know that we should not do that, but sometimes I do it. You know... each man has different level of emotion.”

Sari said the same thing as Tomi, that being a caregiver in the context of Himawari nursing home caused it so she couldn't work with *ikhlas* and feel an inner conflict (*konflik batin*).¹⁰

“Sometimes I feel an inner conflict (*konflik batin*), as a Moslem why can't I *ikhlas* with my work? I just can't do it anymore, so I prefer to return to Indonesia. If we pinch someone, even no one is seeing us but God sees us, so we feel a kind feeling of sin, that's the role of religion have on us. It's different with people in here, they might only fear of getting busted by the administrator, so they make an accident report, only that. Of course, it’s depends on the people, but we feel, why we hurt people? My religion is Islam but why I use my hand to knock off (*ngeplak*) resident's head? Why I talk harsh (*kasar*) to them? Sometimes I wonder, perhaps it's better for me not to work with human.”

For Sari, the state of being *ikhlas* is an inevitable condition to be a true Moslem and a compassionate caregiver. *Ikhlas* is not just a commitment made between man with his God, but it must be implemented in the interaction between the human too. Sari felt that *ikhlas* must be reflected

in her acts toward residents by not talking with *kasar* or not making an abusive reaction, such as *ngeplak*. For Sari and Tomi, *ikhlas* should be in no conflict with inner (*batin*) and outer (*lahir*) part of our being. Inner is our relation with God and outer is our relation with humanity. In the present state, they felt that they couldn't perform *ikhlas* because *ikhlas* is interrelated between inner and outer.

For Sari as well as for Tomi, being caregiver is not only related to a worldly value with receiving money from the employer but as a devotion to God. A caregiver's job is connected with the afterlife. In Islam, there are two destinations in the afterlife, heaven (*surga*) that only people with numbers of *pahala* could enter, and hell (*neraka*) which human can slip into it if they have numbers of *dosa* (sin). But these values are hard to reflect on their lives, being challenged with the context of the nursing home they work.

Sari also had a special emotional bond and intimacy with one of the residents on her floor. Her name was Tanaka. Although in the nursing home take-and-give relations between the staff and residents is not allowed, Sari sometimes gives her bananas. Sari had been working for a long time at the floor where Tanaka lived, the second floor. In April Sari was moved to the first floor. One morning when Sari had done her night shift, she asked me to hand a banana to Tanaka, which she brought for dinner but she did not eat it. When I asked why, she said that she remembers about her when she sees that banana. At lunch time, I walked to the second floor and give it to Tanaka, she grab it fast and hid it on her wheelchair and says "give my thanks to Sari".

When I was visiting her apartment and asked her about her relationship with Tanaka she recalled:

"She likes banana. I worked for a long time on the second floor. She said that Priyo (other Indonesian) used to buy her banana, so she asks me the same thing. She gave me one hundred yen, I accepted that money once or twice but then I refused the money. For example after I received my payment I bought her banana many times. She is different with Nishi (Sari says this resident is very demanding), she can see the situation of the floor. If I'm busy all alone on the floor for example doing elimination, she will watch over other residents and yell "Sari it's dangerous, she loitering again", so she helped me less or more."

Tanaka no longer could walk, so she only sat in her wheelchair but she still can go to the toilet on her own, can eat her meal independently, and is still aware of her surroundings. Sometimes

when we met on the passage she greeted me "*Selamat Pagi*" (good morning) and gave me her teasing smile. Sari sometimes had to work alone and couldn't keep an eye on residents who were often loitering on the floor, which was very dangerous because they could fall out at any time. Tanaka voluntarily helped Sari keep an eye on the residents. Sari reciprocated Tanaka's help by giving her bananas, not every day indeed but after the payday or when she remembered Tanaka like when she asked me to hand over banana to her. However, this relationship had its up and down. Tanaka sometimes becomes a substitute of Sari when she couldn't watch over the residents, but she sometimes challenged Sari's notion of *ikhlas* by being demanding. Perhaps this banana giving from Sari to Tanaka can be regarded as Sari's practice of *ikhlas*, even though she doesn't realize it. This banana giving, the practice of *ikhlas*, earned her a good relationship with Tanaka so she could make peace of her inner and outer.

IX. *Kaigo* as New Knowledge

As I pointed above Sari and Tomi's background was being registered nurses in Indonesia. Before coming to Japan they did not have a clear picture about their work. When they found out the truth about their work they felt disappointed because what they imagined and the reality was very different. However, after they learned about *kaigo* and practiced it they gained a new perspective about *kaigo*.

"*Kaigo* can certainly be applied in Indonesia. It can be practiced in community health center or by opening a clinic on my own. I receive patients at home and explain to them how to care for older people, or how to care older people with dementia. For example if there is a dementia patient who can't move his legs, I can do rehabilitation. Doesn't mean that *kaigo* have to be applied only in nursing home, but we can apply directly in the society" (Tomi)

Tomi who comes from a family of teachers and nurses sees *kaigo* as something that can be applied to his immediate society. His brother who is also a nurse, owns a clinic in his village, and he too is planning to open a clinic on his own when he returns to Indonesia. It is not uncommon for a nurse to open a private practice in his or her house (see Sciortino, 1992). He said that he knows the people in his village and knows the rope very well too and he has no doubt that people in his village will come to his private clinic, moreover if they know that he has experience of working in Japan and

has made use of Japanese medical equipment.

Working as a caregiver in a Japanese nursing home, has enlightened Sari that nursing is not about giving injections, which she used to believe, but also about rehabilitation and cooperation (*rengkei*).

“I realized that nursing is not always about medical or pharmacological. In Japan, the nursing technology is very improved but there is also rehabilitation. And what I think the most important thing that I learned in here is *rengkei* (cooperation). The hospital cooperated with the rehabilitation center to get the patients recovered from his/her illness. It’s very different with Indonesia. I want to bring *kaigo* to Indonesia when I return someday. I want to practice it for my family or for the people in my village. Or maybe for the wider society, for the people in Indonesia” (Sari)

While still a student in nursing college, Sari lost her father. She said that if only she knew how to care for a bedridden patient, she might have saved her father for two or three months longer. During her stay in Japan Sari had lost one important figure in her life, her foster mother. When she returned to Indonesia to visit her foster mother in the hospital and take care of her for a while, a nurse praised her "you seem very capable of taking care of her", that time she felt proud and optimistic. Caring for the residents in this nursing home reminds her of her foster mother. There is a regret she says, that she couldn't take care of her. Now her birth mother is ill. She felt compelled to take care of her with her capability of *kaigo* gained in Japan. Although she is not on good terms with her birth mother, she thought that she is exhausted and wanted to go home to Indonesia. Besides she says, heaven is under a mother's feet (*surga ada dibawah telapak kaki ibu*), that's why she said that she will try to take care of her with *hati* (heart)

X. Conclusion

I have described some of the emotional experiences of Sari and Tomi. How they felt when the first came to the nursing home, and how their emotions could be tossed up and down by the residents in the nursing home, and how they gained new perspective in *kaigo*.

At first, when being sent to Himawari nursing home, due to the lack of information concerning *kaigo* and a caregiver’s main work, they felt disappointed. Not only that the reality was

far from their expectations, but also they felt their self-esteem injured by doing caregiving work, a domestic work usually done by a house maid in Indonesia. They were forced to abandon their pride and identity as a nurse by the existing recruitment system made by the Indonesian and Japanese government. At this stage, we can see how this recruiting system was affecting their emotions. Caring for nursing home residents is difficult, demanding, and frustrating. Moreover in a nursing home that has an unbalanced ratio between caregivers and residents, like Himawari nursing home. Caregivers must race with time to deliver a 'good care', and to work with the quantity of work that exceeds their capabilities. Many residents are suffering from severe dementia and their physical ailments are also severe and they are not getting better. The nursing home challenged their *sabar* and *ikhlas*, two of Javanese Indonesian-Islam notions of patience and devotion, causing an emotional disturbance and dilemma for Sari and Tomi. In their minds to become a caregiver who can deliver a good care to residents takes *sabar* and *ikhlas*, a harmony between inner and outer of self. They both think that caregiving work involves some moral religious values, a way of devotion to God, to earn *pahala* for their afterlives. Although sometimes they were able to reflect *sabar* and *ikhlas* to the residents in the nursing home, but most of the time them they found it very hard. Not only emotional disturbances, working at nursing home sometimes give rise to intimacy between caregivers and it's residents. When Tomi could reflect his *sabar* to a resident, he earned *pahala* and good relationships as he has with Tachikawa. But when he couldn't resist an attack from the outside and being not *sabar and ikhlas*, he becomes *marah* and *emosi*, which lead him to unkind responses to residents even though he believes that he shouldn't do that. As for Sari, she stressed that being a Moslem she should be *ikhlas*, as a commitment and devotion to God and reflect it on humanity. However, not infrequently she became physically and verbally abusive. Instead of *pahala* she made acts that she's feared resulted to lead her to *dosa* (sin). But when Sari *ikhlas*, by giving bananas to Tanaka, this earned her a good relation with Tanaka and perhaps *pahala* from God. Despite these emotional disturbances both Sari and Tomi said they gained new perspective on *kaigo*. Although they suffered disappointment when they found out that the reality wasn't as they expected, after they learned and practiced *kaigo* in their daily work, they found it as a new knowledge and can be practiced in their immediate society. Their experiences and knowledge they gained in Japan help them to plan for their future.

Notes

- ¹ Under the Japanese immigration law, overseas students and other foreign dependants can only work 28 hours per week.
- ² *Teteh* is sundanese (people from west Java) word for sister. Means *kakak perempuan* in bahasa Indonesia or sister in English.
- ³ There are seven types of welfare facilities, and the elderly can use their services with care insurance. One of them is nursing homes, or *tokubetsu yougo roujin homu* (特別養護老人ホーム), in Japanese. Nursing homes are welfare facilities for elderly people aged 65 years and above who have significant problems with his or her mentality and is difficult to be treated at home.
- ⁴ Care level or *you-kaigo* (要介護) in Japanese, is a level care needed by the elderly. There are two levels of support care or *you-shien* (要支援), and five levels of need care or *you-kaigo* (要介護). From 2015 only elderly who has care level three and above could enter the nursing home.
- ⁵ *Babu* was used in Dutch colonial time meaning uneducated person taking care for a child. This word *babu* has a widespread meaning to be a person who doing household work. However, because *babu* sound unrefined and negative, the term was replaced with *pembantu rumah tangga* (housemaid) or simply *pembantu*. This term also has negative connotation. Lately more refine phrase *asisten rumah tangga* (household assistance) has been used especially in large city such as Jakarta.
- ⁶ In 2014 I visited a nursing home in Bandung, West Java Indonesia. In this nursing home, there officially aren't people to treat the residents, but two or three middle- aged women employed by the administrators to cook and clean and stay with the residents. Most of residents don't have family or by their willingness want to live separately from their families. They were still very independent. Another nursing home I visited was in Jakarta. This nursing home was run by the social department of Special Capital Region of Jakarta (DKI Jakarta). Residents in this nursing home mostly are people who don't have houses and live on the street. In this nursing home people who are taking care of the residents called *pramu sosial* (people who work in social field).
- ⁷ Geertz also pointed out another value. That is *trima*. *Trima* means to accept or receipt (Geertz 1960: 240).
- ⁸ Thank you to Prof. Nakamura and his wife for giving me their opinions about *sabar* and *ikhlas*.
- ⁹ *Emosi* is a word derived from *emotion*. Means a state and reaction of physiological such as excitement or sadness, and *marah* (angry). However, practically in daily life people tend to use *emosi* with meaning of *marah*.
- ¹⁰ *Batin* can be translated simply as inward feeling.

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