

**Topic :** Sosio-Humaniora

**A Preliminary Study on the Experience of Indonesian Certified  
*Kaigofukushishi*/Candidate Who Work at Japanese Nursing  
Home in Japan: A Result from Participant Observatory**

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**Abstract**

Indonesia and Japan signed Economic Partnership Agreement (EPA) in 2007. One of the agreement is to send Indonesian nurses to work as *kanggo-shi* (nurse) in hospital and as *kaigo fukush-ishi* (caregiver) in nursing home in Japan. In this paper I will try to explain the experiences of Indonesian nurses who work as caregiver in Japanese nursing home based on my preliminary study using method participant observatory in Japan. I will write three important points in order to give a balance accounts. Once delivered to the nursing home most of them found themselves really shocked with the contents of their new work. Because they are not allowed to perform any medical actions but to assist only on daily live of residents. Second is the communication issue. Although making communication with the resident using Japanese is a hard task, they found another way to communicate with the residents, that is with *sabar* (patient) and *bercanda* (make jokes). The last one is even they felt let down with the work of caregiver after work and learn about *kaigo* (care), they have diverse opinions toward *kaigo*. Some of them say that *kaigo* is a new knowledge for them that can be implemented in Indonesia once they return.

Key words: Indonesia-Japan EPA, Indonesian caregiver/*kaigo fukush-ishi*, *Kaigo*, Nursing Home, Care

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**1. Introduction**

Japan and Indonesia signed Economic Partnership Agreement (EPA) in 2007. One of the agreement is to accept Indonesian nurses to work as nurses (*kanggo-shi*) in Japanese hospital and as caregiver (*kaigo fukush-ishi*) in Japanese nursing home. This accepting began in 2008. However they must passed the National Board Examination (*Kokka Shiken*) to become registered nurse and caregiver in Japan. Before they passed the National Board Examination they treated as candidate (*kouhosha*), and work as well as study at the hospital and nursing home.

In this study I will focus only to Indonesian nurses who work as caregiver in Japan. I will try to describe some of their experiences while working in Japanese nursing home.

All Indonesian nurses sent to Japan all have background as registered nurse in Indonesia. However, nurses who chose the path of caregiver, in Japan they no longer a “nurse” and their work place is not in the hospital but in a nursing home. Their job is no longer doing some medical actions but to fulfill non-medical daily needs of the residents. This changing identity can bring some unpleasant experiences for them. Communication also becomes an important issue in a work that requires a lot of contact with other people such as caring work. With exist difference in language they might also experience some problems in communicating with residents they care about. How they deal with this communication barrier is important to us to know. However it should be noted that unwanted experience could turn to be a good experience if we change our way of thinking. And this is occurred to both of Indonesian nurses that I would describe their experiences in this journal.

Therefore the aim of this study is to making description about the experiences of Indonesian nurses who work as caregiver in nursing home in Japan. To describe their experiences is necessary in order to know how they exactly feel about their work and life. And further to show that although at the first they suffered disappointment but by changing their perspective about *kaigo* (care), the experiences they gained in Japan can make positive contribution toward their futures.

## **2. Methodology**

This article was based from interview and participant observatory conducted from February to April 2016 at Himawari (pseudonym) nursing home in eastern Japan. I worked as part timer with them and lived with one of the seven Indonesian nurses who work in this nursing home. I did the same work with them from feeding to bathing, but I did not making records or transfer the residents. The interview was conducted during their holiday from one to two hours.

The total number of Indonesian nurses working in this nursing home was seven, four female and there male. Their ages ranges between 25 to 34. Their educational background is D3 (three year vocational nurse), and one of the nurse had an experience working as an emergency nurse for five years in Jakarta. And only one of the nurse is married. Although in EPA scheme Indonesian nurses who work at the nursing home have not passed the national examination is called caregiver candidate (*kaigo fukushi-shi kouhoshu*), and who already passed called certified caregiver (*kaigo fukushi-shi*), in this study I will refer them as “Indonesian nurses”. From the participant observatory and in-depth interview of seven Indonesian nurses, I select two interviews, Sari and Tomi (both are pseudonym).

## **3. Introducing Sari and Tomi**

I will introduce the experience of Sari and Tomi. Sari is a 27 years old female nurse from East Java. After graduated from the nurse school she applied as caregiver to EPA program. She was motivated by the fact that salary of caregiver in Japan is high compares to nurse salary in Indonesia. However economical reason is not the only reason for Sari to apply to EPA program. She says that she wanted to learn about Japanese nursing. She is 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 is a male nurse from West Java and born in a nurse family. He is 31 years old. Tired of being an emergency nurse in Jakarta, he decided to apply to EPA program. Instead of choosing nurse path he chose to enter caregiver path. He is arrived in Japan in 2014, and now working as caregiver candidate and also study to prepare for the Caregiver National Board Examination.

#### 4. Daily Works at Himawari Nursing Home

There are four shifts in this nursing home. Morning shift 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 AM to the next day 10 AM. Below is an example of Himawari nursing home's daily routine for the day shift.

09:00-09.10	Morning briefing
09-10-10:00	Toileting assistance, changing diapers, return used diapers to collecting area writing records
10:00-12:00	Bathing (only certain day)
10:00-10:30	Prepare for noon tea and liquid diet (some residents consume a liquid diet)
10:30-11.30	Transfer the residents to the hall, feeding the residents with liquid diet, serving noon tea, lunch preparation
11:45-12.30	Serving lunch, feeding residents who need assistance, collecting eating utensil and return it to the kitchen, writing records (make record about how much the residents eat or drink, usually only percentage)
12:30-12:45	Toileting assistance
12:45-13.45	Lunch break
13:45-14:30	Changing diapers and return it to collecting area
14.00-16.30	Bathing (only certain day)
15:00-15.30	Preparation for snack and afternoon tea
15:30-16.00	Fold the resident's clothes and return it to their rooms
17.00-17.30	Preparation for tea and dinner

However depend on the actual situation, there are some cases causing delay in the daily routine.

#### 5. Sari and Tomi's Experiences in Himawari Nursing Home

I will describe some experiences of Sari and Tomi when they entered a Japanese nursing home. About how they felt when they found the truth about their job, how they deal with residents, and about how they gain a new positive perspective about their work.

##### 5.1 Imagination vs Reality

In the previous study, there are two main reason why Indonesian nurses working in Japan. First is to get 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 high salary and learn about nursing in Japan. However, Sari as well as other Indonesian nurses who work in this nursing home admitted that they do not have a clear picture of what is *kaigo* and what is the content of their work. It is true that before they leave for Japan there was a an explanation about the work content of caregiver such as feeding and taking the residents for a walk. They argued that the other part of work such as lifting and transfer the residents, changing diapers, and cleaning job 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 delivered to nursing home.

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

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

Before came to Japan, Sari worked several months as nurse at hospital in East Java. As she explained, nurse's main work in Indonesia is to give an injection, infusion, and provide medicine. Therefore when she was sent to the nursing home and knowing that her work was limited to the fulfillment of the basic humane care she felt very disappointed.

### **5.2 *Sabar and Bercanda as A Way to Communicate with Residents***

Indonesian nurses sent to Japan learned Japanese language six months before going to Japan and six months after arrived in Japan. However for some nurses, the Japanese language is still an obstacle in their daily works. They have trouble in communicating with the residents. For example, some who sent to rural areas have difficulty to understanding the local dialect (*hougen*), which is completely different with the Japanese standard they learned. And also one of the most important in their works is to write a daily care note (*kaigonisshi*). Daily care note can be a hurdle for them because they have to write it in *kanji* (chinese character). And in some nursing home daily care note is handwriting. As demonstrated above, in order to become registered caregiver they first must passed the National Board Examination. Therefore they work and study for the National Boards Examination preparation at the same time. Because they have to learn *kaigo* in Japanese, they found it difficult especially to understand technical jargon. However despite in this difficult circumstance, Tomi says that the most important way to communicate with the residents is with *sabar* and *bercanda*.

"It is hard to communicate with *orang tua* (elder people). But to build a trusting relationship with the residents who have dementia or not is to repeat the same thing everyday, we have to be patient. For example say your name everyday to them. If we do it with patient, we will have close relationship with them. You will see, that even residents who have dementia will remember you. And don't forget to *bercanda* (make jokes) with them. They need it, it's an entertainment for them" (Tomi)

Tomi, every time ofuro (bath) time comes, will be wearing pink or blue apron and tied a small towel on his head and greet "*irasshaimase*" (welcome) to all the residents who will be bathed. One day there was one resident who come to him and asking the same question all day, and he said "see, that is why we have to be patient". This kind of communication makes Tomi the most favorite caregiver in his floor. One day when Tomi did not come to work, a resident name Tachikawa (pseudonym) 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 was burst to laugh.

### **5.3 *Kaigo as New Knowledge***

As I pointed above Sari and Tomi's background is registered nurse in Indonesia. Before came to Japan they did not have a clear picture about their work. When they found out the truth about their work they feel 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 by applied it directly to the society. 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)

"I realized that nursing is not always something about medical or pharmacological. In Japan the nursing technology is very improved but there is also rehabilitation. What I think the most important thing that I learned in here is called *rengkei* (cooperation). The hospital cooperated with the rehabilitation center to get the patients recovered from his/her illness. Its 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 people in my village. Or if I can for the people in Indonesia" (Sari)

Sari and Tomi realized that *kaigo* is a knowledge that can be applied in Indonesia. Working in Japanese nursing home benefit them in how they planning for the future. *Kaigo* is a manifestation of their future when decided to return to Indonesia. Not only for them, *kaigo* that brought to Indonesia by Sari and Tomi is a benefit also for the people around them. They can become agents of change in society about how to understand and care for the elder people.

## 6. Conclusion

I have described the work experiences of Sari and Tomi. As we can see from above description, there is a positive change of Sari and Tomi's point of view for *kaigo*. When they first being sent to Himawari nursing home, due to the lack of information concerning *kaigo* and caregiver's main work, they felt disappointment. However after they learned and practiced *kaigo* in their daily work, they found *kaigo* as a new knowledge and can be practiced in their society. Experiences and knowledge they gained in Japan help them to plan for their future. In this study also we can see that the Japanese language still a hurdle for Indonesian nurses to prepare for their National Board Examination. However in practice in their daily works at the nursing home, the Japanese language is not a barrier in communicating with the residents. In fact, Tomi found a way to communicate with the residents. That is with *sabar* and *bercanda*. This way of communicating makes him the most wanted caregiver in his floor.

*Kaigo* is a new notion for Indonesian nurses. Aging society and *kaigo houken* (long-term care insurance) are two things that distinguish between Indonesia and Japan society. And the impact of the differences is felt directly by Sari and Tomi who work in nursing home in Japan. I believe that the experiences of Indonesian nurses, who work in Japan, like Sari and Tomi's experiences, could give a positive influence for the Indonesian society in the future.

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