



Original Research

A Correlation between Working Environment and Job Experience Toward Culture Shock among Indonesian Nurses in Japan

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ABSTRACT

Introduction: Indonesian nurses living and working in Japan with a culture likely to be very different from their own may be additional sources of culture shock, feeling confusion and discomfort when living in a new country. They also experience difficulties in maladaptive adjustments to the new environment to overcome culture shock, then they get stressed in a working environment which can decrease work motivation and quality of performance.

Methods: This study used a cross-sectional approach with a non-probability sampling method. The sample is 90 Indonesian nurses having been working in Japanese hospitals, both those passing the National Board Examination (NBE) and those not. Working environment (job satisfaction, colleague, rule of employment) and job experience were independent variables and culture shock was dependent variable. Work environment research instruments were from the revised questionnaire modification Scale of Socio-Cultural Adaptation (SCAS-R), the substance of work performance, job experience questionnaire and the Culture Shock Questionnaire (CSQ). Data analysis used Spearman-rho and multiple logistic regression statistical tests.

Results: The average of respondents who did not experience culture shock or normal was 44 (49%) and respondents who experienced culture shock were a poor level of 36 (40%) and moderate level of 10 (11%). Job satisfaction (p value = 0.001) and colleague (p value = 0.001) have a significant correlation with culture shock. Rule of employment (p value = 0.174) and job experience (p value = 0.209) were not significant with culture shock. Multiple logistic regression analysis was conducted to figure out the predictors that influence the change in culture shock status while a colleague ($\beta = 2.445$, p value < 0.001).

Conclusion: The results of the research showed that colleagues in the work environment had a significant influence effect on cultural shock. Therefore, it is necessary to provide social support to adaptive adjustment and stress management to Indonesian nurses in Japan so that they can impact increased quality performance.

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INTRODUCTION

The situation of many nursing institutions established in Indonesia that produce nurses on a large scale is not comparable to limited equal distribution of job opportunities in Indonesia, which is a professional challenge in Indonesia (Kurniati, Efendi, & Yeh, 2014). The chances of fresh nursing

graduates in Indonesia being absorbed in the domestic job market are low (Arisanova & Satyawati, 2017). There has been a growing demand for nurses in the global labor market of the healthcare workforce (Efendi, Chen, Kurniati, & Yusuf, 2018). Therefore the health professionals migration from low-wage countries to high-wage countries can increase

economic efficiency (Roesfitawati, 2018). Since 2006, the institution of Intensive Preparatory Course for Indonesian Nurses (KIPPI) through placement mechanism for nurses to work abroad has been carried out Government to Private (G to P) or private to private (P to P) to Saudi Arabia, Kuwait, Qatar, United Arab Emirates (UAE), the United States of America, Australia, Taiwan, Hong Kong and Japan (BNP2TKI, 2018).

Japan is a society with a declining birth rate and aging population. The percentage of elderly is predicted to reach 32% by 2030, and 41% in 2055 (Ohno, 2012). The Japanese government has opened its market to healthcare human resources needs to accept more foreign nurse and care workers under the Economic Partnership Agreement (EPA) program and foreign nurses began to enter Japan in 2008 from Indonesia and the Philippines, and Vietnam in 2014 (Hatanaka & Tanaka, 2016). Then Indonesian nurses migrated to work in Japan with Government to Government (G to G) placement mechanism under the Indonesia Japan Economic Partnership Agreement (IJEPA) which was facilitated by the cooperation of the labor agency of the National Agency for Placement and Protection of Indonesian Workers (BNP2TKI) since November 4, 2019, changing its name to the Indonesian Migrant Workers Protection Agency (BP2MI) and Japan International Corporation of Welfare Services (JICWEL) (BP2MI, 2020). The nurses who migrate to Japan under the EPA program are designated as candidates (assistants) until they pass the NBE conducted in the Japanese language (Efendi, Chen, Nursalam, Indarwati, & Ulfiana, 2016). Under the IJEPA, they were a fluctuating total, with the number of nurses reported 29 (FY 2017), 45 (FY 2018), and 31 (FY 2019). And the number of care workers showed 295 (FY 2017), 602 (FY 2018), and 304 (FY 2019) (JICWEL, 2019). However, their national exam pass rate has remained much lower than the rate for all examinees; 21% for nurses (FY 2017), and 22% for care workers (FY 2017) (BNP2TKI, 2018).

The migration process is a social change whereby an individual moves from one cultural setting to another for the purpose of settling either permanently or for a prolonged period (Hariyadi, 2013). Migration to a new environment can negatively affect, including mental well-being confusion; living in a new country with a different socio-culture and living and working environment can trigger a culture shock condition (Doki, Sasahara, & Matsuzaki, 2018). The cultural work environment is different, including communication relationships with colleagues, satisfaction, rule of employment and problems of daily life with the family, economy and social inequality (Doki et al., 2018). One report indicated that there were mental problems among 22.5% Indonesian nurses and care workers who came to Japan under the EPA program. Some mental problems have been caused by routine stress in a working environment to do manual tasks accompanied by a certain sense of responsibility and

tension particular to medical and nursing care workplaces, which has an impact on job satisfaction issues and relationships between colleagues (Sato & Kamide, 2016).

In addition, the survey results revealed that the burden of passing the national board examination is a significant stressor faced by Indonesian nurse candidates in Japan (Hatanaka & Tanaka, 2016). The nurse candidates under the EPA feel low self-esteem when Indonesian nurses who have job experience in the medical field but, when working in Japan, cannot pass the NBE for a position as a candidate (nurse assistant) to do basic human needs action, which is prone to medical action deskilling (Nugraha, Sumihisa, & Hirano, 2017). Based on the EPA program, nurse candidates passing the national examination change from supplementary work as a candidate to a professional job as qualified healthcare personnel causes a cultural shock of the working environment. It is inferred that there is a negative impact on their mental health with Indonesian nurses who passed the NBE there is a higher cultural shock of the work environment, poorly adapting to have to do more duty and have greater responsibility than before (Nugraha & Ohara-Hirano, 2016).

The health professionals migration has been linked to culture shock in Japan in that differences of cultures, including lifestyle, language, and climate, may be an additional source of fatigue, mental stress and physical efforts to extreme culture shock in the new workplace (Fumiko, 2019). Social adjustment during the process of migration is linked to mental stress illness, which may be influenced by the new working environment as well as socio-cultural adaptation acceptance by the host community adaptively to avoid stress, but if it is maladaptive, it can trigger stress while living in Japan, which may reduce the net benefits of migration (Hatanaka & Tanaka, 2016; Nugraha & Ohara-Hirano, 2018). Mental and physical stress in the work environment have a negative impact on motivation, performance, and productivity, which can be one of the causes of low-quality human resource competitiveness (Soegoto & Narimawati, 2017). The objectives of this study are to clarify Indonesian nurses who migrate to work in Japan to a cross-cultural adaptation process experiencing culture shock in the work environment and job experience. Indonesians in Japan may enhance a mutual understanding between Indonesian and Japanese nurses, leading to better utilization of human resource.

MATERIALS AND METHODS

This study was conducted in a cross-sectional design. The population was 90 Indonesian nurses EPA who arrived more than one year to work in a hospital in Japan, both those who passed the NBE and who did not. Total sampling was used to recruit the participants. The explanation of the terms and conditions of the study was given and informed consent for study participation was obtained. All

respondents were assured of the voluntary and confidential nature of the study. A total of 28 questionnaires items were distributed online during August to September 2020. The questionnaire was set up with a default one response per respondent to avoid any duplicate responses. The BP2MI has given notification of the complete a questionnaire was automatically sent to the respondent's email or private message address.

This study has used five questionnaires validated and translated in Indonesian and distributed online, including the Culture Shock Questionnaire (CSQ) which assessed the culture shock condition selected as dependent variable in this study. It measures a participant's current culture shock and consists of 12 items by focusing on two major areas: the core culture shock items component and the interpersonal stress items. The answer choices of the CSQ in this study used a Likert-type scale poor, average, good (Mumford, 2000). The Indonesian-language version of the CSQ has been tested for reliability and validity, has Cronbach's alpha of 0.906 with a sensitivity ranged from 0.461 to 0.869.

The working environment questionnaire and job experience questionnaire were selected as independent variables in this study. It measures a participant's current working environment and consists of 12 items focusing on three major areas: job satisfaction, colleagues and the rule of employment items. The revised sociocultural adaptation Scale (SCAS-R) of rule of employment questionnaire consists of four items and was used to determine the level of the job satisfaction questionnaire (Wilson, 2013). The researcher developed a questionnaire consisting of eight items from that developed by Robbins and Judge (Rino, Yuniarsih, & Suwatno, 2019), and rule of employment (Kemenaker RI, 2003). The working environment questionnaire has been tested for reliability and validity, with Cronbach's alpha of 0.760, with a sensitivity ranged from 0.450 to 0.829. It measures a participant's current job experience and the questionnaire consists of four items developed by Foster. The job experience questionnaire has been tested for reliability and validity, with Cronbach's alpha of 0.632 and sensitivity ranged from 0.523 to 0.807. The answer choices of the working environment questionnaire and job experience questionnaire in this study used a Likert-type scale of poor, average, good. The analysis of the research used univariate analysis (frequency distribution), bivariate analysis (Spearman-rho), and multivariate analysis (multiple logistic regression statistical test).

Ethical clearance approval number 141 / EC / KEPK-S2 / 07 / 2020 was sought from the Health Research Ethics Commission of the Faculty of Medicine, Universitas Brawijaya. The ethical requirements and respondent rights have been fulfilled throughout the research process to collect the data online in Google Form link and did not cause harm or disturb.

RESULTS

Table 1 shows the distribution of the sociodemographic characteristic of the study participants. The average age of study participants was 28 – 32-year-olds, 63(70%) of the subjects were female, single status was 56 (62%), Islam religion was 57 (63%), nurses having job experience of domestic

Table 1. Characteristics of respondents (n=90)

Characteristic	n	%
Age		
23-27 years old	33	37
28-32 years old	48	53
33-37 years old	9	10
Gender		
Female	63	70
Male	27	30
Religion		
Islam	57	63
Protestant	20	22
Catholic	4	5
Hindu	9	10
Status		
Single	56	62
Married	30	33
Widower/ widow	4	5
Place of job experience		
Indonesia	83	92
Arab	1	1
Taiwan	5	6
Korea	1	1
Duration to stay in Japan		
1-2 years	57	63
3-4 years	31	35
≥5 years	2	2
Passed NBE		
No	76	84
Yes	14	16
Nursing Education		
Associate's degree	42	47
Bachelor	48	53
Culture shock		
Normal	44	49
Low	36	40
Moderate	10	11

Table 2. Respondents' working environment (job satisfaction, colleague, rule of employment) and job experience (n=90)

Variable independent	n	%
Job satisfaction		
Poor	15	17
Moderate	52	57
Good	23	26
Colleague		
Poor	6	7
Moderate	55	61
Good	29	32
Rule of employment		
Poor	11	12
Moderate	49	55
Good	30	33
Job experience		
Poor	19	21
Moderate	50	56
Good	21	23

Table 3. Correlation between Working Environment (Job Satisfaction, Colleague, Rule of Employment) and Culture Shock (n = 90)

Working environment	Culture shock								p-value	r
	Normal		Low		Moderate		Total			
	n	%	n	%	n	%	n	%		
Job satisfaction										
Poor	3	4	7	8	5	6	15	18	0.001	0.346**
Moderate	24	25	20	22	8	9	52	56		
Good	17	19	4	4	2	3	23	26		
Colleague										
Poor	0	0	0	0	6	7	6	7	0.000	0.512**
Moderate	21	23	26	29	8	9	55	61		
Good	23	25	5	6	1	1	29	32		
Rule of employment										
Poor	5	6	2	2	4	4	11	12	0.174	
Moderate	22	24	19	22	8	9	49	55		
Good	17	18	10	11	3	4	30	33		

Table 4. Correlation between job experience and culture shock (n=90)

Job experience	Culture shock								p-value
	Normal		Low		Moderate		Total		
	n	%	n	%	n	%	n	%	
Poor	7	8	9	10	3	3	19	21	0.209
Moderate	25	27	20	22	5	6	50	55	
Good	12	13	7	8	2	3	21	24	

Table 5. Multivariate logistic regression working environment toward culture shock among Indonesian nurses in Japan

Variable	B	SE	Wald	p-value	Exp(B)	OR(95%CI)
Job satisfaction	0.466	0.771	0.365	0.546	1.594	0.351-7.228
Colleague	2.445	0.700	12.207	0.000	11.534	2.926-45.471
Constant	-5.265	1.193	19.469	0.000	0.005	

hospitals in Indonesia were 83 (92%), living in Japan 1 - 2 years were 57 (63%), nurses not passed NBE 76 (84%). For the level of education, 48 (53%) were classified as S1 (bachelor of nursing). The distribution of mental health of the average of respondents did not have culture shock or were normal 44 (49%).

Table 2 presents the mean of predictor variables, culture shock, working environment and job experience of the study participants, that the average respondents of culture shock were caused by a working environment with moderate levels of job satisfaction were 52 (57%), the relationship of colleagues at moderate level were 55 (61%), moderate level of employment rule was 49 (55%). The average of job experience at moderate level were 50 respondents (56%).

Table 3 presents the mean difference of predictor variables between working environment (job satisfaction, colleague, rules of employment) and job experience toward culture shock. It shows a significant correlation between job satisfaction and colleague with culture shock with a p value 0.001 (r = 0.346 **) and 0.000 (r = 0.512 **) that indicate a positive direction with moderate relationship strength between variables. This showed that the

more nurses had moderate job satisfaction relationship, the lower the culture shock level in nurses. The results of further analysis related to culture shock level and job satisfaction in nurses showed that nurses who had a culture shock level in the normal category had the moderate category of job satisfaction nurses (25%). Then it showed that the greater the relationship between the moderate category of colleague nurses was, the lower the culture shock level in the nurses. The results of further analysis related to culture shock level and the relation colleague in nurses showed that nurses who had a low level of culture shock had moderate category of colleague relation (29%). The rule of employment and job experience did not show significant correlation with culture shock with p values of 0.174 (Table 3) and 0.209 (Table 4). The job satisfaction and colleagues variables showing significant correlation with culture shock variables were combined to develop a model that predicted culture shock change using a multiple logistic regression analysis. Based on Table 5, the prediction model was conducted and showed the colleagues' relationship toward a working environment of

culture shock with statistical significance ($p = 0.000$) and the highest odds ratio value was $OR = 12.207$.

DISCUSSION

The implementation of This study identified the average nurse did not experience culture shock (normal), and migration adapting to individual duration time contact with host culture stays to improve cross-cultural tolerance competency can reduce stressor precipitation (Doki et al., 2018; Stuart, 2016). Healthcare migrant workers under IJEPA who either passed the national exam or did not experienced reasonable difficulties due to the long duration of time of more than one year in Japan, which allowed to be able to study actual competency sociocultural adaptation (Nugraha & Ohara-Hirano, 2018). Sociocultural adjustment affects immigrants' native culture contact with host culture stays in long periods which is associated with increasing psychological adjustment, which can be enhancement of social support contact quality for cross-cultural communication to better understand each other (Hatanaka & Tanaka, 2016). In addition, Tanaka et al. (2016) reported results of a comparative study on the cross-cultural tolerance between Indonesian immigrants (travelers, students, internship, health workers) who come to Japan, and found that the health professional workers, such as nurses and caregivers under IJEPA, have the highest ability to tolerate cross-cultural to adapt to culture shock. So that they have acculturation to living in Japan because cross-cultural tolerance skills have been related as relevant by graduating from a nursing college or vocational school background with health services job experience history, and they have received Japanese culture and language training. Cultural tolerance process to acculturation is the process by which migrants to a new culture develop relationships with the host culture and maintain immigrant native culture (Hariyadi, 2013).

The current study found the IJEPA nurse average status of the moderate working environment (job satisfaction, colleague, employment rule) and job experience history did too. The meaning of moderate level means that something has been obtained to meet a need or satisfy a desire, in the working environment (Liu et al., 2019). The work environment is everything around the workers that can influence them in carrying out their assigned duties (Nurhayati, 2016). There are components of the non-physical work environment related to work psychology, including job satisfaction, colleague, employment rule, and job experience (Liu et al., 2019). Healthcare workers suffering psychological problems from overseas triggered culture shock caused by cultural differences between host culture and immigrant native culture and can have an effect on emotional psychological responses to social behavior for adjustment in a new working environment (Ristianti, 2018).

In recent times, many professional people who have travelled abroad experience culture shock which is the discomfort a person feels when they are placed in an unfamiliar work environment (Doki, et al., 2018). The culture shock relates to work environment stress, such as ambiguous role problems and excessive workload, resulting in fatigue causing job dissatisfaction, as well as high workloads with low work control influenced by colleague relationships which have an impact on decreasing motivation so that it can cause decreased performance (Hongfei et al., 2016). These daily stresses may have an impact on mental health of nurse candidates under the EPA who have three years to pass the national board examination or they have to return to their home country (Ishikawa & Setyowati, 2018). In addition Sato (2019) reported that quite a few candidates gave up and returned to their home countries. Moreover, 20% of the health professionals on the EPA program who passed the national qualification returned to their home countries after obtaining national certification. The major reasons for their repatriation were personal ones, such as care for aged parents or marriage as well as frustration adjusting to a working environment that requires a strict commitment to rules and long working hours.

Job satisfaction was identified as a significant predictor that influences the change in culture shock. Job satisfaction is an emotional expression that is positive or pleasant as a result of an assessment of a job or job experience (Coldquitt, 2015). The economic conditions in the pre-emigration period exhibit a relationship to change the culture shock condition tendency toward job satisfaction so as to enjoy the results of working wages. Which the worker lower economic is more culture shock than better economic conditions. After migration among those living with lower economic conditions in the pre-migration period, they are possibly burdened with the condition of their family left behind. They express responsibility to their family by sending their revenue to support their family economically as well as these migrants spend their income on their daily living costs, while those who have better economic conditions can spend their revenue more freely and enjoy their life in Japan (Nugraha et al., 2017).

In addition, conflicts have amplified the nurses coming to Japan to feel cultural shock because the work environment is not like in Indonesia so that job satisfaction cannot be achieved. There are four patterns of job satisfaction related to culture shock in different working environments occurring within the nurse migrants under the EPA system. First, a pattern of involves nurses who come to Japan and experience culture shock with a high work ethic such as a discipline of a way of life of the Japanese work environment, as follows: there were too many workplace rules, the work was hard, and the demand for punctuality was excessive. They have different day off schedules and the shift in Japan is a working environment that requires a strict commitment to rules and long working hours (Yoko & Setyowati,

2018). The shift systems are different in hospitals in Japan which have a two-shift system such as the morning shift starting from at 08:30am. to 5pm. and the night shift starting at 4:30pm. to the next day at 9am. (Japanese Nursing Association, 2014). Whereas in Indonesian hospitals, it has a three-shift system: the morning shift 7am. to 2pm, afternoon shift 2 to 9 pm. and night shift 9pm. to next day 7am. (Rahma & Mas, 2016). Secondly, nurses coming to Japan as nurse candidates must work as nurse aides until they pass Japan's exam. The nurse candidates are not allowed to perform medical actions such as giving drugs or injecting and usually nurses in Indonesia perform medical actions, but when in Japan, nurse candidates perform basic human nursing care needs such as food, bathing and taking out elderly patients (Kurniati, Chen, Efendi, & Ogawa, 2017). In addition, the survey by Arianti (2013) reported the health workers under IJEPa that, before working, they received work support training on basic Japanese culture and language for one year (Indonesia of six months and Japan of six months). The training material does not have any unsynchronized Japanese exam material, which consists of knowledge, skills to provide nursing care, medical device technology, and behavior toward patients. This has an effect on nurses' unpreparedness for the NBE exam, thus adding to culture shock. The third pattern of differences in nursing practice is that Indonesian nurses lack experience in dealing with elderly patients, such as discharge planning, due to differences in the structure of population and diseases in Indonesia and Japan (Nugraha & Hirano, 2016). Additional culture shock differences in the workplace are that Indonesian nurses are not well-informed to the providing basic knowledge and skills necessary for hands-on care, basic human needs are always prioritized and to use healthcare advances in technology (Efendi et al., 2016). The fourth pattern of Muslim health workers working in Japan is they have an emotional conflict regarding religious practices related to job satisfaction which cannot be achieved when allowed to worship in the workplace, because worship has to take place in the kitchen or changing room. Various employment rules to Muslim female nurses include the prohibition on wearing hijabs while working in a hospital, while others appreciated. Muslim male nurses were disheartened by not being able to attend Friday worship, which is considered very important among male Muslims (Yoko & Setyowati, 2018).

The current study found that the culture shock predictors were associated with colleagues at the workplace. Indicators of a good work place is getting comfortable in the work environment related to colleagues who help each other to complete work and which must require communication (Rino et al., 2019). Colleagues' communication is a social support to improve coping mechanisms to solve problems in the work environment for migrant workers to work abroad who tend to experience culture shock so that they are better able to adjust in a new environment

(Saputra, 2019). There are three patterns of colleague relationships related to cultural shock occurring within the migration of nurses under the EPA system. Indonesian nurses who have trouble getting accustomed to colleagues' relationships in work environment have a tendency toward culture shock such as they felt that Japanese were not open-minded; thus, it was difficult to exchange opinions as to any miscommunication. First, a pattern of the culture shock of differences in nurse colleagues relationships in Japan perceived the workplace relationships as too formal and hierarchical in that juniors had to obey their seniors. They were uncomfortable with colleagues' formal behavior in the workplace, even those with whom they privately had close relationship. Meanwhile, the nurse's colleagues relationship in Indonesia is an hierarchy (Yoko & Setyowati, 2018). The second pattern of differences in Japan hospitals is that the nurse relationship performs hands-on care to the patient and families in Japanese society are not directly involved in caring for sick family members, such as not helping with daily life activities (ADL). Indonesian family members pay specific attention to ADL care (Efendi et al., 2016). The third pattern of cultural differences are misunderstandings based on cultural values and beliefs and principles of therapeutic communication. Indonesian nurses learned that they simply cannot touch patients in the same manner they do in their home country because formality in human relationships differs in Japan, in that there is a degree of physical distance maintained between human beings (Yoko & Setyowati, 2018). Impact of communication with colleagues who are not harmonious in the work environment tends toward work environment conflicts that cause work discomfort, which affects motivation, thereby affecting performance (Mosayebi et al., 2018). The good performance of Indonesian healthcare workers in Japan can serve as a brand image in the international job market (Arianti, 2013).

The current study found culture shock was not associated with employment rule and job experience, there is a tendency toward social support as a key factor affecting psychological adjustment (Lan, 2018). The workers in a foreign country experience culture shock linked to adjustment competency with adaptation in the foreign culture (Doki et al., 2018). The health worker's competency in sociocultural adaptation was found to be the strongest predictor of mental health, followed by the amount of social support received in the work situation and information needed to solve problems in socio-cultural differences in the host country so that they can enhance adapting to the culture shock (Nugraha & Ohara-Hirano, 2016). Candidates nurses and caregivers under IJEPa have obtained pre-departure training in which one of the training materials provides information on the employment rule and impacts on upgrading socio-cultural adaptation competency to manage culture shock in the host country (Widayanti & Sartika, 2020). Then they have

effective social support to get more information about the work environment of employment rules and Japanese culture from social media via the internet and sharing job experience with ex EPA nurses who have returned in Indonesia (Handayani, 2018). The information introducing job opportunities for nurses to work in Japan has been obtained to study basic Japanese in Indonesia nursing institutions (Prasetyani & Nugroho, 2014).

The present study showed that job experience was not associated to culture shock. There is a tendency toward under the EPA system, they sometimes compromise and adapt (Yoko & Setyowati, 2018). Mamangkey et al. (2015) reported that employees who have different job experiences between the old workplace and the new workplace are not related to culture shock experiences, meaning that employees used their new abilities by adapt to new workplaces through work competency training according to the needs of human resources in an influential new working environment toward increased performance. The job experience is a measure of long timework duration that a person has taken to understand and skill them in a job (Rino et al., 2019). Under the EPA, Japan requires a minimum two years of job experience to apply as a nurse candidate, which can cause patterns of deskilling, brain waste usually occurs in host countries when health professionals immigrate to usually high income countries (Kurniati et al., 2017; Nugraha et al., 2017). Usually, the candidate nurses' Indonesian job experience is to do medical tasks in which the nurse candidates must work as nurse aides until they pass Japan's exam by having to engage in non-medical tasks such as basic human needs for a three-year residence period, having to study the Japanese language state exam questions during shifts and return to their home country without passing the exam (Sato et al., 2016). The health worker under the EPA program working in Japan will not enhance their job opportunities when they return to Indonesia and can be deskilled, which affects the job experience of medical action decrease, while enhancing Japanese language skills. The ex EPA nurse mostly works not as nurses but in non-nursing fields such as private employees, Japanese translators, employees of Indonesian state-owned enterprises, hotel staff, insurance agents, and teachers (Kurniati et al., 2017). The job experience of ex EPA nurses who start to work in an Indonesian hospital is that they are not able to meet the expectations of their colleagues in running their role as a nurse maximally, especially difficulty adapting again when performing medical actions, such as injection or infusing (Mutiawanthi, 2017).

CONCLUSION

Based on the results of this study, it can be concluded Indonesian immigrant nurses in Japanese hospitals have job satisfaction and a colleague has a significant correlation toward culture shock with moderate strength of a positive correlation. This showed that

the more nurses of moderate job satisfaction relationship were, the lower the culture shock level in nurses. The results of the study did not have a significant correlation toward the rule of employment and job experience to trigger a culture shock. The nurse's culture shock dominant factors are working environment and colleague relationships. Hopefully, the results of this study can be used to increase the resources of nurses to work abroad to input BP2MI as lessons learned that can be used to improve psychosocial health welfare in drafting agreements (MoU) to technical policies for Indonesian migrant workers, which may enhance the net benefits of migration. Job training institutions prepare nurses to work abroad through foreign language courses to study cross-cultural skills providing sociocultural adaptations skills in an abroad working environment to avoid culture shock. Nursing institutions should include a curriculum containing material about working abroad culture shock so that graduate nurses are mentally well-equipped to prepare to work abroad and can avoid stress.

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