

A COMPARATIVE STUDY OF NURSING EDUCATIONAL SYSTEM IN INDONESIA AND JAPAN

Susiana Nugraha,* Mika Tanaka,** Ferry Efendi***

* Member of Indonesian National Nursing Association

** Faculty of Nursing Fukuoka University, 8-19-1 Nanakuma, Jonan-ku, Fukuoka 814-0180, Japan, (Tel) +81-92-871-6631

***Faculty of Nursing Airlangga University Indonesia, Jl. Mulyorejo Kampus C Unair Surabaya 60115 Tel/Fax: (031) 5913257
E-mail: fefendi@gmail.com

ABSTRACT

Introduction: According to the Economic Partnership Agreement (EPA) between the Indonesian and Japanese governments, the Japanese government plans to recruit Indonesian nurses and caregivers to fulfill the demands of those positions at hospitals and health centres. However, to be a qualified worker in Japan, one has to pass a national examination that is conducted by the Minister of Health, Labor, and Welfare for a license as a registered nurse within 3 or 4 years of working as a nurse or caregiver, respectively. **Method:** Having considered that matter, a comparative study of the background of educational systems in Indonesia and Japan is discussed in this paper, with particular reference to the Diploma 3 nursing program. **Result:** There is no specific difference between the Indonesian and Japanese nursing education systems. **Discussion:** However, the current health condition of the countries remains the focus of the curricula where Indonesian nursing education is focused on communicable disease and surgery nursing, whereas the Japanese system focuses on gerontology and chronic disease nursing. In terms of the qualification method, Japanese nurses should undertake a national board examination to be a qualified nurse. On the other hand, there is no national board examination for Indonesian nurses.

Keywords: nursing education system, Indonesia, Japan

INTRODUCTION

Japan and Indonesia have been working towards an Economic Partnership Agreement (EPA), a comprehensive bilateral economic agreement that will include liberalisation of trade in goods and services, as well as cooperation in the fields of investment, competition policies and people movement (Purnama, 2007). As a part of the implementation of Article 7 of the EPA regarding the “people movement”, the Japanese government plans to recruit approximately 400 nurses and 600 caregivers within a two-year-period (MOFA, 2008).

On 5th August 2008, the first group of Indonesian nurses arrived in Japan (BNP2TKI, 2008). Having been trained for Japanese language and introduced to Japanese nursing systems for the first six

months after arrival, they had to face a national nursing board examination (MOFA, 2008). The examination was conducted in Japanese, using Japanese characters and Chinese characters (Kanji). Furthermore, the nurses and caregivers have to pass a national test within three and four years respectively, as a requirement to continue working in Japan (MOFA, 2008).

The agreement has opened up an opportunity for Indonesian nurses to find a new labour market. Indonesian nursing educational institutions graduate approximately 15,000 nurses annually (Nursalam and Efendi, 2008). However, due to inappropriate health care and worker distribution systems, the Indonesian labour market can only accept a minimum number of nurses (Suwandono et al., 2005). This agreement also brings some benefits to

Indonesian nurses and caregivers i.e. they gain new experiences and learn different systems in the nursing profession. Therefore, these experiences can be applied in Indonesia or internationally, and the quality of Indonesian nurses will be considered consequently.

According to Okamoto (1992), improvement in living standards among Japanese people and increases in medical care usage have caused a rapidly aging population, decreased the death rate caused by tuberculosis for all age groups and other infectious disease and caused falls in mortality among infants, adolescents and young adults. Increasing the numbers in an aging population means an increase in demands on medical care. The demand for nursing workers has outpaced the supplies, due to the development of medicines, increasing the numbers of beds and aging patients (Kanai-Pak et al., 2008). Additionally, a number of nursing workers are required in various areas. Implementation of long-term care insurance encourages the place for treating and rehabilitating patients with chronic illnesses to be shifted from hospitals to facilities for long-term care, home medical care and visiting nursing (Sawada, 1997). Having considered those conditions, through the EPA agreement, the Japanese government has opened the labour market for foreign nurses as stipulated in the memorandum of understanding (MOFA, 2008).

Success of EPA implementation will bring a lot of benefit for both countries and to achieve that objective, both Indonesian nurses and Japanese nurses need to understand each other. Indonesia and Japan have different backgrounds in terms of language and culture. This is a big challenge for both nurses while working in the same hospital, although they have the same background in nursing. In terms of nursing skill, there is no question of the nurse's skill. This is because the nurse has the same background in nursing education. And each country has its own caring character.

This paper describes Indonesian and Japanese nursing educational backgrounds in order to figure out a general description of their educational systems. Having comprehended the educational systems, the capability of nurses in terms of knowledge

and skill in nursing would be known. The other advantage is to complementing their liability and majority while caring the patients. Comparison of educational background would be the first step to knowing their competence and potential in the working field. In advance, this comparison will figured their majority and shortage in nursing knowledge. By understanding this condition, Japanese and Indonesian nurses will be able to have mutual charge on knowledge and experience in the working field. Besides this, during the EPA agreement for nurse recruitment, Indonesian and Japanese nurses will be better prepared for future recruitment.

A comparative descriptive study was performed based on databases of published materials and electronic journals. This comparison focused on a curriculum that was stipulated by government law for a Diploma 3 (D-3) degree of nursing education.

RESULT
Indonesian Nursing

In general, nursing educational institutions in Indonesia consist of two kinds of educational path, i.e. undergraduate program (S-1) and diploma program (D-3), after completing a basic educational program at Senior High School (Figure 1). These nursing schools provide curricula as stipulated by the National Education Systems No. 20/2003 of the Ministry of Education, which adopted the recommendation from the Indonesian Nurses' National Association. The number of nursing educational institutions in Indonesia is 427 and 173 for D-3 and S-1 levels, respectively, while the average number of graduates is 12,810 and 3,460 for D-3 and S-1 levels, respectively (Nursalam and Efendi, 2008).

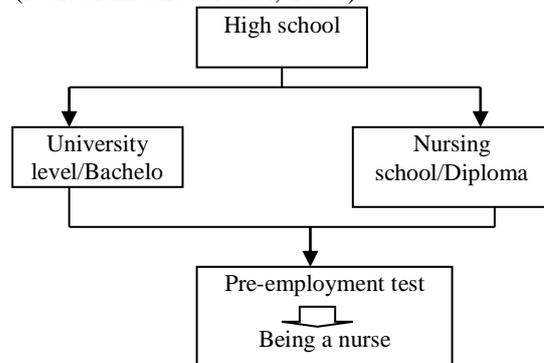


Figure 1. Indonesian nursing educational path

The curriculum for the S-1 program consists of academic and professional phases. Having completed the academic phase in 8 semesters, students are required to conduct research that will be examined at the end of the academic phase for a bachelor degree. Furthermore, they have to continue to the professional phase for two semesters in order to get a Ners degree. In this phase, students have to conduct nursing practices in a hospital under supervision in 9 divisions of nursing science, i.e. Nursing Management, Emergency Nursing, Maternity Nursing, Medical Surgical Nursing, Mental Health Nursing, Pediatric Nursing, Family Nursing, Community Nursing and Geriatric Nursing.

On the other hand, the curriculum of D-3 also consists of the academic phase and the professional phase which can be fulfilled in 6 semesters, but in contrast to the S-1 program, both of the phases are integrated. At the end of each semester of academic activities, students are required to continue directly to nursing practices in hospitals under close supervision. The nursing practices from semester 1 to 4 are fulfilled by simple nursing practices, such as taking temperatures or measuring the blood pressure of patients. Afterwards, for the whole of semesters 5 and 6, students are required to conduct comprehensive practices (Nursalam and Efendi, 2008).

These educational institutions provide curricula for the applicable qualifications as stipulated by law. According to Decree of the Ministry of National Education No. 139/U/1999, the D-3 program has 96 credits and consists of class lectures, laboratory practices and clinical training with a duration of over 4,800 hours (Table 1) (Nursalam and Efendi, 2008).

The nursing school curriculum guidelines stipulate the range of class hours per credit i.e. 18 hours for lectures, 36 hours for experiment and skill practices and 72 hours for clinical training. Instead of the above curriculum, each institution has to apply some local curricula which are decided by each institution for 14–24 credits. Each institution determines class hour equivalents to a credit (Ministry of Education and Culture, 1999).

Having graduated from nursing school, one is qualified to work as a nurse in a hospital as a professional nurse.

Table 1. Indonesian national curriculum for D-3 program

Group	Subject	Credits	Total
General lecture	Religion	2	8
	Citizenship	2	
	General ethics	2	
	The five basic principal of the Republic of Indonesia	2	
Basic skill lecture	Anatomy	2	12
	Physiology and biochemistry	2	
	Nutrition	2	
	Microbiology and paracytology	2	
	Pharmacology	2	
	Pathology	2	
Skill lecture and clinical training	Fundamentals of nursing	4	76
	Basic human needs	8	
	Nursing ethics	2	
	Communication in nursing	2	
	Health promotion	2	
	Nursing documentation	2	
	Medical surgical nursing	17	
	Pediatric nursing	6	
	Maternity nursing	5	
	Mental nursing	5	
	Community nursing	9	
	Emergency family nursing	3	
	Emergency nursing	3	
	Geriatric nursing	2	
	Professional nursing	2	
Management and leadership in nursing	2		
Nursing research	2		
Total		96	

Nurses who graduate from Bachelor of Nursing programs are called professional nurses and nurses who graduate from Diploma III in nursing are called beginner professional nurses. A professional nurse is a person who passes the higher level of accredited education. The beginner professional nurse is a nurse who has good knowledge of intellectual, technical, interpersonal and moral, responsibilities in delivering nursing services based on valid regulations. Currently, there is no national board examination for nursing qualifications in Indonesia. The Indonesian government and Indonesian nurse association are working towards creating a national standardisation for nurses (Hennessy et al., 2006).

However, the current valid system is based on the regulation of Decree of the

Ministry of Health No. 1239/2001 about Nurse Registration and Practice. Having graduated from nursing school (D-3 and S-1 programs), a student should apply for a nursing permit (Surat Ijin Perawat) to the local government at least one month after graduation (Ministry of Health, 2001). Since they hold the nursing permit, they can apply to work in the hospital or other health care centres. In addition, each hospital has its own standard for accepting a nurse. In general, nurses have to pass the hospital pre-employment examination – a written and clinical practice test. Having been accepted as an employee of a hospital or health care centre, the nurse should apply for a working permit (Surat Izin Kerja) which is published according to the results of skill and knowledge assessments and compliance with nursing ethics.

Japanese Nursing

Rapid growth in nursing at university level has contributed to the development of a nursing profession in Japan (Turale et al., 2008, Turale et al., 2009). There are several educational institutions for becoming professional nurses in Japan. For registered nurses, the basic route would be to complete senior high school, after that, study at a nursing university (four-year bachelor degree course), junior nursing college (three-year associate degree course) or nursing school (three-year course) (Figure 2). Besides a registered nurse, there is a two-year course for a nurse assistant.

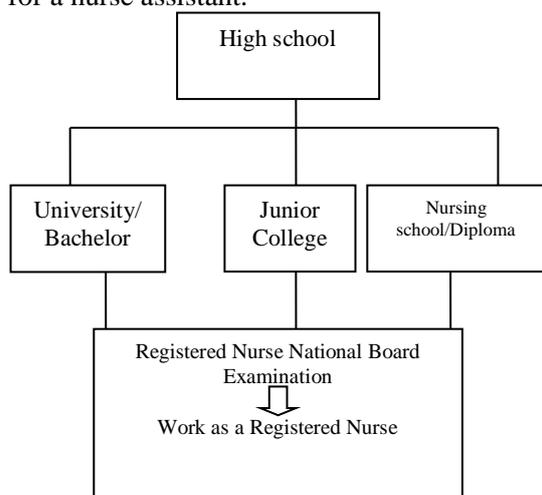


Figure 2. Japanese nursing educational path

A nurse assistant is defined as a nurse engaged in providing nursing care under instruction from medical doctors or registered nurses (Turale et al., 2008).

In addition 6-month (normally one year) education is prepared in nursing schools and universities for public health nurses and midwives. Students who graduate from these educational institutions are entitled to take the examination to become a registered nurse. In 2006, the numbers of nursing educational institutions in Japan were 158 for universities, 37 for junior colleges and 512 for nursing schools. 11,906 or 32.7% of nurses graduated from universities, whereas 1,982 or 5.4% of nurses were from junior college and 22,549 or 61.9% were from nursing school.

This part is focused on the curriculum for a registered nurse. The educational institutions provide curricula for the applicable qualifications as stipulated by law. The credits required to be entitled to take the governmental examination are 97 units for a registered nurse (in 2009, the public health nurse, midwife and nurse regulations were revised in credits for the enrichment of nursing skills and the ability to deal with nursing ethics, nursing administration and residential nursing in nursing students). The duration of the curricula is three years (over 3,000 hours of lectures and clinical training). Each institution determines class hour equivalent to a credit. The nursing school curriculum guidelines stipulate the range of class hours per credit i.e. 15–30 hours for lectures, 30–45 hours for experiment and skill practices and 45 hours for clinical training (Japanese Nursing Association, 2008). As shown in Table 2, the total credits for the diploma three are 97 credits.

A registered nurse is qualified as a professional nurse by government examination. Having graduated from an educational institution that provides a curriculum for the applicable qualifications, graduates are entitled to take the governmental examination that was conducted by The Minister of Health, Labor, and Welfare, for a license as a registered nurse (Japanese Nursing Association, 2008, MHLW, 1984)

Table 2. Japanese national curriculum for D-3 program

Group lectures	Subject	Credits	Total
General lecture	Introduction to scientific approach Understanding humans and human living society	13	13
Basic skill lecture	Structure and functions of the human body	15	21
	Disease mechanisms and recovery promotion	6	
	Social security systems and people's health		
Skill lecture and clinical training	Basic nursing	10	63
	Adult health nursing	6	
	Geriatric nursing	4	
	Pediatric health nursing	4	
	Maternal nursing	4	
	Mental health nursing	4	
	Home health nursing	4	
	Integrated nursing and practice	4	
	Clinical training		
	Basic nursing	3	
	Adult health nursing	6	
	Geriatric nursing	4	
	Child health nursing	2	
	Maternal nursing	2	
	Mental health nursing	2	
	Home health nursing	2	
	Integrated nursing and practice	2	
Total		97	

The national examination for registered nurses consists of essential questions (30 items), general questions (150 items) and questions concerning certain clinical cases (60 items). Questions concerning clinical cases evaluate the ability of the nurse to understand and judge the situations which nurses would meet in hospital. Information about the patient such as symptoms, physical and mental condition, age, sex and sociological background are given to answer the questions. Areas of questions are the structure and function of the human body (anatomy, physiology, biochemistry, nutritional science), disease mechanisms and recovery promotion (pathology, pharmacology, microbiology), social security systems and people's health (public health, social welfare, related laws), fundamental nursing, residential nursing,

adult nursing, geriatric nursing, pediatric health nursing, maternal nursing and mental health nursing. All items in the examination are multiple-choice (Japanese Nursing Association, 2008).

Students are required to get a score over a pass standard. Essential questions must be correctly answered in order to pass, otherwise in the case of errors in these questions the student will fail the examination. The examination pass rates were 90.6% in 2007 and 90.3% in 2008.

DISCUSSION

In terms of educational paths, there is no specific difference between Indonesian and Japanese nursing educational systems, as shown on Table 3. The basic difference is in the method of qualification for nurses. Japanese nurses have to undertake a national board examination to become a qualified nurse, whereas there is no national board examination for Indonesian nurses. In addition, current health conditions in the countries remains the focus of each curriculum. Indonesian nursing education focuses on communicable disease and surgery nursing, whereas the Japanese education focuses on gerontology and chronic disease nursing.

Table 3. Nursing educational background in Japan and Indonesia for D-3 program

Aspect	Indonesia	Japan
Content of curricula	Majority in medical surgical nursing	Majority in geriatric nursing and adult nursing
Qualification method	No national board examination. The capability to work selected based on hospital pre-employee examination.	Capability to work selected by the nursing national board examination. Hospitals conduct an employment test to hire registered nurses.
Contents of the test	Written and clinical practice test	Written test
Midwife and public health nurse course	Separately given in different institution for minimum three year course.	Given after completing the nursing course for minimum of six months.

To be qualified as a nurse in Japan, Indonesian nurses also have to pass a Japanese nursing national board examination, which is held once a year at the end of February (Japanese Nursing Association, 2008). Upon arrival nurses and caregivers are taught the Japanese language and introduced to Japanese nursing systems for six months (MOFA, 2008). For the first period of arrival in the middle of August, the nurse has three chances at the examination and finishes in the middle of February (Clinder, 2008). The probability of Indonesian nurses passing at the first chance of examination would be questionable, since they have no special preparation in the Japanese language and Japanese nursing systems before coming to Japan.

Japanese people very much respect the psychological condition of the patients and Japanese nurses always pay special attention to their psychological condition (Japanese Nursing Association, 2008). Therefore, intensive learning of the Japanese language, culture and Japanese nursing systems in the working field would be an important point to help Indonesian nurses pass the nursing examination and be accepted for work as a real nurse. Consequently, a regulation from the Japanese government is needed for the hospitals which recruit foreign nurses to achieve this purpose.

People believe it is unreasonable to insist that Indonesian nurses take exactly the same examination that Japanese nurses do and such a strict requirement could cause a lot of valuable workers to be simply thrown away (Clinder, 2008). However, based on the long-term experiences of sending nurses abroad, most Indonesian nurses have been acknowledged by receiving countries to have good personalities, such as being kind, having sympathetic attitudes for patients and being likely to have a good relationship with the patients and this, in turn, supports their job effectively. These conditions were believed to allow Indonesian nurses to survive against the language barriers and differences in nursing systems.

CONCLUSION

This paper describes insights about nursing education and the nursing systems of Indonesia and Japan.

Nevertheless, the illustration is only given in general; further research would be needed to describe it in detail. Comprehension of educational backgrounds of nursing and the nursing systems of both countries will enhance the relationship between nurses from Indonesia and Japan

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