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ORIGINAL ARTICLE



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Why work in another country? Japanese nurses' experience and their reasons for staying in Australia

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Abstract

Aim: Many Japanese nurses have moved to Australia, yet their experiences and perceived reasons for staying in Australia are understudied. This study identified why Japanese nurses who moved internationally to Australia continued to stay and work in Australia.

Methods: Semi-structured interviews were conducted with 15 Japanese nurses who hold Japanese nursing licenses and are registered as nurses in Australia. The transcripts were analyzed using thematic analysis.

Results: Five themes emerged: (1) capability to take leave and holidays without feeling guilty, (2) set shifts creates a better work–life balance, (3) incentives give motivation to work hard, (4) safe and protective workplace for nurses, and (5) positive environment for pursuing a career.

Conclusions: Japanese nurses were satisfied with the Australian work environment where their profession is well-protected and highly respected, with more chances of career advancements. It suggests the need for a better working environment for nurses in Japan.

KEYWORDS

Australia, internationally qualified nurses, Japanese nurse, nurse migrant, thematic analysis, working environment

1 | INTRODUCTION

Internationally qualified nurses bring valuable knowledge and skills to Australia (Timilsina Bhandari et al., 2015; Zhou et al., 2011). Understanding the characteristics of internationally qualified nurses and the cultural differences of their countries of origin helps migrant-host countries like Australia to admit and integrate them into their healthcare system (Zhong et al., 2023). The case of Japanese nurses is no exception. Although many Japanese nurses have relocated to Australia, their experiences and perceived reasons for staying in Australia have been less explored.

Australia was the first country to start a working holiday agreement with Japan in 1980 (Ministry of Foreign Affairs of Japan, 2024), making it a popular working holiday destination for Japanese nurses because of its geographical closeness, less time differences, and reasonably safe environment compared with other English-speaking countries. Most tertiary-qualified migrants in Australia are employed as high-skilled temporary workers after graduation, benefitting Australia to fill its labor shortages by admitting more international students (Harrap et al., 2022; World Health Organization, 2014).

Several studies have reported that Japanese nurses move internationally to Australia because of dissatisfied

working conditions in Japan and more opportunities to advance their careers (Kishi et al., 2014; Konno, 2008; Takase et al., 2016; Takeno, 2010). Hierarchical relationships based on professional status, seniority, and Japanese cultural norms in Japanese healthcare settings lead to a dissatisfied working environment. Seniority-based hierarchical relationships are strongly emphasized in the nursing workplace. Senior staff are described as the older and longer serving staff members. They are immensely respected by junior and newly employed nurses, and senior staff's opinions are significantly valued. Nurses in Japan behave with modesty, which is deeply rooted in Japanese cultural virtues. Therefore, it is almost impossible for junior or newly employed nursing staff to provide their opinions (Omura et al., 2018a). Most younger generations in their 20s and 30s are at the life stage where they raise children. As women are expected to take care of their house and family, they may feel stressed from excessive workload, possibly leading to burnout, compared with Australia, where employee work–life balance is highly respected. Past studies have indicated that Japanese hospitals could promote a better and healthier working environment for nurses to reduce stress (Kida et al., 2024; Makabe et al., 2015; Mizuno-Lewis & McAllister, 2008; Takeno, 2010).

1.1 | Aim

This study aims to identify why Japanese nurses who moved internationally to Australia continued to stay and work in Australia.

2 | METHODS

2.1 | Study design

This study used a qualitative descriptive approach. Semi-structured interviews were conducted, and the transcripts were analyzed using thematic analysis (Braun & Clarke, 2006). This methodology helped researchers to determine the experiences and thoughts perceived by participants who left Japan to work as registered nurses in Australia. Registered nurses in Australia are the equivalent of Sei Kangoshi in Japan. Moreover, it allowed searching for potential themes within the data regardless of researchers' philosophical views during the analysis (Maguire & Delahunt, 2017; Thompson & Clark, 2013). The analysis is part of a larger mixed-method study conducted to examine Japanese nurses' movement to Australia.

TABLE 1 Interview guide.

1	Please tell me why you decided to go to Australia.
2	Please tell me your experiences while you were studying to be a nurse in Australia.
3	What were the differences between Australia and Japan when you worked as a nurse?
4	Is there possibility to come back to Japan to work as a nurse? Please tell me the reason for your answer.
5	Please tell me what you hope for future Japanese nursing.

2.2 | Participants

Fifteen Japanese nurses who hold Japanese nursing licenses and are registered as nurses in Australia were recruited in this study. All participants had working experiences as nurses in Japan and Australia and resided in Australia during recruitment. Some of the interviews took place in Japan during the nurses' holiday break.

2.3 | Data collection

The data were collected between August 2019 and January 2020. The details of this study were advertised using an online blog managed by overseas educational services for Japanese nurses located in Melbourne. Japanese registered nurses working in Australia were recruited using purposive and snowball sampling. Semi-structured face-to-face interviews were conducted in Australia and Japan for approximately 60 min for each participant. The interview guide was developed based on literature reviews and categorized into five concepts (Table 1). Each participant received an AU\$25 gift card as a reward at the end of the interview. The data had been collected, reviewed, and analyzed iteratively until theoretical saturation had been achieved.

2.4 | Data analysis

All interviews were audio-recorded with permission from participants and transcribed verbatim. The transcripts were thoroughly read by researchers, and the main points extracted were written down and refined through discussion. The transcripts were coded, numbered, and categorized into meaningful themes. Each category was named relevant to the contents. Regular discussions were held among researchers to ensure that the contents were extracted and categorized correctly and consistently with research objectives and questions. Themes and sub-themes were finalized after a consensus.

2.5 | Ethical considerations

This study was approved by the Research Ethics Review Committee of Kyoto Gakuen University, currently named Kyoto University of Advanced Science (Approval Number 30-10). Potential participants were informed about the study in advance via flyers or social networking sites. Participation was voluntary, and participants were free to withdraw at any time without citing any reason. The study was thoroughly explained, and demographic sheets were provided to fill out. A consent form was signed before each interview.

3 | RESULTS

All Japanese nurses, including one male, completed the interviews (Table 2). The participants' approximate nursing experience was 7.2 years in Japan and 9.2 years in Australia. All participants held a Japanese nursing license and were registered as nurses in Australia, while one was an enrolled nurse in Australia. All were employed in Australian hospitals or healthcare facilities. Of 15 nurses, seven worked full-time, six worked part-time consistently, and two worked part-time casually at the time of the interview. Regarding nursing education received in Japan, 10 participants graduated from a 3-year course from nursing vocational schools, two from a 3-year course from junior colleges, and three from a 4-year university course. Three years of nursing vocational schools focus on providing nursing technical skills, whereas 3 years of junior colleges provide a comparatively wider range of education. Additionally, junior college students can transfer to the third year of university after course completion to pursue further qualifications necessary to become public health or school nurses. Regarding their education received in Australia, three participants graduated from vocational nursing schools, 11 from universities, and one from graduate school. This study identified five themes from the data analysis, as shown in Table 3.

3.1 | Theme 1: Capability to take leave and holidays without feeling guilty

The most significant difference between working in Australia and Japan was the availability of leaves and holidays as seen in subtheme 1 (*generous annual leave loading*). Of all 15 participants, eight participants mentioned that the major reason to stay and work in Australia was the generous annual leave loading, which is a part of working conditions.

TABLE 2 Characteristics of the participants ($N = 15$).

Variable	Mean (range)	n	(%)
Gender			
Female		14	93.3
Male		1	6.7
Age	43.3 (33–52)		
Registration in Japan			
RN		13	86.7
RN and PHN		2	13.3
Registration in Australia			
EN		1	6.7
RN		14	93.3
Years of Experience in Japan	7.2 (3–14)		
1–5		5	33.3
6–10		8	53.3
11–14		2	13.3
20–		0	0
Years of Experience in Australia	9.2 (2–22)		
1–5		3	20
6–10		9	60
11–14		2	13.3
20–		1	6.7
Education in Japan			
Vocational school		10	66.7
University		3	20
Junior College		2	13.3
Education in Australia			
Vocational		3	20
University		11	73.3
Graduate school		1	6.7
Employment (Australia)			
Part time		3	20
Part time (casual)		2	13.3
Part time (permanent)		3	20
Full time		7	46.7

Abbreviations: EN, enrolled nurse; PHN, public health nurse; RN, registered nurse.

There is no overtime work and more paid leave (in Australia), and that is different (from Japanese Hospitals). (Participant 7)

Many participants described the difficulty of getting long paid leave in Japan. However, in Australia, paid leaves are the right of employees. Participants mentioned significant differences in perception of paid leave

TABLE 3 Themes and subthemes from Japanese nurses explaining why they moved internationally to Australia and continued to stay and work in Australia.

Themes	Subthemes
Theme 1. Capability to take leave and holidays without feeling guilty	<ol style="list-style-type: none"> 1. General annual leave loading 2. Annual leave must be taken within the calendar year 3. Extended and/or long service leave available 4. Casual staff system makes it less guilty to take a day off
Theme 2. Set shifts creates a better work–life balance	<ol style="list-style-type: none"> 1. No over-time work 2. Ability to leave work when shift finishes 3. More family time
Theme 3. Incentives give motivation to work hard	<ol style="list-style-type: none"> 1. Hourly wage is higher than Japan 2. Payment is negotiable 3. Generous allowances
Theme 4. Safe and protective workplace for nurses	<ol style="list-style-type: none"> 1. Well protected by organizations 2. Nursing profession is recognized and well respected 3. Capability to work on an equal footing as a professional
Theme 5. Positive environment for pursuing career	<ol style="list-style-type: none"> 1. Continuous professional development is more important regardless of age 2. Wherever you work, your experience will be valued

compared with nurses working in Japan. Regarding subtheme 2 (*Annual leave must be taken within the calendar year*), a participant revealed,

I think everyone takes regular days off and sick leave (in Australia), and we must use paid annual leave. (Participant 6)

In Japan, taking leave is difficult because of a chronic staff shortage. The work environment also does not prefer self-assertion, which may disturb workplace harmony. Therefore, many Japanese nurses hesitate to ask for leave or finish shift on time and go home. Japanese nurses mentioned that Australian nurses take leaves without hesitation and consider it their legitimate right to prioritize their family time.

Furthermore, subtheme 3 (*Extended and/or long service leave available*) was extracted from what Japanese nurses believed to be significant in contributing to a good working environment.

When working for 10 years (in Australia), long service leave becomes available. I have

590 hours of paid leave at present. I applied for paid leave from September to January. If I work for 10, 15, 20 years, I will receive more paid leave, respectively. For example, if I work for 20 years, I can apply for 6 months of paid leave. (Participants 4, 5, 13)

Considering subtheme 4 (*Casual staff system makes it less guilty to take a day off*), Australian hospitals have a well-established system of replacing staff in case of sickness or emergency. When nurses wanted to take a day off, casual staff were called for work instead.

What is so good about this system (casual staff system) is that I can have a day off. In Japan, I cannot have a day off when I want. But I can do it here (in Australia) only to rest because casual staff are available to work instead of me. (Participant 2)

Most participants experienced difficulty obtaining paid leave in Japan and could not take a day off even when unwell. This is because Japanese nurses are concerned about making problems for the remaining staff.

3.2 | Theme 2: Set shifts creates a better work–life balance

Many Japanese nurses were forced to work overtime once their shift had finished when they were working in Japan; as a result, their family time gets sacrificed. Concerning subtheme 1 (*No over-time work*), all participants emphasized that nurses would not work overtime in Australia. From the perspective of the participants, for whom overtime work was the norm in Japan, it seems leaving work on time gives them more time with family and motivation to work.

We finish work on time and have no over-time work here (in Australia). We manage time to make sure that we can leave work on time. (Participant 12)

Participants stated that in subtheme 2 (*ability to leave work when shift finishes*), in Australia, job tasks are clearly articulated for each profession and nurses can focus on their nursing duties and are able to leave work and go home once their shift has finished.

The major difference between Australia and Japan is that Australia has a culture of individualism and job tasks are divided and allocated depending on professional roles.

Japanese nurses work more than their nursing duties. But here in Australia, everyone performs their nursing duties. (Participant 14)

In Australia, the working environment and colleagues support each other to finish work once the shift has finished. Any unfinished duties get picked up by the next nurse on duty.

Towards the end of the shift, I hand it over to the next nurse taking over from me, and then I go home. Nurses here (in Australia) would not say anything about leftover work and leaving for home quickly. It does not lead to significant problems or would trouble them. (Participant 6)

In regard to subtheme 3 (*more family time*), working hours are well respected and the working environment supports nurses to finish work on time and enjoy spending time with their family after work.

I always finish work on time, and my husband usually comes home by 7 pm at the latest, even by 5 pm if he finishes work on time. Therefore, I can play with my children at home and sometimes go out together. (Participant 1)

3.3 | Theme 3: Incentives give motivation to work hard

While working a permanent full-time position in Japan, nurses receive a bonus twice a year apart from their monthly salary. A system to receive severance pay is also present. The longer nurses work in the same healthcare facility, the higher severance pay they receive. However, this is not the case in all healthcare facilities in Japan. Especially when working part-time positions, severance payment is mostly not applicable. Some participants mentioned no difference in lifetime earnings in Australia and Japan if the Japanese bonus and severance payment is well established. However, when Japanese monthly payments are converted to hourly wages, the wages in Japan are significantly lower than in Australia as highlighted in subtheme 1 (*hourly wage is higher than Japan*).

There is no retirement allowance in Australia. But a portion of my pay is deducted monthly, and I can get it when I retire. When I compare

getting paid less every month with retirement allowance and getting paid more every month with no retirement allowance, I prefer to choose to get more pay every month. (Participant 10)

Remuneration or wages can be discussed with the employer, ensuring one's skills and experience are aligned with the job description, which is a type of formal contract between employers and employees, such as "general care of the patients" for nursing staff or "super-vise patient care" for a nurse manager, as seen in subtheme 2 (*payment is negotiable*); however, in Japan, such conversations are usually avoided. In Australia, if additional tasks are taken on such as team leader for a shift or the role of acting Nursing Unit Manager is taken on, then additional allowances are given, thus making the participants feel as if their hard work has been recognized and rewarded. This is highlighted in subtheme 3 (*generous allowances*).

We get paid more after completing a master's degree. Clinical Nurse Specialist (CNS) position is also reflected in pay. When working as an Acting Nurse Unit Manager, the pay rate will be at the same level as a Nurse Unit Manager. If working as a leader, in charge shift allowance will be included. When achieving something, rewards will be given. That would not happen in Japan. (Participants 11, 15)

3.4 | Theme 4: Safe and protective workplace for nurses

In regard to subtheme 1 (*well protected by organizations*), participants feel that the Australian Nursing and Midwifery Federation and other unions strongly advocate for improving safe working environments to protect nurses and negotiate and justify necessary improvements in pay rates with government bodies on an ongoing basis. Furthermore, legal advice and representation services included in the union membership provide reassurance and security for nursing staff in case a situation arises at work, which is a major difference from Japan.

It is like legal protection for nurses. Nurses working in (Australian) hospitals are protected by their unions, so they have a voice. Because everything is manualized and standardized, there is no grey zone, unlike Japan. (Participant 9)

Participants feel that nursing as a profession is well recognized and respected by the public which allows participants to be proud of working and being a nurse in Australia as seen in subtheme 2 (*nursing profession is recognized and well respected*).

I feel like nurses are recognized as professionals in this society. Like other high-status professionals in Japan, I can be proud of myself for being a nurse here (in Australia). (Participant 1)

Nurses are not equally treated as doctors in Japan because the authority of doctors is significantly strong. A strong hierarchy also exists within healthcare organizations. Therefore, relationships with senior nursing staff can be complex, and younger staff are treated unequally. However, in Australia, the nursing profession is well-respected and highly regarded, and nurses have the ability to work on an equal footing as a professional as stated in subtheme 3 (*capability to work on an equal footing as a professional*).

The deep-seated culture in Japan that nurses are under doctors provides them with limited opportunities to make a judgment at work. But in Australia, I feel that nurses, doctors, rehabilitation staff, and physiotherapists are working at the same level and seeing patients from their professional perspective. (Participant 10)

Compared with Japan, some participants found that nurses in Australia have a broader scope of practice and an increased level of discretion regarding nursing practice and such enhanced autonomy and responsibility made some participants feel simultaneously rewarded and challenged.

3.5 | Theme 5: Positive environment for pursuing a career

Some of the participants stated that in Japan, the hierarchical organizational structure in the workplace negatively affects collegial relationships and also the seniority system which is deeply imbedded in Japanese companies as well as in the society discourages young and middle-level nursing staff with qualifications to seek career opportunities. In subtheme 1 (*continuous professional development is more important regardless of age*), participants voiced strongly that career advancement in Japan should be supported and encouraged based on their

ability, performance, experience, and qualifications regardless of age and or based on years of service.

In Australia, the amount of study we have done is more important than our age. But years of clinical work experience is more important in Japan. The longer we work, the higher the position we can apply for. (Participant 3)

Furthermore, the importance of obtaining various clinical experience and postgraduate qualifications is highlighted in subtheme 2 (*wherever you work, your experience will be valued*).

Nursing jobs have many different types. No matter where we work, our working experiences will always be considered when applying for a new job. That is why some people work and study hard to be a Clinical Nurse Consultant (CNC) in their late 20s. (Participant 13)

4 | DISCUSSION

This study focused on Japanese nurses with a Japanese nursing license and Australian nursing registration. Therefore, all nurses compared the working environments in both countries based on their experiences. From the interviews conducted, five themes were extracted: “Capability to take leave and holidays without feeling guilty,” “Set shifts creates a better work–life balance,” “Incentives give motivation to work hard,” “Safe and protective workplace for nurses,” and “Positive environment for pursuing a career.” The Japanese nurses had sufficient work experience in both countries to have adequate knowledge and skills to perform their work. The nurses were considered professionally competent to have objective views on the working environment in both countries.

4.1 | Comfortable working environment

The most significant difference indicated by the participants between Japan and Australia was the accessibility of taking leave, such as annual or sick leave. Nurses working in Australia are entitled to a minimum of 5 weeks of paid annual leave; meanwhile, nurses working in Japan are only entitled to 7 days annual leave (Australian Nursing & Midwifery Federation (Victorian Branch), 2024; Ministry of Health, Labour and Welfare, 2024). In Japan, nurses are finding it extremely difficult to take an annual leave, and

even an extended leave can lead to resignation rather than discussion (Katsuma, 2019; Takeno, 2010). However, in Australia, employees have legitimate rights to take leave, which are easily accessible without guilt. Nevertheless, in Japan, people tend to feel a strong sense of guilt when applying for and taking a leave, as it is considered inconveniencing their colleagues; some may even view it as a form of betrayal (Kawanishi, 2008; Mizuno-Lewis & McAllister, 2008). A difference in work shift was also mentioned by the participants. Nurses in Australia work only for either a day, afternoon, or night shift; meanwhile, it is common for nurses in Japan to work a combination of day-shift and nightshift (Kisanuki et al., 2024; New South Wales Nurses and Midwives' Association, 2024). Clearly set and complied with working hours were the biggest advantages of working in Australia.

The participants were satisfied with going home at the scheduled time and having more time with family. In Japan, the workplace hierarchy is so strong that asserting one's convenience interrupts workplace harmony (Omura et al., 2018b; Sakashita, 2018). Nurses emphasize job titles and positions and show respect to senior staff.

Japanese nurses work under a harsh and stressful working environment with a considerable workload and long working hours compared with those in Australia (Mizuno-Lewis & McAllister, 2008). If a nurse wants to take a day off, a part-time nurse can work as a replacement in Australia. However, in Japan, nurses hesitated to take a day off to avoid inconvenience to their colleagues. Although most Japanese nurses in this study worked in Japan in the 2010s, the work environment in Japan remains unchanged (Ogata et al., 2021; Yamaguchi et al., 2016). This harsh working environment is based on a deeply rooted Japanese cultural background to avoid displeasing senior staff and maintain workplace harmony (Chiba & Nakayama, 2016).

4.2 | Being protected and appreciated as a professional

Participants revealed that nurses are well-paid, socially well-recognized, and appreciated as professionals and have equal relationships with medical practitioners in Australia. Japanese nurses continued to stay and work in Australia because of this completely different working environment.

Moreover, the Australian Nursing and Midwifery Federation, as a nursing union in Australia, leads campaigns and negotiations for improving wages and working conditions, which are clearly indicated and open to the public (Australian Nursing & Midwifery Federation, 2024). Unlike in Japan, casual workers in Australia receive a 25%

casual loading on top of the minimum wage, and nurses can negotiate their wages according to their experience and skills (Fair Work Ombudsman, 2024).

In Japan, medical practitioners are provided with much discretionary authority. In recent years, the overwork of medical practitioners has become a significant issue. Japanese Nursing Association established nursing specialties and credential systems, including the Certified Nurse (CN) system, Certified Nurse Specialist (CNS) educational programs, and Certified Nurse Administrator to reduce the workload of medical practitioners (Japanese Nursing Association, 2023). However, these systems have not improved nurses' wages or social status as professionals (Sakashita, 2018). Participants were strongly reassured that nurses are socially recognized professionals, possessing equal relationships with medical practitioners and other allied health professionals in Australia.

4.3 | More opportunities to develop a career while having fulfilled private life

Many Japanese nurses were dissatisfied with inadequate support for career development in Japan (Takase et al., 2016; Yuhak & Yoneyama, 2008). Career development requires a certain amount of time to spare for further studies. As previously stated, Japanese nurses had great difficulty requesting regular leaves, which hamper their career growth as they are not free from work.

Nurses with 3 to 4 years of nursing experience can be offered leadership positions in Japan, which may pressure and burden young nurses (Takeno, 2010). Moreover, young nurses are likely to move on to different life stages, such as marriage and having children. Japanese women are generally expected to look after children, and this expectation grows when women pursue nursing as an occupation because of the public image of devotion and care (Mizuno-Lewis & McAllister, 2008). Therefore, Japanese women tend to choose between advancing their careers and seeking promotions or finding a workplace that offers childcare support and fits their families (Hara et al., 2023). The study participants were quite satisfied with the Australian working environment where they could pursue their careers even in part-time positions while simultaneously keeping family and themselves happy.

4.4 | Limitations, practical implications, and future studies

One of the limitations evident in this paper is the limited sample size, which does not entirely reflect the experiences of all Japanese nurses in Australia. Japanese nurses may

have had negative experiences such as language trouble, but this study did not collect the negative experience. It would be also necessary to collect and clarify negative experiences working in Australia in the future study. This study also did not consider the difference in region of residence. Because the participants did not have a community with compatriots and may be residing in different areas throughout Australia, their experiences may vary depending on where they work. Future studies should consider a larger sample size, diverse themes, and different geographical locations. The nurses who participated in this study decided to move to Australia from Japan around 2010. At that time, in Australia, there were several universities that offered accelerated programs allowing internationally qualified nurses to complete their studies and meet the specified academic requirements to graduate in a shorter space of time. However, the number of years specified and the required registration processes for registered nurses are now very different. Future research regarding visa condition changes and educational requirements for those seeking to register as a registered nurse in Australia should also be conducted. Additionally, as both societies continue to change, future analysis should also incorporate multiple perspectives, with an understanding that the attitudes of the younger generation of Japanese nurses may change over time.

5 | CONCLUSIONS

Japanese nurses in this study were satisfied with the Australian work environment where their profession is well-protected, highly respected, and valued, with more chances of career advancement. This study offers insight into improving the working environment for nurses in Japan and helps understand why Japanese nurses continued to stay and work in Australia instead of returning to Japan. The existence and influence of unions is one of the most significant differences between working in Australia and Japan. In Australia, unions are separate entities from nurses' associations; they have the role of establishing basic working conditions, including wages, working hours, and annual leave for nurses in Australia in accordance with the law. The majority of nurses working in Australia belong to unions in their respective regions and healthcare organizations. Thus, the conditions achieved by the unions are deemed "protected" by all staff. These set conditions also allow nurses to show the experience and skills they have gained while allowing them to seek higher positions with a higher salary. Such working environments might be the reason why Japanese nurses work and live in Australia. The findings could also be useful for Australian healthcare organizations to attract more nursing students and enhance measures for overseas qualified nurses who bring more diversity to Australia.

AUTHOR CONTRIBUTIONS

Junko Nasu Dagba designed the study, collected and analyzed the data, interpreted the findings, and drafted and submitted the manuscript. Noriko Ichikawa and Kazuma Honda made important contributions to the data collection and contributed to the interpretation of the data and revisions to the draft. Makoto Fujii, Yuko Ohno, and Masayuki Endo critically reviewed the manuscript and supervised the whole study process. All authors read and approved the final manuscript.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

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