Caring: Indonesian Journal of Nursing Science
Journal homepage: https://talenta.usu.ac.id/IJNS

Sakura and Shifting Tides: Exploring the Deskilling and Upskilling Experiences of Indonesian Nurses in Post-COVID-19 Japan

Ria Utami Panjaitan[1], Achir Yani S Hamid[1], Wako Asato[2], Yudi Ariesta Chandra[1], Andrio Adibowo Muktiwibowo[3], Henny Permatasari[4], Mohamad Yusup[5], Azimatul Aliyah[1]

[1] *Department of Mental Health and Psychiatric Nursing, Faculty of Nursing, Universitas Indonesia, Depok, Indonesia*
[2] *Graduate School of Letters, Kyoto University, Japan*
[3] *Faculty of Public Health, Universitas Indonesia, Depok, Indonesia*
[4] *Departement of Community Health Nursing, Faculty of Nursing, Universitas Indonesia, Indonesia*
[5] *Chairman of the Indonesian National Nurses Association (PPNI) Overseas Board of Directors, Tokyo, Japan*

Corresponding author: utami@ui.ac.id

ARTICLE INFO

Article history:
Received 15 February 2026
Revised 21 April 2026
Accepted 19 June 2026
Available online
https://talenta.usu.ac.id/IJNS

E-ISSN: 2685-7162

How to cite: Panjaitan, R.U., Hamid, A.Y.S., Asato, W., Chandra, Y.A., Muktiwibowo, A.A., Permatasari, H., Yusup, M., Aliyah, A. (2026). Sakura and shifting tides: exploring the deskilling and upskilling experiences of Indonesian nurses in post-COVID-19 Japan. *Caring: Indonesian Journal of Nursing Science*, 8(1), 60-70.

https://doi.org/1032734/ijns.v8i1.24761

ABSTRACT

This qualitative study explored the deskilling and upskilling experiences of Indonesian nurses working in Japan during the post-COVID-19 period, with particular relevance on professional adaptation and evolving health system needs and labor demands. An exploratory qualitative design was adopted with 41 Indonesian nurses providing care in hospitals and long-term care facilities in Chiba, Meguro, Saitama and Yokohama. Data were collected during 2023 through face-to-face semi-structured interviews. Data were analysed using Braun and Clarke's six-phase inductive thematic analysis. The analysis generated seven interrelated themes: (1) deskilling experiences, (2) upskilling and reskilling strategies, (3) post-COVID-19 workplace changes, (4) bilateral cooperation dynamics, (5) cultural and professional adaptation, (6) career transition planning, and (7) perceived benefits of working in Japan. Deskilling emerged as a dominant issue, driven by occupational downgrading, restricted clinical practice, and regulatory barriers. Yet people put into action adaptive behaviours such as: informal learning; training attendance and skill reconstruction attempts. Deskilling thus appears not as a simple linear decline but rather as a hybrid phenomenon influenced both by structural factors linked to business performance and individual actions connected to the nature of work itself. These have policy implications for the design of clinical bridging programs, with structured pre-departure preparation in Japan integrated with medical Japanese language training; clinical skill maintenance under supervision in host institutions; and re-licensure pathways for returnee Indonesian nurses.

Keyword: Deskilling, Upskilling, Migrant Nurses, Career Transition, Post-COVID-19, Japan–Indonesia Cooperation

1. Introduction

International Nurse Migration has been on the rise for almost two decades now. The count of foreign-born nurses doubled in OECD countries from 2000 to 2016, representing about16% of all nurses (Socha-Dietrich & Dumont, 2021). The COVID-19 pandemic exacerbated this trend by disrupting domestic workforce supply

and accelerating cross-border recruitment. These changes reshaped workforce roles, employment arrangements, and career trajectories, further increasing global dependence on migrant nurses.

Japan is one of the countries hit hardest by this trend as a result of its aging population. Estimates differ wildly and depend on assumptions around the level of demand there is for services, but at least one policy report suggested with caution that by 2025 Japan may face a shortage of up to 380,000 care workers. For its part, the Japanese government responded by establishing migration pathways under technical internship schemes and caregiver visa programs. But the default status of these policies for migrant nurses are non-clinical roles that result in employment downgrading and wastage of skills (Yūko, 2017).

Deskilling is defined as the decline of professional skills that occurs when a person carries out jobs they are overqualified for. Prior research has indicated that overseas-educated nurses often have less clinical exposure, lower scope of practice and reduced perceived nursing competence (Korzeniewska & Erdal, 2021; Kurniati et al., 2017). This has wider consequences for Indonesian nurses; on returning home, they experience barriers to professional re-entry, inefficiencies in the national health workforce and loss of opportunities for transferability of skills.

Deskilling is not merely an individual-level challenge, but a systemic one that threatens the sustainability of workforces in both sending and receiving countries from a policy perspective. In Indonesia, returning nurses may experience barriers to re-enter clinical practice and in Japan the health care system may be less effective as skilled migrant nurses are underutilised. Collectively, these challenges make the case for a better understanding of how deskilling happens and how it can be prevented.

While upskilling is the development of new abilities that improve job performance, including discipline, intercultural communication and teamwork; reskilling goes more towards renewing or replacing clinical competencies through training and education (Gotehus, 2021). Limited recognition of these verbal and tacit processes exists in the literature despite much deskilling and upskilling literature celebrating some know-how or communication.

Existing studies have predominantly examined deskilling, adaptation challenges, language barriers, and workforce reintegration as separate phenomena among migrant nurses. Previous research has documented occupational downgrading, professional marginalization, and competency loss among internationally educated nurses and Indonesian nurse returnees. However, little is known about how deskilling and upskilling interact dynamically throughout the migration trajectory, particularly within the post-COVID-19 health care environment. Changes in health care workforce demands, workplace regulations, and migration policies following the pandemic may have reshaped migrant nurses' professional experiences. Therefore, this study extends previous literature by examining the interconnected and simultaneous processes of deskilling and upskilling among Indonesian nurses working in Japan and exploring how these processes influence professional identity, competency development, and future career trajectories.

The post-COVID-19 context provides a particularly important setting for this investigation. The pandemic reshaped health care delivery systems, altered workforce deployment patterns, increased infection control responsibilities, and accelerated changes in health care labor markets worldwide. These structural changes may have influenced both opportunities for competency development and risks of skill deterioration among migrant health care workers. However, the implications of these transformations for Indonesian nurses working in Japan remain insufficiently understood.

Since deskilling and upskilling involve complex lived experiences, changes in professional identity, and adaptive responses to structural constraints that cannot be adequately captured through quantitative methods alone, a qualitative approach is particularly appropriate. This approach enables an in-depth exploration of how migrant nurses interpret and respond to workplace changes, professional challenges, and career transitions.

This study aims to explore how deskilling and upskilling processes occur among Indonesian nurses working in Japan during the post-COVID-19 period. Specifically, the study examines structural constraints, workplace dynamics, competency reconstruction, and professional identity development. This study aimed to answer the following research question: How do Indonesian nurses experience and respond to deskilling and upskilling processes while working in Japan?

1.1. Conceptual Framework

This study is informed by Professional Identity Theory and Human Capital Theory as complementary perspectives for understanding the experiences of Indonesian nurses working in Japan. Professional Identity Theory suggests that professional identity is continuously shaped through interactions between professional roles, workplace expectations, and individual experiences. When nurses are unable to perform activities

consistent with their professional training, experiences of occupational downgrading and restricted clinical practice may challenge their sense of professional identity and role legitimacy.

Human Capital Theory provides an additional lens for understanding how professional competencies are developed, maintained, or diminished over time. From this perspective, deskilling may occur when clinical knowledge and skills are underutilised, whereas upskilling and reskilling represent investments in the acquisition, maintenance, and reconstruction of professional competencies. Together, these theories provide a framework for examining how Indonesian migrant nurses negotiate professional identity, respond to structural constraints, and engage in competency development throughout their migration journey.

2. Methods

This research employed an exploratory qualitative design informed by qualitative descriptive inquiry to understand participants' lived experiences and meaning-making processes related to deskilling and upskilling while working in Japan. The study was conducted in hospitals and long-term care facilities in Saitama, Chiba, Meguro, and Yokohama.

Participants were recruited using maximum variation purposive sampling with the support of the Indonesian National Nurses Association (PPNI) Japan. Variation was sought across geographical location, health care facility type, professional role (registered nurse, caregiver, or careworker), years of employment in Japan, and future career intentions to enhance transferability and capture diverse migration experiences. Participants were sampled for variation across geographic location, institutional setting (acute or community), and professional roles as registered nurses, caregivers, and careworkers. To minimize recruitment bias associated with gatekeeper access, efforts were made to recruit participants from diverse professional backgrounds, workplace settings, and migration experiences. Nevertheless, the potential influence of gatekeeper bias is acknowledged in the limitation section.

This study involved 41 Indonesian nurses, with no refusals or dropouts. The predominance of male participants reflects the characteristics of Indonesian migrant nurses recruited through available migration pathways and employment opportunities in Japan during the study period. Over a series of four consecutive days in 2023, we conducted one-to-one semistructured interviews.

To do this within the available timeframe, interviews were performed simultaneously across sites by different trained researchers. Interviews were conducted by researchers holding master's or doctoral degrees who were trained in qualitative methods and had no prior relationship with participants. Before data collection, all interviewers participated in calibration meetings to review the interview guide, discuss probing techniques, and standardize interview procedures. Pilot interviews were conducted to ensure consistency in questioning style, follow-up prompts, and interviewing approaches across study sites. Interviews were ~ 60 minutes in duration and conducted in private rooms to ensure confidentiality. Informed consent was obtained from all participants for the audio recording.

Data were collected using a semi-structured interview guide. The interview guide was developed based on literature related to nurse migration, deskilling, professional identity, workforce reintegration, and international nursing practice. Following internal pilot testing, minor revisions were made to improve question clarity, sequencing, and probing strategies. The final guide explored migration experiences, professional roles, perceptions of competency changes, adaptation processes, and future career plans. The interview guide is available as Supplementary Material. To ensure the accuracy and rigour of the findings, participants were offered the opportunity to review their transcripts (member checking).

Data were analyzed manually without qualitative software using Braun and Clarke's six-phase inductive thematic analysis framework, consisting of familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. The coding process began with repeated reading of transcripts to achieve immersion in the data. Initial codes were generated inductively and subsequently grouped into categories based on conceptual similarities. Categories were then refined through iterative comparison and discussion among the research team, resulting in the development of overarching themes.

A subset of transcripts was independently coded by two researchers (double coding). Coding results were compared, and discrepancies were discussed and resolved through consensus meetings among the research team. This process enhanced analytical rigor and consistency.

Saturation was determined through both code saturation and meaning saturation. During the final interviews, no new substantive codes, categories, or conceptual insights emerged from the data. Regular analytical meetings among the research team confirmed that additional interviews were unlikely to generate

novel thematic information. Recruitment therefore ceased when informational redundancy was achieved and thematic development was considered sufficiently comprehensive.

Credibility was strengthened through member checking and peer debriefing. Details of coding procedures and decisions regarding theme development were maintained as an audit trail to enhance trustworthiness. Researchers maintained reflexive journals throughout data collection and analysis to document assumptions, methodological decisions, emerging interpretations, and potential biases. These reflections were regularly discussed during analytical meetings and informed the interpretation of findings by encouraging the critical examination of alternative explanations and underlying assumptions.

The study researchers consisted of health scientists in nursing and international health from Indonesia and Japan. Reflexivity was maintained through ongoing discussions about researcher positionality and insider–outsider perspectives. Researchers reflected on how their professional backgrounds, disciplinary perspectives, and prior experiences in nursing, public health, and international health could shape interactions with participants and influence interpretation of the data. The use of reflexive journaling and team-based analytical discussions helped minimize interpretive bias and enhance confirmability.

3. Results

A summarized distribution of participant characteristics is shown in (table 1) and aids clarity as well as aiding interpretability. The majority of these participants were male (65.9%) and graduated with diploma education level (65.9%); 19.5% with Ners Profession; 12.2% bachelor; and 2.4% master degree, respectively. The majority of the participants were married (65.9%), and 34.1% being single. In terms of work experience, more than half (51.2%) had worked for 6–10 years and almost as many (46.3%) for 2–5 years; only a small minority spent more than 10 years working (2.4%). Such a profile would suggest an experienced, predominantly care-based workforce, susceptible to deskilling but also likely ready for some skilled reconstruction.

Table 1 Participant Characteristics (n=41)

Variable	Category	n	%
Education	Diploma	27	65.9
	Ners Profession	8	19.5
	Bachelor	5	12.2
	Master	1	2.4
Gender	Male	27	65.9
	Female	14	34.1
Marital Status	Married	27	65.9
	Single	14	34.1
Work Experience (years)	2-5	19	46.3
	6-10	21	51.2
	>10	1	2.4

Table 2 shows a summary of how cohesive the seven themes are interlinked to establish a process that is dynamic and interconnected, reflective of the deskilling/upskilling process Indonesian nurses experience when working in Japan. These themes include (1) deskilling experiences, (2) upskilling and reskilling strategies, (3) post-COVID-19 workplace changes, (4) bilateral cooperation dynamics, (5) cultural and professional adaptation, (6) career transition planning, and (7) perceived benefits of working in Japan. Together, these themes illustrate how structural constraints and individual agency interact in shaping nurses' professional trajectories within the migration context.

Theme 1: Deskilling Experiences

Deskilling through occupational downgrading, limited clinical autonomy and less complexity of nursing procedures were ways mentioned by participants.

> …Just because I came to Japan does not mean I could easily perform professional nursing roles yet because im not registered... (P35)
>
> …and In Indonesia, nurses did clinical procedures such as injection and infusion. This is where we are "caregivers" and clinically have lost many of my skills… (P28)
>
> …Because clinical procedures are a no-no many skills become extinct over time... (P13)

A number of participants said they had kept at least some measure of professionalism through self-directed methods, including studying up on clinical information and informal discussions.

…continued to go through nursing material and talk about cases… (P22)

These findings demonstrate that deskilling extends beyond the deterioration of technical competencies and encompasses broader challenges to professional identity. Participants described experiences of occupational downgrading, restricted clinical responsibilities, and reduced opportunities to exercise nursing judgment, which created a disconnect between their professional qualifications and their actual workplace roles. From the perspective of Professional Identity Theory, such experiences may disrupt nurses' perceptions of themselves as competent health care professionals by limiting opportunities to perform activities traditionally associated with nursing practice. However, participants also demonstrated efforts to preserve and reconstruct their professional identity through self-directed learning, engagement with clinical knowledge, and continued identification with the nursing profession despite role constraints. These findings suggest that professional identity is not static but continuously negotiated and reconstructed in response to workplace conditions and migration-related challenges.

Theme 2: Upskilling and Reskilling Strategies

Adaptive responses to deskilling included upskilling and reskilling strategies actively undertaken by participants.

…To do this, I pay good attention during the time I am assisting with procedures to remember the way to go about it… (P34)

…Scheduled training keeps us up to date with our profession… (P11)

…Possessing certification opens doors to career advancement… (P38)

Upskilling and reskilling emerged as complementary strategies through which participants responded to the challenges of deskilling. Upskilling primarily involved the development of transferable competencies, including professional discipline, communication skills, teamwork, cultural adaptability, and familiarity with Japanese workplace systems. These competencies enhanced participants' effectiveness across diverse occupational settings. In contrast, reskilling focused on the reacquisition and reconstruction of clinical competencies that had been underutilized or diminished, including clinical reasoning, patient assessment, medication administration, infusion procedures, and other nursing-specific skills. Participants described actively engaging in training programs, certification courses, observation of clinical procedures, and self-directed learning to maintain professional readiness. These findings illustrate that migrant nurses were not passive recipients of structural constraints but actively negotiated opportunities for competency development, demonstrating considerable agency in preserving and reconstructing their professional competence.

Theme 3: Post-COVID-19 Workplace Changes

But they also blamed post-COVID-19 policies for stricter health protocols and implementing work-from-home arrangements.

…There is a mandatory testing for patients who have fever… (P11)

…National health policy has made working conditions stringent… (P14)

Participants perceived post-COVID-19 workplace changes as having a significant influence on their professional roles and opportunities to maintain clinical competence. Stricter infection control regulations, mandatory testing procedures, and increasingly standardized work processes have shifted responsibilities toward protocol-driven and task-oriented activities. These changes reduced flexibility in clinical practice and limited opportunities to perform complex nursing procedures, thereby contributing to experiences of deskilling. Several participants noted that their roles became increasingly focused on routine care and operational compliance rather than clinical judgment and direct nursing interventions. Importantly, participants indicated that many of these workplace adjustments have remained in place beyond the immediate pandemic period, suggesting that post-COVID-19 labor restructuring may have long-term implications for competency utilization, professional development, and the maintenance of nursing expertise among migrant health care workers.

Theme 4: Bilateral Cooperation Dynamics

Correspondingly, this highlights how bilateral cooperation between Indonesia and Japan shapes channels of migration and pathways of labour according to perspectives from interviewees.

… The government should also offer reintegration of returning workers… (P32)

…The workers displaced need to be retrained to bring their expertise back… (P4)

…Language preparation is harder than in some other countries… (P7)

These findings demonstrate that bilateral cooperation frameworks, particularly the Indonesia–Japan Economic Partnership Agreement (EPA), play an important role in facilitating labor migration opportunities for Indonesian nurses through structured recruitment pathways, employment arrangements, and access to the Japanese health care sector. Participants acknowledged that these agreements provide opportunities for international work experience, economic mobility, and professional exposure. However, they also highlighted several challenges that may constrain professional advancement. Language proficiency requirements, licensing examinations, and restrictions on clinical practice before obtaining professional registration often limit opportunities to fully use nursing competencies. Furthermore, participants expressed concerns about the lack of structured reintegration programs and competency recognition mechanisms on returning to Indonesia. As a result, while bilateral agreements facilitate migration and employment opportunities, they may simultaneously contribute to prolonged periods of occupational downgrading and delayed professional progression. These findings suggest that future bilateral cooperation should extend beyond labor mobility to include language preparation, competency maintenance, professional licensing support, and workforce reintegration strategies to maximize the long-term benefits of migration for both Indonesia and Japan.

Theme 5: Cultural and Professional Adaptation

Participants identified as having externalised adjustment challenges related to language, societal culture and professional norms.

…to work well is Language Learning… (P32)

…More Trust Leads to More Responsibility… (P17)

…Having worked in Japan made me more disciplined with work…(P41)

The findings indicate that cultural and professional adaptation is a dynamic and evolving process shaped by continuous interactions between individual agency and workplace conditions. Participants described how language acquisition, understanding of professional norms, and the development of workplace trust gradually enhanced their confidence and expanded their responsibilities. However, adaptation was not linear; participants continued to encounter challenges related to communication, cultural expectations, and professional role adjustment even after extended periods of employment. These experiences demonstrate that adaptation extends beyond cultural adjustment and involves ongoing workplace integration and professional identity reconstruction. As participants gained trust and responsibility, they progressively renegotiated their professional identity within the Japanese health care system. The findings underscore the need for culturally responsive transition programs that provide sustained language training, mentorship, intercultural support, and opportunities for professional integration throughout the migration journey rather than solely during initial orientation.

Theme 6: Career Transition Planning

The influence of family, economic and work factors affected decision strategies about the future careers as reported by participants.

… My family is my first thing that pulls me back… (P10)

…going to continue studying… (P34)

…Some coworkers returned, were unable to find jobs there… (P20)

The findings indicate that career transition planning was closely linked to concerns about future professional identity, employability, and workforce reintegration. Participants frequently weighed the economic benefits of remaining in Japan against family obligations and future career opportunities in Indonesia. Uncertainty about the recognition of overseas experience, maintenance of clinical competencies, and access to suitable employment on return created significant concerns about long-term career sustainability. Several participants reported observing colleagues who encountered difficulties securing nursing positions after returning to Indonesia, reinforcing anxieties about professional reintegration. These experiences of deskilling have implications that extend beyond immediate workplace roles and may shape future migration decisions, workforce retention, and career trajectories. The findings underscore the need for policies that support returning migrant nurses through competency recognition systems, re-entry training programs, re-licensure support, and structured workforce reintegration pathways to maximize the benefits of international nursing migration for both individuals and health care systems.

Theme 7: Perceived Benefits of Working in Japan

Participants reported benefits despite challenges, such as health care and organizational systems with advanced technology.

…Technology saves workload and improves patient safety…P33

…We are utilizing resources which not commonly being used in Indonesia… (P14)

…Nurses are seen as the professional partners of doctors… (P8)

The findings demonstrate that migration involves both challenges and opportunities for professional development. Despite experiences of deskilling and restricted clinical practice, participants gained valuable exposure to advanced technologies, efficient health care systems, and collaborative work environments. These experiences enhanced professional competence, work discipline, and intercultural skills, highlighting that deskilling and upskilling are interconnected processes that collectively shape migrant nurses' professional growth and career development.

Table 2 Thematic Framework

Theme	Category	Codes
Deskilling Experiences	Occupational Downgrading	Caregiver role, non-clinical function, task shifting, loss of nursing position
	Restricted Clinical Practice	Restricted procedures, restrictions on injections and infusions, limited clinical tasks
	Competency Erosion	Forgetfulness of clinical skills, skill deterioration, reduced self-confidence
Upskilling and Reskilling Strategies	Transferable Competency Development	Self-directed learning, lifelong learning, communication skills, work discipline, motivation to advance
	Clinical Competency Reconstruction	Training initiatives, dementia training, professional certification, licensing, competency recognition, knowledge improvement, gerontological skills
Post-COVID-19 Workplace Changes	Workplace Restructuring and Regulations	Infection control, hand hygiene, standard operating procedures (SOPs), strict rules, limited flexibility, work restrictions
Bilateral Cooperation Dynamics	Migration Policy and Workforce Mobility	Government agreements, policy support, international cooperation, recruitment pathways
	Reintegration and Professional Support	Lack of reintegration support, workforce programmes, competency recognition challenges
Cultural and Professional Adaptation	Workplace Integration and Professional Identity Development	Language adaptation, Japanese culture and communication, work discipline, differences in care systems, interprofessional relations
Career Transition Planning	Return Migration Considerations	Plans to return, family considerations, reintegration concerns
	Future Career Development	Further education, alternative careers, employment opportunities
Perceived Benefits of Working in Japan	Professional Transformation and Organisational Benefits	Medical technology, assistive devices, robotics, efficiency, facilities, professional respect, organisational support

4. Discussion

This study offers evidence that the deskilling of Indonesian nurses in Japan is not simply a process of migration but also a dynamic outcome, through the processes of structural constraints, regulatory pillars and integration difficulties at workplaces. As noted in prior research, deskilling emerges out of the mismatch between qualified professionals and roles allowed by the host country (Korzeniewska & Erdal, 2021). These findings extend previous research by demonstrating how occupational downgrading and restricted clinical practice influence professional identity, confidence, and competency maintenance among Indonesian nurses in Japan.

Findings of participant experiences of having little clinical authority and no ability to perform procedures reflected previous research indicating that migrant nurses frequently feel devalued and underused in host systems (Bayuo et al., 2023; Nichols & Campbell, 2010). Importantly, the findings suggest that deskilling

should not be viewed solely as a passive consequence of structural constraints. Participants actively engaged in self-directed learning, informal clinical discussions, and professional development activities to preserve their competencies. These adaptive responses illustrate the exercise of agency within structurally constrained environments and demonstrate that migrant nurses actively negotiate opportunities to maintain professional competence despite occupational limitations.

Moreover, cultural and language barriers add to these challenges; as shown in previous studies, communication problems obstruct integration and lead to occupational marginalization (Kamau et al., 2023; Knutsen et al., 2020). This study suggests that language proficiency functions not only as a communication tool but also as a mechanism of professional inclusion and exclusion. Language competency influenced access to clinical responsibilities, professional recognition, and opportunities for career advancement, shaping both deskilling and upskilling trajectories (Anzini et al., 2025; Nagaya et al., 2024; Pung & Goh, 2017; Shoki et al., 2024).

At the policy level, the Indonesia–Japan Economic Partnership Agreement (EPA) provides an important framework for understanding migrant nurse experiences. Previous studies have highlighted the EPA's role in facilitating international nurse mobility (Anwar, 2019; Efendi et al., 2017). The findings of this study demonstrate that bilateral agreements simultaneously facilitate and constrain professional advancement. While the EPA creates pathways for employment and international experience, language requirements, licensing examinations, and restrictions on independent clinical practice may delay professional progression and contribute to prolonged periods of occupational downgrading. These findings suggest that migration policies should be evaluated not only in terms of labor mobility but also competency utilization, professional development, and workforce sustainability.

A key theoretical contribution of this study is the demonstration that deskilling and upskilling are not sequential or mutually exclusive processes but occur simultaneously and interactively throughout the migration journey. While previous studies have largely focused on competency loss among migrant nurses (Korzeniewska & Erdal, 2021), the present findings reveal that participants actively engaged in competency reconstruction through training programmes, certification pathways, workplace learning, and self-directed educational activities. This finding advances the migration nursing literature by highlighting the dynamic interplay between competency depreciation and competency development rather than viewing deskilling as a one-directional process.

These findings can be further understood through Professional Identity Theory and Human Capital Theory. From the perspective of Professional Identity Theory, occupational downgrading and restricted clinical roles created tensions between participants' professional qualifications and their actual workplace responsibilities, leading to challenges in maintaining a coherent professional identity (Kurniati et al., 2017; Salami et al., 2018). Nevertheless, participants demonstrated ongoing efforts to preserve and reconstruct their professional identity through learning, professional engagement, and future career planning. From the perspective of Human Capital Theory, deskilling reflects the depreciation of professional competencies resulting from underutilization, whereas upskilling and reskilling represent active investments in restoring and enhancing professional capital. Together, these theoretical perspectives illustrate how migrant nurses continuously negotiate professional identity and competency development within structurally constrained environments.

The study also identified important benefits associated with working in Japan that are often underrepresented in the deskilling literature. Consistent with previous studies examining work environments and job satisfaction among health care workers in Japan (Anzai et al., 2014; Taketomi et al., 2024; Yamashita et al., 2009), participants reported positive experiences related to advanced health care technologies, structured organisational systems, patient safety cultures, and collaborative professional environments. These experiences contributed to professional transformation by enhancing work discipline, intercultural competence, professional confidence, and broader perspectives on health care delivery. Consequently, migration should not be viewed solely through a deficit lens focused on competency loss but also as a process that may generate new forms of professional knowledge, skills, and expertise.

Taken together, the findings show that migration outcomes are shaped by the simultaneous interaction of deskilling and upskilling processes. Professional development occurs alongside competency loss, creating a complex and evolving trajectory rather than a simple decline or progression in professional capability. This interpretation provides a more nuanced understanding of migrant nurse experiences and contributes to broader debates regarding workforce mobility, professional identity, and competency development in global nursing migration.

These findings have important policy implications. Previous studies have emphasised the importance of credential recognition, language support, and integration programmes (Kamau et al., 2023; Korzeniewska & Erdal, 2021; Salami et al., 2018). The present study extends these recommendations by highlighting the need for structured clinical bridging programs, competency maintenance initiatives, relicensure support, and workforce reintegration pathways for returning migrant nurses. Successful implementation of these strategies requires collaboration among governments, professional organizations, educational institutions, and health care centers in Indonesia and Japan. Ultimately, the findings support a reconceptualisation of deskilling as a dynamic, reversible, and context-dependent process shaped by both structural conditions and individual agency rather than as an inevitable consequence of migration.

5. Limitation

A few limitations of this study need to be mentioned. First, the research was conducted within a single-country context (Japan), which may restrict transferability to other migration settings. Second, the sample was predominantly male and may not adequately reflect the experiences of female migrant nurses. Third, participant recruitment through a professional organization (PPNI Japan) may have introduced gatekeeper bias, as participation was limited to individuals connected to established professional networks. Data were collected through interviews conducted in professional settings, which may have influenced participants' responses and increased the possibility of social desirability bias. Moreover, the study relied on self-reported experiences and therefore may be subject to recall bias. Although interviewer training and calibration procedures were implemented, the use of multiple interviewers across study sites may have introduced some variability in interviewing styles and probing techniques. Finally, the post-COVID-19 context in which the data were collected may have influenced participants' experiences and perceptions, potentially limiting the applicability of findings to other contexts. Future research using multi-country designs, more balanced gender representation, longitudinal approaches, and mixed-methods designs would strengthen the transferability and robustness of the evidence.

6. Conclusion

This study identified seven interrelated themes that shape the professional trajectories of Indonesian nurses working in Japan. Deskilling emerged as a significant challenge resulting from occupational downgrading, restricted clinical practice, and regulatory barriers, while upskilling and reskilling reflected nurses' active efforts to maintain and reconstruct professional competence. The findings demonstrate that deskilling and upskilling are dynamic, interconnected, and nonlinear processes shaped by the interaction between structural conditions and individual agency.

Beyond competency loss, participants also experienced professional growth through exposure to advanced health care technologies, structured workplace systems, and intercultural professional environments. These experiences contributed to professional transformation while highlighting the importance of preserving professional identity and maintaining clinical competence throughout the migration journey.

The findings underscore the need for policies that support competency maintenance, workforce reintegration, and professional development among migrant nurses. Ultimately, sustainable international nursing migration requires coordinated strategies that strengthen professional identity, facilitate career re-entry, and maximize the contributions of migrant nurses to health care systems in both Indonesia and Japan, thereby supporting global nursing workforce sustainability.

7. Policy Implications

Based on these findings, three policy recommendations are proposed to prevent deskilling and promote the professional sustainability of Indonesian nurses working in Japan. First, centralized pre-departure clinical bridging programmes integrated with medical Japanese language training should be developed through collaboration among the Indonesian government, nursing education institutions, and professional organizations to enhance both clinical preparedness and workplace communication skills. Second, Japanese health care institutions should establish supervised clinical skill maintenance programmes within bilateral cooperation frameworks to enable migrant nurses to participate regularly in structured clinical activities and maintain their professional competencies. Third, the Indonesian Nursing Council and the Ministry of Health should collaborate to develop formal re-licensure pathways for returning nurses, including competency assessment, targeted retraining, and employment support to facilitate successful workforce reintegration.

Successful implementation of these recommendations requires collaboration among the Ministry of Health, the Indonesian Nursing Council, the PPNI, nursing education institutions, and Japanese health care organizations. Potential challenges include funding limitations, licensing requirements, and differences in professional regulations between Indonesia and Japan. Therefore, ongoing bilateral monitoring and evaluation are needed to ensure the sustainability and effectiveness of these initiatives.

A joint monitoring and evaluation mechanism is proposed to sustain skills development throughout the migration cycle. In Indonesia and Japan, these policy measures center on turning international nursing migration from a process of skill loss into an intentionally designed pathway to sustained professional development, identity preservation, and health system strengthening.

8. Ethics Approval and Consent to Participate

Ethical approval for this study was obtained from the Ethics Committee of the Faculty of Nursing, Universitas Indonesia (No. KET-191/UN2.F12.D1/PPM.00.02/2023). Written informed consent was obtained from all participants prior to data collection.

9. Consent for Publication

Not applicable. No identifiable participant information is included in this manuscript.

10. Availability of Data and Materials

The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request.

11. Competing Interest

The authors declare that they have no competing interests.

12. Funding

The present article is the result of research funded by the International Indexed Publication Grant (PUTI) Q1, Universitas Indonesia (No. NKB-334/UN2.RST/HKP.05.00/2023).

13. Authors' Contribution

RUP: Conceptualization, methodology, investigation, formal analysis, writing—original draft preparation.
AYSH: Supervision, methodology, writing—review and editing.
WA: Investigation, validation, writing—review and editing.
YAC: Data curation, formal analysis, manuscript review.
AAM: Methodology, critical revision of the manuscript.
HP: Investigation, manuscript review.
MY: Participant recruitment facilitation and stakeholder coordination.
AA: Data analysis, writing—review and editing.
All authors read and approved the final version of the manuscript.

14. Acknowledgments

The authors gratefully acknowledge the Indonesian nurses who participated in this study and the support of PPNI Japan in facilitating recruitment and coordination during data collection.

15. Declaration of Artificial Intelligence (AI) Use

The authors used Trinka AI solely for language proofreading, grammar correction, and readability enhancement of the manuscript. No AI tools were used for data collection, data analysis, interpretation of findings, or generation of scientific content. All revisions suggested by Trinka AI were reviewed and approved by the authors, who take full responsibility for the accuracy, integrity, and originality of the manuscript.

References

Anwar, R. P. (2019). Expanding skilled-worker mobility: comparing the migration of Indonesian careworkers to Taipei,China and Indonesian nurses and careworkers to Japan. In Skilled Labor Mobility and Migration: Challenges and Opportunities for the ASEAN Economic Community. https://doi.org/10.4337/9781788116176.00015

Anzai, E., Douglas, C., & Bonner, A. (2014). Nursing practice environment, quality of care, and morale of hospital nurses in Japan. Nursing and Health Sciences, 16(2), 171 – 178. https://doi.org/10.1111/nhs.12081

Anzini, A., Caggianelli, G., Tomasin, R. P., Segala, A., Giangrazi, S., Paccagnella, C., Mancin, S., Petrelli, F., Vanzi, V., Cangelosi, G., & Dello Iacono, I. (2025). Transcultural challenges in the nurse-migrant patient caring relationship: a phenomenological study. Applied Nursing Research, 83. https://doi.org/10.1016/j.apnr.2025.151954

Bayuo, J., Abboah-Offei, M., Duodu, P. A., & Salifu, Y. (2023). A meta-synthesis of the transitioning experiences and career progression of migrant African nurses. BMC Nursing, 22(1). https://doi.org/10.1186/s12912-023-01273-1

Efendi, F., Mackey, T. K., Huang, M.-C., & Chen, C.-M. (2017). IJEPA: Gray Area for Health Policy and International Nurse Migration. Nursing Ethics, 24(3), 313 – 328. https://doi.org/10.1177/0969733015602052

Gotehus, A. (2021). Agency in deskilling: Filipino nurses' experiences in the Norwegian health care sector. Geoforum, 126, 340–349. https://doi.org/10.1016/j.geoforum.2021.08.012

Kamau, S., Koskenranta, M., Isakov, T.-M., Kuivila, H., Oikarainen, A., Tomietto, M., & Mikkonen, K. (2023). Culturally and linguistically diverse registered nurses' experiences of integration into nursing workforce – A qualitative descriptive study. Nurse Education Today, 121. https://doi.org/10.1016/j.nedt.2022.105700

Knutsen, H. M., Fangen, K., & Žabko, O. (2020). Integration and Exclusion at Work: Latvian and Swedish Agency Nurses in Norway. Journal of International Migration and Integration, 21(2), 413 – 429. https://doi.org/10.1007/s12134-019-00660-5

Korzeniewska, L., & Erdal, M. B. (2021). Deskilling unpacked: Comparing Filipino and Polish migrant nurses' professional experiences in Norway. Migration Studies, 9(1), 1–20. https://doi.org/10.1093/migration/mnz053

Kurniati, A., Chen, C. -M., Efendi, F., & Ogawa, R. (2017). A deskilling and challenging journey: the lived experience of Indonesian nurse returnees. International Nursing Review, 64(4), 494–501. https://doi.org/10.1111/inr.12352

Nagaya, Y., Gillin, N., & Smith, D. (2024). South-East Asian Nurses' Experiences Under the Economic Partnership Agreement (EPA) in Japan: How Language Ability Affects Self-Confidence and Interpersonal Relationships. Journal of Transcultural Nursing, 35(6), 465 – 474. https://doi.org/10.1177/10436596241271133

Nichols, J., & Campbell, J. (2010). The experiences of internationally recruited nurses in the UK (1995-2007): An integrative review. Journal of Clinical Nursing, 19(19–20), 2814 – 2823. https://doi.org/10.1111/j.1365-2702.2009.03119.x

Pung, L.-X., & Goh, Y.-S. (2017). Challenges faced by international nurses when migrating: an integrative literature review. International Nursing Review, 64(1), 146 – 165. https://doi.org/10.1111/inr.12306

Salami, B., Meherali, S., & Covell, C. L. (2018). Downward occupational mobility of baccalaureate-prepared, internationally educated nurses to licensed practical nurses. International Nursing Review, 65(2), 173 – 181. https://doi.org/10.1111/inr.12400

Shoki, R., Kono, A., Hirano, Y. O., Barroga, E., Ota, E., & Nagamatsu, Y. (2024). Factors Related to Job Continuance of Nurses Who Migrated to Japan: A Cross-Sectional Study. Nursing Reports, 14(1), 25 – 41. https://doi.org/10.3390/nursrep14010003

Socha-Dietrich, K., & Dumont, J.-C. (2021). International migration and movement of nursing personnel to and within OECD countries - 2000 to 2018 (OECD Health Working Papers, Vol. 125, Issue 125). https://doi.org/10.1787/b286a957-en

Taketomi, K., Ogata, Y., Sasaki, M., Yonekura, Y., & Tanaka, M. (2024). A cross-sectional study examining the relationship between nursing practice environment and nurses' psychological empowerment. Scientific Reports, 14(1). https://doi.org/10.1038/s41598-024-77343-4

Yamashita, M., Takase, M., Wakabayshi, C., Kuroda, K., & Owatari, N. (2009). Work satisfaction of Japanese public health nurses: Assessing validity and reliability of a scale. Nursing and Health Sciences, 11(4), 417 – 421. https://doi.org/10.1111/j.1442-2018.2009.00464.x

Yūko, H. (2017). Foreign Care Workers in Japan: A Policy Without a Vision | Nippon.com. https://www.nippon.com/en/currents/d00288/