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The relationship between work stress and quality of life among Indonesian caregivers in Japan

Nabila Febby Utami*, Dyah Rahmawatie Ratna Budi Utami

Universitas Aisyiyah Surakarta

Corresponding author: *E-mail: nabilafebby25@gmail.com

Abstract

Background: Work-related stress may affect the well-being and quality of life of healthcare workers. Indonesian caregivers working in Japan face occupational demands as well as challenges associated with adapting to a different work environment and culture.

Purpose: To determine the relationship between work-related stress and quality of life among Indonesian caregivers working.

Method: This cross-sectional study included 63 Indonesian caregivers working in Kanagawa, Japan, who had been employed for more than three months. Work-related stress was assessed using the Depression Anxiety Stress Scale-21 (DASS-21), while quality of life was assessed using the World Health Organization Quality of Life-BREF (WHOQOL-BREF). Bivariate analysis was performed using the Spearman rank correlation test because the data were not normally distributed.

Results: The mean work-related stress score was 11.94 ± 8.65 , while the mean quality of life score was 14.81 ± 2.46 . A strong, significant negative correlation was found between work-related stress and quality of life ($r_s = -0.609$; $p < 0.001$), indicating that higher work-related stress was associated with lower quality of life.

Conclusion: Work-related stress was significantly and negatively associated with quality of life among Indonesian caregivers working in Kanagawa, Japan. These findings highlight the importance of addressing work-related stress and strengthening support for the well-being and quality of life of Indonesian caregivers.

Keywords: DASS-21; Indonesian Caregivers; Japan; Quality of Life; WHOQOL-BREF; Work-Related Stress.

INTRODUCTION

Indonesian nurses working abroad as caregivers, particularly in Japan, face work-related pressures that may be more complex than those experienced by nurses working in Indonesia. These pressures arise not only from high job demands but also from differences in language, culture, and healthcare systems. Communication barriers with patients and colleagues, together with the need to adapt to a Japanese work culture characterized by discipline, precision, and high performance standards, may constitute additional sources of occupational stress among migrant nurses. Migrant nurses experience various psychological stressors related to difficulties in adapting to the culture, language, and work

systems of the host country (Mundakir, Efendi, Malini, Reliani, Priyantini, Prabawati, & Pradipta, 2026). Caregiving involves complex workloads, substantial responsibility for patient safety, administrative demands, and intensive interactions with patients and their families, making it a profession vulnerable to work-related stress. Excessive workloads may contribute to fatigue, sleep disturbances, and persistent occupational stress, which can affect individual well-being, work performance, productivity, and the quality of care provided. Research has demonstrated associations between workload, occupational stress, declining work performance, and an increased risk of burnout among nurses (Asante,

Li, Liao, Huang, & Hao, 2019). In Japan, Indonesian nursing personnel have participated in formal migration programs, including the Indonesia–Japan Economic Partnership Agreement (IJ-EPA). Indonesian healthcare personnel were employed in Japan through this program, including care workers, indicating the presence of a substantial Indonesian migrant healthcare workforce that warrants further investigation (Hirano, Nugraha, Shiozu, Higashijima, & Rahardjo, 2021).

Occupational stress is a recognized concern in healthcare. The National Institute for Occupational Safety and Health (NIOSH) identifies healthcare as one of the occupational sectors associated with high levels of work-related stress (Mariana & Ramie, 2021). Nurses may experience occupational stress due to excessive workloads, role conflict, time pressure, emotional demands, insufficient social support, and potential exposure to infectious diseases (Babapour, Gahassab-Mozaffari, & Fathnezhad-Kazemi, 2022). Occupational stress may occur when nurses face workloads that exceed their perceived capabilities and interfere with their ability to complete assigned responsibilities (Setiawan, 2021). Prolonged occupational stress may manifest as tension, irritability, reduced concentration, and difficulties in interpersonal interactions, potentially compromising nurses' ability to perform their duties effectively (Khairunnissa, Efendi, Wahyuni, Pradipta, Suraya, & Goh, 2026). Therefore, occupational stress represents an important concern because it may influence both nurses' well-being and their ability to provide optimal care to older adults. A preliminary study involving 10 Indonesian caregivers working in Japan indicated that several respondents frequently experienced fatigue and anxiety after work, limited opportunities for rest, and difficulties balancing work demands with personal life. These conditions are relevant to the physical, psychological, social, and environmental dimensions assessed by the WHOQOL-BREF. Quality of life is a multidimensional indicator reflecting an individual's perception of physical and psychological health, social relationships, and environmental conditions. According to the World Health Organization (WHO), quality of life encompasses an individual's perception of their position in life within the context of their culture, values, goals, expectations, and standards. Among healthcare workers, adequate quality of life is

important because it may support work productivity, job satisfaction, and the quality of patient care, whereas poorer quality of life may be associated with reduced work performance, psychological problems, prolonged stress, occupational fatigue, and burnout (Aditya, Mansyur, Mokoagow, Adi, Fitriani, Tobing, & Kallel, 2022).

Quality of life is particularly relevant among Indonesian nurses working as caregivers in Japan because of the combination of high work demands, cultural differences, language barriers, and the requirements of the Japanese work environment. Japanese nurses have been reported to experience work–life imbalance, which may be associated with quality of life, job satisfaction, and health status (Kumar, Bhat, & Ryali, 2018). A greater imbalance between work and personal life may correspond with poorer quality of life. Nurses who experience heavy workloads, extended working hours, and insufficient rest may also be more vulnerable to occupational stress, emotional exhaustion, and reduced psychological well-being. These conditions may subsequently affect work functioning and increase vulnerability to burnout (Tanaka, Koga, Nagashima, & Kuroda, 2021). The relationship between occupational stress and quality of life may also be influenced by individual and environmental factors. Social support and adaptive coping strategies have been identified as factors that may modify the relationship between stress and quality of life (Askari, Heydari, & Beigzadeh, 2025). Thus, quality of life cannot be considered solely in terms of occupational stress but should also be understood within the broader context of individual coping capacity, social support, and working conditions. This interaction may become particularly important among nurses working abroad, where occupational demands occur alongside cross-cultural adaptation. Indonesian nurses participating in caregiver programs in Japan are generally required to provide elderly care while adapting to Japanese language and workplace expectations. In addition to clinical competence, Japanese language proficiency is an important requirement for effective communication and adaptation within the workplace (Hakman, Suhadi, & Yuniar, 2021).

Although occupational stress among nurses has been extensively studied, evidence specifically examining the relationship between occupational

Nabila Febby Utami*, Dyah Rahmawatie Ratna Budi Utami

Universitas Aisyiyah Surakarta

Corresponding author: *E-mail: nabilafebby25@gmail.com

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stress and quality of life among Indonesian nurses working as caregivers in Japan remains limited. Previous studies have predominantly examined burnout, cultural adaptation, job satisfaction, or the general experiences of migrant healthcare workers, while the association between occupational stress and quality of life in this specific population has received comparatively little attention. In addition, the cross-cultural context may shape how nurses perceive occupational demands, stress, social support, and quality of life. Differences in individual adaptation and coping strategies may also contribute to variations in the relationship between occupational stress and quality of life.

RESEARCH METHOD

This study employed a quantitative correlational design with a cross-sectional approach. The design was used to examine the relationship between occupational stress and quality of life among Indonesian caregivers working in Japan. A correlational approach was applied to determine the

association between variations in occupational stress and quality of life among the study participants. Data on occupational stress and quality of life were collected at a single point in time, without intervention or manipulation of the study variables. The cross-sectional design allowed the researchers to assess the conditions of the participants and examine the relationship between the two variables without follow-up or repeated measurements (Puspita, Jubaedah, & Widiaty, 2025).

The study involved Indonesian caregivers working in Japan who provided care to older adults. The research was conducted within the context of migrant caregiving, in which caregivers may encounter occupational demands and work-related adaptation requirements. Occupational stress and quality of life were assessed based on participants' reported conditions at the time of data collection. The collected data were subsequently analyzed to determine the strength and direction of the relationship between occupational stress and quality of life among Indonesian caregivers working in Japan.

RESEARCH RESULTS

Table 1. Distribution of Respondent (N= 63)

Variable	Results
Gender (n/%)	
Male	16/25.4
Female	47/74.6
Length of Employment (n/%)	
>3 months–1 year	10/15.9
1-3 years	34/54.0
≥3 years	19/30.2
Stress Level (n/%)	
Normal	44/69.8
Mild	11/17.5
Moderate	2/3.2
Severe	5/7.9
Very Severe	1/1.6

The table shows that most respondents were female (47/74.6%), while male respondents accounted for 16 (25.4%). Based on length of employment, the majority had worked for 1–3 years (34/54.0%), followed by those with ≥3 years of employment (19/30.2%) and >3 months–1 year (10/15.9%). Regarding stress level, most respondents were classified as having normal stress levels (44/69.8%), followed by mild stress (11/17.5%), severe stress (5/7.9%), moderate stress (2/3.2%), and very severe stress (1/1.6%).

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Tabel 2. Normality Test

Variable	P-value	Conclusion
Stress Level Score	0.021	Not Normally Distributed
Quality Of Life Score	0.200	Normally Distributed

Based on the Kolmogorov-Smirnov normality test results presented in Table 2, the stress level score had a p-value of 0.021, which was lower than 0.05, indicating that the stress level score data were not normally distributed. In contrast, the quality of life score had a p-value of 0.200, which was higher than 0.05, indicating that the quality of life score data were normally distributed. Because at least one of the variables was not normally distributed, the relationship between work stress and quality of life was analyzed using the Spearman Rank correlation test.

Table 3. Relationship between Work Stress and Quality of Life

Variable	Correlation Coefficient (ρ)	p-value	Interpretation
Work Stress and-Quality of Life	-0.609	<0.001	Strong and significant negative relationship

Based on the Spearman Rank correlation test results involving 63 respondents, a correlation coefficient of -0.609 was obtained, with a significance value of $p < 0.001$. These results indicate a significant relationship between work stress and quality of life. The negative correlation coefficient indicates an inverse relationship, meaning that higher levels of work stress are associated with lower quality of life. Based on the correlation coefficient of 0.609, the relationship between the two variables falls into the strong category.

DISCUSSION

The present study found that Indonesian caregivers working in Japan had a mean stress score of 11.94 ± 8.65 , with a median of 12 and a range of 2–46. The variation in scores indicates that occupational stress was not experienced uniformly among participants. Differences in job characteristics, work experience, adaptation to the Japanese work environment, individual circumstances, and available social support may contribute to differences in perceived stress. Caregiving work involves substantial physical, emotional, and interpersonal demands because caregivers are responsible for assisting individuals with daily activities and responding to their care needs. For Indonesian caregivers working abroad, these demands may be

accompanied by challenges related to language, cultural differences, workplace expectations, and adaptation to a different healthcare and caregiving system. When occupational demands are not adequately balanced by individual and organizational resources, these conditions may contribute to psychological strain.

Stress among elderly caregivers is a multidimensional issue influenced by physical, emotional, social, and psychosocial factors (Tandilangi & Ticoalu, 2022). In the present study, female respondents constituted the majority of participants, female respondents were categorized as experiencing stress. This finding should be interpreted in the context of the sex distribution of the sample rather than as evidence that women are inherently more susceptible to occupational stress. Differences in occupational roles, working conditions, coping strategies, social support, and individual experiences may contribute to variations in stress across participants. Therefore, the predominance of female caregivers in this study provides important contextual information but does not by itself establish sex as a determinant of occupational stress.

Based on the DASS-21 stress subscale, most respondents were classified as having normal stress levels, with 44 respondents (69.8%), while 11 (17.5%) experienced mild stress, 2 (3.2%) moderate stress, 5

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(7.9%) severe stress, and 1 (1.6%) extremely severe stress. The DASS-21 stress subscale consists of seven items designed to assess symptoms associated with stress. In this study, the stress subscale was interpreted using scores multiplied by two, resulting in the following categories: normal (0–14), mild (15–18), moderate (19–25), severe (26–33), and extremely severe (≥ 34). The instrument was used to describe the level of stress symptoms and was not intended to establish a clinical diagnosis.

The predominance of the normal category suggests that most participants did not report stress symptoms reaching the mild to extremely severe range at the time of assessment. This finding is comparable with previous research among caregivers of children with developmental delays, in which 78.5% of caregivers were categorized as having normal stress levels based on the DASS-21 stress subscale (Paschalia, Doondori, Kurnia, & Se, 2022). Similarly, research among caregivers in India reported that 80.8% of participants were classified within the normal category, with smaller proportions experiencing mild to extremely severe stress. Nevertheless, 19 participants (30.2%) in the present study were classified as experiencing stress ranging from mild to extremely severe. This proportion indicates that a considerable subgroup of Indonesian caregivers reported stress symptoms ranging from mild to extremely severe and therefore warrants attention despite the predominance of normal stress levels in the overall sample (Phan & Vo, 2016).

The presence of stress symptoms among some participants may be related to the complex demands of migrant caregiving. Asis and Carandang reported that migrant care workers in Japan, including Indonesian workers, may experience stress associated with relationships with colleagues and patients, language barriers, work–life balance, health concerns, working conditions, and the work environment. Heavy workloads, fatigue, and communication difficulties may further increase the psychological burden associated with caregiving work. For Indonesian caregivers, these challenges may occur simultaneously with the need to adapt to Japanese language and cultural norms, potentially increasing the demands of everyday work. These findings highlight the importance of considering both occupational and cross-cultural factors when understanding stress among Indonesian caregivers

working in Japan (Saridi, Filippopoulou, Tzitzikos, Sarafis, Souliotis, & Karakatsani, 2019).

Spearman's rank correlation analysis demonstrated a significant negative relationship between occupational stress and quality of life among Indonesian caregivers working in Japan ($r_s = -0.609$, $p < 0.001$). The negative direction indicates that higher occupational stress was associated with lower quality of life. The magnitude of the correlation indicates a relatively strong inverse association between the two variables. However, because this study used a cross-sectional design, the finding should be interpreted as an association rather than evidence of a causal relationship.

The observed relationship may be understood through the multidimensional nature of quality of life. Persistent occupational stress may be accompanied by fatigue, sleep disturbances, reduced psychological well-being, and difficulties in performing daily activities, all of which may influence an individual's perception of physical and psychological health (Li, Jiang, Sun, Shi, & Liu, 2021). When occupational demands are sustained over time, limited opportunities for rest and recovery may further interfere with personal activities and social relationships. Consequently, occupational stress may be reflected across several dimensions of quality of life rather than being limited to the workplace.

The relationship may be particularly relevant among Indonesian caregivers working abroad because occupational demands occur within a cross-cultural environment. In addition to caregiving responsibilities, participants may need to adapt to differences in language, communication patterns, workplace norms, and social environments. Physical distance from family and limited opportunities for direct interaction with family members may also influence emotional well-being and perceived quality of life. These factors may interact with occupational stress and contribute to differences in how caregivers perceive their overall well-being (Supratman, Mastuti, Widodo, & Rosyid, 2020). The findings are consistent with research examining Indonesian nurses working in Japanese healthcare facilities. Support from colleagues, friends, family, and organizations played an important role in sustaining Indonesian nurses' employment in Japan (Efendi, Has, Pradipta, Houghty, Oda, & Tsujita, 2025). Their findings also identified economic considerations, opportunities for

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personal development, and family relationships as relevant aspects of the experiences of migrant nurses. These findings suggest that the well-being of Indonesian healthcare workers in Japan is influenced not only by occupational conditions but also by their social and personal environments. Overall, the significant inverse association identified in this study indicates that occupational stress and quality of life are closely related among Indonesian caregivers working in Japan. The findings emphasize the importance of attention to workload, rest opportunities, workplace support, communication, cultural adaptation, and social support in maintaining the well-being of migrant caregivers. However, further longitudinal research is needed to determine the temporal relationship between occupational stress and quality of life and to identify factors that may protect caregivers from the adverse consequences of occupational stress.

CONCLUSION

Most Indonesian caregivers working in Japan had stress levels within the normal range. The mean quality of life score was 14.81 ± 2.46 . A statistically significant strong negative correlation was identified between occupational stress and quality of life ($r_s = -0.609$; $p < 0.001$), indicating that higher occupational stress was associated with lower quality of life. Because this study used a cross-sectional design, the finding represents an association and does not establish a causal relationship. These findings highlight the importance of attention to occupational stress, workplace support, rest opportunities, communication, cultural adaptation, and social support to promote the well-being and quality of life of Indonesian caregivers working in Japan.

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