

Warmly Received but Still Adjusting: Filipino EPA Nurses in Japan

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Abstract

This study reflects on the experiences of six Filipino nurses deployed to Japan under the Japan-Philippines Economic Partnership Agreement (JPEPA) and their employers.

It first presents the narratives of the interviewees on preparations for the NBE. All of the six Filipino nurses acknowledge and appreciate the support of the hospital. It also presents the thoughtful strategies and extraordinary efforts of the hospital staff to help the Filipino nurses. The following section is a discussion of their experiences after the NBE. The narratives reveal that both the Filipino nurses and their coworkers are puzzled as they face new challenges when the EPA nurses became licentiates. The narratives also reveal that Filipino EPA nurses cannot have a clear career path even after passing the NBE. This article also conveys the voices of Filipino nurses how JPEPA program for nurses could be improved.

These narratives are reflected vis-à-vis theories on second-language acquisition, scope of nursing, and migration policy. The article concludes by proposing that Japanese language training be continued even after passing the NBE, that qualified Filipino nurse candidates' stay in Japan be extended for a few more years even after failing the NBEs, that retaking of the NBE by those who have returned to the Philippines be facilitated, and that measures for brain circulation and brain gain be crafted.

Keywords: EPA, Filipino nurse migration, language barrier, career path

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Introduction

This paper reflects on the experiences of Filipino nurses from the first two batches of health workers deployed to Japan under the Japan-Philippines Economic Partnership Agreement (JPEPA) in 2009 and 2010, as narrated by themselves and their Japanese coworkers in semistructured interviews. Specifically, this paper presents (1) the perceptions of Filipino nurses of their status after passing the National Board Examination (NBE) for nurses in Japan, particularly in comparison with that before they passed the exam; (2) their personal and professional plans; and (3) their views of JPEPA's program for nurses and its implementation.

Previous transcultural nursing theories (Leininger 1978, 1991, 2002) have been formulated from the standpoint of health professionals—how they viewed their patients' concept of illness, health beliefs, and health behaviors in a “different” culture. But when a nurse moves to a foreign country and works in another cultural and social setting, it is he/she who should adjust himself/herself to the new environment in accordance with the rules, customs, and habits of the host country. This paper asks how this takes place when Filipino nurses, who were educated in the Philippines, work in Japan under JPEPA and how the gaps can be bridged.

The primary data for this paper are the narratives of six Filipino economic partnership agreement (EPA) nurses gathered through semistructured interviews conducted in Japan in July 2012. Follow-up interviews were conducted in April 2017 (see Ohno's Acknowledgment), with a Filipino nurse and a hospital staff, separately, using English, Tagalog, and Japanese. All of them had passed the NBE for nurses given in 2010, 2011, or 2012. The six interviewees were identified through the following process: All hospitals whose Filipino EPA nurse trainees passed the NBE in 2010, 2011, or 2012 were contacted for possible interviews of their respective Filipino nurse/s and other staff. Five of the hospitals selected for this study replied positively and consented to the interview. Seven questions guided the interview: namely, questions

about (a) the NBE; (b) how they felt after successfully hurdling the exam; (c) changes in their jobs, salary, and benefits after passing the NBE; (d) human relationships at the workplace; (e) their personal and professional plans; (f) their thoughts about JPEPA; and (g) their recommendations for JPEPA. Interviews were conducted primarily in colloquial Filipino. Each interview lasted from one and a half hours to two hours. All of the interviews were held in their respective hospital premises. Permission to conduct the interview was given by the participants themselves, with the consent of their employers. The interview was recorded and transcribed. The script of each interview was sent to each interviewee for cross-checking and feedback. The present tense in the narrative is that of the time of the interview. The names that appear in this report are not the nurses' real names.

The six Filipino interviewees consisted of five females and one male. The youngest was twenty-seven years old and the oldest was thirty-seven at the time of the interview. In terms of civil status, one is married, one is separated, and the rest are single. Two of them had worked abroad as nurse before their stint in Japan. The rest had at least three years of work experience in Philippine hospitals. One passed Japan's NBE for nurses on her first try, two on their second try, and the rest on their third try. Table 1 provides the profile of the six Filipino nurse interviewees.

Name	Age and Gender	Civil Status	Years of Work Experience (before JPEPA)	Unit /Area of Assignment at the Time of Interview
Elsa	37/F	Separated	13	Emergency
Fely	36/F	Married	11	Obstetrics
Norma	30/F	Single	3	Medicine
Jonas	28/M	Single → Married	3	Orthopedics → Rehabilitation
Lilia	27/F	Single	3	Medicine
Carolina	31/F	Single	3	Dementia

To supplement the narratives of the Filipino nurses, their Japanese coworkers were also interviewed separately. The Japanese interviewees were three directors, three head nurses, three instructors, and seven staff nurses who take care of Filipino nurses. They hold different positions like director, head nurse, or staff nurse. The four questions that guided the semistructured interviews were as follows: (a) how they support Filipino nurses in their passing of the NBE; (b) current working conditions of the Filipino nurses and the challenges they face; (c) their thoughts about JPEPA; and (d) their recommendations for JPEPA. The interviews were conducted primarily in Japanese.

The strength of this study lies in that both the Filipino nurses and their fellow hospital staff were interviewed, and that the Filipino nurses were interviewed primarily in Filipino. Only a few Filipino or Filipino-speaking researchers have had access to Filipino EPA nurses who are working in Japan for in-depth interviews until today. The study also introduces the voices of the Japanese hospital staff, including their critical views of the Japanese government. It is also anticipated that the experiences, perspectives, and proposals this study presents will not only contribute to the improvement of JPEPA (and the Japan-Indonesia and Japan-Vietnam Economic Partnership Agreements to a certain extent) but also enlighten those involved in the preparations of mutual recognition agreements (MRAs) on professional qualifications for the smoother movement of high-skilled workers within member countries of the ASEAN Economic Community (AEC), as this study reveals the challenges experienced by professional migrant workers whose destination is not an English-speaking country.

In what follows, the article presents the narratives of the interviewees on preparations for the NBE. All Filipino nurses acknowledge and appreciate the support of the hospital. We can also see the thoughtful strategies and extraordinary efforts of the hospital staff to help the Filipino nurses. The next section is a discussion of their experiences after the NBE. The narratives reveal that both the Filipino nurses and their coworkers are puzzled as they face new challenges when the EPA nurses became

licentiates. The narratives also reveal that Filipino EPA nurses cannot have a clear career path even after passing the NBE. The Filipino nurses' recommendations for JPEPA follow. These narratives are reflected vis-à-vis theories on second-language acquisition, scope of nursing, and migration policy. The article concludes by proposing that Japanese language training be continued even after passing the NBE, that qualified Filipino nurse candidates' stay in Japan be extended for a few more years even after failing the NBEs, that retaking of the NBE by those who have returned to the Philippines be facilitated, and that measures for brain circulation and brain gain be crafted.

Gearing Up for the NBE: Aspiration of Nurses and Strategies of Hospitals

All nurses who were interviewed for this study belong to the batches that were not provided predeparture language training but given a six-month intensive course after arriving in Japan. After that period, they began to receive on-the-job training at the hospitals that employed them. To prepare for the NBE, all of them were given at least three days in a week for continuing language lessons and/or self-study with modules at their respective hospitals. Generally speaking, a six-month intensive Japanese language training in a grammar-based syllabus with a writing system component—which is imperative for those aiming for professional work using Japanese—is not enough for learners to be able to speak fluently or read all the questions of the NBE, even though they could be well-grounded in grammar and are likely prepared to speak Japanese in daily conversation settings (and potentially to improve thereafter) once they enter Japan. The interviewees reported for hospital duty only twice a week. This gave them enough time to study, especially to become familiar with the Japanese medical terms and to practice writing/reading kanji, Chinese characters applied in Japanese, which are confusing to every Japanese language learner due to the arbitrary adaptation of letters developed for Chinese language to the sounds of Japanese.

Elsa and Fely, who have thirteen years and eleven years of work experiences (in the Philippines and abroad) respectively, work for the same hospital. Both of them acknowledged the enormous help provided by their fellow hospital staff in facilitating their review for the NBE. They were given ample time to study Japanese with their instructor, a hospital staff with a good command of English, who was specifically assigned to coach the nurse candidates as “special instructor.” She gave Elsa and Fely a series of quizzes that drove them to study harder. In learning kanji, for example, the instructor patiently taught them how to read every word correctly and the meaning thereof, in one to two tutorial sessions held regularly. It is noted that not all hospitals employing EPA nurses provided this kind of arrangement for language study. As Hirano’s article in this special issue indicates, arrangements for language study vary from one hospital to another, because JPEPA is silent on this matter and the Ministry of Health, Labour and Welfare (MHLW) of Japan does not regulate measures with regard to preparations for the NBE, including language study.

Elsa and Fely’s hospital is one of the most proactive hospitals among those receiving Filipino nurses. In the interview, the director of the hospital that employed Elsa and Fely shared with the authors of this article their strategies on how to make Filipino nurses pass the NBE. The planning had started even before their entry to Japan. First, the director carefully chose candidates by checking the profile of each nurse in the list of applicants. The data provided in the list of applicants were gender, age, and previous work experience, among others. He carefully chose those who were not too old but had sufficient work experience abroad. Being too old may be an obstacle to learning a new language, while having sufficient work experience abroad may indicate one’s flexible personality to a foreign environment. Through this process, Elsa and another Filipino nurse were chosen for the first batch (which entered Japan in 2009), and so was Fely for the second batch (which entered Japan in 2010). Second, he assigned a hospital staff who can speak English well as a special instructor for the Filipino nurses. Third, the director visited Elsa and another Filipino nurse candidate during weekends when they were taking an intensive

language course at a training center of the Association for Overseas Technical Scholarship (AOTS)¹, after their entry to Japan as members of the first batch Filipino EPA nurse candidates. They were given instructions from the director in English, since they were not yet proficient enough in the Japanese language, to memorize kanji (Chinese characters) and technical terms frequently used in NBE.

Fourth, after they were deployed to the hospital, Elsa and Fely were offered ample study hours at the hospital under the supervision of the special instructor. The special instructor offered them mock examinations using Japan's NBE's questions translated into English.² They were also advised to master kanji as much as possible to be able to understand what is being asked in the NBE questions as well as what is being shown in the answer choices for each question. The special instructor was very determined to let the EPA nurses pass the NBE; therefore, memorizing kanji and technical terms—which are very often composed of kanji—was given more emphasis than mastering grammar and sentence patterns. The special instructor's advice is reasonable. Experts in Japanese language education report that highly specialized knowledge on vocabulary (and corresponding kanji) is necessary for passing the NBE, whereas for grammar, only very basic knowledge, with some specific knowledge on case-marking particles (*kakujoshi*), would do (Iwata 2014; Iwata and Iori 2012; Okuda 2011).³

Remarkably, Elsa passed the NBE on her first try in 2010. When Fely arrived in Japan in 2010,⁴ a year after Elsa did, and was employed by the same hospital, the same work/study conditions were applied to her. After failing the NBE in her first try in early 2011, Fely was assigned to work in a general ward while continuing her study, as recommended by the director of the nursing service department so as for her to have on-site experiences in a Japanese clinical setting.⁵ That was a strategy to let her pass the NBE, as exam questions include situational questions that could be answered more easily by becoming familiar with the clinical settings in Japan.

The six Filipino nurses interviewed for this article unanimously had high motivation to pass the NBE, although some of them expressed that working and studying at the same time was physically and mentally tiring. From the very start, said Elsa, her determination to pass the NBE was very high. She set her mind to memorize ten kanji characters a day, as advised by her special instructor. So it was a feat to learn a thousand kanji characters before the examination. For Elsa, success in passing the examination is a combination of her personal effort and institutional support.

Norma, who applied for JPEPA's program after a three-year work experience, said that maintaining emotional and psychosocial stability is important for one to hold on to her dreams and life goals. Her employer and her Japanese coworkers had been a source of support and stability because they treat her as if she were a family member. Her employer's advice to her, "study hard for your own sake," was a source of inspiration.

With regard to the exam questions, Filipino nurses generally considered those related to fundamentals of nursing and biostatistics as easy ones. The difficult questions were those consisting of lengthy nursing situations and clinical scenarios written in long sentences, including numerous kanji. Also considered difficult were the questions pertaining to Japan's health-care system, nursing system, labor laws, and insurance systems. (See also Kawaguchi's article in this volume for details on this matter.)

Working as a Registered Nurse

Tasks and Responsibilities

Until they pass the NBE, deployed Filipino nurses are called "nurse candidates" or trainees. Before acquiring Japan's nursing license, the participants in this study primarily performed the tasks of an assistant nurse, such as feeding, bathing, and assisting in the toilet needs of their patients. In Japan, these activities are subscribed in the Act of Public Health Nurses, Midwives and Nurses ([1948] 2014) to be handled by a registered nurse, or by a nurse aid under the supervision of a registered nurse. Other

activities they were tasked to perform included distributing tea to patients, changing diaper, dusting and mopping, cleaning toilets, and repairing wheelchairs. The interviewees referred to these tasks as menial jobs or “non-nursing functions.” Filipino nurses (as nurse candidates) were obviously embarrassed. However, it must be noted that in Japan these tasks are usually rendered by both registered nurses and nurse aids. Japanese hospital staff would never have thought that they were assigning “menial jobs” to Filipino nurses because these are considered nursing tasks in Japan which, legally speaking, can also be rendered by nurse aids who are yet to be licensed. The above-mentioned narrative by Filipino interviewees manifests an instance of a gap in scope of nursing between the two countries that must be addressed and bridged.⁶

The six Filipino nurses who passed the NBE expressed that there had been major changes in their nursing responsibilities after passing the NBE. They take and carry out doctor’s orders, give medications, and write nurse’s notes. These are the tasks that they did not do when they were trainees. Some of them perform blood extraction, maintain intravenous lines, conduct health teachings, and discharge instructions for patients. One of them even handles trauma patients, administers emergency drugs, and performs cardiopulmonary resuscitation when called for.

As a member of a team of interdisciplinary approach—which is often practiced side-by-side with primary nursing, concurrently in many medium- and large-scale hospitals in Japan today—Norma works with other health-care professionals, including doctors and pharmacists, in taking care of eight elderly patients, mostly bedridden. Her bedside-care duties include turning patients to sides, giving sponge bath and bed sore care, suctioning, and drug administration. She says the work is very demanding. But what is most challenging to Norma is understanding doctor’s handwritten orders. She finds it quite stressful that she has to be extra careful all the time so that she would not commit a mistake in taking and interpreting doctors’ orders.⁷ Norma wishes her hospital would introduce the electronic medical record.

The nursing tasks peculiar to elderly care challenged Filipino nurses. Jonas at first could hardly manage disimpaction when he was assigned to do so as a registered nurse after passing the NBE. In the Philippines, he had never had a chance to practice it. Today, he understands the significance of disimpaction in gerontology nursing since the elderly tends to suffer from constipation. Disimpaction is a means to make such patients feel comfortable.

Jonas further disclosed that it was at first difficult for him to accept that he had to assist transporting 45 patients twice a week for bathing, from bed to bathroom and vice-versa when he was still a candidate (before passing the NBE). Most of his patients are elderly, including those who are seriously ill. He said “*patayan sa trabaho dito; mahirap magbuhat ng pasyente*” (Work here is deadly grueling; lifting patients is tough enough). He was a member of a team of ten or more medical staff who carry 45 patients one by one on a stretcher every bathing day. In 2017, Jonas views this experience slightly differently. After passing the NBE, he came to have heavier responsibilities as a registered nurse, particularly in primary nursing in which he is responsible solely for an assigned patient from admission to discharge. Compared to his present responsibilities, the task of transporting patients then was “easy.” In his recollection, the days when he was a nurse candidate were his “happiest days” (*ichiban shiawase dattandesu*). Today, after passing the NBE, Jonas is no longer engaged in carrying patients for bathing, as his supervisor assigns him to engage in more “professional work.”

Social Acceptance and Supportive Environment

The nurses interviewed for this study expressed their appreciation for the support and assistance of their respective Japanese employers, supervisors, and coworkers at large. Some shared that their superiors were very helpful and accommodated their needs and requests. Lilia said that, from the first day of her work, she did not encounter any problems in the manner she was treated by her superior, who even said, “foreign nurses are like my daughters.” Similarly, Norma admitted that

she is happy with her relationships with her coworkers, “They treat me nicely, and are supportive of me.” She also said that her employer provided full support not only in preparing her for the NBE but also in accepting and respecting her.⁸

Some of them said that passing the NBE made a difference in their social environment. Fely said, “all my Japanese coworkers greet me, unlike before when they regarded me quite inferiorly.” Another one shared that “whereas before, anyone in the ward would tell me what I should do, now I can delegate some of the tasks to a Japanese caregiver.” Another said, “our supervisor is proud of us, telling others that Filipinos are intelligent.” However, they knew that some of their batchmates who work for other hospitals were not necessarily in a similar situation as they had to deal with indifferent Japanese superiors.

Salary and Benefits

As nurse candidates, they received a monthly salary that ranged from 120,000 yen to 230,000 yen (or PHP 54,000 to PHP 105,000). Now as licensed professional nurses, they get 280,000 yen (PHP 128,000) on average, plus a bonus and a three-day summer leave. Their monthly net income amounts to an average of 280,000 yen (PHP 82,000) after deductions of insurance, taxes, house rental, Internet, telephone and utility charges, and so on. They have eight to ten days off from duty every month.

As Filipino nurses would like to visit to the Philippines from time to time, they request their hospitals for a leave of seven to ten consecutive days. Granting employees more than a week of leave at a time is hardly acceptable for Japanese hospitals because of difficulties in human resource management due to manpower shortage. However, hospital managers understand that Filipino nurses must go home for the occasional family reunion. Japanese staff nurses from two different hospitals claimed that they, respectively, allowed foreign nurses a longer vacation leave than what Japanese nurses received.⁹

Interpersonal Relationships and Communication in Japanese

The Filipino nurses interviewed unanimously feel that they are well-received at their respective workplaces as licensed nurses after passing the NBE. They also feel that they are liked by their patients. But they still struggle with oral and written communication in Japanese. They feel that they need to continue studying Japanese, particularly technical and formal expressions, as they regret that they are sometimes not perfectly confident in taking doctors' orders correctly and in rendering health teachings to patients accurately.

All of them said that Japanese patients like the Filipino nurses. Lilia considers that she is well-liked by her coworkers and patients because of her "akarui" (cheerful) personality. Similarly, Jonas thinks that his patients appreciate his way of caring, "Whatever I lack in verbal communication, I make up for it by being sensitive to their needs through feelings and touch." Carolina said, "my coworkers treat me well." Japanese nurses politely and patiently respond to her questions that concern her work.

However, they continue to suffer from language gaps. Challenges become greater as the tasks they handle require more sophisticated language skills. Jonas is still coping with his lack of proficiency in the Japanese language. He relies on a mentor who continuously guides him in his work, especially in interpreting doctors' orders correctly, instructs him on how to write nurse's notes using kanji, explains the work flow, and responds to his questions. Carolina revealed, "I'm afraid of the doctors whom I have difficulty communicating with." According to her, she continues to study Japanese to improve her oral communication. Elsa, the only Filipino nurse then who had passed the NBE on the first try, also said that she continues to experience language difficulties. Because her functions have expanded, a good command of the language became a necessity. This is where her insecurity comes in. "I feel bad when I don't understand what others say in Japanese. For instance, when I take verbal order from doctors." Fely added that she had difficulty explaining herself in Japanese

especially when she gives health teachings. “I’m a bit frustrated because I can’t give the best explanation to my patients. Health teaching is more difficult than everyday conversations because health teaching has to be done systematically and politely.” Jonas informs the authors of this article that even after five years, he is facing difficulties in taking notes for his committees even after five years, while appreciating that his hospital introduced the electric medical record and has no problem in taking nursing records.

Language barriers challenge hospital management, too. A Japanese hospital staff disclosed that the hospital cannot assign night shift to one of the EPA nurses, due to insufficiency of language communication skills, particularly in writing.¹⁰ With no night shift opportunity, the nurse has less opportunities to earn extra honorarium. The hospital staff is even sympathetic to the situation. Writing records pertains to composition skills that can be improved only through the personalized coaching of a professional language instructor. This situation confirms the need for continued support for Japanese language training for EPA nurses, even after passing the NBE.

Supporting the claims of the Filipino nurses, the Japanese hospital staff are generally happy with the Filipino nurses. However, a Japanese staff nurse who is working with a Filipino nurse, commented that when a Filipino nurse makes mistakes in using particles, even a single one in a dialogue, patients and their families become anxious about the nurses’ competency in health teachings. Kanji is crucially important in the Japanese writing system, as are the particles in grammar. In Japanese, the wrong use of a particle could confuse listeners; moreover, the message could not be conveyed as intended, or, in the worst case, it could be totally misinterpreted. This manifests the need for continuing Japanese language education. If mastering technical terms in kanji was the priority in preparations for the NBE, improving accuracy in grammar (both oral communication and written), including the use of particles, among others, is vital for the post-NBE period.

Personal and Professional Plans

All of the Filipino nurses are grateful for the support they received from their respective hospitals, but none of them is determined to work in Japan for good.

Jonas said, “I’ll stay here for as long as I’m happy.” But he is not very sure of his future prospects, “My feelings are unsure.” He is still struggling with the Japanese language, especially in medical charting, which affects his sense of confidence, a confidence needed by a good nurse.

Lilia assured that, in the next two years, she would fulfill her commitment working in Japan, for as long as her body is able (“*hanggang kaya ng katawan ko*”). She said that she appreciates the learning experience obtained from her current job. For instance, simple as they are, there are helpful bedside gadgets, like the bladder scan, which makes it easier for the nurse to report the presence or absence of a patient’s urine output. She finds that Japan is generally advanced in terms of medical technology, even though the Philippines and Japan are on an equal footing in terms of nursing knowledge.

Similarly, Norma likes the new experiences she can obtain in Japan, while facing a dilemma of whether to stay long in the country. The factors that pull her to stay are the proximity of Japan to the Philippines and the incessant support of her employer. “To return their kindness, I work seriously and hard,” she said. She also appreciates the opportunity of learning new trends in nursing, such as the interdisciplinary approach and preventive care in the hospital setting. She is also attracted to the state-of-the-art medical equipment in her work environment. However, the negative factors she considers are the Japanese language and the high cost of living, which depletes her personal budget and monthly remittance to her family.

As for Carolina, she disclosed that for some months she has been self-reviewing for the National Council Licensure Examination (NCLEX) for nurses in the United States.¹¹ Should she pass the NCLEX, she is ready to set off to work there. If not, she sees herself continuously working in Japan.

Fely's dilemma poses a fundamental question on the nature of the "movement of natural persons" under JPEPA: either Japan accepts them as migrants or as temporary workers. She said that she could count five more years in Japan if she could bring her family with her, "My family is my priority." Her hospital advised her not to invite her family to Japan. The hospital director stuck to his position that Japanese society is not ready to accept foreigners in larger numbers at large—and in particular, in providing English education for children and work opportunity for spouses. Under JPEPA, a spouse of a nurse holding a visa "for Designated Activities (Nurses and Certified Care Worker under EPA)" is allowed to work only up to twenty-eight hours a week.

Perceptions of JPEPA

Jonas finds that the Japan International Corporation of Welfare Services (JICWELS) and other agencies of the Japanese government have given adequate support to JPEPA nurses in general. However, Carolina suggested that the Philippine government has to be more proactive in monitoring the condition of Filipino nurses in Japan, including their work conditions and the forms of support that hospitals provide them. She said that Japanese hospitals participating in JPEPA should have standard terms and conditions of work. Provisions of language training should also be uniform among participating hospitals. JICWELS, on its part, should work hand-in-hand with hospital employers to make sure that provisions in the contract are faithfully practiced.¹² For nurse candidates who are not able to pass the NBE, Carolina says, there must be a "safety net" so that they are not immediately sent home after failing for the third time. Another chance should be given to those who really like to stay in Japan.¹³

Five of them said that it is important for the Philippine Overseas Employment Agency (POEA) to ensure that the hiring hospitals have serious and long-term plans about foreign nurses. JICWELS should immediately address problems encountered by nurse candidates so that they would not be traumatized. For instance, the participants cited that

some of their batchmates were not given free accommodations, which they expected from their employers. They were also left to fend for themselves during their adjustment period.

All participants to this study stated that hospitals should continue providing support, especially with language education, even after the nurses had passed the NBE. They believe that for as long as Japanese employers need Filipino nurses and both governments are serious about the intentions of JPEPA, it can have a bright prospect.

Discussion

a. Mastering the Japanese Language

In the Philippines the medium of instruction of nursing education is predominantly English. Also, Filipino nurses complete the college degree program.¹⁴ Previous studies cite these two practices as the primary reasons why Filipino nurses are in great demand in the international labor market (Hawthorne 2001; Tan 2005; Lorenzo et al. 2007 cited in Cirujales 2012, 5). Unquestionably, the American colonial legacy has facilitated the emigration of Filipino nurses to the United States and other English-speaking countries like Canada and the United Kingdom since the 1970s (Choy 2003, 1–3).¹⁵ In later decades, the emigration of Filipino nurses has expanded to other English-speaking countries, such as those in the Oceania and even the Middle East where modern medical services are offered in English. Since the mid-2000s, the destination of Filipino nurse migration has even expanded to some of the European language-speaking countries where the knowledge of English in alphabetic writing system, grammar, and vocabulary is applicable in mastering the medium of communication. This trend is predicted to continue even further, owing to the increasing demand for nurses today in a number of aging countries—in Europe, the Americas, and Asia—that face a shortage of health professionals (Lorenzo et al. 2011). In 2014, the Philippines sent 19,815 nurses overseas, a rapid increase from 16,404 in 2013 and a doubling from 9,178 in 2007 (POEA 2007-2011, POEA 2010-2014).

It is reasonable that the special instructor of Elsa and Fely advised them to focus on kanji and the technical terms for the sake of their passing the NBE. Indeed, they did make it. But the narratives of the Filipino nurses in this study make us aware that knowledge of Japanese language for passing the NBE is not enough for Filipino nurses to work in a clinical setting, since as a nurse, the tasks require them to have proficiency also in verbal communication (with both medical staff and patients), reading (often badly) handwritten notes, and writing nursing notes. In the case of Fely, she had a one-year experience of working in a general ward while preparing for the NBE, as recommended by the director of the nursing service department. This was primarily intended to facilitate her preparations for the NBE through on-site experiences in a Japanese clinical setting. But even with such experience, Fely still found it necessary to continue studying Japanese. Other interviewees shared the same view. No matter how hard Filipino nurses may study Japanese, and how intensely hospitals may support them, the Japanese language course provided in the framework of JPEPA is far from sufficient for Filipino nurses to acquire enough competency in Japanese for work.

To date, few studies have been conducted on the second-language acquisition of adult, professional migrants. Therefore, in this study, the outcome of a research on the second-language acquisition of children is appropriated as a tentative measure to understand better the language acquisition of Filipino EPA nurses in Japan.

Theories of second-language acquisition have been developed by experts in heritage language education. They generally agree with the so-called Cummins' theory that proficiency in one's second language can be better analyzed by treating separately the language skills needed for communication in an everyday life setting and those for understanding and expressing abstract and technical knowledge. The former is termed "conversational fluency" (CF) for oral conversational skills or "discrete language skills" (DLS) for basic reading and writing. The latter is termed "academic language proficiency" (ALP) for understanding and expressing abstract concepts (see Cummins and Nakajima 2011; Nakajima 1998).¹⁶ Based on her years of research in Canada among migrant children and

applying Cummins' theory, Nakajima suggests that it takes two to three years for child migrants to acquire a comfortable level of CF and DLS in the second language (e.g., English in Canada) and five to eight years for ALP (i.e., without handicap in exams, school assignments, or composition in English like native speakers) when they attend an English-speaking local school and receive due support (Cummins and Nakajima 2011).

It is emphasized that “language proficiency” does not pertain to a monolithic skill. Rather, it consists of different types of skills, each of which must be measured separately and differently. To apply the logic of the Cummins' theory to EPA nurses in Japan as a tentative measure—until new theories on language learning of adult, professional migrants are developed—it is fair to estimate that they are likely able to acquire only basic communication skills (in both oral communication and reading/writing Japanese letters including kanji, as equivalent to CF and DLS), sufficient for everyday life within the period of three years of the JPEPA program at most. It will take them a few more years to become proficient enough for professional work (as equivalent to ALP).

b. Difference in Scope of Nursing in the Two Countries

It is safe to assume from the interviews that not much attention was given to the differences in the nature of nursing in Japan and the Philippines in the process of crafting the provisions for JPEPA program, which contains primarily the language training component (which itself has proved to be insufficient as illustrated above). As a result, the different scope of nursing, such as the eminence of elderly care and difference in workplace culture and personnel management system in Japan, disoriented both the Filipino nurses and the Japanese hospital staff. The problem could have been prevented if both were properly guided. Although the interviews reveal that both parties consider difficulties as learning opportunities in one way or another, gaps in the scope of nursing practice between the Philippines and Japan have to be filled for mutual benefits. Therefore, it is essential that a training program for EPA nurse candidates be designed by taking

into consideration such variations in nursing practice in the Philippines and Japan, which in turn arise from the medical needs, and sociocultural contexts, in each country.

In addition to existing sociocultural differences, another cause of the disorientation of Filipino nurses under JPEPA is attributed to a legal restriction in Japan. Filipino nurses who are nurses in the Philippines are not, legally speaking, nurses in Japan until they pass the NBE. They are called “nurse candidates” until such time. The narratives of the hospital staff reveal that hospitals usually assign EPA nurse candidates the tasks that are otherwise rendered by non-nurses due to legal restrictions and their linguistic limitations. Although hospitals deem this to be a logical solution, the Filipino nurses felt they were being deskilled by engaging “menial jobs,” as called by some Filipino nurses—such as distributing tea and meals to patients, changing diapers, dusting, mopping, cleaning toilet, and repairing wheelchairs. Filipino nurses were asked to do these tasks by Japanese registered nurses, especially before they pass the NBE. It is easy to imagine the puzzlement of Filipino nurse candidates when they were instructed to do these jobs.

Such situation leads us to the following points. First, by its nature, nursing practice is influenced by the culture and social context of each country—and by the human resources condition of each hospital in a country. Second, for this reason, foreign nurses who are instructed to engage in such nursing practice in a country with different social, cultural, or human resource management contexts, may be bewildered, unless the sociocultural context of such nursing practices is properly understood. Third, therefore, it is necessary for Japanese nurses to be able to explain foreign nurses why a certain job is necessary and has to be handled by registered nurses, with considerations of sociocultural as well as human resource management perspectives. For this, it is imperative that Japanese nurses and hospital staff too become familiar with nursing practices of the Philippines.

c. Inconsistent Migration Policy

The narratives reveal that EPA nurses cannot have a clear vision of their career path and future plans. On one level, they are not sure of their physical and mental strengths to survive the challenging work environment. On this, the previous three sections proposed that continuous support for Japanese language learning be rendered and that measures to bridge the differences in the scope of nursing between the two countries be crafted. On another, as manifested by Fely's predicament when she was advised not to bring her child/ren to Japan, EPA nurses are not sure how to manage their family life should they continue to work in Japan after passing the NBE. Some of them already have a family when they applied for the program, while many shall be ready to have their own family sooner or later. If more Filipino nurses enter Japan under JPEPA and they are expected to pass the NBE and stay to work in Japan, it is imperative that the Japanese government craft a system that allows the EPA nurses to stay legally longer (or even eventually almost permanently) with their family members if they wish to do so. Under the current system, EPA nurses may bring their spouses to Japan, but the spouses are allowed to work only up to twenty-eight hours a week in Japan. Also, Japanese schools are far from ready to render sophisticated multicultural education, as hinted by the director of the hospital of Fely; therefore, EPA nurses (and their spouses) may not be able to raise their children in Japan comfortably. In other words, even if the EPA program is designed for the enforcement of free trade, it cannot be run at the expense of each nurse's (and his/her family member's) right to live a humane life as an individual citizen.

In this respect, worth referring to is a recent newspaper article about an Indonesian couple who are both EPA nurses (Kimi and Miki 2016). The article informs us that, as of September of 2016, 1,118 EPA nurse candidates have entered Japan (from Indonesia, Philippines, and Vietnam) and 191 passed the NBE. Among the 191 NBE passers, 62 have either left Japan or changed their visa status (presumably no longer working as nurse).¹⁷ The article leads to a story of an Indonesian couple planning to

return to Indonesia—even though they can work in Japan as long as they wish—since they found out that, per rules and regulations pertaining to the Japan-Indonesia EPA, they cannot invite any of their parents to Japan to babysit their two children (grandchildren of their parents) because, against their expectations, long-term visas shall not be given to the parents. It is a common practice—almost a norm—in many Asian countries that grandparents take care of their grandchildren (e.g., Ochiai 2014).¹⁸ The couple has adjusted to Japan's environment by raising children through a child-care facility (*hoikuen*), according to the news article, but they are having a hard time to find a babysitter when a child gets sick, as Japanese *hoikuen*s do not accept sick children. This is another flaw of the EPA. It allows foreign nurses to stay and work in Japan but rules prevent them from sustaining their family life.

Conclusion

This study analyzed the interview narratives of the Filipino nurses who had successfully passed Japan's NBE, and of the Japanese staff of the hospitals that employed them. Since the passing rate remains about 10 percent, the nurse interviewees in this study do not necessarily represent the entire Filipino nurse candidates under JPEPA and the hospitals that employ them. Nevertheless, their narratives are significant as they convey the foreign nurses' view of what it is for them to work in Japan as a registered nurse, beyond the common narratives on EPA nurses in Japan such as those on low passing rate and deskilling.

The interview narratives reveal that Filipino EPA nurses in Japan are generally grateful for the generous support of their respective hospitals while they were adjusting to the new environment and preparing for the NBE. The type of support they received varies from one hospital to another, depending on each hospital's plan, strategy, and resources. Commonly, forms of support include close attention and supervision by the Japanese staff, hiring a Japanese language instructor, and sending the candidates to training courses provided by the government. However, the Filipino nurses are aware

that not all of their fellow EPA nurses receive similar treatment from their respective hospitals. They therefore suggest that there be a unified rule in terms of work conditions, particularly in work-study balance, aside from salaries and benefits (such as housing). As one of the nurses proposes, it seems proper that the Philippine government screen the Japanese hospitals more carefully, monitor the conditions of the Filipino nurses more closely, and communicate with JICWELS should problems occur.

Moreover, although acknowledging the generous support they got, especially in the NBE preparations, the EPA nurses still find it challenging to master the Japanese language. Even after they have passed the NBE, they still need to continue studying Japanese. Both the EPA nurses and the hospital staff see the need for continuous support for language education so that foreign nurses could use Japanese more freely and competently in a work setting and integrate more fully into the Japanese hospital workforce. Whether they like it or not, the Filipino nurses have to communicate with Japanese doctors, nurses, and patients in Japanese. They have to be knowledgeable of medical terms, and be able to comprehend handwritten instructions, read medicine labels, and record information on Japanese forms. They have to communicate with their patients and their family members too, including the elderly who speak regional languages that are not found in Japanese language dictionaries. While there is a need for more research on foreign language acquisition/learning of adult professional migrants, existing studies on child migrants reveal that it takes migrant children eight to ten years to be able to catch up with peers in school (in exams, etc.) in terms of academic language (Nakajima 1998). If we follow this logic, it is imperative that Filipino nurses be allowed to stay a few more years—say, up to eight years—as long as they satisfy a certain criteria in their NBE performance. In connection to this, it could be said that the Japanese government has allowed Filipino nurses to retake Japan's NBE even after they have returned to the Philippines once. However, as of this date, this mechanism heavily relies on concerned individuals and nonprofit organizations. It is recommended that both governments formalize extended support for the returnees retaking the NBE.

Given the aging population in Japan, on the one hand, and the Philippines' competent educational system in nursing on the other, it will be mutually beneficial for both countries if, under JPEPA, Filipino nurses are accepted as a professional in Japan more comfortably and on equal footing with the Japanese.

Under JPEPA, the Philippines' role is framed as the producer of health workers who are outsourced by Japan. The exodus of nurses demonstrates an example of "brain drain," or loss to sending countries. However, more studies of migration today seek to find positive meaning in "brain gain" by facilitating the emigrants' return to their home country after working abroad ("brain circulation"). The training and experience they would receive in Japan—exposure to an aging society, advanced technology, preventive medicine, interdisciplinary approach, disaster risk management, and so on—can be applied in the Philippines upon their return (Itami et al. 2010, 81–82). Both Japan and the Philippines need to see nurses as common valuable human resources in the labor market. With this in mind, it is suggested that both Japan and the Philippines develop a program that promotes brain circulation for their mutual benefit.

With this new development, it is hoped that the Philippines and Japan will continue to improve JPEPA so that it can bring expected benefits to both source and destination countries.

Notes

- ¹ Currently, AOTS has changed its name to Overseas Human Resources and Industry Development Association (HIDA).
- ² It is noted that using its own resources, Elsa's hospital had the NBE questions in Japanese translated into English, using its own resources for her and other EPA nurse candidates. The hospital's support for them was extraordinarily generous. They were able to concentrate on the review for the NBE in the first six months after deployment. In Japan, the NBE questions are considered public document and made available in public each year.
- ³ Another important skill in taking the NBE is reading comprehension. No systematic studies on reading comprehension for foreign nurses have been conducted as of this date. See also note 5.
- ⁴ Unfortunately, another EPA nurse candidate of the same hospital who entered Japan with Elsa did not pass the NBE.

- ⁵ Some Japanese head nurses interviewed for this study recognize the importance of offering foreign nurses on-site training at a general ward to provide them opportunities not only to brush up communication skills in Japanese but also to get familiar with Japanese clinical settings, a major component of the situational questions in the NBE. This is a reasonable strategy. See Kawaguchi's article in this volume for his opinion regarding the necessity of understanding the sociocultural background so that examinees can read between the lines of the NBE questions.
- ⁶ However, wheelchair repair and toilet cleaning are often outsourced.
- ⁷ In some hospitals in Japan where the digital medical chart has yet to be introduced, doctors write the instructions by hand.
- ⁸ See Yuko O. Hirano's article in this special issue for the cost a hospital may shoulder in accepting an EPA nurse.
- ⁹ Each year, both Japanese and foreign nurses are entitled to the same number of days of leave with pay.
- ¹⁰ This hospital assigns night shift to other foreign nurses who are considered qualified.
- ¹¹ Since 2015, Canada has also adopted the NCLEX.
- ¹² On this regard, JICWELS makes a yearly visit to every institution that has accepted EPA nurse candidates. However, a hospital staff commented in the interview that this is seldom done. She says that hospitals also have a lot of concerns to inquire and discuss with JICWELS. She wishes that hospital staff can communicate with JICWELS more frequently and closely.
- ¹³ As mentioned in the following part of this article, the Japanese government allows the nurses who achieved a certain cutoff point (i.e., 102 points out of 300 points) in the NBE in their third try to extend their stay in Japan and retake the NBE the following year.
- ¹⁴ It is noted, however, that the batches before the implementation of the K-12 basic education program (those who graduated from four-year secondary school or the 10th grade in 2014 or earlier—that is, all EPA nurse candidates so far) had only fourteen years of formal education (against the international standard of sixteen years for a bachelor's degree). In this connection, the three-year work experience requirement for application for the JPEPA program may be adjusted accordingly in the future by the time K-12 students become nurses.
- ¹⁵ See also Choy (2003, 197–98, note 10 to Introduction) for details.
- ¹⁶ CF and DLS used to be known as basic interpersonal communication skill (BICS) and ALP as cognitive academic language proficiency (CALP) around the 1970s until the 2000s.
- ¹⁷ As of September 2017, total of 1,203 nurse candidates had entered Japan from Indonesia, Philippines and Vietnam since 2008, and 266 passed the NBE (MHLW).
- ¹⁸ Ochiai does not cite specifically Indonesian cases in this article. She compares China, Thailand, Singapore, Taiwan, South Korea, and Japan in this study. The data show that in all of these countries, except for Japan, parents heavily depend on kin members for support in childcare. Authors of this article have empirical data from observations that the situation of the Philippines and Indonesia is akin to Ochiai's study.
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