

Open Forum: A Synthesis

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An Overview

ON 24 JANUARY 2013, the UP Asian Center and Nagasaki University held an international symposium on the migration of Filipino nurses to Japan under the Japan-Philippines Economic Partnership Agreement (JPEPA) at the Seminar Room, Hall of Wisdom, GT-Toyota Asian Cultural Center, Asian Center, University of the Philippines Diliman. The forum featured paper presentations on various aspects of the JPEPA, many of which were updated and revised to comprise this issue of *Asian Studies: Journal of Critical Perspectives on Asia*. The forum was an opportunity for the presenters and the audience to express their concerns and offer recommendations that could address problems, help improve the situation of Filipino nurses in Japan, and generate more effective policies from the Philippine and Japanese governments.

This synthesis reflects the views raised during the open forum and is based on a transcript thereof. The presentation of the comments is organized according to theme, such as “Issues and Concerns” and “Recommendations” and so on. Thus, this synthesis does not follow the sequence in which the views were aired during the open forum.

Open Forum Participants

Prominent during the discussion were the remarks of Carmelita Divinagracia, former president of the Association of Deans of Filipino Colleges of Nursing and (then) chairperson of the Technical Panel for Nursing Educations of the Commission on Higher Education (CHED), Republic of the Philippines; and of Noel Cadete, then president of the Philippine Nurses Association (PNA), an organization accredited by the Professional Regulatory Commission (PRC) of the Philippine government.

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Also airing their views were Yuko Ohara-Hirano, Professor at Nagasaki University; Shun Ohno, Professor at Seisen University in Tokyo, Japan; Miyoko Miyazawa, Nurse Recruitment Manager of Eisei Hospital in Tokyo; Benjamin Sanvictores, former Philippine Ambassador to Japan and Chairman and President of the Nihongo Center Foundation, which offered language services to the Filipino nurses migrating to Japan under JPEPA; Cora Añonuevo, Professor and Chair of the Graduate Program Committee, College of Nursing, University of the Philippines Manila; Teresita Barcelo, former President of the PNA; Maria Luisa Uayan, alumna of the University of Tokyo and based (then in 2013 at least) at the University of the East Ramon Magsaysay Memorial Medical Center; and Keizo Takewaka, then Minister and Consul General of the Embassy of Japan in the Philippines.

Issues and Concerns

The discussion uncovered several areas of concern over the migration of Filipino nurses to Japan under the JPEPA: the dismal passing rate of Filipino nurses in the National Board Examination (NBE) for nurses; the difficulties of the Filipinos in learning the Japanese language; the mismatch between the competencies of the Filipino nurses on the one hand, and their actual duties in Japan on the other. Other issues pertained to the safety and salaries of the Filipino nurses, technology transfer between Japan and the Philippines, mutual exchanges between Japanese and Filipino healthcare professionals; and the importance of learning not only the Japanese language but also Japanese culture.

Difficult Language, Dismal Passing Rates

The discussions revealed that the poor passing rate of Filipinos in the NBE has much to do with the difficulty of mastering Japanese, especially its academic use in a highly specialized field such as nursing. There is a consensus among many participants that the (then) nine months (originally six) given to learn the language is simply not enough for Filipino nurses.

One participant elaborated on other factors that militated against the mastering of Japanese. Invited by the Japan International Cooperation Agency (JICA) to evaluate the situation of the nurses in Japan, Carmelita Divinagracia noted that while the Filipino nurses are encouraged to learn the language via “independent learning” (on their own), they have to work in the hospital too and are often so tired after their shifts that they do not have (enough) time to study.

Seemingly referring to lectures during an administrative orientation or in language training she observed in Japan, which are not necessarily channels of nursing education, Divinagracia commented that Filipino nurses working in Japanese hospitals were not taught by a nurse in their language classes. Nurses as teachers, Divinagracia explained, can “relate to [our] students (trainees) in terms of the needs of the patients, the kind of nursing practice, or how we attend to patients’ needs.”

Mismatch Between Competency and Actual Tasks

Divinagracia also notes that there is a gap between what the Filipino nurses can (and were trained to) do in the Philippines on the one hand, and what they actually do in Japanese hospitals on the other. “When we evaluated or when we observed our graduates in Japan at the facilities that are now accommodating [them], only a portion of our BSN (Bachelor of Science in Nursing) program is being applied,” said Divinagracia, who added that the Filipinos were only “sponging the patient, taking the temperature, and so on.” As such, they do not “demonstrate higher level of competencies... which they had been doing” in the Philippines.

Improving Passing Rates and Enhancing Language learning

Maria Luisa Uayan, who spent a year with the International Nursing Foundation of Japan (INFJ), reflected on how language learning needs to be much more extensive. During that one year, she was studying to “master the language and the culture both in the classroom and in the clinical

area.” Yet when she went back in 2002 to the University of Tokyo, she said that, “they still offered me a six-month language course.” Clearly, time is essential to learning Japanese.

Ambassador Benito Sanvictores, Chairman and President of the Nihongo Center Foundation, concurs. “...It takes six or seven years for us or anybody to learn the Japanese language, and even a four-year course will not be adequate because nursing is a very specialized profession.” Indeed, Cora Añonuevo from the UP College of Nursing observed that “nurses have difficulty in communicating with doctors and also in writing medical terms in kanji, Chinese characters applied to the Japanese writing system.”

To address these language-related gaps, Carmelita Divinagracia recommended the following:

- Supplement classroom learning by providing Filipino nurses with a Japanese counterpart with whom the former can speak regularly. This set-up will offer more opportunities for dialogue and interaction that can speed up the language learning process. The Japanese mentor can also orient Filipino nurses about Japanese culture and society.
- Recruit teachers who know the Filipino language and can translate and explain Japanese concepts into Filipino and vice versa.
- Deploy “comics” or “pictures” in language classes.
- Arrange the Filipino nurses’ schedules so that they can have enough time and energy to work and study the Japanese language on their own.
- Orient the Filipinos on the test’s framework, i.e., “the allocation of...particular topics” in the exam to give them an idea of what to study and prepare accordingly. This will also allow nursing schools in the Philippines to “evaluate whether...competencies [in respective areas]

have been really met at the basic program.” This suggestion dovetails with Yuko O. Hirano’s comment that “as a faculty member of a nursing university in Japan...., we can provide professional services, such as sharing of modules, or even teaching methodologies—all of them based on our culture—to the universities of the sending countries.”

- Include courses on Japanese language and culture at the undergraduate curriculum of nursing education in the Philippines.

Noel Cadete, President of the PNA, recommended that “Japanese language training...be done for eight to nine months in the Philippines and for another six months in Japan, most specifically for the kanji writing.” He also suggested the following:

- Include Japanese, or any other foreign language, in the curriculum of nursing schools in the Philippines, an addition that will help Filipino nursing students receive an advance education in a foreign language. This will help increase the time to learn and provide enough foundation for later study of the language.
- Define clearly “protected/dedicated hours for study,” which should then be “used properly because they might otherwise be abused by institutions in Japan, which can allocate the hours for hospital work
- Require that the month before the NBE be solely devoted to studying for the NBE

Under the JPEPA, Filipino nurses are given three attempts (three years) to pass the Japanese NBE. But for those who do not pass even after the third try, Noel Cadete suggested that they be allowed to stay for an additional two to three years. According to him, the longer they stay

in Japan, “the higher the chances they will pass...” And it will also increase cultural immersion of the Filipinos in Japanese society. To this end, Ms. Miyazawa advised that these nurses be allowed to take the examination for assistant nurses, passing which will help extend their stay legally. Yet, as Shun Ohno notes, the “assistant nurse” route is not part of the JPEPA and requires a different visa, which nurses can obtain only by returning to the Philippines. He did, however, that “some hospitals are considering it seriously.”

Commenting on the duties of Filipino nurses in Japan, Noel Cadete, president of the PNA, recommended dropping the requirement to have three years’ working experience before applying to Japan. He argued that since the nurses in Japan perform basic tasks at first anyway, even fresh graduates are qualified for the job.

Improving Working Conditions of Filipino Nurses

Noel Cadete remarked that the PNA should urge Filipino nurses in Japan to “follow POEA protocols in employment” to help “ensure” their safety and protection against “exploitation and abuse.” In this regard, he called for the POEA to mount “a careful study of the institutions to which we are sending our Filipino nurses.”

Secondly, he recommended translating the nurses’ work contract into English and adopting the practice of informed consent. This way, he argued, nurses “can have a better understanding” of what they are getting into. Third, he calls for competitive salary rates for Filipino nurses that will help keep up with Japan’s high standard of living.

Teresa Barcelo, former President of the PNA, observed that “there are no specific provisions regarding compensation after the first six months (of stay) in the JPEPA treaty. During the first six months while being trained, they are given a fixed amount of allowance by the government of Japan,” after which “they are sent to different workplaces,” where the salaries are a “matter of agreement between a nurse and a hospital.” She notes that

salary discrepancies was one of the complaints of the Filipino nurses. Shun Ohno concedes her point, but reiterated that the cost of living varies as well, say, between Okinawa and Tokyo. Thus, it is implied, that a “lower” salary in one locale may be enough in another.

And as part of bridging the language gap, Benito Sanvictores of the Nihongo Center Foundation reiterated the need for conversational Japanese because “nurses who will go to Japan will not only talk about technical terms,” especially when interacting with patients and their families. “I think the elderly people would welcome nurses who care and talk about more than learning about their sickness, about their stomachs, about their blood pressure...A talk about their lives... will be one factor to prolong their lives....Elderly people will want to have conversation, somebody to talk to...”

Other Concerns: Questions of Exchange

The question of exchange also came up during the discussion. Yuko O. Hirano spoke of “brain circulation” through which Filipino nurses can bring the skills or insights they learn from Japan, which can then benefit the Philippines. Carmelita Divinagracia agreed, but added that technology transfer from Japan to the Philippines is equally important, without which such skills would be inapplicable in a Philippine context. She drew attention to healthcare technologies that Filipinos may see in Japan, but would be unable to use in the Philippines.

At the same time, Shun Ohno noted the one-sidedness of the exchange between the Philippines and Japan, at least as far as nurses’ work is concerned. “JPEPA is bilateral. That means in theory the Japanese nurses must be allowed to work as nurses in the Philippines as long as they pass the exam. But unfortunately, JPEPA is silent about that.... No Japanese nurse[s] can come to work in the Philippines, even those who are married here and have obtained permanent residency and have no work restrictions.”

According to Ohno, this prohibition is mandated by the Philippine Constitution, and he urged the Filipinos in the attendance to “request the Philippine government...to develop some attractive scheme for such Japanese nurses and nursing graduates under the Philippine system and even under JPEPA.”

To conclude proceedings, Ohno pointed out the positive aspects of the migration of Filipino nurses under JPEPA, which “has changed the Japanese perception of Filipino women, particularly...the stereotyped image of Filipino women as entertainers in the past.” The presence of Filipino nurses in Japanese hospitals have “energized” the Japanese staff, who admire Filipinos’ respect for the elderly. And the reputation of Filipinos increased further when it was reported in the Japanese media that “Filipino care workers remained in the Tohoku regions even after the [March 11] earthquake (of 2011).”

As of 2013, almost ten years after JPEPA was initially broached between Japan and the Philippines, Japan continues to suffer from a shortage of nurses, a fact that was initially denied by the Japanese Nursing Association. The JNA, however, has since acknowledged Japan’s need for foreign nurses. Ohno pointed out that the Philippines, with its relatively young population, can help address ageing-related problems, especially when it comes to caring for the elderly. But improvements in doing so are necessary, and he and Hirano urged for “more exchanges, especially in education, among... universities and hospital—including nursing students—and research institutions.”