

# In Language and in Health

## Expectations and Realities Regarding the JPEPA/JLPT-Passer Nurses' Integration into the Japanese Healthcare Community

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**Fame Pascua**

**Paula Gendrano**

School of International Relations, New Era University

### **Abstract**

From 2009 to 2014, Filipino nurses who dreamed of entering Japan and passing the required minimum level of the Japanese Language Proficiency Test (JLPT) were given up to six months of language training, through the implementation of the Japan Philippine Economic Partnership Agreement (JPEPA). This training, however, had proven not to be enough if one's aim was to pass the National Board Exam (NBE) as it needed a more rigorous language training in order to sufficiently acquire the required level of proficiency. Similarly, in the case of Vietnam, 12 months of language training had been deemed to be more beneficial than six months JPEPA nurses language training to meet the language proficiency requirement; thus, the JPEPA has increased the period for language training for nurses.

However, despite the improvement in the NBE results, a recent trend shows that JPEPA nurses, even the NBE passers, eventually quit their job to return to the Philippines because of their difficulty in fully integrating into the Japanese health community. Two reasons have been cited for the difficulty: (1) only 40% of the JLPT word list is actually used in the NBE, and (2) language used in daily conversations with patients and the medical jargon used among the medical staff are different from those used during the NBE. With this, the

research aims to address the gaps in understanding the difficulty in order to facilitate the integration of JPEPA nurses in Japan. To fill in this research gap, this paper looks into the results of the Japanese language training received by JPEPA nurses. It has been noted that while the JPEPA has already responded to the language-related needs of Filipino nurses in the past, that response has been recently observed to be inadequate in addressing new calls for filling the shortage of nurses in Japan. Thus, this study recommends the following: (1) 18 months of language training and NBE review in the Philippines, and (2) the NBE be taken at the Japan Embassy in Manila.

### **Keywords**

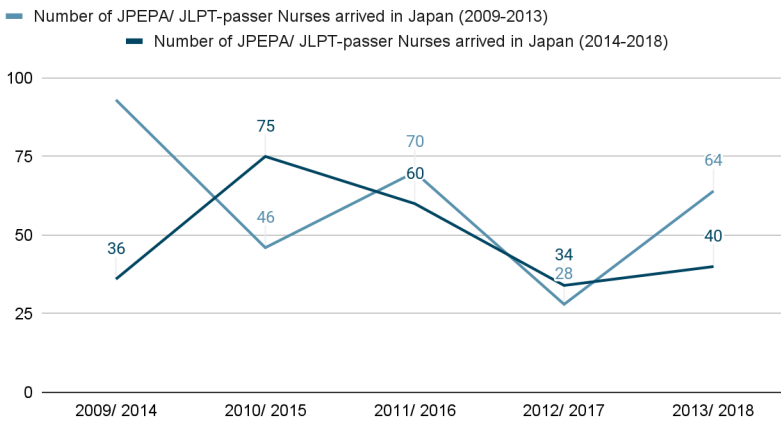
JPEPA, JLPT, Filipino Nurses, Japanese Language, Japanese Healthcare Community

## Introduction

Early on in the meetings of the working group of Japan Philippines Economic Partnership Agreement in 2002, the Japanese side had expressed their concern about the language proficiency of Filipino health workers going to Japan. In response to this, the Philippines suggested the establishment of schools where they could learn the Japanese language (Yu-Jose, 2004: 18).

The JPEPA deployment of Filipino nurses started in 2009 (“Philippines–Japan Economic Partnership Agreement”), and the pre-arrival [Japanese language] training lasted only a few months during its first launch. However, every year since then, the training has been enriched and improved, and in 2012, it was extended to last for six months (“Japanese Language Pre-Training Program” Japan Foundation, 2021). In 2014, the teaching of the Japanese language was extended to 12 months through the signing of another agreement between the Philippines’ Technical Education and Skills Development Authority (TESDA) and the Japan Foundation. In addition, the first six months of training on the foundations of the Japanese language and culture was arranged to be held in the Philippines prior to deployment (“TESDA Offers Language Training,” TESDA, 2014). Moreover, Filipino nurses had to initially pass at least the N5 level in the Japan Language Proficiency Test (JLPT) after pre-departure studies before entering Japan (Kawaguchi et al., Anonuevo, & Hirano, 2016: 56). Lastly, another six months of comprehensive language training was arranged to be conducted in Japan after completing the initial language training at TESDA (“TESDA Offers Language Training,” TESDA, 2014; Salaverria, 2013). And with the training upgrades made in 2012 (the six months of language training made formal) and in 2014 (extending the language training to 12 months), it was expected that there would be a steady increase in the number of JPEPA nurses arriving in Japan (with better JLPT level than N5). The figure below, however, shows the opposite reality:

## Number of JPEPA/ JLPT-passer Nurses arrived in Japan



**Figure 1. The number of JPEPA/ JLPT-passer nurses who arrived in Japan (2009–18).** (Añonuevo, “Prospects and Dilemmas”; Bauzon; “238 Filipino Nurses”; “13 Pinoy Nurses”; Hosono; *Economic Partnership Agreement*; Vilog et al.)

In figure 1, a fluctuating pattern can be seen in the numbers of JPEPA/ JLPT-passer nurses based on the number of arrivals in Japan from 2009 to 2018. Comparing the 2009–13 and 2014–18 numbers, a decreasing pattern is more observable from 2014–18 when the training was adjusted to twelve months: from 2015 at 75, to 2016 at 60, and 2017 at 34. Also, 2009 remains the year with the highest number of arrivals with 93 JPEPA/JLPT-passer nurses. Although other factors may be considered such as the number of Filipino nurses who wanted to be recruited per year and the actual achievement of the minimum language proficiency requirement in the first six months of training, there should have been no extreme differences between the numbers (or rather a small, steady increase over the years should have been observed) if this nurse recruitment program under JPEPA were to achieve its ultimate goal mutually benefitting the Philippines and Japan.

## Japanese Language Proficiency, and Application to the NBE

Another hurdle for JPEPA nurses is to pass the National Board Exam (NBE), where the knowledge of the Japanese language is important (“TESDA Offers Language Training”). Under the JPEPA, nurses are given a maximum of three opportunities to take the NBE (“Filipino Nurses”); once a year for three years (JICWELS in Ohno et al. 12; Salaverria; POEA in Vilog et al. 45). Therefore, those who arrived in 2009 must take the exam from 2010 to 2012 to comply with the JPEPA rules and maximize the opportunity.

However, the Economic Partnership Agreement (EPA) takers of the NBE are required to have a JLPT N2 level to take the test (JEES in Ohno et al. 19). What has been acquired in the minimum through the language training under JPEPA, particularly from 2009 to 2013, is the easiest N5 level (the hardest is N1) among the different levels of linguistic competence (“N1–N5”). Therefore, failure can be expected with the first NBE attempts of JPEPA nurses due to the low language proficiency; but to familiarize oneself with the NBE, they would still take the NBE right away. This is reflected in the first three years of their NBE results.

### Number of JPEPA/ JLPT-passer nurses who took and passed the NBE

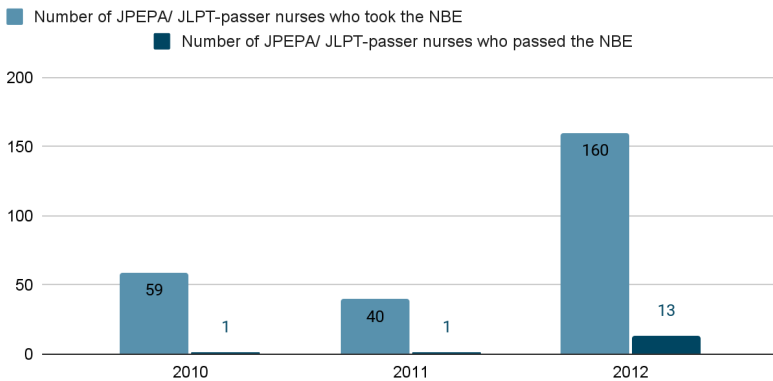


Figure 2. The number of JPEPA/ JLPT-passer nurses who took and passed the NBE (2010-2012). (Añonuevo, “Prospects and Dilemmas”; “13 Pinoy Nurses”; Hosono; Ohno et al. 13; Tubeza)

In early 2010, when the first batch of JPEPA nurses took the NBE for the first time, only one passed out of 59 (Ohno et al. 13; Hosono 36). The passing rate was extremely low at 1.7% (Ohno et al. 13). The following year 2011, again, only one made it to the NBE out of 40 (Tubeza; Hosono 36). The passing rate increased, yet was still extremely low, at 2.5%. In 2012, 13 passed out of 160, and these are composed of first, second, and third batches (“13 Pinoy Nurses”; Añonuevo, “Prospects” 2). The passing rate is still a single-digit figure at 8.125%.

Figure 2 shows that NBE takers significantly increased in 2012. The year 2012 is the third and last year for the 2009 first batch of JPEPA nurses to take the NBE; thus, the influx was expected. It was reported that as of 2012, there were 63 (out of 93 from the first batch) who took the NBE (with the aforesaid two of the 63 already passing in 2009 and 2010), while 28 (out of the remaining 30) already went home for various reasons (“13 Pinoy Nurses”). And since only 13 passed the 2012 NBE, and if none of these 13 were from the first batch, an additional of no less than 50 JPEPA nurses also returned to the Philippines. The 2010–12 NBE result is the reflection of only a “few months” of language training from 2009–11 and must be the reason why such training was extended to six months since 2012.

The Philippine Department of Labor and Employment (DOLE) reported a total of 55 NBE passers from 2010 to 2014. This means that there were 40 passers in 2013 and 2014 combined. Although the number of NBE passers significantly increased after the first training adjustment, Ohno et al. concluded in their study that the six-month language training was not enough for EPA nurses to master Japanese and work in clinical settings; the training was even insufficient to understand the questions in the NBE (13). Thus, in 2014, another adjustment was made to the JPEPA nurses’ language training; six months of training was extended to twelve months.

Apart from the 2010–14 NBE results, another important event that must have considered is the arrival of Vietnamese nurses in Japan under the Japan–Vietnam Economic Partnership Agreement (JVEPA) in 2014. Unlike the JPEPA nurses, JVEPA nurses received a twelve-month pre-departure

Japanese training in Vietnam, and only those who have gained an N3 level of JLPT are eligible to sign a contract with a Japanese employer (Ohno et al. 17–18). The JVEPA nurses are living proof that JLPT N3 level is achievable within twelve months. Translating the JLPT N3 proficiency to the NBE result, since 2015, the JVEPA nurses have had high passing rates in the NBE [among EPA nurses] and it is reasonable to attribute this to the screening system, wherein only JLPT N3 level speakers can work in Japan (Ohno et al. 18).

Meanwhile, one JPEPA nurse passed the 2015 NBE (out of three). This is equivalent to a 33% passing rate (“Filipino Nurses”). Only three took the NBE although 2015 is a crucial year for the 2012 batch. In 2017, *Infonurses* reported that there were already 106 who passed the NBE since 2009 (“Japanese Groups”). This means that the output of three years from 2015 to 2017 with 51 passers, almost doubled the output of the first five years from 2010 to 2014, totaling only 55 passers. Although still not enough, the output from 2015 to 2017 reflects the language training extended to twelve months.

According to a JPEPA nurse, “It’s like taking a nursing course all over again, but this time, in Japanese” (Tubeza). “Learning the [Japanese] language alone is already difficult, and it’s all the more grueling trying to pass the NBE,” another one said (Calunsod). The language barrier is one of the significant hurdles faced. Okuda analyzed the vocabulary used in the NBE by comparing it with the standardized word list for the JLPT. He points out that only 40% of the words in the JLPT word list were used in the NBE. This indicates that the NBE uses highly technical terms compared with the Japanese language of daily use. Language proficiency is the key determinant of the results of NBE (Kawaguchi et al. 58).

The JLPT only uses a marking sheet with multiple choices, and the disadvantage of this test is that it does not and cannot measure speaking and writing skills. When it comes to skills, [any] nurse would be required for their daily duties, good speaking skills with their coworkers, patients, and the patients’ families is essential. Meanwhile, updating patient records requires high-level writing skills. Therefore, it is argued that the use of

JLPT as the benchmark for Japanese language skills in the EPA scheme is inappropriate (Kusunoki 63–64). This is why integration into the Japanese healthcare community, more importantly, is also a part of the scheme’s design.

### **The JPEPA/JLPT-passer Nurses’ Integration into the Japanese Healthcare Community**

Arrival in Japan marks the beginning of JPEPA nurses’ integration into the Japanese healthcare community. Until they pass the NBE, they are considered “nurse candidates.” In this capacity, they are expected to work as apprentices. They continue studying the Japanese language and other nursing practices while reviewing for the NBE (Añonuevo in Ohno et al. 12). Once passed the NBE, however, they will be recognized as registered nurses qualified to work in Japan with a “designated activity visa” and with the same salary as that of a Japanese. This is the strict rule of JPEPA (JICWELS in Ohno et al. 12). Therefore, JPEPA nurses can only be treated and compensated as professional nurses if they pass the NBE (Carlos, “Multiculturalism Policies” 181). At this point, their integration may be categorized into two: (1) pre-NBE integration and (2) post-NBE integration.

#### *1) Pre-NBE integration*

As apprentices, JPEPA nurses do only “noninvasive work” at the Japanese healthcare facilities—arranging the bedside environment, making the bed, organizing medical supplies (Watanabe 295 in Hirano 36), feeding, bathing, and assisting in the toilet needs of elderly patients, distributing tea to the patients, dusting, wheelchair repairing, changing diapers, mopping, and toilet cleaning. Others call these “non-nursing functions.” One confessed that some of them could not keep up with work expectations: “Work here is deadly grueling. Lifting patients is tough enough!” (Añonuevo, “Prospects” 4–5). A JPEPA nurse from batch 7 claimed that they were treated as basically helpers, not even nursing assistants. Meanwhile, one from batch 8, felt that there was no professional growth and that they were not learning anything (Vilog et al. 54). In effect, “it dulls the mind” as others describe it



(Añonuevo, “Transnational Care” 6). Although many of them may have had valuable experience working as registered nurses in their country of origin, the unfortunate reality is that they were not allowed to perform any medical interventions for their patients until they had a national nursing license in Japan (Ohno 560). It is believed, however, that the highly technical terms present in the NBE cannot be learned fast enough, especially by doing non-invasive work/non-nursing functions. But when Añonuevo interrogated why receiving hospitals assigned EPA nurses to the ward and not in departments with potential high-technology exposure, a head nurse said, “it is good to offer [EPA] nurses opportunities to have communication with patients. This is an excellent training for them to pass the NBE” (“Transnational Care” 9). The NBE includes “situational questions” based on conditions of nurse-patient interactions and communications.

Generally, receiving hospitals are required to render additional tasks to support the candidates’ learning for them to pass the examination. A Japanese preceptor to JPEPA nurses said, “We are not Japanese language teachers, but we have to teach [the] Japanese language by spending extra hours aside from our hectic tasks.” EPA nurses in a certain hospital work from 8:30 a.m. to 12:30 p.m., from Monday to Friday, and were given four hours in the afternoon to study for the NBE, including two hours of tutorial conducted by the head nurse, staff nurse, or special instructor hired by the hospital (Hirano 43–44). In another hospital week arrangement, JPEPA nurses were given two days of hospital duty and then three days of continuing language courses and self-study modules. With that, they expressed their appreciation for the support and assistance of their Japanese employers and supervisors (Añonuevo, “Prospects and Dilemmas” 3, 5). In another account, an EPA nurse kept a dictionary in his pocket to check the words he did not understand. Studying late at night for NBE, he revealed that his coworkers were helping him, too. Another one, meanwhile, was able to secure entry into the hospital’s library to study twice a week; there was also a staff-in-charge that taught her Japanese language and how to write official documents. Some helping coworkers are also EPA nurses who eventually passed the NBE and wished to have a support system for nurse candidates to pass the exam as

soon as possible (“Japan Foreign Nurses”). Despite the effort exerted by different sides—Japanese hospitals and staff, JPEPA nurses, even other EPA nurses—still, there had been a problem with NBE results over the years. This could also mean that the required additional tasks for receiving hospitals are not fully executed across Japan.

As studied by Ford and Kawashima in 2013, the key for the apprentice to pass the NBE during their first year and first take is to have more than twenty hours a week for their study provided by the receiving hospital (based on the experience of those who passed in February 2010 NBE), with a focus both on a progression of tasks along with improvements in Japanese proficiency. However, there are indications of significant variability among the level of commitment of receiving hospitals towards their training obligations. As cited in Okushima, overtime or night shifts occurred at 50–80% of hospitals, making it difficult for the candidates to find time to study. In terms of task distribution, the scheme assumes that the tasks in which they engage will become progressively more complex. In practice, however, this has often not been the case. In the article by Calunsod published in 2016, a JPEPA nurse suggested, in order for them to complete the program, to allow them to shadow their Japanese counterparts as they perform their jobs instead of getting assigned to orderly tasks and janitorial functions.

Without the full implementation of the expected role of the receiving hospitals and consideration of the findings of various research, the EPA nurses’ status as apprentices will definitely be prolonged to three years, without any guarantee of completing the program through passing the NBE. But difficulty in the achievement of full implementation may also be attributed to the pressure coming from the Japanese Nursing Association (JNA) which, according to Ohno et al., is averse to the introduction of EPA nurses unless the job security of Japanese nurses is protected; and from the Japanese Medical Association (JMA) which insisted that Japan must prioritize strengthening nursing education in the country before receiving EPA nurses (3–4).

After work, JPEPA nurses return to their accommodations. These were described as modest, comfortable, and complete with household appliances.

Two people share a room that has a study corner. They also have a stock-room for their supplies and other personal things. In addition, they are provided with free train tickets courtesy of their employer. They are off duty on Saturdays and Sundays, during which they devote their time to house-cleaning and group study. This also allows them to go to places for shopping and recreation. However, they pointed out that salaries and benefits differed according to employers. Some were not given free accommodations at all (Añonuevo, “Transnational Care” 6–7).

With the NBE proper, some JPEPA nurses considered those questions related to Fundamentals of Nursing and Biostatistics easy. The difficult questions consisted of lengthy nursing situations and clinical scenarios written in kanji; and those of Japan’s health care system, nursing system, labor laws, and insurance systems (Añonuevo, “Prospects and Dilemmas” 4). What has been made as an adjustment in the 2011 NBE is the English translation of the test’s certain portions. In the 2012 NBE onwards, candidates received extra exam time, along with Japanese characters being presented with a reading aid to indicate pronunciation (Ford and Kawashima; Salaverria). However, these modifications and special considerations applied to the NBE have done little to boost the passing rate. The effectiveness of each modification and the feedback from the candidates regarding the modifications, have not been seen and demonstrated at all (Kusunoki 66).

Since there is a disconnect between the problem and the solution, it can only be expected that passing the NBE is almost impossible. A JPEPA nurse who was deployed in 2011 (and quit after a year) expressed that “the journey to becoming a nurse in Japan was indeed a mission impossible. We were very tired physically, mentally, and emotionally while studying to pass the board exam and working at the same time. All of us were pushed to study even on our rest day” (Calunsod). Other JPEPA nurses [from other batches] also expressed the same exasperation in that working and studying at the same time were both physically and mentally tiring (Añonuevo, “Prospects and Dilemmas” 4). As an apprentice, even if receiving PHP 40,000 of net salary in 2011 (and some of them even receiving free lodging and food) (Tubeza), these benefits were not enough to motivate them to stay longer. Therefore,

even the premature return to home countries—particularly of JPEPA nurses back to the Philippines—can be expected so long as the study hours are insufficient, and the hospital tasks are experientially inadequate.

## *2) Post-NBE Integration*

Passing the NBE starts a licensed career, but nothing much would change in terms of language difficulty. One licensed JPEPA nurse said, “daily conversation with patients and medical jargon used among the medical staff are different from the language used in the NBE. I have to keep studying my Japanese even after I have passed the NBE” (Kawaguchi et al. 77). Still coping with his Japanese language skills, another licensed JPEPA nurse said, “whatever I lack in verbal communication, I make up for by being sensitive to the [patients’] needs through feelings and touch;” A licensed JPEPA nurse giving health teachings still had difficulty explaining herself in Japanese: “I’m a bit frustrated because I can’t give the best explanation to my patients. Health teaching is different from everyday conversations because health teaching has to be done in a systematic manner and in a polite form.” Even a licensed JPEPA nurse who passed the NBE on the first try confessed that she continues to experience language difficulty. And because her functions have expanded, command of the language becomes more and more 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 orders from doctors,” she said (Añonuevo, “Prospects and Dilemmas” 5–6).

Another reality is that there are Japanese characters all over the hospital. Medical kanji prevents EPA nurses from getting integrated into the Japanese hospital workforce (Añonuevo, “Prospects and Dilemmas” 8). This is why furigana (Japanese reading aid) for kanji (Japanese character) in NBE was viewed as pointless since there are kanji in the workplace that EPA nurses cannot read (Kusunoki 66). The study of Kawaguchi et al. in 2016 recommended that support for EPA nurses after passing the NBE—especially in the Japanese language—be formalized and enhanced to make the program more meaningful. The licensed JPEPA nurses interviewed by Añonuevo in her study in 2019 also stated that hospitals should continue their support,

especially with language education, even after the nurses had passed the NBE (“Prospects and Dilemmas”). They believe that as long as Japanese employers need nurses and the respective governments are serious about the intentions of JPEPA, the program can still have a bright prospect.

One of the good things after passing the NBE, on the flip side, is that there have been major changes in the nursing responsibilities. Licensed JPEPA nurses can now take and carry out doctor’s orders, give medications, and do charting, perform blood extraction, maintain intravenous lines, conduct health teachings, discharge instructions to patients, handle trauma patients, administer emergency drugs, and perform cardio-pulmonary resuscitation. Another good thing is the change in treatment by the social environment. One licensed JPEPA nurse 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.” Change in salary is also a good thing. Licensed JPEPA nurses could now receive an average of PHP 140,000 per month (PHP 90,000 net salary after deductions such as insurance, taxes, house rental, internet, telephone, and utility charges), from the PHP 60,000–115,000 monthly salary of a nurse candidate. On top of this, they are also entitled to a midyear bonus, thirteenth-month pay, a three-day summer leave, and eight to ten days of allowable leave from duty every month (Añonuevo, “Prospects and Dilemmas” 4–5).

## **The JPEPA/JLPT-passer Nurses’ Disintegration from the Japanese Healthcare Community**

### *1) Disintegration due to non-passing of NBE*

Failure to pass the NBE within the designated period requires JPEPA nurses to return to the Philippines (Carlos, “Filipino Careworkers” 14) and this marks the beginning of the JPEPA nurses’ physical disintegration from the Japanese healthcare community. With the very low passing rate over the years, it is understandable that most of the nurse candidates have already returned to the Philippines after three years (Carlos and Suzuki 9). In 2015,

around 400 JPEPA nurses and caregivers were reported to have already returned to the Philippines since 2009 (Santos); over 500 in 2016 (Embassy of Japan in the Philippines); and over 700 in 2018 (“Embassy of Japan to Host,” 2018). Based on the pattern from 2015 to 2018, around 100 nurses and caregivers combined become jobless annually as they disintegrate from the Japanese healthcare community. According to Trines in 2018, this added to the number of unemployed nurses in the Philippines with already around 200,000 in 2016.

After the first three NBEs (2010–12) of JPEPA nurses, it can be said that having a backup plan for non-passers would be wonderful. This is why since 2012, the Japanese Embassy in Manila has held an annual job fair with Japanese companies and medical institutes to help the returning JPEPA nurses (and caregivers) to further utilize their skills and experiences acquired in Japan, to strengthen the relationship between Japan and the Philippines (“Embassy of Japan to Host,” 2017), and to provide them with other employment opportunities (“Job Fair and Dinner Reception” 5). This is also a way to contradict the view that the “potential of those who have made an effort to come to Japan is not being utilized (as they go back to their home countries without taking the NBE)” (“Japan Foreign Nurses”). Through job fairs, some returnees were rehired as company nurses, Japanese language teachers, interpreters, and office staff (Embassy of Japan in the Philippines). Those who returned to the Philippines from 2009 to 2011 may have also benefited from the job fairs from 2012 onwards as long as they participated in, and were able to secure a job through, the fair. But, according to Calunsod, other JPEPA nurses who did not take nor pass the NBE already migrated to other countries after returning to the Philippines from Japan.

## *2) Disintegration despite passing the NBE*

Many of those who have passed the NBE have already left Japan (Hirai; Matsukawa and Morimoto in Kusunoki 1). After painstakingly completing the requirements, some nurses and care workers have decided to return to the Philippines. This is a clear drawback on Japan, as they have already invested resources for them yet end up leaving their Japanese health institutions after

completing all the costly training (Vilog et al. 47). The Japan International Corporation of Welfare Services (JICWELS), which directly handles the program on the part of Japan, said that the most common reasons cited by licensed JPEPA nurses who decided not to work in Japan are personal and family issues, particularly nurses' desires to be close to and take care of their parents (Calunsod). One licensed JPEPA nurse said, "I'll stay here for as long as I'm happy. [But] my feelings are unsure." There's a decision to remain in Japan if they have relatives who could provide psychosocial support to them. Another licensed JPEPA nurse added that she could count five more years in Japan if she could bring her family with her as they are her priority (Añonuevo, "Prospects and Dilemmas" 6). There has been a struggle brought by separation anxiety, particularly to those who are married. Some initially believed that the financial rewards outweighed separation from their family. Their families were also optimistic that if they passed the NBE, the former could join them and live with them in Japan (Añonuevo, "Transnational Care" 4–5). For others, working in Japan means reuniting with other family members. A licensed JPEPA nurse from batch 3 decided to migrate because she has a relative working in Japan (Vilog et al. 47).

Likewise, a considerable number among those who passed had already quit their job, to work in another destination (Carlos and Suzuki 9). Japan, in this scenario, is not the preferred destination by Filipino nurses. In fact, according to studies, most of them prefer countries such as Saudi Arabia, Singapore, the United Kingdom, and the United States (US) as destination countries. Many nurses want to go to the US, [even if] it is very expensive to apply for the National Council Licensure Exam (NCLEX) (Vilog et al. 47). One licensed JPEPA nurse interviewed by Añonuevo was reviewing for the NCLEX. If she passes, she said that she'd be ready to set off and work in the US ("Prospects and Dilemmas" 7).

### **Summary, Conclusion, and Recommendation**

The JPEPA, as a bilateral agreement, is wished to be seen fulfilling its objectives, particularly in supplying nurses for the aging population of Japan and providing job opportunities to nurses from the Philippines. This is why the

language concern, even the remedy to this, was anticipated years before deploying the first batch of nurses. However, realities regarding the learning of the Japanese language unfold year after year. Extending the language training of JPEPA nurses, from six to twelve months, was the action undertaken by authorities, guided by the idea that the NBE results will improve only when there's a higher level of Japanese language proficiency. This is all the more evident when JVEPA nurses were able to achieve the JLPT N3 within a twelve-month training program and performed significantly better during the NBE among EPA nurses.

However, even if the JPEPA nurses eventually received a twelve-month language training, they didn't seem to reach the JLPT N3 (as reflected in their NBE results). One reality is that JVEPA nurses spent twelve months of training in Vietnam. The expectation that the improvement of JPEPA nurses' language proficiency would happen upon being integrated into the Japanese healthcare community did not happen in the case of the majority. As already revealed in the study of Ford & Kawashima, the key to passing the NBE during the first year and first take is to have more than twenty hours of study a week, with receiving hospitals supporting such study and giving out a progression of tasks. One JPEPA nurse even described his journey to pass the NBE as a mission impossible because (1) the NBE required JLPT N2, and only 40% of the words in the JLPT word list is used in NBE; there's a (2) lack of time to study; (3) lack of support from some host hospitals; and (4) lack of progression of relevant tasks. While the JVEPA's approach to language training can already be a benchmark, no further adjustment was made for JPEPA after 2014.

Instead, what has been done by the Japanese authorities was to give the NBE an English translation, along with giving candidates extra exam time and a reading aid to indicate the pronunciation of Japanese characters. If such remedies are not the answer to the problem, what improvement these can contribute to the number of licensed EPA nurses. Another proof that there must be a focus on the improvement of language training is that the licensed JPEPA nurses still have difficulty with Japanese, as they find the words in actual daily conversations with patients and medical staff different



from the words used in NBE. With this, the study of Kawaguchi et al. recommended further Japanese language support for licensed EPA nurses.

With regards to the pre-NBE integration into the Japanese healthcare community, particularly performing non-nursing functions, it can be said that it did not help to improve the language proficiency of JPEPA nurses nor to enrich their knowledge of nursing in Japan. Worse, it made JPEPA nurses feel deskilled and demotivated. If highly technical terms used in NBE cannot be learned during the apprenticeship, the by-the-book NBE review might be better. It is suggested, therefore, to start the integration after passing the NBE so that JPEPA nurses will no longer experience the disenfranchising apprenticeship episode; and as licensed, the responsibilities, as well as the social treatment, salaries, and benefits to be given to them, are the same with their Japanese counterpart right from the beginning. This may help limit the disintegration of the JPEPA nurses from the Japanese healthcare community.

On the other hand, it was mentioned that the necessary integration should have also entailed cultural learning aside from language (Villog et al. 50, 62). If there will be cultural learning, it is suggested by this research to be two-way; for example, since Filipinos study the Japanese cultural practices, the Japanese may also study the Filipino culture (e.g., about family). Japan might not be one of the preferred destinations, but if the JPEPA nurses can bring their family members to Japan it could be something worth considering. As has been mentioned more than a decade ago, learning the Japanese language might prove a waste in terms of time, effort, and money invested if JPEPA nurses do not eventually work in Japan (Yu-Jose 20), especially because proficiency in the Japanese language achieved while in Japan will not be useful in the next preferred destination (Carlos, “Multiculturalism Policies” 182). But Japan can still be a preferred destination, provided that JPEPA nurses can bring their families with them.

To learn the Japanese language more quickly, most of the JPEPA nurses have suggested that the basics of the course be conducted in the Philippines before they are sent out to their respective employers (Añonuevo, “Transnational Care” 2011: 8). Specifically, this research recommends that Filipino nurses have JLPT N2 before taking the NBE. Similar to the JPEPA

approach, the complete language training for JLPT N2 [intermediate level or B2 in the CEPR or JF Standard for the Japanese Language Education] (Saitama University, 2018) should be conducted in the Philippines in eighteen months. The Japan Foundation's (2019) decision to hire Filipino Japanese-language lecturers (together with Japanese lecturers in a team) to handle an intensive Japanese-Language Course for JPEPA nurses (and care-workers) at TESDA is also seen as beneficial for licensed JPEPA nurses who already returned in the Philippines to get reunited with their families. It was mentioned in the hiring requirement that "the lecturer must have the ability to respond accordingly to the learners' actual need and readiness" (Japan Foundation, 2019) thus it is believed that licensed JPEPA nurses are the most fit for the job.

If the ideal number of hours to reach the JLPT N2 level is 1,000 hours ("Course Information" Akita Japanese Language Institute, 2021), and the ideal number of study hours for JPEPA nurses per week is more than twenty hours (say, 24 twenty-four hours), according to Ford & Kawashima (2013), then the proficiency required for NBE can be achieved in twelve months. Thus, starting the thirteenth month, language training should be accompanied by an NBE review for which test-based review classes may be helpful. The NBE is recommended to be taken at the Japanese Embassy in Manila, and only after passing the NBE should the Filipino nurses be deployed to Japan. Eighteen months after deployment, it would be even be a good idea if licensed JPEPA nurses could bring their families to Japan. The recommended 18 months of language training and NBE review in the Philippines, plus eighteen months of work as a licensed nurse in Japan, are also equivalent to the three years (thirty-six months) of the nursing contract currently given by JPEPA. With these, JPEPA nurses will only be away from their family for only eighteen 18 months, before making Japan, finally, their preferred destination.

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