COMPLETION REPORT

Improving Retention Rates for Philippino Nurses and Caregivers Working in Japan

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The results of our investigation validate the emerging school of thought that test-taking should be considered as but one of several means of evaluation. Given the prevalence of examinations which transcends disciplinary and geographic boundaries, there is a modern tendency to misconstrue the 'forest' of learning for the 'trees' of testing. The pitfalls of nearly exclusively relying on tests are especially relevant here as caregivers must deal with cultural and linguistic differences that re-contextualise the original purpose for which these tests were devised. Given their implications for practice, medical examinations have become objects of politicisation internationally—even among foreign-trained nationals. By cataloguing caregiving tasks alongside test preparation activities, we have observed how the licensure examination and JLPT 2 both emphasise reading skills to the limited consideration of other, culturally-informed forms of communication necessary, with the slight exception of JLPT 2 for listening. This observation poses a quandary for the proponents of the JPEPA programme: If current means of evaluation only partially cover the linguistic skills required of caregivers on the job, then what should be done to better ensure that means of evaluation more accurately gauge linguistic mastery of necessary communication skills?

Undoubtedly, these two tests have their purposes. The licensure examination is thorough in assessing comprehension of the Japanese equivalents of medical terms and concepts that caregivers presumably are familiar with in another language. Meanwhile, JLPT 2's emphasis on grammar and syntax allow learners to better grasp the meaning of words—especially *kanji*— through understanding context. Tests also serve a rhetorical function that cuts both ways: Japanese administrators need to demonstrate that they are not risking public safety by allowing unqualified foreign healthcare workers to remain. Conversely, their Filipino counterparts need to substantiate that foreign caregivers can function as well as natives with proper training. Culturally, Japan exemplifies high uncertainty avoidance, and measures like passing tests act as a control device to promote accountability. In democratic societies, passing tests is also a manifestation of occupational equality despite the caveats offered here. Hence, it is unlikely that taking tests will be discontinued even if their coverage is selective.

In the similar context of Filipino nurses working under JPEPA, Yagi et al. have suggested that Japan and the Philippines adopt a US-based approach to licensure examinations to increase passing rates. Their proposal involves healthcare workers first taking an English proficiency test and then a standardised examination like that offered by the Commission on Graduates of Foreign Nursing Schools (CGFNS) *prior* to departing from the Philippines. A host of issues are raised: First, an Americanised hospital training system was established during the Philippines' period of US occupation, making the transition relatively straightforward to work Stateside.³Second, the United States represents a 'low-context' culture with fewer unspoken rules for interaction (including verbal communication) whose medical system is already familiar to Filipinos, whereas Japan is the opposite in these respects. Hence, this comparison invites scrutiny from cultural and technical standpoints. That English is one of the Philippines' official languages taught from primary school onwards and is the main language for medical instruction further casts doubt on this comparison's appropriateness.

Publication of the Results of Research Project:

Verbal Presentation (Date, Venue, Name of Conference, Title of Presentation, Presenter, etc.)

December 9, 2015 presentation at Ateneo de Davao University - Davao City, Philippines

"Revisiting the JPEPA: The Challenges of Philippine Labor Migration in Japan"

Presenter – Emmanuel Yujuico

Thesis (Name of Journal and its Date, Title and Author of Thesis, etc.)

Journal article submission entitled "Beyond Tests: On Filipino Caregivers Acquiring Language Skills for Work in Japan" currently under first review at the *International Journal of Nursing Studies* together with Beatriz Mojica and Don Eliseo Prisno III

Book $% \left(Publisher and Date of the Book, Title and Author of the Book, etc. \right) $N/A$$