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Indonesian Nurses' Challenges for Passing the National Board Examination for Registered Nurse in Japanese: Suggestions for Solutions

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Abstract

Between 2008 and 2011, nearly 800 Indonesian nurses and care workers have entered Japan as candidates for registered nurse (*kangoshi*) or certified care worker (*kaigo fukushishi*) under the Indonesia-Japan Economic Partnership Agreement (IJEPA). The most serious problem in their everyday life is the difficulty in mastering the Japanese language, which presents a high hurdle for passing the national board examination for registered nurse. Until 2011, only 17 Indonesian nurse examinees have been able to pass the examination, and become registered nurses in Japan. To contribute the developing of a more sustainable IJEPA program, this research aims to explore Indonesian nurse candidates' learning strategies for passing the national examination in Japan, and identify other factors that hinder their success. Although the number of Indonesian and Japanese interviewees was limited, the analysis of the research demonstrates that strong material and moral support by the management and staff of the receiving hospital is essential in motivating Indonesian candidates to do their best to pass the examination. It also suggests that such support is critical especially in the early stage of training at the workplace even for improving the efficiency of educational investment that makes nurse candidates pass the national exam and become registered nurses in Japan.

Keywords: Indonesia-Japan Economic Partnership Agreement (IJEPA), learning strategies, nursing national examination, Indonesian nurses

I Introduction

Japan's nursing examination is administered every February. The first group of Indonesian candidates (104) for the position of registered nurse arrived in Japan in August 2008, and 82 of them took the national exam in February 2009. None of them passed [*Shukan Igakukai Shimbun*, April 20, 2009]. The first candidates under the EPA programs succeeded in the next exam, given in February 2010. Two Indonesian nurses (who had taken it and failed the previous year) and one Filipino nurse (from the first group of Filipinos) passed the exam.

In Japan's nursing exam, conducted in February 2011, 15 Indonesians (13 from the first group and

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2 from the second group) and 1 Filipino (from the first group) passed the examination. The passing rate among 91 Indonesian examinees from the first group was 14.3%, compared with a passing rate among all examinees (54,138 persons) of 91.8% [Japan, Kosei Rodo-sho Kangoka 2011]. Because of the low passing rate among EPA candidates, the Japanese government extended eligibility one additional year for the first and second groups of Indonesian candidates and the first group of Filipino candidates to allow them to stay and study for the exam again.

In most countries, foreign nurses must pass the board examination in the language of the host country. Thus, nurses, who cross borders, need to undergo didactic studies of the language and culture of their destination country [Buchan 2002; Calman 2005; Friss 1994; Greenglass and Burke 2001; Goodin 2003; Jamal and Baba 2000]. In the case of the United States, foreign nurses are required to pass the CGFNS (Commission on Graduates of Foreign Nursing Schools) examination, and also pass the State Board Examination in the individual state where they will work within six months of their arrival [Venzon and Venzon 2005: 68–70]. Since Filipino nurses are educated with English textbooks at the nursing schools in their country, they have less difficulty passing foreign nursing examinations in English.

In Japan, however, Filipino and Indonesian nurses experience serious difficulties when they study nursing in the Japanese language. Japan's national exam questions are written entirely in Japanese (*Nihongo*), which consists of three types of characters, *hiragana*, *katakana* and *kanji*. *Kanji* was introduced from China in ancient times and has been developed in Japan. *Hiragana* and *katakana* are original Japanese characters simplified from *kanji*. Each *hiragana* and *katakana* includes approximately only 50 letters so that foreign learners can master them more quickly. However, *kanji* is composed of several thousands and more letters, and thus it demands enormous effort for foreign learners especially from non-*kanji* countries such as Indonesia and the Philippines to master *Nihongo* adequately.

Kyushu University's research team found that most of Japanese hospitals that received the first group of Indonesian candidates for registered nurse have recommended that the national nursing exam for foreign examinees should be more flexible.¹⁾ Some hospitals have requested the Japanese government to offer the exam in English or Bahasa Indonesian because the Japanese language is too difficult for the Indonesian and Filipino candidates educated in alphabet characters in their home countries.

The language difficulty is not only the problem. Kawaguchi [2009: 91–104], who researched nursing education in Indonesia as well as that in the Philippines, found that Indonesian and Philippine curricula and required credits at nursing school or college vary considerably from Japanese ones.²⁾ Hirano [2011: 52–56] also noticed that job descriptions for nurses differ between such Southeast Asian countries and Japan to some extent. If the foreign nurses cannot overcome the above gaps, they may

1) According to the Kyushu University's research team's survey, 59.3% of responding hospitals (28 hospitals; responding rate: 59.6%) that received Indonesian nurse candidates since 2008 had a request to the Japanese government to implement the national exam for the EPA nurses in more flexible way [Hirano *et al.* 2010: 118].

2) According to Kawaguchi [2009], the Philippines' nursing curriculum includes many more units than Japan's. Indonesia's program is almost as same as Japan's.

misread the questions on Japan's nursing examination and fail to answer correctly even if they have achieved proficiency in Japanese.

Japan's Ministry of Health, Labour and Welfare (MHLW) has expressed its position that the ministry has no plan to implement the national exam in English or Bahasa Indonesian for Filipino and Indonesian nurse candidates. Its position is in accord with that of the Japanese Nursing Association, which strongly insists that high proficiency of Japanese is essential for safe nursing practices in Japan.

However, if the passing rate of EPA foreign nurses does not increase to a certain minimum level, this may harm diplomatic relations between the sending and receiving countries. This is a serious dilemma for the governments concerned.

To cope with the present conditions, MHLW increased the budget for the training and guidance of foreign candidates for registered nurse and certified care worker from 80 million yen in fiscal year 2009 to 870 million yen in the fiscal year 2010. This introduced a concerted effort to enable more foreign candidates to pass the national exam in Japan.³⁾ The ministry and its extra-governmental body, Japan International Corporation of Welfare Services (JICWELS), initiated routine guidance for all accepting hospitals and care facilities. MHLW has allocated a subsidy for training to each hospital and care facility since 2010.⁴⁾ JICWELS provided copies of the previous Japanese national examination sheets translated in English or Bahasa Indonesian [Satomi 2010: 89–98].

However, it is still uncertain that such financial assistance will be effective in increasing the passing rate among foreign candidates. University of Indonesia and Kyushu University's joint quality research conducted at six accepting hospitals in Western Japan in mid-2009 found that all the Indonesian candidates (12) for registered nurse felt psychological stress preparing for the national board examination in Japanese. They felt that Japanese health-care system, included in the national exam, was very different from Indonesia's and too complex to understand. In addition, some Japanese nursing and medical technical terms are different from those the Japanese nursing staff use in their daily conversation, especially words spoken in the local dialect [Setyowati *et al.* 2010: 177–179]. Thus, they have to break through layers of language barriers in their institutional setting and everyday lives.

Based on the above findings, this research aims to explore effective and suitable learning strategies that could enable Indonesian and other foreign candidates to overcome the high hurdles and pass the national nursing exam. It also attempts to identify several factors behind the failure or success in passing the examination, and suggest their implications for EPA policy.

3) MHLW's EPA-related budget for fiscal year 2010 included subsidies for training in accepting hospitals of foreign nurse candidates (370 million yen), for training in accepting care facilities of certified care-worker candidates (350 million yen) and introductory training for both, JICWELS' routine guidance and others (150 million yen) [Satomi 2010: 98].

4) According to a paper provided to the authors by the MHLW official August 25, 2011, the total amount of MHLW's EPA-related budget for fiscal year 2011 is approximately 790 million yen. This budget funds several programs comparable to those for fiscal year 2010.

II Methodology

This research employed qualitative surveys using a phenomenology method in order to explore the learning experiences related to preparation for Japan's nursing national examination. The authors applied purposive sampling which included the following criteria: 1) members of the first group of Indonesian nurse candidates, who already took Japan's nursing national examination twice until 2010; 2) those who had no proficiency in the Japanese language before their departure to Japan; 3) those who obtained a diploma and/or a bachelor's degree in nursing in Indonesia; and 4) those who were willing to cooperate with our research team's interviews. As a result, four candidates employed by two hospitals in the Kansai Region and another two candidates employed by two hospitals in the Hokuriku Region participated in the survey.⁵⁾ It was administered in their hospitals in early November 2010. The authors' intensive interviews with Indonesian nurses were conducted mostly in Bahasa Indonesian.

Participants, who arrived in Japan in August 2008, had received full-time Japanese language training for six months before their assignment to the contracting Japanese hospitals. The Association for Overseas Technical Scholarship (AOTS), an extra-governmental body that employs a number of Japanese-language instructors, conducted the Japanese language instruction in their facilities.

Two of the participants passed the national exam in 2010 after failing in 2009. Both are employed by the same private hospital in the Hokuriku Region. They are the only Indonesians who passed the 2010 exam. One is a male and another is a female. The four participants who failed the examination are all females and employed by two private hospitals in the Kansai Region. Regarding educational background, five of them are D3 graduates and one is a S1 graduate.⁶⁾ The two successful candidates presented their preparation techniques in a seminar held in Osaka City on July 23, 2010.⁷⁾ Their presentation data include PowerPoint slides, which are included in this study.

Additionally, Japanese co-authors conducted interviews with Japanese head nurses (3), preceptors (2), executive secretary (1), and director (1) of the hospitals employing Indonesian participants. They cross-checked the accuracy of statements made by the participants with the results of the past surveys conducted by our research team and the Japanese government.

III The Results

(a) *Problems in Learning the Japanese Language*

When the AOTS began the Japanese language training for the first group of Indonesian nurse candidates,

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- 5) According to official documents provided to the authors by Japan's Ministry of Health, Labour and Welfare in 2008, 12 hospitals employed a total of 24 first-group Indonesian nurse candidates in the Kansai Region as of July 31, 2008, and only 2 hospitals have employed a total of 3 first-group Indonesian nurse candidates in the Hokuriku Region as of the same date.
 - 6) D3 graduates have studied nursing at the vocational school level for three years. S1 graduates have studied at a four-year college or university and have another year in an internship.
 - 7) The seminar focusing on the successful experiences of the two Indonesians who passed was hosted by Garuda Supporters, a Japanese citizen group supporting the Indonesian candidates in Japan.

it estimated they would reach Semi-Level 2 of the Japanese Language Proficiency Test (JLPT)⁸⁾ after six-month language and sociocultural adaptation training (858 hours) at its facilities.⁹⁾ However, it is probable that the majority were not able to attain this level.¹⁰⁾ Consequently, they faced difficulties in communicating with their Japanese co-workers and patients for a certain period after their assignment to the workplace.

In this survey, all participants expressed difficulties in learning *kanji*, especially those of Japanese nursing/medical terminology and jargons/abbreviation. The following are their narratives:

Participant 1 (28 year-old female Indonesian): "We have difficulty answering the exam questions especially those that including Japanese medical terminology, insurance and health-care terms that are all written in *kanji*, *hiragana* and *katakana*."

Participant 2 (another 28 year-old female Indonesian): "We have not yet learned many of the *kanji* letters that appeared in the exam. Our problems are not only the difficulty in mastering the Japanese language but also the difficulty in understanding particular medical and nursing technical terms."

Participant 3 (32 year-old female Indonesian): "It is difficult to memorize many Japanese technical terms in a short period. If we could be equipped with a high proficiency of Japanese when we were assigned to the hospital, we would only have to improve it, and could concentrate on studying Japan's nursing. We hope that the Indonesian government would improve its language-training program in Indonesia."

The local dialect is also one of the communication barriers between foreign nurses and Japanese patients and staff. One Japanese head nurse working in the Kansai Region expresses her findings:

Japanese Head Nurse 1: "Most patients speak a dialect in this region. They (Indonesian nurses) said that our dialect is too harsh for them, and sometimes they felt that they were scolded even though they were not scolded in fact. The AOTS taught them a standard form of Japanese ("*kireina Nihongo*" in her Japanese words) in the language-training program. Such formal Japanese is not commonly used at our hospital. One Indonesian nurse cried because when she received instructions in the [Kansai] dialect, she misunderstood and thought that she was scolded."

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- 8) The Japanese Language Proficiency Test (JLPT) had four levels from the highest, Level 1 to the lowest, Level 4. Level 2 requires foreign learners to master approximately 1,000 Chinese characters (*kanji*) and 6,000 items of vocabulary, Level 3 requires mastery of approximately 300 and 1,500 respectively. Semi-Level 2 was situated between Level 2 and Level 3. In 2010, a new classification system was introduced and a new category, N3 was established between former Level 2 and Level 3, and reclassified into five categories, from N1 to N5. N3 requires the learners to understand the Japanese language used in Japanese everyday life to some extent.
 - 9) Interview with officials of the AOTS in charge of the EPA project in Tokyo July 17, 2008. The learning of socio-cultural adaptation (140 hours) includes Japanese culture, customs and social circumstances.
 - 10) Their Japanese-language proficiency level was uncertain when they were assigned to their workplace because they did not take the JLPT during their learning period at the AOTS facility.

Their Japanese language ability has improved gradually. This tendency is confirmed by the outcome of the Kyushu University research team's nationwide survey on the hospitals that accepted candidates from the first group of Indonesians one year after their assignment. The results demonstrate that the majority of those candidates had little or no problem communicating with Japanese staff and patients in Japanese conversation. The vast majority of them, however, continued to struggle with Japanese proficiency sufficient for reading and writing nursing records.¹¹⁾

Two head nurses who supervised Indonesian candidates who failed the national exam explained the circumstances to Japanese researchers:

Japanese Head Nurse 1: "We learned that teaching enough Japanese to pass the national exam is difficult. It took approximately 30 minutes just to explain one question on the national exam. It requires time to discover techniques of instruction by on our own. I hope that candidates start studying Japanese before coming to Japan."

Japanese Head Nurse 2: "We needed an interpreter for half or all of a year after the candidates arrived at our hospital. During this period communication was difficult for both sides. I think that our Indonesian candidate will encounter some difficulties communicating with patients even after she passed the N3 of the JLPT. We expect Japanese language school could do something for us."

Japanese preceptors who instruct the Indonesian nurse candidates are predominately senior nurses at a similar level as the head nurses interviewed above. Although they are competent in nursing practices, they are not experts in instructing foreigners in the Japanese language. It is obvious that the absence of "bridging human resources," who understand the language and the nursing practices of both the sending and receiving countries (Indonesia or the Philippines and Japan), at the workplace is a major obstacle to training foreign nurse candidates to license them as registered nurses in Japan.

(b) *Varied Learning Hours*

Under the Indonesia-Japan EPA, Indonesian candidates for registered nurse or certified care worker are required to continue to study the Japanese language and Japan's nursing in order to pass the national exam in Japan. On the other hand, their employers set their daily schedules. The EPA does not regulate the division of working and learning hours.

Most survey participants recognized that the study hours at the workplace were too short for passing the national examination. One hospital in Kansai allows two candidates to study from 2 p.m. until 5 p.m. and work for the remaining hours every day. Their instructors are Japanese nurses and a

11) According to the Kyushu University research team's nationwide survey on the hospitals accepting first-group Indonesian nurse candidates one year after their assignment to the workplace, 96% of the respondents (n=28, responding rate: 59%) replied that their employing candidates could converse with their patients without problem, but only 18% replied that their candidates could read and write Japanese nursing records to some extent [Ogawa *et al.* 2010: 92-93].

volunteer Japanese-language instructor. The hospital encouraged them to take the JLPT. After one candidate passed the N3 of the JLPT, and another failed the same test in 2010, the head nurse increased study hours of the candidate who passed from three hours to five hours because she had to demonstrate the possibility of passing the national exam. The head nurse recognized that the other candidate already realized that she could not pass the next national exam, thus her study hours were not increased.

Another hospital in the same region let two candidates study from 2:30 p.m. until 5:30 p.m. every weekday, and planned to extend their study hours to prepare for the 2011 exam after December 2010. Their instructors are Japanese nurses and volunteer Japanese-language instructors.

Regarding their study hours, one Japanese head nurse explained the reason she and her Japanese staff were not able to allow the Indonesian candidates more hours for their study: "Indonesian nurses have ever complained that they needed more time to study. But, the policy of our hospital is to let them work for certain hours. We cannot let them study for a whole day as long as we are paying (the) salary for their work."

Two Indonesians who passed the exam had been provided enough time to study even during working hours.

Participant 4 (26 year-old female Indonesian who passed the exam): "We are required to work from 9 a.m. until 1 p.m. and study with our preceptors from 2 p.m. until 6 p.m. every weekday. Our study hours are counted equivalent to working ones in our salary. At home, I have continued to study from 9 p.m. until going to sleep, and restart at 3 a.m. just after I wake up, and continue through the morning. During my holidays, I review my previous studies for approximately two hours."

The management carefully considered the importance of well-balanced study and working hours. The director of the hospital explained: "We decided to support the candidates to pass the exam as far as we were able. We did not want to have them disappointed by failing. If we allowed them to study all day, they might feel too stressed. So, we have them work half the day so that they can concentrate on studying during the other hours."

The EPA did not mandate required working and study hours, which caused large differences among the accepting hospitals [see also Wako Asato's paper in this special issue]. According to MHLW's nationwide survey conducted in February 2010 on the first group of Indonesian nurse candidates, 53% of all responding candidates (N=66) studied the Japanese language and for the national board examination for 11 hours or more within working hours per week, 24.2% studied for 6–10 hours, and 15.2% studied for only 1–5 hours [Japan, Kosei Rodo-sho 2010].

The Indonesian candidates are aware of these differences as they frequently exchange information on their work and study conditions through the Internet and other communication methods. Consequently, some candidates have felt that their learning hours at the workplace are too short, compared to fellow Indonesian candidates assigned to other hospitals, as one head nurse admitted in the above narrative. This absence of standardized working and learning hours opens the door for candidates to judge the accepting hospitals unequal, and has inevitably affected their commitments for passing the national exam in Japan.

(c) *Differences of Nursing Education and Practices between Japan and Indonesia*

The participants with D3 educational backgrounds recognize that they have to study nursing knowledge and skills intensely, especially the particular diseases and symptoms of the elderly, which they had not well learned in Indonesia. Their narratives follow:

Participant 5 (35-year female Indonesian): “In our hospital (in Japan), the majority of patients are elderly. In Indonesian hospitals, there are not as many elderly patients. That is why Japanese diseases such as cancer and cerebral infarction are common, which is quite different from Indonesia, where most patients suffer from infectious diseases.”

Participant 2: “Learning about diseases is important in Japan unlike in Indonesia, and there are many details to absorb. After you have mastered the details, you realize that the exam questions are good and can be answered. The questions related to incubation, symptoms and others are only simple.”

Participant 3: “Since what I had learned at my vocational school (in Indonesia) was limited, I need to study and gain more experiences. Here, all the regulations are very detailed, so Japanese nurses must know a great deal of science and the regulations. Japanese nursing students have class all day. The Indonesian students had half a day allocated for study and must work at the hospital the other half. That limits the amount the other Indonesian classmates and I can learn in the same period.”

Japanese preceptors have also recognized the learning difficulties caused by the differences in nursing education and practices between Japan and Indonesia. Two Japanese head nurses who instructed participants who failed the exam explain:

Japanese Head Nurse 1: “We found that the level of Indonesian nursing education was different from the Japanese one. They lack some basic nursing knowledge. We even have to teach about insulin and symptoms of low blood sugar. When I instructed them to exercise the drill, they usually missed a few things. They lack accuracy (in medical knowledge).”

Japanese Head Nurse 2: “In the past, I imagined that basic nursing was similar throughout the world and that the language was the only difference. After working with two Indonesian nurses at our hospital, I realized my idea was incorrect. I found many differences between Japan and Indonesia in fundamental nursing practices. For example, when the patient has a fever, Japanese nurses try to lower the body temperature by cooling, but Indonesians try to do it by warming. When we clean a patient’s body, we use a steam towel at approximately 50 degrees, they use the towel warmed to 40–42 degrees. Japanese nursing staff clean the patient’s body once each day; Indonesian nurses clean patients twice per day.”

The narratives from the Indonesian candidates and Japanese preceptors clarify that neither group clearly understood the differences between Indonesia and Japan in nursing education and practices

before the entry of Indonesian nurses. After the candidates were assigned to Japanese hospitals, both parties recognized that the diseases prevalent among inpatients differ considerably between the two countries.

This could be partly attributed to the variation in demography of the two countries. The numbers of the elderly (60 years old and older) in Indonesia was 17,767,709 or 7.79% of the total population in 2000. It is estimated to increase to 9.7% in 2010 and to reach 11.43% by 2020 [Adioetomo and MCicuh 2009]. In Japan, the percentage of the elderly (65 years old and older) had already reached 21% in 2007, and is projected to reach 32% by 2030 [Tokyo Daigaku Koreishakai Sogo Kenkyu Kiko 2010: 15]. It would be difficult for foreign nurse candidates to pass the exam and become model nurses in Japan unless they profoundly understand the differences in nursing education and practices and the most common diseases, which vary because of the differences in demography, culture and other factors.

(d) *Learning Strategies and Factors behind Passing the National Examination*

Two participants who work at the same hospital and passed the exam explained the learning strategies that brought them success in the exam in Japanese:

Participant 4: "I reviewed Japan's past nursing examinations from the 93rd exam (2004) to the 98th exam (2009), and took them as if I were taking the real exam. When I identified my weak points, I learned everything I could about these points. Before the 99th exam, I concentrated on studying *hisshu-mondai* (mandatory questions).

I set a target for reading Japanese books. If I could read through one book in one month, I would be able to read 100 questions or at least 50 questions in the same period. Then, I shortened the target to finish reading through the book within two days in order to finish answering 150 new questions and 120 old questions (from the examinations conducted in the previous years).

I placed learning materials including pictures of things I did not understand well (at the workplace) on the wall, doors and other places inside my room. I continued this practice during the first three-to-four months after my assignment to the hospital."

Participant 6 (26-year old male Indonesian who passed the exam): "Whenever I didn't understand Japanese words and terms, I wrote them in my small notebook. On separate pages, I wrote the *hiragana* letters in word order. Under each word, I wrote its meaning either in Bahasa Indonesian or English. I brought these notes with me at all times anywhere I went.

As long as I could recognize the *kanji* letters, I could understand their meanings. Even when I didn't know how to read them, but learned to recognize the structure of *kanji* letters so that I eventually remembered every letter. After studying for 10 months, I could read many *kanji* words because I enjoyed reading them. When I went to the bookstore once or twice a month, I bought new Japanese books. Eleven months into my assignment to the hospital, I could read a small pocketbook and understand it. The hospital set up a time target for us. We had to finish reading one Japanese book assigned to us within one month. We finished reading seven books during the first seven months.

After mastering a prescribed number of *kanji*, I tried to increase my vocabulary by using a com-

mon *kanji* character. When I memorized the words “*no-kosoku*” (脑梗塞; cerebral infarction) and “*no-kessen*” (脳血栓; cerebral thromboembolism), I realized the *kanji* “*no*” (脳; brain) was an important component of the word. Thereafter, whenever I saw a word containing “*no*,” I realized that it related to the brain. This was very helpful in increasing my vocabulary. I used Wikipedia online to find explanations of medical terminology.

The national board exam in Japan is likely to focus on current issues in the health status of the Japanese people. Based on current demographics and experience, geriatric and dementia nursing will be included in the tests. It is important to find the information on these issues and to study them intensively. Regarding questions on the social welfare system in Japan, all you need to do is memorize its requirements accurately. Japan’s laws and acts are changeable, so you (foreign candidates) should wait to learn them in the later stages of preparation for the exam, so that you don’t need to waste your study hours learning changes it what you already studied.”

Both successful candidates stressed the importance of strong support by the director and preceptors at the hospital as they prepared for the exam.

Participant 4: “The Japanese staff around me were always working hard. This motivated me to study hard. *Incho-sensei* (director of the hospital) is very good and supportive. I feel that he is like my father. So, everyone here has made me feel at home. They welcomed us so graciously that I am strongly motivated by the director and also another senior nurse who monitors me.”

Participant 6: “The hospital staff provided us with many references, books and the Internet. They provided a computer for us in our apartment so that one was available whenever we needed it. We took turns using it. I had access Monday through Wednesday and the remaining days were for my Indonesian co-worker. Someone supervises our studies every day. The director of nursing supervised us every Monday, and another nurse or staff member explained things to us and answered our questions. Sometimes, even the hospital director has lectured to us on his specialty, neurology. Whenever Japan’s laws and acts related to nursing were changed, our secretariat informed us.”

The management of their hospital had organized the systematic support system even before the hospital received the Indonesian candidates. According to its secretary general, it hosted a two-day orientation for the entire Japanese staff before the Indonesians arrived. This orientation included lectures on Indonesian culture, language and society as well as explanation of the hospital’s intention in accepting foreign nurses. By stressing the contribution to an international exchange program without any intention to overcome the shortage of Japanese personnel by employing foreign nurses, the management tried to relieve the Japanese staff’s concerns that they would be fired in the future. Following the orientation, each division of the hospital appointed responsible persons in charge of supporting the foreign nurses. Those divisions included not only the nursing departments in the wards but also radiology, pharmacy, inspection section, secretariat and others. Management directed senior nurses to teach the candidates nursing and Japanese on Mondays, Tuesdays and Thursdays, and clerical staff

to teach them Japanese on Wednesdays and Fridays. The staff distributed copies of the previous national nursing exams to their Indonesian co-workers after they obtained a satisfactory proficiency of Japanese.

It is noteworthy that the hospital, which succeeded in making its employing two Indonesian nurses pass the exam, adopted thoughtful tactics even in the process of selection and matching of Indonesian applicants. The hospital's executive explained the procedures, as follows:

Japanese Executive Secretary: "After JICWELS released the list of applicants and the results of their personal tests, we carefully selected the best applicants from the list. We nominated the applicants who received a grade higher than the average score in all areas of the personal test, and then selected the two who scored higher than the average on each item."

The executive secretary emphasized the effectiveness of the monetary reward for passing the exam. According to him, he always told the two candidates: "To study hard and pass the exam is your work. We are paying you a certain amount of salary in order to let you pass the national exam. You may pay us back after you pass the exam. After you pass, you can earn twice what you are receiving now."

From the above narratives, the authors infer that the two successful Indonesian candidates were able to focus on their common goal and maintain strong motivations for passing the exam because they received systematic and well-organized support from the management and staff from the beginning. It was also established that the educational performance in Indonesia (S1 or D3) is not a determinate for passing the exam as long as the management of foreign candidates is well maintained.

IV Discussions and Implications for Policy

The results of this limited qualitative survey show that the most difficult task for all Indonesian participants is to master a number of Japanese words including medical and nursing technical terms written in complicated *kanji*. Most participants of this study feel that their studying hours are too short for passing the exam. However, the narratives of those who did pass demonstrate that the number of hours studying is not the only factor in determining the results of the exam. Those who passed have always kept their strong motivation to study and find their own way of effective learning.

Effective learning strategies can be summarized: 1) Always ask questions and discuss the answers with your Japanese preceptors or supervisors, 2) Study the past nursing examinations, 3) Set a time-target to finish reading Japanese books and other materials, and make efforts to read as many as possible, 4) Make your own notes and keep them handy at all times and places, and 5) Place learning materials on the wall or other visible places at home.

In the case of Filipino nurse candidates employed in Japan, Yoshichika Kawaguchi and his research partners found in their research that intensive studies of past nursing exams might help in upgrading their scores on the practice exam [see the paper contributed by Kawaguchi and other scholars in this issue]. Indonesian nurse passers' narratives confirm that it would be true for them.

One point worth mentioning here is that the strong leadership of the management of the hospital and its provision of a comfortable study environment for foreign nurse candidates at their workplace and home contributes to maintaining the candidates' high motivation to pass the exam. The hospital allocated enough hours (a half day) for studying at the workplace and those hours counted as work hours. Management acknowledged that the educational costs for the candidates would be curtailed if they could pass the national exam in a shorter period than its previous support program for Japanese assistant nurses (*jun-kangoshi*).¹²⁾ It has had a scholarship program for assistant nurses who wish to study at the nursing school and become registered nurses (*kangoshi*). It costs approximately three to four million yen per person before they pass the national examination. Assistant nurses who have worked for the hospital for three to four years can complete paying back their scholarship to the management of their hospital.

Compared to the costs for Japanese assistant nurses, the total expense for foreign nurse candidates (including tuition fees for instructors) was not excessive (approximately two million yen per person per year in this hospital). If the hospital assisted foreign nurse candidates to pass the exam more quickly, it can reduce the cost of the candidates. Such "cost-oriented management" would be fruitful especially when the hospital became successful in hiring high potential candidates through careful screening and selection during the matching process. This is an important issue to clarify as the Japanese government has earmarked hundreds of million yen to increase the exam passing rate among EPA foreign candidates for registered nurse and certified care-worker candidates since 2010.

The hospital referenced is the one of the few Japanese hospitals that emphasized the foreign employees' learning rather than their working since their assignment to the workplace. Many other hospitals tended to employ those candidates as "workers" mostly because their salary was the same as the Japanese nursing assistants, but they do not work as many hours because of their study time at the workplace, as shown in the results of the Japanese government's nationwide survey on the Japanese hospitals that employed first-group Indonesian nurse candidates [Japan, Kosei Rodo-sho 2010: 16]. It reflects ambiguity of treatment of foreign candidates as workers or trainees. Since the balance between work and study hours became an important issue among accepting hospitals and foreign candidates, it should be clearly regulated by the Japanese government.

Low passing rates in the national nursing exam among EPA foreign nurses may be partially explained by the present conditions and schemes of the EPA programs that were drafted without careful consideration of social, cultural and educational differences between Japan and Indonesia or the Philippines. Most Japanese hospitals' poor capability to instructing foreign candidates efficiently with limited human resources also constitutes a serious obstacle to increasing the passing rate among foreign candidates. It is an urgent matter for Japan and the sending countries to nurture "bridging human resources" who are capable of integrating the two nursing cultures and languages.

12) As of 2009, the number of assistant nurses (*jun-kangoshi*) was 394,430 whereas that of registered nurses (*kangoshi*) was 954,818. Assistant nurses must work under instruction of registered nurses. Their license is granted by the prefectural government whereas that of registered nurses is granted by the central government of Japan [Kobayashi 2011: 166–169].

It is also found that Indonesian nurses, especially those who failed the national exam, recognize the importance of learning the Japanese language before their entry into Japan. This view was commonly shared by Japanese nurses and other staff that the authors interviewed as well as the Japanese hospitals employing first-group Indonesian nurse and certified care-worker candidates [Ogawa *et al.* 2010: 93–95].

Data collected in this survey suggest that the governments of Indonesia and Japan must provide efficient Japanese-language training as well as sufficient information about Japan-style nursing that differs considerably from Indonesia's to incoming Indonesian nurses before their arrival in Japan. The data also imply that both governments need to examine successful cases such as the one exemplified in this survey, and incorporate the ideas and methods into its orientation and guidance programs. Since the number of research subjects is quite limited in this survey, further studies to define a more effective way of supporting foreign nurses are essential for improvement.

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