

Migration of Internationally Educated Nurses from Southeast Asia to Japan: Proposals on educational supports to combat brain loss in Japan

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Abstract

Many nurses who migrate across borders are facing several barriers in host countries when getting a job at the same level (skill, type, and so on) as in their own countries. Considering educational support for them, it would be important for the host country to use the foreign nurses' skills efficiently, and also for foreign nurses to obtain professional nursing status again in the host countries. Economic Partnership Agreements (EPA) were signed between Japan and Southeast Asian countries, and soon Japan declared that it would accept both foreign nurses and foreign care-givers as immigrants from two countries. Against this backdrop, the situation of Internationally Educated Nurses in Southeast Asia and useful measures for them to pass the Japanese National Nurse Licensure Examination are analyzed. Educational support issues for foreign nurses are also discussed.

Key words: brain loss, Internationally Educated Nurses (IENs), international migration of nurses, regaining professional nursing status, Japanese National Nurse Licensure Examination

Introduction

Along with the growing expansion of globalization, the migration of people across borders is expected to increase all over the world in the future. But foreign professional workers face many barriers in their host countries when getting a job at the same level (skill, type, and so on) as in their own countries because of differences in technique, language, culture, and so on. Thus, in the host country, they may not always be employed with the same status as in their mother countries. After Japan's ratification of Economic Partnership Agreements (EPA) with Indonesia and the Philippines, Japan is now accepting the migration of foreign nurses and foreign care-givers from these two countries. It may be expected that such nurses will also face many barriers in Japan. In this paper we refer to the foreign nurses working in Japan as 'Internationally Educated Nurses (IENs)'.

1. Brain loss of IENs

The international migration of IENs is seen as 'brain drain' of professional workers from source countries.¹ In general, the source country bears the burden of producing the labor force which is outsourced to the host country in the process of labor movement. This means that the host country reaps the benefits from the personal expense and public investment in training human resources in the source country.² In other words, the source country suffers a loss, and the host country obtains a benefit. Two kinds of economic damage are caused in the source country by IEN migration. It means that the wealth which IENs could produce in their own country is lost and that the cost of training IENs is wasted. On the other hand, the host country can avoid the cost of training IENs and obtain the wealth which IENs produce.³

Mireille Kingma views the international migration of IENs as 'global treasure-hunting' and she analyzed the problems of the brain drain of emigrants from the source country and the 'brain gain' of immigrants to

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the host country, and pointed out that such problems cause 'brain waste.'⁴ She found that the imperfect use of nurses in industrial countries is a waste of mental ability, and also that if nurses remained in their countries but could not find jobs, that it could cause a waste of skills. She pointed out that 'brain waste' is a threat to both developing countries and industrial countries.⁵ But she also pointed out a process of 'brain circulation' whereby emigrants return to their countries and effectively use the skills and knowledge they have developed overseas.⁶

Cases where the host country accepts IENs but does not make the most of their expertise may be seen as 'brain loss' rather than brain waste.⁷ We could consider the loss of IENs' professional status from two viewpoints. One is the situation of brain loss whereby the host country cannot utilize the talents of IENs trained in source countries. Brain loss in this sense refers to a situation where IENs cannot work as nurses. It forces the nurses to lose their professional nursing status and qualifications. Many nurses are already migrating from country to country on a global scale today, and brain loss is one of the important problems in the migration of professionals across borders. The other issue is the loss of professional skills 'in the future' when IENs have no opportunity to build up their careers with qualifications applicable in their home countries while they are working in the host country. If IENs in Japan have this two-fold disadvantage relating to their professional status (losing the opportunity to get appropriate nursing jobs at the right career level, corresponding to what they have built in their home countries and to achieve any new career advancement in Japan), they may not use, maintain and improve their professional skills effectively, and cannot realize brain circulation.

The important problems for IENs are not only the improvement in wages and other working conditions but also the avoidance of losing their professional nursing status as mentioned above. Japan has to help IENs not to lose their professional nursing status during international migration. It is necessary that the Japanese government conducts support measures in various areas to resolve the issue. Support of education is one of these areas.

Japan started to accept the migration of IENs from Southeast Asian countries, and this paper focuses its discussion on the problem of providing assistance for IEN education. We believe that the Japanese government policy to support the 'regaining of professional status' must be an absolute requirement in order to continue accepting the migration of IENs and other foreign professionals in the years ahead.

2. IENs in Southeast Asia

The migration of IENs across international borders began as early as the 1960's or 1970's in some countries and the number of source countries of IENs has been dramatically increasing in recent years.⁸

Producing nurses for export as a human resource brings an economic contribution to the source country by increasing remittances to the source country and it makes an economic contribution to family finances and the domestic economy.⁹ The Philippines is a typical case. The Philippine government has trained nurses for migration as a national policy for its economic benefit.¹⁰ Nurses working in Japan can earn much higher wages than they do in the Philippines (see Table 1).

Table 1. Starting salaries for clinical nurses working in Public Sector Hospitals (Southeast Asia)
(Unit purchasing power parity (PPP))

Location	2007	2008	2009
Macau	135,717.99	76,025.99	91,730.37
Hong Kong	35,527.54	40,511.26	41,974.44
Japan	25,910.14	28,088.31	28,242.54
Korea	27,632.68	28,167.88	28,004.10
Taiwan	27,254.80	25,696.39	26,246.00
Singapore	14,195.58	17,857.14	18,906.39
Malaysia	7,332.11	8,394.24	7,647.42
Thailand	7,366.35	8,731.51	6,957.56
Philippines	9,487.02	6,100.96	6,034.62
Mongolia	141.40	4,087.19	4,087.19
Indonesia	2,870.74	2,870.74	2,512.47

Source: International Council of Nurses (ICN), Nurses Wages and Their Context, Asia Workforce Forum - 2007 /2008/2009 AWWF Database Summary <http://www.icn.ch/sew.htm> (accessed Mar./30/2010)

Many researchers try to explain nurse migration using the principles of push and pull, but their working overseas could not be explained only by push and pull.¹¹ Changes in the source country's economic situation cause farmers to leave their home towns and increases in immigrant labor demand in the host country cause the movement of IENs.¹²

Industrial countries have a chronic nurse-shortage issue due to their short supply and heavy workloads, and these countries also face the problem that many new graduates from nursing schools do not become registered nurses and many nurses tend to select early retirement.¹³ Those countries choose to employ foreign nurses to resolve these issues.¹⁴ The 'North' countries face a lack of human resources, and recruit fresh sources in the 'South' countries. As a result, a worldwide competition for gaining nurses is happening, and the migration of IENs becomes greatly diversified in terms of both scale

and destination country and regions.¹⁵ In such a situation, an interesting phenomenon has recently developed relating to the international migration of nurses from southern countries to northern ones.¹⁶

Many nurses have already migrated from country to country, and IEN migration to Japan is a part of this movement. No global certification standard for IEN skills exists,¹⁷ and some issues seem to arise due to their international migration. What difficulties would IENs have to overcome in order to regain 'professional nursing status' during their international migration? The barriers for IENs include (1) confusion, stress, and a sense of loneliness and alienation,¹⁸ (2) language and communication difficulties,¹⁹ (3) social and cultural adaptation,²⁰ (4) professional skills,²¹ (5) their role in the workplace (co-workers or employers),²² (6) the nurse certification examination,²³ and (7) the provision of appropriate information.²⁴

What kinds of educational support would have to be prepared for IENs, whose skills, culture and customs differ from those of Japan, so as to assist them in regaining their professional nursing status in Japan? They need to pass the Japanese National Nurse Licensure Examination (hereafter referred to as the JNNLEX) to obtain qualifications in Japan, (as mentioned in (6) above) to regain nursing status. What will be the barriers for IENs in passing the examination? What kinds of support may be necessary for them to succeed? In this paper we would like to propose some ways to support Southeast Asian IENs who are now being accepted into Japan.

3. The National Council Licensure Examination for IENs in the U.S.A.

There is no universal standard for nurse qualification, and thus some countries require IENs to pass their nurse certification examinations as a precondition before accepting them. IENs cannot be evaluated as a single undifferentiated group because the abilities of IENs differ both from person to person and between countries. Comparing the nursing education programs (see Reference 1), it can be seen that there are differences between countries not only in general education subjects but also in nursing seminars and nursing practices and that their skills are different. Another method for evaluating the ability of IENs is by comparing the data from the National Council Licensure Examination (NCLEX).²⁵ There is difference in the ratio of success between IENs and US-HENs (Home- Educated Nurses) in the NCLEX. According to the results of the NCLEX, the ratio of successful candidates for US-HENs is over 80% but the ratio

of successful candidates for all IENs is only almost 40% (both results are for first-time candidates).²⁶ In addition, the examination pass rate of IENs from English-speaking countries is higher than those from non-English-speaking countries, and there are also differences in the examination pass rate of IENs from different non-English-speaking countries.²⁷

The ratio of successful candidates in the NCLEX differs from one Southeast Asian country to another (see Fig.1). Singapore's rate is high, but Indonesia's one is low. The Philippine government is positively involved in the provision of overseas Filipino workers (OFWs). Although the Philippines is an Asian country, it adopted Western-style nurse education and taught English following the American system. As a result, it can facilitate IENs' cross-border movement.²⁸ Filipino nurses are at the top of the successful candidate rankings in the NCLEX,²⁹ and the number of Filipino IENs taking the NCLEX is greater than that of any other Southeast Asian country (see Table 2).

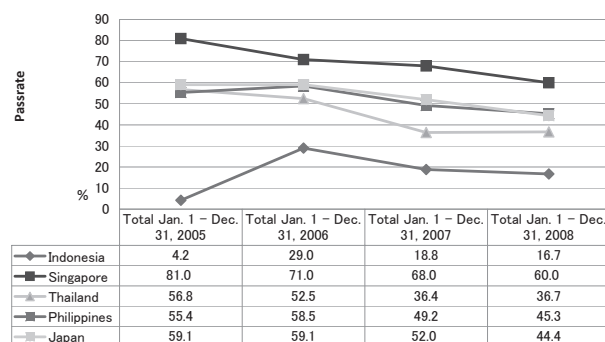


Fig. 1 First-time, internationally-educated candidates taking the NCLEX-RN® Examination, by country of education (Southeast Asia)

Source: NCSBN, 2005/2006/2007/2008 Nurse Licensee Volume and NCLEX® Examination Statistics <https://www.ncsbn.org/1236.htm> (accessed Mar./30/2010)

Table 2. Examinations result in Southeast Asia

	Total Jan. 1 - Dec. 31, 2008		
	Candidates	Passed	%
Philippines	20,072	9,101	45.3
Thailand	139	51	36.7
Japan	117	52	44.4
Singapore	25	15	60.0
Indonesia	12	2	16.7
Malaysia	7	3	42.9

Source : NCSBN, 2010. 2008 Nurse Licensee Volume and NCLEX® Examination Statistics

Notes: Because the number of candidates was small, Malaysia, Myanmar and Vietnam were excluded from the list. There were no candidates from other countries apart from those described in the table and the notes.

Against this background, an Economic Partnership Agreement (EPA) was signed between Japan and the ASEAN countries. The first Indonesian IENs came to Japan in the summer of 2008 under the EPA. The Philippines ratified its EPA with Japan in the fall of 2008, and Japan started to accept Filipino nurse migration in 2009.

The migration of human resources, however, is always the movement of living ‘natural persons’, and thus we have to consider the migrant workers not as a means of labor supply but rather as persons with human complexities.³⁰ A living ‘natural person’ is different from a commodity, and he/she has thoughts, emotions and a cultural background; meaning that manuals should not be permitted to control him/her. What kinds of support would be needed to accept IENs as ‘natural persons’ in Japan?

4. Problems facing IENs in Japan

A 2009 survey of Japanese hospitals accepting IENs indicates the following;³¹ the respondents indicated that an ‘inadequate ability to communicate in Japanese’ is the most difficult problem in their workplace, followed by ‘a lack of knowledge about Japanese nursing terms.’ Overall Japanese-language education support for IENs is regarded as most necessary, and most of the respondents replied that the greatest problem is Japanese language ability.³²

Mireille Kingma said that nurse examination questions often reflect ‘national cultural factors’ and the candidates need to acquire knowledge of the host country to answer questions correctly.³³

Through analyzing the results of categorizing the JNNLEX questions, it can be seen that the candidates have to understand long Japanese sentences and technical nursing terms in Japanese. Thus the candidates are required to master high-level Japanese. In addition, 10-20 percent of the questions on the JNNLEX are about Japanese society and Japanese people (see Fig. 2), and ‘cultural aspects of Japan’ are also reflected in that examination’s questions. In other words, it is difficult for foreign candidates to answer correctly using only Japanese nursing knowledge and their Japanese language ability. They need to study Japanese society, culture and systems. The recent research into an English-version mock examination for IENs pointed out that the lack of a basic knowledge of the Japanese social welfare system and Japanese nursing knowledge might become a problem for IENs as this exam produced almost the same results as the one mentioned above.³⁴

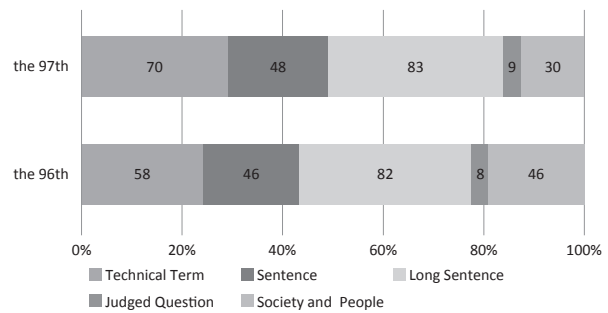


Fig. 2 Results of categorization of the Japanese National Nurse Licensure Examination

Source: NURSE SENKA.COM, Questions of the 96/97th Japanese National Nurse Licensure Examination http://www.nurse-senka.com/kokushi_mondai/index.jsp (accessed Jun./29 /2008)

The JNNLEX asks its candidates questions about the Japanese social security system and the causes of mortality in Japan, and therefore it is necessary for candidates to obtain Japanese cultural knowledge. For example, the first cause of mortality in Japan is malignant tumor, following by heart disease, which differs from the situation in other countries. Comparing the five leading causes of mortality in Southeast Asia (see Table 3), the number one cause of death is circulation disease in Indonesia, septicemia in Malaysia, cancer (malignant tumor) in Japan and Singapore, and intracranial injury in Vietnam. Other leading causes of death are tuberculosis in Indonesia, accidents in Japan and the Philippines, and AIDS in Vietnam. In particular, in contrast to Japan, people from Thailand, Indonesia, Myanmar and Malaysia have a higher likelihood of catching infectious diseases. The leading causes of mortality are different in each country. Thus it is clear that IENs need to acquire cultural knowledge from their host country as well as simply learning the language.

An analysis of the JNNLEX shows that the questions relating to the social security system deal with various matters, including the social insurance systems of universal care and universal pension coverage, social welfare laws and social-welfare regulations such as the Daily Life Protection Law and the Maternal and Child Health Law, as well as social welfare administration and population trends.³⁵ This means that IENs need to study not only the Japanese language but also various matters including Japanese social and cultural knowledge and professional skills in order to pass the JNNLEX. Also information on their previous nursing education in their mother country and detailed information on the cultural customs of the source countries needs to be provided to the hospitals that accept IENs. What would be required to resolve these issues?

Masako Itami (2009) conducted an investigation in the Japanese hospitals which accepted IENs³⁶, and examined the kinds of support which the hospitals' staffs need.³⁷ According to the survey results, more than 60% of the respondents regarded IEN migration to Japan as positive because of the expected falling birthrate in the future, and they also expect IENs to work long term in Japan. More than 80% of them hope that IENs pass the JNNLEX and think that support should be provided outside at the hospitals. With regard to IENs applying for examinations, almost 70% of the respondents considered that it is necessary to provide IENs with Japanese language education, and more than 80% of respondents felt that it is necessary for IENs to learn technical nursing terms in Japanese. Almost 90% of the respondents thought that it is necessary to prepare a competency test on Japanese nursing terms for IENs, while more than 60% of those surveyed thought that it is necessary to prepare a prep test for the JNNLEX for IENs.³⁸

A more detailed analysis of the survey showed the following: When the respondents think that there are sufficient supports for IENs in the hospitals, they tend to think that IENs will be able to pass the JNNLEX. And when the respondents think that supports for IENs in the hospitals are insufficient, they tend to think that IENs will not be able to pass the exam. From this result, we can conclude that it may be difficult for IENs to pass the JNNLEX if supports for the IENs are insufficient. When support in the hospital for IENs is lacking, it is necessary to provide outside support. But supports for IENs outside hospitals are not well-developed in Japan.

Thus, in order to assist IENs in passing the JNNLEX and regaining their professional nursing status, it is necessary to develop nationwide support programs.

Moreover, some respondents replied that they cannot evaluate the educational support levels in the hospitals because there is no standard by which to compare such support. It is necessary to examine the level of understanding of IENs in order to evaluate whether they will pass the JNNLEX. This could be evaluated if there were a point rating system. The deviation value and score in a point rating system could become an 'indicator' for educational support. We believe that Japan needs to develop a nationwide support program as an 'indicator'.

In addition, the survey results indicated that there are not enough teaching instructors for IENs, and it showed that the instructors do not know enough about how to support IENs. Many respondents indicated that funds and teaching materials for support are also lacking (see Fig. 3).

Support for IENs is required in the following areas: (1) a need to establish learning indicators relating to the support, (2) a need to provide supporting information to other hospitals and detailed information on IENs' previous nursing education in their mother countries to the hospitals which accept IENs, (3) a need to strengthen the support system outside hospitals, and (4) a need to provide educational support tailored to an individual IEN's requirement.

From the results of this survey it is clear that there are a lot of issues and requests from the hospitals in accepting IEN migration. Hospitals are requesting sup-

Table 3. Five leading causes of mortality in Southeast Asia

Country	Japan	Philippines	Indonesia	Singapore
1	Malignant Tumor	Disease of the Heart	Circulation diseases	Cancer
2	Heart Disease	Disease of the Vascular system	Respiration diseases	Ischemic heart disease
3	Cerebrovascular Diseases	Malignant neoplasm	Tuberculosis	Pneumonia
4	Pneumonia	Pneumonias	Gastro intestinal diseases	Cerebrovascular disease
5	Accidents	Accidents	Neoplasma	Accident, Poisoning, Violence

Country	Thailand	Malaysia	Vietnam	Myanmar
1	Neoplasm	Septicemia	Intracranial injury	Malaria
2	Certain infectious and parasitic diseases	Heart Disease and Diseases of Pulmonary Circulation	HIV/AIDS disease	Respiratory System
3	External cause of morbidity and mortality, other accidents, including late effect	Malignant Neoplasm	Traffic accidents	Injuries
4	Diseases of the Circulatory System	Cerebrovascular Diseases	Pneumonia	Respiratory Tuberculosis
5	Diseases of the Respiratory System	Accidents	Intracerebral haemorrhage	Septicemia

Source: THE INTERNATIONAL NURSING FOUNDATION OF JAPAN. 2008. *Nursing in the World*, fifth edition

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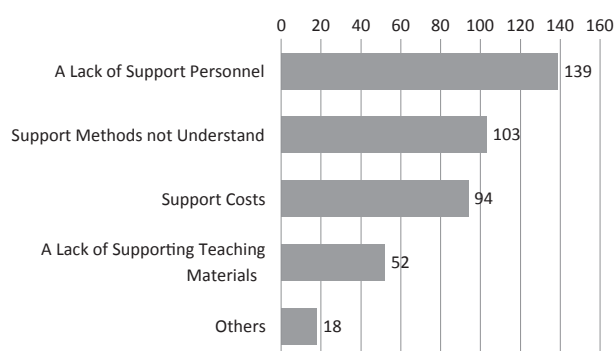


Fig. 3 Problems with overall support of IENs

Source: Itami, M., 2010. Acceptance of Internationally Educated Nurses in Japan: Brain loss in migration and educational support for nurse certification examination, 2009 master's thesis from Humanities and Social Sciences, Kochi University graduate school, p.78

Note: multiple answers to question allowed.

port to reduce the burden on them. It seems that the Japanese government has to establish learning indicators, outlets for providing information, support systems outside of hospitals, and educational support tools for IENs according to level. What is necessary to support IENs in Japan? We will analyze the support measures in countries which have already developed support systems.

5. Specific educational support plans for IENs

The countries allowing IEN migration adopt a variety of policies for their acceptance. Australia requires IENs to take the nursing examination along with Australian students, and gives IENs guidance on Australian nursing practices, medical care systems, culture and medical terminology, as well as teaching an outline of anatomy, physiology and pharmacology. As a result, the certification success rate of IENs increased.³⁹

The U.S.A. requires in principle that candidates who hope to work as nurses take the NCLEX. The National Council of State Boards of Nursing (NCSBN) prepares and conducts the NCLEX-RN (NCLEX for Registered Nurses), and on a for-profit basis it provides its teaching materials as nursing courses for qualification maintenance. It also provides a review course for the certification examination via the Internet.⁴⁰ Since aiming for an improvement in the high failure rate of IENs in the NCLEX-RN, the Commission on Graduates of Foreign Nursing Schools (CGFNS) examines IENs who apply for the examination on either a temporary or permanent visa. The CGFNS recently started to provide consulting services, and also established a section for evaluating foreign teaching materials and providing equivalent American materials.⁴¹

In the U.K., the Nursing and Midwifery Council

(NMC) examines the educational records and other abilities of IENs from non-EU countries to award its certification to candidates. Furthermore, the NMC decided to provide the Overseas Nurses Programme (ONP) to IENs who have sufficient academic qualifications, worth experience and language ability. After completing the ONP, the council approves the registration of IENs when they have sufficient nursing ability and have no health problems.⁴² IENs don't have enough opportunity to undertake the nursing practice placements because the practice hospitals and their quotas are limited. During the ONP, IENs are paid at same rate as nursing auxiliaries until they are registered. In addition, if it is judged that IENs do not possess the required nursing abilities and language skills, they may not obtain the qualification.⁴³

As discussed above, the qualification process and programs for IENs are established on a national basis, as opposed to international basis. However, because Japanese support plans for IENs are insufficient, Japan needs to improve its system for accepting and supporting IENs.

We will consider the situation in Canada which has various advanced support systems for accepting IENs.⁴⁴

1) Language supports for IENs in Canada; the Canadian English Language Benchmark Assessment for Nurses⁴⁵

In Canada, the Canadian English Language Benchmark Assessment for Nurses (CELBAN) was developed as a tool to assess the English language communication skills of IENs for licensure as nurses. This test on nursing technical terms was created for IENs whose native language is not English. The test is widely used by educational institutions in Canada.

The CELBAN is prepared by test developers and is based on the data collected from nursing instructors/consultants while analyzing the English language demands of the nursing profession in Canada. It is designed to assess the English communication skills of IENs from non-English-speaking countries.

The CELBAN is based on tasks drawn from all the four communication skills and is aligned with the score from the Canadian Language Benchmarks (CLB). The CLB is a general test of English as a second language in Canada. It consists of group tests of 'listening, writing and reading' and individual tests of 'speaking'. Scores of the CELBAN are assigned as CLB levels.

It is very much to be welcomed that the CELBAN examines the communication skills of IENs by conducting four kinds of language ability tests and that it uses nurse role-playing tests, videos of scenarios from

the workplace and multi-format texts (charts, patient notes and manuals). The CELBAN acts not only to examine language comprehension but also to assess comprehensive language ability to understand situations and nursing behaviors.

2) Support for the nurse certification examination in Canada; the LeARN CRNE Readiness Test⁴⁶

The nurse certification examination is a test measuring the ability required for nursing practice. The Canadian Registered Nurse Exam (CRNE) is taken by candidates of seeking nursing qualifications. There are two support programs for CRNE candidates. One is the Canadian Registered Nurse Exam (CRNE) Prep Guide, which is a guide for candidates preparing for the CRNE. It consists of four 'competency frameworks' (professional practice, nurse-person relationship, nursing practice as relating to health and wellness and nursing practice as relating to alterations in health) and is based on the CRNE.⁴⁷ The other is the LeARN CRNE Readiness Test (hereafter referred to the LeARNCRT), which is a preliminary test for CRNE candidates. It is a simulated test in a shortened format intended for CRNE candidates and is provided via the Internet. It is useful for IENs with access to the Internet, because they may try it out before travelling to Canada⁴⁸.

3) Regional supports for IENs in Canada; Bridging/upgrading programs⁴⁹

Bridging/upgrading programs have been developed for IENs in Canada. Ontario has about 35 bridging programs. Most of these programs are mainly provided at colleges, because universities are not so active in this area due to a lack of funds, faculty and other resources.

In addition, post-diploma programs for IENs and programs for CRNE candidates are provided at York University and some other universities. In upgrading programs, each educator draws up a personalized education plan based on the directions of the CNO (the College of Nurses of Ontario) in response to the individual needs of students, and then reports the result to the CNO after the students have finished their plans. These programs are provided via night classes and remote learning for working IENs. There is a problem however in that the credits the students have earned from one education program cannot be transferred to another.

These bridging/upgrading programs are provided in the three major cities; Toronto, Hamilton and Ottawa. George Brown College provides remote learning programs but these are not necessarily perfect. Some students commute from distant locations to attend the

college. When their homes are too far from the college, they cannot attend the program. Thus by developing bridging/upgrading programs at universities and colleges, IENs could receive direct study support. However, there are some problems such as regional gaps, the transfer of credits and a lack of a budget for implementing programs.

4) Some proposals for the improvement of IEN education

Canadian immigration policy has developed since Canada first started to accept immigrants from all over the world in 1869. The Canadian Immigration Law has been repeatedly amended to reflect changes in immigration policy since then.⁵⁰ Canada introduced its immigration point system in 1967 and began to accept immigrants based on their academic backgrounds, possibility for economic contribution and language competence. Canada has accepted many foreign engineers and professionals since then.⁵¹ As a result, Canada has developed many immigrant programs and supporting systems for them. The Canadian government manages immigrants through Citizenship and Immigration Canada (CIC), and provides many programs to assist immigrants to settle in which include language-support programs featuring training according to occupation.⁵² Some provincial governments (equivalent to state governments in the U.S.A.) have also created programs for professionals and provided them with orientation courses, social adaptation services, counseling, language training and information in many languages, in conjunction with local NGOs.⁵³ Canada is a typical multicultural country composed of over 200 ethnic groups.⁵⁴ Its central government agencies, provincial governments and community organizations have a variety of support policies for such people.

Canada is also faced with the issue of nurse shortages, because Canadian baby-boom generation nurses have been growing older and a serious nurse shortage is expected in the future when they retire.⁵⁵ So some provincial governments in Canada have promoted a policy of accepting IENs.⁵⁶ The CELBAN is a test that evaluates the inclusive linguistic competencies of IENs. The LeARNCRT is a prep test for CRNE candidates, and consists of the same 'competency frameworks' as the CRNE. Both could be considered to be support measures in evaluating nursing ability.

In Japan, on the other hand, the national and local governments have not developed sufficient support systems for IENs. The measures for supporting IENs are different in each local region and facility. Although Canada provides a number of support measures, some

cases have been reported where IENs could not regain their professional nursing status and thus had to abandon their nursing careers.⁵⁷ So it can be concluded that it must be quite difficult for IENs who work in Japan to regain their professional nursing status, because no adequate support systems have been established.

We would like to propose that Japan establish support systems for IENs by providing services similar to the CELBAN and the LeARNCRT via the Internet. In other words, if some supports such as a 'Japanese-style CELBAN and LeARNCRT' and guidance about Japanese social and cultural knowledge as well as systems that provide the results of the 'Japanese-style CELBAN and LeARNCRT' via the Internet and useful information, were prepared in Japan, it would provide an effective educational support for both IENs and their teaching instructors. The establishment of bridging programs in each region is the next issue going forward. These programs may provide IENs with an opportunity to exchange information with each other and to resolve their marginalization and loneliness issues.

Even if Japan developed effective educational support for IENs, some issues could be expected to arise. The first is that it would be necessary to consider the content of the Japanese Language Benchmark Assessment for Nurses (hereafter referred to the JLBAN) which would fill the role of a 'Japanese-style CELBAN'. There are some Japanese language tests like the Japanese Language Proficiency Test (JLPT), the Business Japanese Proficiency Test (BJT) and the Examination for Japanese University Admission for International Students (EJU), but no Japanese language ability test for nurses exists. Thus it might be suggested that Japanese language tests for IENs need to be developed in Japan. IENs may feel burdened if passing this examination becomes obligatory. The JLBAN would be better established as a means of examining levels of achievement. It is desirable that a language test system can be established to examine learning issues and levels of study achievement thus providing both IENs and their teaching instructors with learning guidelines.

Secondly, it is necessary to develop a preparatory JNNLEX which would be a 'Japanese-style LeARNCRT' for IENs in which Japanese social and cultural knowledge could be included. If such a prep JNNLEX was developed with consideration for differences in language, as well as culture and knowledge between IENs and Japanese people, it could be used as an indicator in Japan. Considering the examples from countries that have already accepted IENs, developing a prep JNNLEX should be effective. If the prep JNNLEX

were not designed for aiming to pass the JNNLEX but rather, designed to assist IENs study, both IENs and their teaching instructors could utilize the prep JNNLEX as a study aid. It would also be necessary to disclose the prep JNNLEX questions, answers and explanations, to provide candidates with personal data concerning their strengths and weaknesses and to explain study strategies.

Thirdly, another issue with the JNNLEX is whether IENs would be familiar with the question format. The multiple-choice question format of the JNNLEX may be disadvantageous for IENs who are unfamiliar with it.⁵⁸ If they studied using the prep JNNLEX, they could become accustomed to its multiple-choice question format.

Fourthly, another issue relates to educational supports for IENs. Provided both of the JLBAN (the 'Japanese-style CELBAN') and the prep JNNLEX via the Internet, the variety of supports in the regions and IENs' levels could be narrowed, and it could also give IENs opportunities for repeated study and self-study. In other words, when IENs cannot receive an adequate internal support program in their regions or their hospitals, it is necessary to provide them with a support program which they can access anywhere. Completing an education course via the Internet would allow the regional difference in support to be narrowed, and could also decrease the overall educational cost compared to the maintaining support programs in each region. It is important to build up inexpensive program method to support IENs' continuing education. Also, support at the correct level for an individual ability via the Internet could be provided giving IENs opportunities for repeated study and self-study. In addition, adequate preparation before coming to Japan is correlated with success.⁵⁹ Tests and guides via the Internet allow access from all over the world, and thus they could provide very useful information to IENs who hope to work in Japan.⁶⁰

The fifth issue, there seems to be some issues introducing the JLBAN and the prep JNNLEX. The CELBAN and the LeARN CRNE Readiness Tests could not be adapted in Japan without changes. It may be necessary to adjust questions according to Japanese social systems and cultural knowledge when introducing them. Moreover, it is necessary to analyze differences in the content and the form between the JNNLEX and the CRNE.

The sixthly, some issues relating to Japanese linguistic expressions is expected to arise. Japanese has multiple writing systems, that is both Chinese characters and Japanese characters (*hiragana and katakana*) are used. How could technical nursing terms be simplified in the JNNLEX? A prep JNNLEX should match with

the JNNLEX in terms of level of difficulty and questions by content type. Although many technical nursing terms are used in JNNLEX, the technical nursing terms cannot be simplified in a form without simplified contents. The content of the JNNLEX might be simplified by printing Japanese characters alongside Chinese characters or using Japanese characters instead of Chinese characters, because of the JNNLEX conducting in the Japanese language. Though some people seek to allow IENs to sit an English version of the JNNLEX, communication with Japanese patients in Japanese is vital for patient care and IENs have to acquire Japanese language skills to communicate with Japanese patients. Thus more multilateral discussions would be necessary before allowing a multilingual version of the JNNLEX.

In order to develop the JLBAN and the prep JNNLEX, it may be also necessary to consider the problem of Japanese linguistic expressions and Japanese cultural factors and restructure the contents of the JNNLEX for IENs. We believe that the proposals mentioned above would be useful for developing effective educational tests for IENs in Japan. And we also believe that adopting such tests for IENs would assist them in regaining their professional nursing status in Japan.

Conclusion

Even if the acceptance of the IEN migration does not increase in Japan, IEN migration across borders may increase all over the world. Japan is not the only destination for IENs. Offered better wages and conditions, excellent IENs would choose other countries which provide such opportunities. Under such circumstances, Japan may not seem to be offering such an attractive package.

In particular, it is difficult for IENs to pass the JNNLEX because support for IENs is not sufficient in Japan and this may be the greatest barrier for IENs in Japan. The examination results of IENs in Japan are as follows: 82 IEN candidates sat the JNNLEX in 2009

but none passed,⁶¹ and 254 IEN candidates took the JNNLEX in 2010 and yet there were only 3 successful candidates (a pass rate of 1.2%).⁶²

Though Japan accepts IENs migration, it doesn't seem to know how to utilize their skills effectively. How does Japan's government now treat its IENs? What future changes may Japan make to its immigration policy? In a high-level service sector prone to labor-shortages, can Japan create a low-wage occupational category where skills are not needed and Japanese language ability is unnecessary?⁶³ Is it acceptable for Japan to cause a brain drain of skilled labor from the source countries, and try to create brain loss in Japan? In other words, can Japan treat the professionals who are the 'brain' in a high-level service sector as unskilled workers?

Japan, as a host country of IENs, needs to pay attention to the issues of brain drain from the source countries and brain loss in Japan, and also needs to establish an appropriate environment in which IENs from other countries can use their skills effectively in Japan. In addition, we believe that Japan needs to see IENs as valuable human resources in the nursing labor market⁶⁴ and adopt a government policy of supporting and developing their professional skills with the aim of regaining the professional nursing status of IENs. It is to be hoped that the educational support methods proposed here will be promptly enacted.

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Footnotes

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- ³ Kingma, M., *op.cit.*, pp.216-217
- ⁴ *Ibid.*, pp.209-211
- ⁵ *Ibid.*, p.212
- ⁶ *Ibid.*, p.227
- ⁷ We use two terms here. One is 'brain loss.' For IEN it means the loss of their jobs as nurses. They are given work as nursing auxiliaries. The other term is 'loss of professional nursing status.' It means the loss of a particular professional characteristic. In other words, it means both their individual downskilling as professionals and also 'brain loss.'
- Due to brain drain, the number of nurses decreases in source countries. However IENs do not experience individual downskilling when going out to foreign countries. If IENs face various barriers in host countries, they can then experience individual downskilling. When they are not given nursing qualifications in the host countries, they lose their jobs as nurses. Moreover, IENs would lose jobs as nurses if there are differences in medical standards between host countries and source countries. Not working as nurses, they would face individual downskilling as professionals.
- Thus, in this paper, 'regaining professional nursing status' means both getting jobs as nurses and improving individual professional skills.
- ⁸ Kingma, M., *op.cit.*, pp.12-13
- ⁹ *Ibid.*, pp. 92-93
- ¹⁰ *Ibid.*, pp.24-25
- ¹¹ Sassen, S., *op.cit.* pp.42-43
- ¹² *Ibid.*, pp.37-52
- ¹³ Kingma, M., *op.cit.*, p.43
- ¹⁴ *Ibid.*, p.47
- ¹⁵ *Ibid.*, pp.47-50
- ¹⁶ *Ibid.*, pp.13-14
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- ¹⁸ Omeri, A. and Atkins, K. 2002. Lived experiences of immigrant nurses in New South Wales, Australia: searching for meaning, *International Journal of Nursing Studies* ,39, pp.500-502
- ¹⁹ Adams, E. and Kennedy, A. 2006. Positive Practice Environments: Key Considerations for the Development of a Framework to Support the Integration of International Nurses, *International Centre on Nurse Migration*, p.8 / Omeri, A. and Atkins, K., *op.cit.*, pp.502-503 / Kingma, M., *op.cit.*, pp.50-52/Baumann, A., Blythe, J., Rheume, A. and McIntosh, K. 2006. *Internationally Educated Nurses in Ontario: Maximizing the Brain Gain, Human Health Resources Series Number 3, 2nd Edition, November*, pp.13-6, p.20
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- ²⁵ Data analysis of NCLEX shows that NCLEX is effective in measuring the skills of IENs. But We believe that it is necessary to examine the data differences across the same language areas and the differences of nursing education methods in order to use NCLEX to measure the skills of IENs more accurately.
- ²⁶ NCSBN, QUARTERLY EXAMINATION STATISTICS: 2007&2008 NCLEX® Volume and Pass Rates, NCLEX® Statistics <https://www.ncsbn.org/534.htm> (accessed Apr./16/2009)
- ²⁷ NCSBN, 2010. 2008 Nurse Licensee Volume and NCLEX® Examination Statistics ,Volume 42,p33-37
- ²⁸ Kingma, M., *op.cit.*, p.24
- ²⁹ NCSBN, QUARTERLY EXAMINATION STATISTICS, 2009 First-Time Internationally Educated Candidates: Top Five Countries (with respect to volume) <https://www.ncsbn.org/534.htm> (accessed Mar./30/2010)
- ³⁰ Sassen, S., *op.cit.*, p.254
- ³¹ Itami, M. 2010. Acceptance of Internationally Educated Nurses in Japan : Brain loss in migration and educational support for nurse certification examination, 2009 master's thesis from Humanities and Social Sciences, Kochi University graduate school, pp.67-80
- ³² These are the results of the single answer to question.
- ³³ Kingma, M., *op.cit.*, p. 196
- ³⁴ asahi.com, Gaikokujin kangoshi no kokkashiken: eiyaku no eigo demo gokaku yonwari jaku [The foreign nurses took a mock Japanese National Nurse Licensure Examination in English. However,

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- ³⁵ Kumagai, T. and Imase, S. (eds.) 2005. *Kono hon de goukaku! kangoshi-kokusi himpatsu mondaishu* [Exam success with this book! A collection of frequent questions from the Japanese National Nurse Licensure Examination], Seibido Publishing Co. Ltd., pp.50~53 (in Japanese)
- ³⁶ 243 respondents of 19 hospitals answered to the questionnaire by mail.
- ³⁷ Itami, M. 2010. A Survey on Educational Support for Internationally Educated Nurses : Questionnaire survey at the Japanese hospitals that accepted Indonesian nurses, The attached report from a 2009 master's thesis from of Humanities and Social Sciences, Kochi University graduate school, pp.1-48
- ³⁸ These are the results of the single answer to question.
- ³⁹ Kingma, M., op.cit., p.195
- ⁴⁰ *Ibid.*, p.110
- ⁴¹ *Ibid.*, p.111
- ⁴² *Ibid.*, pp.113-114
- ⁴³ *Ibid.*, pp.114-115
- ⁴⁴ According to the Pass/Fail results of the CRNE in 2008, the ratio of successful candidates for IENs was over 65%.
- ⁴⁵ Canadian English Language Benchmark Assessment for Nurses (CELBAN)
http://www.celban.org/celban/display_page.asp?page_id=1 (accessed Apr./03/2009)
- ⁴⁶ Canadian Nurses Association (CAN)
http://www.cna-nurses.ca/cna/default_e.aspx (accessed Nov./30/2009)
- ⁴⁷ Canadian Nurses Association (CNA), CRNE Bulletin Number 13 - The new CRNE June 2010 - May 2015 (June 2009) http://www.cna-nurses.ca/CNA/documents/pdf/publications/CRNE_Bulletin_June_2004_e.pdf (accessed Mar./30/2010)
- ⁴⁸ Baumann, A., Blythe, J., Rheume, A. and McIntosh, K., op.cit., pp. p.21
- ⁴⁹ *Ibid.*, pp.18-19
- ⁵⁰ Council of Local Authorities for International Relations, 2008. Kanada no imin seisaku oyobi sono shuyou toshi eno eikyuu [Canadian immigrant policy and its influence on the major cities], p.2
<http://www.clair.or.jp/j/forum/series/pdf/50.pdf> (accessed Jan./18/2008)
- ⁵¹ *Ibid.*, pp.5-10
- ⁵² *Ibid.*, pp.10-22
- ⁵³ *Ibid.*, pp.12-23
- ⁵⁴ *Ibid.*, p.ii
- ⁵⁵ Baumann, A., Blythe, J., Rheume, A. and McIntosh, K., op.cit., p.11-12
- ⁵⁶ Canadian Nurses Association (CNA), CRNE Bulletin Number 12 - Statistics on CRNE Writers for Calendar Year 2008
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- ⁵⁹ Baumann, A., Blythe, J., Rheume, A. and McIntosh, K., op.cit., pp.13-6
- ⁶⁰ In Japan, e-learning for IENs via the Internet started by the Association for Overseas Technical Scholarship (AOTS) on the end of 2009. However, the users of the e-learning system are limited, because only individual IEN accepted in Japan and the hospitals accepted IENs as an organization. It seems that it is necessary to expand and improve the e-learning system so that IENs who want to go to Japan someday or again can be accessed from all over the world.
 (Source: the Association for Overseas Technical Scholarship
<http://www.aots.or.jp/jp/epa/renrakuka/learning2010.html>
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- ⁶² Yomiuri online, Gaikokujin kangoshi sammei gokaku, keizai renkei ukeire jigyo de hatsu [Three foreign nurses passed the Japanese National Nurse Licensure Examination due to the economic cooperation and acceptance project.] Mar./27/2010
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- ⁶⁴ Omeri, A. and Atkins, K., op.cit., p.496

Reference 1. Comparison table of Nursing Education in Southeast Asian Countries

Country	Indonesia	Japan	Philippines	Singapore	Taiwan	Thailand
4 year year	4 year Bachelor Course (credits in 3 year Basic Nursing program)	Curriculum for three- Year Diplomas in Nursing	Bachelor Course 4 year	Diploma in Nursing School of Health Sciences, Nanyang Polytechnic	University 4 years Nursing Course	4-year Bachelor Course
The humanities and social sciences	Humanity <Credit7> (6)	Foundations of Scientific Thought Understanding People and Life<Credit 13 >	Hum 1: Philology of Man<Unit 3. >			(General Education Courses (total 30-43 credits)
	Social science<5 > (2)	The National Health and Pension System and the Health of the Japanese People <6 >	STS 1: Science, Technology and Society <3 >			Social Science Courses<10>
			Hum 3 : Art Appreciation<3 >			Humanities Courses<8>
			Socio 1: Socio-Anthropology<3 >			
			Fil. 2: Panitikang Filipino <3 >			
			Pol Sc 1: Fund. of Political Science<3 >			
			Health Ethics 1<3 >			
			Psycho 1: General Psychology<3 >			
			Earth 1:Moral Values<1 >			
			Introduction to Research<3 >			
			Hum 2: Logic with Critical Thinking<3 >			
			Comp 1 : Introduction to Computer,<3 >			
			Stat 1 : Basic Statistics<3 >			
			Earth 2: Moral Ethics and Human Rights<1 >			
			Philippine Government & Constitution<3 >			
Language and communications			Eng 1:Communication skills 1<3. >			Linguistics <12-15>

Country	Indonesia	Japan	Philippines	Singapore	Taiwan	Thailand
Science	Basic human science (biology, physics and chemistry)<7 > (2)	Structures and Functions of the Human Body Disease Mechanisms and Promoting Recovery<15 >	Anatomy and Physiology<5 >	(Theory (total 1,384hrs))	Anatomy and Lab<4 credits>	Science and Mathematics <10.
	Basic behavior science<4 > (2)		Chem 1: General Chemistry<5 >	Nursing Science(654)	Physiology Lab<5>	
	Biomedical <22 > (13)		Nat.Sc 1: Environmental Science<3 >	Biological Science(367)	Microbiology and Immunology<4>	
	Public health<7 > (5)		Zool 1: General Zoology<5 >	Behavioural Science(261)	Pharmacology and lab<4>	
	Clinical Physician science<9 > (7)		Physics 1: General Physics<5 >	Research Methods(102)	Bio-statistics <2>	
			Chem 2: Biochemistry<5 >	(Computer Studies)		
			Nutrition<3 >			
			Microbiology and Parasitology<4 >			
			Math 1 College Algebra<3 >			
			Health Eco with TLR<3 >			
Nursing	Basic nursing<29 > (26)	Fundamentals of Nursing<10>	H. I. C : Health Care 1<4 >	(Practice (total 1,928hrs))	Introduction to Nursing<2>	(Professional Education <total 100-102>)
	Community health nursing<16 > (10)	Home Nursing<4 >	H.C. II: Health Care II<3 >	Nursing Laboratory (408)	Fundamental of Nursing<2>	Basic Professional Courses<28>
	Clinical nursing<22 > (35)	Adult Nursing<6 >	NCM 501200 Foundation of Nursing<2 >	Clinical Placements	Fundamental of Nursing Practice<2>	Nursing Profession Courses<70> (Theory<44> /Practicum <26>

Migration of Internationally Educated Nurses from Southeast Asia to Japan

Country	Indonesia	Japan	Philippines	Singapore	Taiwan	Thailand
			RLE 501205 Related learning Experience (41 hrs.) <(8)>		Psychiatric Nursing Practice <3>	
					Seminar on Professional issues <1>	
Physical education			P.E.1: Gymnastics <2> P.E.3: Philippine Folk Dance <2> P.E.4: Swimming <2> P.E.2: Team sports <2>			
Others			CMT 11: Citizen's Military Training <(1.5)> CMT 12: Citizen's Military Training <(1.5)> CMT 21: Citizen's Military Training <(1.5)> CMT 22: Citizen's Military Training <(1.5)>		Others <53>	
	*TOTAL CREDIT (Course credit) 128 (108 in case of 3 year Basic Nursing Program)	* Credits (Course credit) 93 (A lecture and training more than 2,895 hours) *() is a break-down.	* Total Academic Load Units (Special course credit) 149 * Total is not the above-mentioned unit total. * The Summer course is in the second year and the third year.		total credits 128	total credits <140-150>

Source: THE INTERNATIONAL NURSING FOUNDATION OF JAPAN, 2008. *Nursing in the World*, fifth edition

Notes: It is 'panitikang' in the original (Nursing in the World, p.131), but 'panitikang' seems to be correct.

Country	Indonesia	Japan	Philippines	Singapore	Taiwan	Thailand
		Gerontological Nursing <4>	BCM 501201 Promotive and Preventive Nursing <8>	Discipline	Maternity Nursing <3>	Elective Courses <6>
		Pediatric Nursing <4>	NCM 501202 Curative and Rehabilitative Nursing with Pharmacology <8>	Primary Health Care	Maternity Nursing Practice <3>	
		Maternity Nursing <4>	Transcultural Nursing <3>	Medical-surgical Nursing	Pediatric Nursing <3>	
		Mental Health Nursing <4>	NCM 501204 Curative & Rehabilitative Nursing <8>	Paediatric Nursing	Pediatric Nursing Practice <3>	
		(Clinical Practice) <Credit Total 23>	Community Health Development <3>	Accident and Emergency Nursing	Medical Surgical Nursing <6>	
		Fundamentals of Nursing <3>	BCM 501205 Nursing Management and Leadership <8>	Maternal and Infant Care	Medical Surgical Nursing Practice <6>	
		Home Nursing <2>	Strategies of Health Teaching <3>	Geriatric Nursing	Human Development <2>	
		Adult Nursing <8>	Rizal Course <3>	Psychiatric Nursing	Human Development Practice <2>	
		Gerontological Nursing <4>	Related Learning Experiences (153 hrs.) <(3)>	Gynaecology Nursing	Principles and Methods of Teaching <2>	
		Pediatric Nursing <2>	Related Learning Experience (102 hrs.) <(2)>	Other specialties e.g.	Principles and Methods of Teaching Practice <1>	
		Maternity Nursing <2>	RLE 501200 Related Learning Experiences (51 hrs.) <(1)>	High dependency, Dermatology, Oncology	Elective Clinical Nursing and Practice <6>	
		Mental Health Nursing <2>	RLE 501201 Related Learning Experiences (408 hrs.) <(8)>	Public Health Nursing <3>	Public Health Nursing Practice <3>	
			RLE 501202 Related Learning Experiences (510 hrs.) <(10)>		Psychiatric Nursing <3>	
			RLE 501204 Related learning Experiences (510 hrs.) <(10)>			