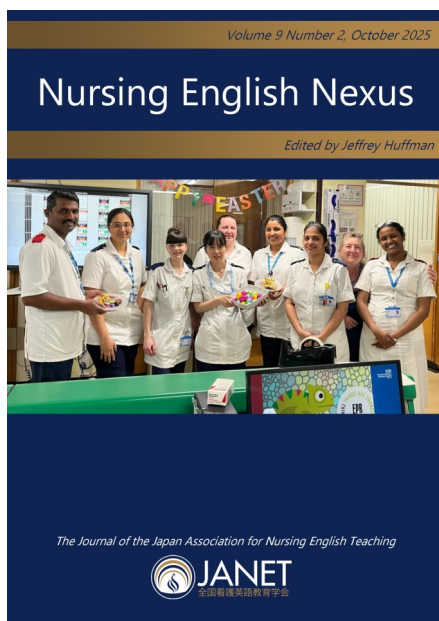


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Article citation

Capper, S. (2025). An Interview with a Japan-Trained Nurse Currently Working in the United Kingdom. *Nursing English Nexus*, 9(2), 63-67.

Nursing English Nexus

<http://www.janetorg.com/nexus>

ISSN 2433-2305

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An Interview with a Japan-Trained Nurse Currently Working in the United Kingdom

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About the Author: Simon Capper is a co-founder of JANET and has been a professor at the Japanese Red Cross College of Nursing since 2004. Including the nursing English texts, *Bedside Manner Beginner* and *Bedside Manner Intermediate*, he has authored and co-authored more than 20 English textbooks.

Questions for this interview were generated by 2nd year nursing students taking a course in International Nursing English with the author at Japanese Red Cross Hiroshima College of Nursing. Students were given background information about Ms. Watanabe (a graduate of their university) and, to avoid replication, collaborated as a group to create interview questions.

1. When you were a university student, did you consider working abroad?

I had always wanted to live abroad since childhood. When I was a nursing student, I probably had a rough idea that I wanted to go abroad, but I didn't do proper research, and I thought it was almost impossible, so I never thought I could make it happen.

2. Why did you decide to work overseas?

As I mentioned earlier, I had always wanted to live abroad and use English for work, but my dream was too vague to make it come true. I made the big decision to work abroad after I had a child. At that time, many people still thought that mothers should stay home and look after their children. I didn't like that idea. I was conflicted about the social attitude that only mothers have to give up what they want to do, and wondered why mothers cannot live their own life. So, it all started with a desire to challenge social expectations.

3. What did you specifically do to improve your English?

I did nothing special. I tried to immerse myself in an English environment as much as possible, even

while I was in Japan, watching English films, listening to English songs, reading English news, and trying some methods from YouTube videos. I have tried English online lessons to practice speaking as I was less confident in my speaking skills. Also, I was aiming to pass the Occupational English Test (OET), so basically, I studied for the exam.

4. Did you go to nursing school in England, or are you working in the UK with a Japanese nursing license?

It depends which country you want to work in, but I did not have to go to a UK nursing school. To work in the UK, we need to register as a UK nurse by passing an English exam (IELTS or OET) as well as the computer-based theory test (CBT) and OSCE (practical exam), along with a Japanese nursing certificate. Then we can register as a registered nurse in the UK. You can do all of this through the Nursing and Midwifery Council (NMC) online platform.

5. How did you balance work and learning English while working at a hospital in Japan?

When I started getting serious about my goal, I came across a book 『時間がないからなんでもできる』 (*Jikan ga nai kara nan demo dekiru* [I don't have much time, so I can do anything]) by Yoshida Honami. I tried to organise my time better. I don't like to stay awake late, so I tried to go to bed earlier and study in the early morning. I created study time by doing house chores and listening at the same time, driving a car and shadowing at the same time, that type of thing.

6. What was your motivation? What made it possible to keep trying and not give up?

That is the question I still ask myself. To be honest, I still can't believe I managed to move to the UK. When I was struggling to obtain the required score in the OET, there were many times I thought about giving up. I felt I didn't have a talent for English, but I kept telling myself, "I can give up any time, so let's give it just a bit more of a try."

7. Why did you choose England? How did you get a job at a British hospital? For example, clearing the interview, proving your English skill...

The reason why I chose England was simple: I wanted to have a slower pace of life and was interested in Europe. I also wanted to live in an English-speaking country. Additionally, I thought that moving to the UK would make it easier to travel around Europe. [Laughs].

After passing OET and CBT, I applied for a job as an international nurse through a website. However, there were not many options available at that time. Luckily, I had the chance to interview with one NHS Trust, and I received an offer. For English interview practice, I studied from random websites and YouTube videos. I prepared at least 20 questions, but none of them were asked. [Laughs]. Instead, I was asked to describe how I would act in specific situations and to show how competent I was. I think it's completely different from the Japanese interview style.

8. What's your daily routine as a nurse in England?

Day shift starts at 7:00 am. Here is a rough timeline of the day shift.

07:00 handover
07:30 medication round
09:00 ward round (throughout the morning)

10:30 observation
11:30 BM (blood glucose level) checks
12:30 lunch time; medications round
15:00 observations
16:30 BM checks
17:30 evening medication round
19:30 handover to night staff

In between, I change dressings, administer IV medications, prepare for procedures, fill in required documentation, etc. If any issues arise, I contact the doctors and other teams. The patients move quite often, so we must do a lot of checks when receiving patients. It's busier than it looks, and it's always unpredictable.

9. Have you found it difficult to work in a hospital in England? For example, communication, hospital systems, etc.

To be honest, I found it difficult to work in a UK hospital. Here are a couple of reasons:

The hospital systems are confusing for me. For example, when a patient's condition deteriorates, we have two different teams that we can escalate, but I am still confused as to which one I should choose. Also, there are a lot of teams in the hospital. They suddenly appear, and they just leave outcomes on patients' notes. So, at the beginning, it was hard to understand what was going on with patients. Now I try to speak to people who are not familiar to me and ask who they are and what their plans are for the patients.

There are pros and cons regarding the observation system. In a hospital in the UK, we use the National Early Warning Score (NEWS) system. At first, I found it easy because we can know when we need to escalate to doctors. However, I now feel less freedom. What I mean is that when we do observations, the system controls when we need to do them and how often we do them. There's a clock mark on a board and if delayed, the clocks turn red. It is like a time bomb. It reminds nurses to do the observations. I

assume that people might not do their jobs without using such systems. It's a bothersome system sometimes because it is so strict. If the patient's score is zero, we can do observations at least every 12 hours; if they score 1-4, observations need to be taken every 4 to 6 hours. However, it is not based on the patient's own baseline, but the UK national standard. For example, normal range of blood pressure is above 111 systolic, but if the patient is 110/60, we need to do observations every 4 to 6 hours. Can you imagine that we must wake up the patients while they are sleeping at night because of such minimal changes in the measurements? I want to take observations at reasonable intervals when I have time, but the system doesn't allow for this. I thought this was a good system at first, but I don't like the system now. There are some people who watch the timers and if the timers turn red (overdue), they'll contact the charge nurse. It is a scary system for me.

I think the UK tries to protect patients. Sometimes it feels a little excessive to me because we must continue their treatment even if they do not comply. Sometimes there are rude patients, and I'm not sure how I should react. I try to ask my colleagues for help, watch them, and learn how they respond to rude attitudes.

10. What kind of cultural differences did you experience as a nurse in England, and how did you adapt to them?

I think one of the biggest cultural differences is that people value joyfulness rather than seriousness. Staff try to entertain patients and fellow staff, often by organizing events. Sometimes I have felt that it's too much, but I have accepted that this is the way it's done in the UK.

People are basically friendly. I was shocked at first when I saw a senior nurse and a student nurse talking like friends, though now I feel it's quite normal, and I like it.

Sometimes patients have given me hugs to say thank you. I was surprised and confused at first. Patients are sociable. They often become friends with each other and start talking. They don't like staying in bed behind closed curtains. These small differences were confusing at first, but I got used to them gradually.

11. Do you have any tips for communicating with co-workers and patients in England?

I think it is typical for most Japanese English learners to feel we must speak perfect English with perfect grammar. However, patients and colleagues mostly don't care about the quality of my English. I sometimes realise my mistakes when talking, but I've stopped caring or feeling embarrassed. When I listen to how other non-native speakers are talking or how other people from abroad are talking, and I notice their grammatical mistakes, I realise that they don't care, they just enjoy the conversations. So, one simple tip is "don't be afraid of making mistakes". Sometimes I have a bad day with my English, struggling with English sentence structure and pronunciation, but they try to understand me and that's all I need. Sometimes, I don't understand what people say (for example, in complaints or phone calls). On these occasions, I don't hesitate to ask British colleagues for help. One thing I still struggle with is to understand British jokes. So, one of my next goals is to become skilled at understanding and telling jokes!

12. What do you think the biggest difference is between the medical system in England and that of Japan?

In the UK, there's no doctor-in-charge system, so doctors look after patients as a team. I sometimes feel frustrated, as do the patients, because during ward rounds, we may have different senior doctors on the ward each day, and the plans are not always consistent.

There are a lot of teams inside the hospital, for

example, the outreach team who take care of deterioration cases, such as cardiac arrest. When the emergency buzzer goes off, the team (critical care specialists, anaesthetists, doctors, etc.) comes quickly and leads the care effort, which is a system that works reliably.

13. Is there anything that surprised you about nursing in England, that is different from nursing in Japan?

It is probably not about nursing, but at first, one of the things that surprised me is that patients can choose their meal menu. There are some special diet menus for dialysis patients, but other than that they all have normal Western food while in hospitals. In Japan, for example, if a patient was admitted with a heart attack and treated for cardiac problems, they would likely be offered meals with less salt, fewer calories, etc. However, in the UK, patients eat whatever and how much they want. They drink juice and eat snacks.

The other thing that seems very typically English is that there are several tea times during the day. It starts at breakfast, then 10 am, 12 pm, 3 pm, 5 pm, 9 pm.

Another thing that surprised me is about nursing students. In Japan, students have placements as groups and teachers supervise. In the UK, however, they are allocated to wards individually and work like nurses (they are not actually working but what they are doing is like 'working'). They do the same shifts as nurses, including night shifts. They do observations and take blood samples, depending on their skills. I was impressed at first, but on the other hand, I question whether students might not have a chance to learn how to understand patients deeply, how to make nursing plans, how to approach patients, etc. What I learned at nursing college in Japan was helpful, even when I started working in the UK.

Now that you've had a chance to reflect and compare the two health services, what principles

and practices would you like to transfer from there to here, and from here to there?

In British hospitals, there are many different roles, such as healthcare workers (HCWs), porters, and clinical support. HCWs wash patients, make beds and provide assistance with activities for daily living (ADL). Porters take patients for X-rays, scans, etc. Clinical support can take blood samples and insert cannulas (IV lines), and they're very good. They can help nurses focus on their jobs. Of course, nurses can do those jobs when they aren't busy, but it's nice to have this support when we are.

One of the difficult things about my job is discharge. This is one of the things I don't like about the UK hospital system. When I worked in Japan, I didn't have any issues with discharge. When patients were discharged, the paperwork and medications were prepared the day before the discharge. Even if a patient was discharged on the same day, there were rarely delays. In the UK, we must wait for the ward round to confirm discharge, junior doctors need to write a discharge letter to the GP, and the pharmacy has to prepare the medications. The hardest job is that we must check whether the list of medications in the letter and the inpatient prescription is exactly the same. Sometimes, doctors change medications at the last minute, so we must order them again. Or we have to wait a long time for the medications to arrive from the pharmacy, etc. There seem to be a lot of issues and inefficiencies surrounding discharge.

I think the bed management system in the UK needs to be improved. When I worked in Japan, we did have emergency admissions, but many of the admissions were planned in advance. In the UK, I have never seen a planned admission in the last two years. When a patient is discharged, we soon get a new admission from Accident & Emergency (A&E) because many patients are waiting for beds. Those who are waiting for surgery may have to stay in hospital, even if they

don't need much medical care. If they don't stay in the hospital, they'd go back to the bottom of the list. It is a "first come, first served" system.

One of the benefits of working in the UK is that we have plenty of annual leave and sick leave, though it depends how many years we have worked for the hospital. I can take nearly 7 weeks of annual leave in a year, and we can request it whenever we want. If I don't request it, my manager will push me to do it. When we're sick, we can request sick leave for up to 7 days (up to 3 sick leaves in a year), and if we need more time to recover, we can request a sick note from a GP. We don't have to use our annual leave allowance for sickness. One of the best things about sick leave is that, if we become sick during annual leave, we can cancel the annual leave, change it to sick leave and save annual leave for later. Although I've never tried these methods, doing this in Japan would be quite impossible.

Please note, these are just my personal impressions. I only have experience working in one hospital in the UK, so it might not be the same all over the UK.