

Cross-Cultural Conflicts in the Care of Japan's Elderly by Foreign Caregivers

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Abstract: The shortfall in human resources for the nursing profession is one of the most important issues facing Japan's aging society. To solve the problem of shortages in the nursing field, Japan has enacted and promoted various policies to recruit foreign caregivers. As a result, the interaction of different cultures with Japanese gerontology has a serious impact on Japanese gerontology, and foreign nationals regularly encounter a series of cultural conflicts, including language barriers, lifestyle, and ideological beliefs, during the development of their work. This article will examine the background, development, and current status of foreign healthcare professionals in Japan, and will focus on Chinese healthcare professionals. It will analyze the cultural conflicts that arise when foreign healthcare professionals are involved in healthcare for the elderly in Japan, and study how Japan is helping foreign healthcare professionals to integrate and coexist in the country.

Keywords: Japan; Elderly Care; Intercultural Conflict; Management of Foreign Caregivers.

1. Introduction

As one of the major issues facing Japan's aging society, the social problem of a shortage of human resources in the elderly care industry has been attracting attention. The Japanese government has been accepting foreign caregivers. The Japanese government is rapidly advancing policies regarding the acceptance of foreign nursing care workers.

This paper will analyze the impact of Diao-Japanese cultural differences on care-giving by organizing the process of developing policies for accepting foreign caregivers and analyzing the actual living conditions of Chinese care workers in Japan, with foreign caregivers in Japan as the research subject. Finally, we would like to examine the possibility of a feasible and highly effective policy for accepting foreign caregivers in other country in the future.

2. Background of Accepting Foreign Caregivers

2.1. Aging in Japan

Japan has entered the super-aged society ahead of the rest of the world, and the entire society must resolve this issue in order to maintain sustainable development. According to the National Institute of Population and Social Security Research's "Population Projections for Japan (2017 Estimates)"¹ (median births and median deaths), the number of people aged 20-64 will decline to 55.43 million (50%) in 2040, when the junior baby boom generation born between 1971 and 1974 will be over 65 years old. Compared to 2020, the population aged 20 to 64 is expected to decrease by approximately 14 million in 2040.

Japan is facing a variety of challenges as it supports a super-aging society, and the social issue of a shortage of human resources in the nursing industry is one of the major issues. According to data from the "National Survey of Living Standards"², the percentage of people in Japan aged 65 or older who live with or care for a family member is approximately 60%, and this percentage is increasing year by year.

2.2. Current Shortage of Caregivers

Many offices and facilities in Japan are troubled by the chronic shortage of labor in the nursing care industry. Furthermore, the number of people requiring nursing care is increasing every year due to the declining birthrate and aging population, and the labor shortage in the nursing care industry is expected to become even more serious.

According to the "Report of the Employment Policy Study Group," Employment Security Bureau, Ministry of Health, Labour and Welfare (3, July 2019), the number of future workers is estimated to be 60.24 million in 2040, a decrease from 67.13 million in 2021, assuming economic growth and labor participation continues. Although the population will decrease from 67.13 million in 2021, this decrease is fairly well controlled considering the fact that the population will be in a significant decline in 2040. Under this assumed case of economic growth and labor participation, the number of workers in the health and welfare sector is estimated to be 9.74 million (16% of the total workforce). On the other hand, based on the demand for medical and long-term care services in 2040, which is estimated based on the actual utilization of medical and long-term care services by age group in 2018 and taking into account changes in the population structure, it is estimated that 10.7 million workers (18-20% of the total workforce) will be needed in the medical and welfare sector, a difference of 960,000 people. This is a difference of 960,000 people.

By 2025, approximately one in four of the total population will be elderly in the later stages of life, and the aging rate for the country as a whole will be high. The increase in the number of elderly people means an increase in the number of people requiring nursing care, and a shortage of nursing care personnel, offices, and facilities is expected. The burden of medical care, long-term care, and social security will further increase, and in addition to the worsening labor shortage, there are concerns about the shortage of financial resources for long-term care insurance, as well as increases in user fees for long-term care insurance services and long-term care insurance premiums.

2.3. Causes of the Caregiver Shortage

The nursing care worker market is in a state of shortage as the number of elderly people in need of nursing care services increases due to the age structure of the Japanese population. In order to support the health and fulfillment of the lives of the elderly, it is necessary to provide a variety of lifestyle support services, such as housework support, outing support, monitoring, and safety confirmation, according to their needs. However, the number of young care workers who can provide care services is on the decline.

There are also many objective factors that contribute to the shortage of caregivers, and wages of care workers are one of the components. (Low wages are one of the causes of turnover.) According to the 2022 edition of the "White Paper on Health, Labour and Welfare," monthly wages for long-term care workers are 75,000 yen (78,000 yen for care workers who have been with the company for 10 years or more).

In addition to "human relations in the workplace" and "dissatisfaction with the company/facility and the way the office thinks and operates," "marriage, childbirth, pregnancy, or childcare" and "no future career prospects" were cited as reasons for caregivers considering leaving their jobs. The highest percentage of respondents (23.9%) cited "Problems with human relations at work," followed by "Dissatisfaction with the company/facilities and the way the office thinks and operates" (19.9%) and "Dissatisfaction with the company/facilities and the way the office thinks and operates" (17.2%).

2.4. Policy for Accepting Foreign Caregivers

In order to solve the labor shortage in the nursing care sector, we have implemented the acceptance of foreign nurse and care worker candidates. Currently, there are several systems for accepting foreigners into the nursing care workforce. Among them, four systems are mainly utilized: 1. residence status "nursing care". 2. EPA 3. technical internship system 4. specified technical skills

The "Nursing Care" residence status was newly established in September 2017 and is a work visa for foreign nationals to work as nursing care workers.

Once obtained, it is possible to work permanently, and you can work as a nursing staff on site immediately after being hired. However, the hurdle is high because it is a national qualification that requires a high level of Japanese language proficiency.

The EPA is a system that allows qualified nursing or care workers from Indonesia, Vietnam, and the Philippines, three developing countries that have economic partnership agreements with Japan, to come to Japan as "nursing welfare candidates" and obtain a qualification as a care worker. If they pass the examination, they will be able to change their status of residence to "nursing care" and work permanently in Japan.

Third, the foreign technical internship system is a system aimed at transferring skills from Japan, a developed country, to developing countries. Although the foreign technical internship system has been in place for some time, nursing care was only added to the system in November 2017. The new status is for those who wish to stay in Japan as "technical interns."

Technical intern trainees are limited only to foreign personnel who have taken a course or have work experience. They are expected to be able to work immediately, but cannot engage in home-visit nursing care.

The period of stay is usually three years, with a maximum

of five years. After the practical training is over, you can no longer be employed, but if you pass the examination, you can work in Japan for a longer period of time.

Fourth, "Specified Technical Skills" is a residency system established in 2019 for the purpose of employment and to further alleviate the labor shortage. There are two types of specified skills, No. 1 and No. 2, and foreigners in the nursing care field can be accepted under the "specified skills No. 1" category. Unlike technical intern trainees, there is no need to assign an instructor as long as the trainee has a certain level of expertise and skills and has mastered the job description. They are expected to be an immediate asset to the company.

However, employment is direct employment only. Visiting care services, for example, are not allowed to employ specified skilled foreigners.

3. Culture Clash in the Provision of Foreign Care Services

In 2021, The Largest Number of Foreign Workers in Japan will be from Vietnam (26.2%), followed by China with about 23% of the total number of Chinese working in the Japanese nursing industry. However, Chinese care workers introduce different cultural practices and different life concepts into Japanese homes, and cross-cultural clashes have a significant impact on the nursing industry. How can we help each other, seek commonalities while retaining differences, and create intercultural tera

As mentioned above, in recent years, Japanese medical institutions have been accepting foreigners as caregivers and caregivers as a promising way to solve the labor shortage problem. However, in nursing care work, which is service labor that involves direct contact with people, it is therefore difficult for foreigners who are unfamiliar with the Japanese language, culture, customs, and values to provide high-quality services. How do people from different cultural backgrounds in China and Japan perform nursing tasks, and what problems and challenges arise?

3.1. Language Barriers

The result of Japanese language proficiency certification by JLPT is often used as a criterion for foreign students to enter universities, graduate schools, vocational schools, etc. in Japan. By being certified as having a certain level of Japanese language proficiency, foreign nationals receive preferential treatment in immigration control in Japan, and this is one of the conditions for selecting candidates for nurses and care workers under the EPA. It also serves as direct proof of Japanese language proficiency.

In the nursing care industry, communication between caregivers and recipients, and between caregivers and recipients' families, is essential. Communication barriers can lead directly to a significant reduction in the quality of nursing services, including problems with the use of dialect, medical terminology, and hospital abbreviations. Nursing is not a single job; it is closely related not only to medical care, but also to everyday life, family, and other areas. Therefore, foreign care workers need to learn not only medical Japanese, but also general Japanese for daily life and specialized Japanese for the workplace. Rather than understanding care in "Japanese", foreign care workers need to understand the "Japanese used in the medical industry" to learn care. The discourses of language that they do not learn in grammar instruction in foreign language education are actually quite confusing to foreign care workers in their daily lives and work,

as many of their ways of thinking and speaking are different from those of Japanese and are difficult for them to accept. Thus, they must be able to use both the general Japanese of daily life and the specialized Japanese used in the workplace.

Kaori Takamoto⁴ gives examples of problems caused by poor communication in "Intercultural Nursing and Care and Communication: On the Acceptance of Foreign Nurse and Care Worker Candidates under the EPA". For example, "Responding 'I understand' even if you don't understand the instructions," "Not being able to communicate the details of your work, which interferes with your work," "Omission of medication," "Minor accidents," and so on. In the free response section, there was a response such as, "I did as I was told by a patient with dementia, and as a result, I put a body warmer directly on his/her skin. When communicating with foreign caregivers, it becomes difficult to understand the true intentions of caregivers when communication time becomes long due to language barriers, and minor miscommunication due to poor communication can endanger the lives of patients/users and place a heavy psychological burden on caregivers. There is no doubt that the psychological burden on the patient/user can be very heavy.

Regarding literacy, the Japanese language has many kanji, and over time, the same kanji can have very different meanings in China and Japan, and this is a major challenge for Chinese care workers. Onomatopoeia and onomatopoeia, which are commonly used by Japanese people, also originated from Japanese thinking, and Japanese expressions change very subtly, making it difficult for Chinese care workers to understand difficult phrases.

Communication is the foundation of care-giving, and the introduction of care-giving interpreters is necessary to eliminate the language barrier in the work of Chinese caregivers. According to "Intercultural Caregiver Interpreters: Communicators of Language and Culture - Bridging the Gap between Foreign Elderly and Caregivers"⁵, "Intercultural caregiver interpreters connect foreigners with the long-term care insurance system and long-term care services, and help the government and long-term care service providers to understand foreigners. Interpreters can be expected to serve as a bridge between language and culture, and to promote multiculturalism in the nursing care field. Care interpreters have a wealth of specialized knowledge and general knowledge and education, and are well-versed in language and culture. Therefore, it is necessary to have knowledge and understanding of the cross-cultural background of the interpreter's target audience. It is also important to understand and adhere to "ethics" as an interpreter. A high level of awareness is required because the dignity of the elderly may be at stake. Without ethics in the interpreting profession, dignity cannot be protected and must be judged in light of the Code of Ethics.

3.2. Barriers Due to Differences in Eating Habits

People eat three meals a day, breakfast, lunch, and dinner, and eating is both an act of maintaining health and a pleasure. According to "Comparison and Differences between Chinese and Japanese Food Cultures," Japanese food culture pursues delicacy and precision in individual ingredients, whereas Chinese food culture tends to harmonize all ingredients as a whole. The different food cultures are a major hurdle for Chinese caregivers living in Japan. According to "Thinking about Cross-Cultural Care-giving," "It is said that as people

get older, there is a phenomenon of returning to the culture of their home country. When it comes to food, they miss the taste of their home country." ⁶For Chinese nursing workers in Japan, the taste of their home country is representative of their homeland, a longing, a dream, and a difficult barrier to overcome in their daily lives.

The Japanese diet, in which the Japanese meal is the staple food, is completely different from that of China, where people are provided with a variety of food resources, such as many kinds of plant foods, marine products, and processed animal products. For example, just as Japanese people crave miso soup and white rice when traveling abroad, Chinese care workers enjoy well-seasoned Chinese food more than light and bland Japanese food, so the enjoyment of three meals is lost, which can lead to trouble and prolonged dissatisfaction that can cause psychological anxiety among foreign care workers. This can cause problems and lingering dissatisfaction, which can lead to mental instability and prevent smooth progress in caregiving operations.

3.3. Cross-cultural Adaptation

Due to the language barrier and unfamiliarity with workplace rules, they learned many job descriptions and workplace rules after arriving in Japan. In the process, foreign caregivers felt psychologically burdened, worried that their work image would be tarnished, and dissatisfied that their efforts were not recognized in the workplace, and distrusted the staff. Due to the unique nature of their work, most of the people they communicate with are recipients and their families, and they spoke of little interaction with Japanese people or the local community outside of the workplace. I have at least some acquaintances, but no friends. There is no interaction with the local community. And although they adapt to the Japanese lifestyle at work, they unconsciously follow the cultural customs of their home country.

Hatanaka and Katakana (2009) propose a three-tiered model of cross-cultural adaptation based on the belief that foreign nurse and caregiver candidates need psychological adaptation, sociocultural adaptation with cultural learning, and self-actualization adaptation for professional growth in order to perform their professional duties in the care setting⁷. In this model, the lower tier is "psychological adaptation," which ensures survival conditions and healthy psychology; the middle tier is "sociocultural adaptation," which includes interpersonal relationships and work environment; and the upper tier is "self-actualizing adaptation," which provides meaningful goals. Psychological adjustment, sociocultural adjustment, and self-actualizing adjustment each have their own unique meanings.

3.3.1. Psychological Adaptation

"Psychological adjustment" was defined as a state of reduced stress and depression. While foreign caregiver workers stated that they were positive about learning and acquiring culture, they may be stressed and suffer from homesickness due to the inconvenient work and residential environment.

Integrating into the community is not easy, language, culture, and lifestyle all need to be integrated slowly, but avoidance, exclusion, and even discrimination from those around them is the most difficult thing for Chinese workers living and working in Japan.

Differences in lifestyle, culture, values, and even religious thought, combined with a lack of communication, inevitably lead to cross-cultural conflicts, and this effect is not only a

challenge to Chinese care workers, but also an ordeal for the recipients and residents of Japanese communities. For both China and Japan, past history deeply affects the image of each other among the people of both countries, and this is another inevitable obstacle.

3.3.2. Sociology-cultural Adaptation

"Sociology-cultural adjustment" was defined as the achievement of good relationships with Japanese people in the workplace and with Japanese people outside the workplace, and good communication with Japanese people, respectively. "Sociology-cultural adjustment," which includes interpersonal relationships and the work environment, is of utmost importance.

According to the interviews in "Cross-Cultural Adaptation of Foreign Caregiver Candidates in Japan," foreign nursing workers said, "I really have more to say, but I can't say everything I want to say. I don't want to be scolded and have my image tarnished in the future. (I don't understand the rules (of the workplace). I don't understand the dialect." I don't understand the dialect," she said. Then there was dissatisfaction with the way the Japanese people at the workplace taught her and the lack of cultural support from the Japanese people, who did not explain the details of her job to her.

3.3.3. Self-fulfilling Adaptation

"Self-fulfilling Adjustment" is a feeling that life in Japan is meaningful. They find it rewarding to study Japanese. Self-actualizing adjustment may be difficult to achieve only after good socio-cultural adjustment has been achieved. It is possible that the decline in the foreign caregivers' motivation to learn also reduced their willingness to adapt to the Japanese workplace, and this may have been a factor that inhibited their development as professionals. They may have been unable to find their professional life in Japan meaningful, and their gradual progression toward "self-actualized adaptation" may have been stalled.

As mentioned above, there are five barriers that can be said to be faced by multicultural social movement (TSM) seminars and foreign care workers, namely: communication barriers, literacy barriers, food barriers, cross-cultural barriers, and mental barriers. Difficulties such as living in a difficult environment, lack of prior information, inadequate support, and cross-cultural stay with a lack of understanding of the cross-cultural nature they face inhibit the adaptation of foreign care workers.

And apart from objective factors such as facilities and treatment, the core issue is intercultural tolerance. Overcoming psychological barriers is not easy. Intercultural nursing is not only a leap forward in the medical field, but also a social service that transcends race, nationality, and language; it is not just a job, but a life together. Human beings have many attributes, and nationality is just one of them.

According to "Thinking about Intercultural Caregiving," "What the government is emphasizing in its social security system reform is that it wants residents to take the initiative in creating a community-based symbiotic society." It argues that the problems faced by intercultural care are not the problems of foreign care workers and recipients alone, but of the community as a whole, and that it is unwise to simply acknowledge some of the economic growth brought about by the labor of foreign workers, or to exclude their culture, and that everyone has his or her own unique value. A harmonious society with diverse cultures, languages, nationalities, and

even religious beliefs will be created.

In cross-cultural care-giving, we need to recognize our differences, but not avoid or reject them, but understand each other, help each other, and live together.

Intercultural care-giving is "a way of care-giving in which the caregiver and the cared-for belong to different cultures, and it is a process of growth and development." Only by taking advantage of the intertextuality of foreign caregivers and achieving "intercultural tolerance" can "intercultural care-giving" be successfully implemented.

4. Implications for the Nursing Care Sector

4.1. Securing a System for Accepting Foreign Nursing Care Workers-sub-section Headings

Foreign caregivers are generally a stable workforce; many work at home or in facilities, or in "work and home" arrangements such as facilities or nearby dormitories, making them easy to manage; they are generally young and can handle heavy workloads and night work, and work on weekends and holidays; and they are often employed by employers or other organizations.

However, the lack of a sound policy system has led to some employment problems, such as abusive and rough attitudes by employers and others, illegal assignments, and nonpayment of salaries and medical treatment. And for foreign care workers, it is difficult to provide quality services due to differences in work perspectives, lifestyles and culture, and certain influences on workers' physical and mental health.

In order to solve the problem of human resource shortage in Japan's elder care industry, the policy of accepting foreign care workers has been rapidly promoted. Regarding the system for accepting foreign nursing personnel, there are four systems: EPA (Economic Partnership Agreement), "nursing care" residence status, technical training, and specified technical skills, which complete the acceptance system and guarantee the quality of foreign nursing personnel and skilled water in terms of the system.

4.2. Training of Caregivers

In order to solve the problem of communication during care-giving, some Japanese vocational schools have started training programs for Japanese language teachers of care-giving, and teaching materials for teachers of Japanese language education for caregivers are beginning to be published. A complete educational system will then be formed, with the expectation that students will acquire advanced Japanese language skills through a wide variety of routes and pass the national qualification of "care worker".

First, the Economic Partnership Agreement (EPA) has been concluded with Indonesia, the Philippines, and Vietnam in the area of nursing care, with the introduction of a system aimed at enabling human resources from the partner country to obtain the Japanese national qualification of "care worker". Human resources with a certain level of knowledge about nursing care and nursing are expected to have high nursing care skills and communication skills as they work in Japan as part of technical training after receiving Japanese language education. If they pass the national examination for caregiver in their fourth year after entering Japan, they can work permanently while renewing their period of stay.

Second, the "caregiver" status of residence rule allows

foreigners who have studied at a caregiver training school in Japan and obtained a caregiver license to obtain the "caregiver" status of residence and work as a caregiver. Since acquisition of Japanese language skills is a requirement for studying in Japan, they have good communication skills, and since they have passed the Japanese national qualification, they can work as "ready-to-work" professional human resources. However, since there is no specialized agency for matching employment under this system, businesses must conduct recruitment activities on their own, such as by contacting care worker training schools themselves.

Third, the foreign technical internship system is designed to transfer skills from Japan to other countries by accepting foreign nationals to Japanese industrial sites to learn skills and technologies through on-the-job training (OJT), which will be useful for the economic development of their home countries. After entering Japan, trainees take Japanese language and basic nursing care training courses before being hired, and work to improve their skills while working. Furthermore, if both the training site and supervisory organization are certified as "excellent," upon passing the examination at the end of the third year, the trainee will qualify for Technical Internship No. 3 and be able to receive training for the fourth and fifth years. In addition, if you obtain the national qualification of care worker, you can change your status of residence to "nursing care" and work permanently.

As described above, each route has differences in terms of the period of stay and the skill and language level of the human resources, but the fact that all routes assume that the final goal is to acquire a high level of Japanese and pass the national qualification of "care worker" is a feature not found in other residence statuses.

4.3. Emphasis on Multiculturalism

For foreign care workers, it is difficult to provide quality services due to differences in work perspectives, lifestyle and culture, and certain influences on the workers' physical and mental health. By recognizing the challenges of cross-cultural adaptation, not only will foreign care workers be able to reduce their stress, but also the Japanese staff working with them will have a better understanding of them and be able to support them in their daily work. Some corporations and facilities may accept foreigners as a reason for hiring them for social or international contributions, while others may do so to relieve labor shortages. In such circumstances, hiring foreigners is considered to be an effective means, and hiring of foreigners is being promoted mainly by corporations that feel a sense of crisis regarding labor shortages. In addition, it is important to convince the Japanese staff who will be working in the same workplace that it is very difficult to hire Japanese and that by hiring foreign staff they can create a positive environment in which they can work comfortably. This is the first step in the hiring process. When accepting foreign employees, it is easy to think of "adapting" to the Japanese way of doing things, but sometimes it is necessary for the Japanese side to step up to the plate as well. Knowing each other's cultural backgrounds and ways of thinking will reduce unwarranted fears and unnecessary misunderstandings and facilitate smooth operations.

Thus, in order to build "multicultural conviviality" in the nursing care field, it is of course necessary to understand each other's cultural differences, but it is also necessary to reach a consensus on the philosophy of nursing or care that forms the basis of such understanding. Based on this common

understanding, it will be important to establish a sound foreign caregiver human resource policy, respect different cultures, understand each other's different lifestyles and cultures of thought, build a society with diverse cultures, and consider how to provide more appropriate care to each patient, rather than making value judgments about whether each culture is good or bad. It will be important to think about how to provide more appropriate care to each patient.

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