

Interview with Yukari Amano, Senior Associate Professor, University of Shizuoka, Junior College Department of Social Welfare

R eality of Caregiving in Japan – a Japanese Expert's Story

By Japan SPOTLIGHT

With its rapidly aging society, Japan needs to prolong the lifespan and good health of older people as much as possible. Nonetheless, it will eventually see an increasing number of elderly people either hospitalized or needing caregiving. With the development of institutional arrangements to prepare for these needs, including long-term care insurance, what will be the reality of caregiving for elderly people in Japan?

Japan SPOTLIGHT interviewed Yukari Amano, a nurse and expert on caregiving in Japan, and senior associate professor at the University of Shizuoka, Junior College Department of Social Welfare.

(Interviewed on May 13, 2019)

Introduction

JS: Could you please introduce yourself? How did you start working in caregiving?

Amano: I was originally a hospital nurse. After graduating from a nursing school, I worked for a facility for handicapped children in my hometown and then moved to a university hospital in Yokohama. I was there working as a nurse for rehabilitation and working also on a job closer to caregiving for patients suffering from cerebral infarction or intractable diseases. Though I found joy in seeing those patients cured and leaving hospital, it was a truly laborious and exhausting job. I thought I would not be able to keep working there until retirement. I was under so much stress that I felt I was hearing calls for a nurse even while I was asleep in my bed at home, and occasionally I became worried that I may have made some mistakes during my work.

Meanwhile, ever since taking a trip to Thailand following a friend's suggestion, I have been in love with the country. After several visits, I became eager to live there some day and thought about quitting my job in order to do so. Thus before I was in my 30s, I quit being a nurse and went to live in Thailand for one year. In Thailand, I studied the language for three months at a school in Chiang Mai in the northern part of the country. I forgot about being a nurse and enjoyed my life, learning about yoga and Thai massages as well as traveling.

But then I started feeling ill at ease about having no job or social



Yukari Amano

role. So I started to work as a volunteer for a facility caring for orphans affected by HIV run by a Japanese. No remedy for HIV had been discovered then and I was obliged to see those infants' lives passing away under my eyes. It was truly horrendous. But I noticed the different care methods there and ways of engaging with patients, and I started to feel like coming back to a caregiving position and working again. A year later I came back to Japan and started working as a lecturer for a course for home helpers at a nursing school. I found there a difference between caregiving and nursing. Caregiving has different priorities from nursing, which is aimed at supporting cures for a disease or prevention of a disease and recovery of health. It was necessary for me to learn about caregiving

from the beginning.

I got a qualification as a care worker and care manager through a correspondence course and I got a job as a part-time instructor at the University of Shizuoka's Junior College, where I am working now as a permanent professor. I then specialized in clinical human science at graduate school. I think all of my experiences so far, including my life in Thailand and language study there as well as my learning about the differences between medical remedies and caregiving, are linked to my research today. In particular, my experience in Thailand is a basis for my teaching and research, even though it was only one year's experience and 20 years have passed already since then.

Details of Experience in Thailand

JS: What exactly did you do as a volunteer at the Thai orphanage?

Amano: Though I had a qualification as a nurse in Japan, I could not work as a nurse in Thailand. I was helping professional medical staff there as a volunteer worker as much as I could, such as sitting with the kids in medical consultations, taking their temperatures for records, playing with them, and so on. In addition, I was able to take advantage of my experience as a nurse in health checks for the children and keeping their skin clean to prevent infections.

JS: You mentioned that there were no remedies for HIV at that time. What were you thinking while working as a volunteer there?

Amano: Certainly, having seen so many kids dying as a result of HIV, I thought it was a vital question how to protect their lives and raise their immunity to prevent the virus from spreading. In spite of all the medical efforts, it was inevitable that there were some lives we could not save. This is what happens all the time in our work. So I also thought it was vital to think about how these kids could have a happy life under such severe circumstances. It was important to think about how they could live just like other people do, such as going to school, shopping or working after becoming an adult. It was important for the whole community to share their knowledge to enable the children to have a life just like other kids. My working experience in that orphanage was only several weeks, but I find that a few of them, low-grade elementary school students then, are working now in society. Seeing this, I believe that it is important to think about total care and support for patients in terms of a wide range of aspects, such as quality of life, social life, education and so forth, as well as medical remedies.

JS: The number of Philippine caregivers is increasing in Japan. What do you think about caregiving in a foreign country in the light of your own experience in Thailand?

Amano: I was in general only in a supporting role as a volunteer in Thailand, as my limited language capacity would not allow me to work as a professional staff at a medical institution. But when I had occasion to talk with medical doctors in my work, I felt under strong pressure to follow their instructions, as there were some words which I did not know. You would have to be ready for such pressure in working as a specialist in a facility in a foreign country. I thought at that time that I would not be able to work as a specialist and earn

a salary in a foreign country. I felt that giving voice to my ideas in poor language would make me look like a child, even if I could make myself understood. Foreign nurses or caregivers working in Japan will have the same challenge more or less – bridging this gap between their thoughts and their use of language. In our daily life, we may not find this to be such a big challenge, but when we are involved in difficulties at work, we find it hard to communicate exactly how or what we feel. The wrong choice of words could make us misunderstood and could harm our relations with our boss or colleagues. What would have been understood or taken for granted in our own country may be misinterpreted in another country's culture. So there will be a need for psychological support from the community for foreign caregiving workers to allay these difficulties, as one's own individual efforts will not be enough.

Caregiving for the Elderly

JS: You are now specializing in caregiving for the elderly. What are the key elements of this?

Amano: I would say the key is to recognize in advance these elderly people's preferences in the final stage of their life since the need for caregiving emerged and share them with their families and close friends. Many elderly people in Japan will not say any word about how they would want to spend their remaining days. There must be many who would like to die at home, but they usually would not insist on anything. In general, they would tend to follow whatever their family would say, being afraid of causing trouble to the family or friends or being considered to have dementia and lost the capacity for making judgements or decisions. In many cases, their real desires would not be listened to. This issue could be a psychologically heavy burden for the family as well, so I think it is crucial to let the elderly talk freely with their family or close friends as well as the medical or caregiving experts about how they would like to die, or by whom or how they would prefer to be taken care of.

JS: In Japan, we are entering what we call a centennial aging society, in which caregiving experts for the elderly will play an increasingly key role. Do you think there are sufficient numbers of such experts in Japan?

Amano: The statistics show there is a shortage of experts. According to an estimate by the Japanese Ministry of Health, Labour and Welfare, there will be a shortage of around 130,000 caregivers in Japan in 2020 and 340,000 in 2025. The statistics may not give a real sense of crisis, but there is no nursing home in the country that would not complain about a shortage of caregiving staff. More than

10 years ago, when we asked nursing homes to accept an internship for our students, they occasionally rejected us, as they were so busy that they could not take care of the students. Now they would eagerly ask such students to come to their facilities, even offering to pay their transportation expenses, as it is crucial for nursing homes to recruit students educated as caregiving experts.

So nursing homes now greatly respect the need to raise and recruit experts for the future of their profession and listen to those young people's views on caregiving. When we organized a seminar for caregivers, we had many replies from them that they would not be able to participate due to their busy work schedule because of the shortage of caregiving staff even though they would have liked to participate in networking with their fellow caregivers from various other places. They are so busy doing their jobs that they would not be able to meet the need to raise the quality of their work.

JS: Thanks to long-term care insurance in Japan, I believe that a nursing home's services are now well developed. Of course, the quality of services will depend on the people working there as caregivers. For example, "positioning" to support posture enabling a patient to feel most comfortable by making use of a cushion or other tools seems to be a highly elaborated technique. There are some who are good at this and some who are not. What do you think is necessary to get this skill?

Amano: "Positioning" is one of the basic skills necessary for staff working on caregiving and assisting rehabilitation, but due to the lack of sufficient learning opportunities at those schools for caregiving, some are good but some are not. No matter how nice and sincere a caregiver may be, due to a lack of skill he or she might handle an elderly person too roughly. Whenever that elderly person sees this caregiver, the memory of pain will return. This is natural and not an exaggeration. Elderly people have fragile bones and less muscles and fat. With the decline of their physical capacity, they could suffer from articular contracture, and then they would feel strong pain if they are touched carelessly. Therefore, paying attention correctly to their pains and worries, judging from their physical tension or expressions, speaking with them based on precise observations and thinking about the right method of caregiving will be very important. Unless caregivers do so, they would not be able to make those elderly feel secure, even though they can place a cushion or a pillow to maintain their posture. Caregivers would need to judge the physical and psychological condition of the elderly person in question. Without this ability, they could not carry out appropriate positioning. With positive outcomes such as the improvement of the elderly's posture and their sleeping thanks to it,

and the appreciation of the elderly and their families, caregivers will become more confident in their job. Such experience based on repeated trial and error would lead to the acquisition of high skills.

Raising Caregivers

JS: You are teaching students to be caregivers at nursing homes. What do you find most challenging in your work?

Amano: At a caregiving facility, there are a wide range of people working such as non-professionals, care managers, nurses, nutritionists, rehabilitation experts, and so on. It is extremely difficult to define which level of the work should be a minimum requirement for those people. To be more specific, how much can they share a basic knowledge of anatomy and physiology, as well as diseases, and thus provide care work based on common knowledge?

On the question of "positioning", without some knowledge of bone structure and muscle movement, you cannot do it effectively. Meanwhile, with little expertise but an agreeable personality, some could communicate well with the patient's families. Thus a variety of staff could contribute well to total caregiving work. But for a care worker, it will be a minimum requirement to speak out their own opinions in talking with medical and welfare experts. They will need to raise the quality of their work on the whole by collaboration.

JS: What is tube feeding? To whom would this be applied?

Amano: Tube feeding is the medical activity of feeding those who are unable to get any nutrition through their mouth by a tube into the nose or stomach by gastrostomy. This was previously allowed to be practiced only by nurses and medical doctors. But at this moment, a care worker trained for this under certain conditions is allowed to practice it. It was originally approved for patients with amyotrophic lateral sclerosis (ALS). Even if you suffered from ALS when you were still young, with respiratory organs assured to function by opening the trachea, you could survive a long time. In this case, it would be necessary to practice tube feeding three times a day while absorbing phlegm under 24-hour surveillance. Care provided only by the family would be limited and it would be impossible to ask a nurse to come to do so at home on every necessary occasion. Without care workers' doing this job, we could not protect a patient's life. So it is now exceptionally approved for certain care workers professionally trained to practice this medical care. This is also applied to the cases of patients at home suffering from other serious diseases or the elderly at nursing homes where nurses are not staying every night, on condition that the patient is in a stable condition or collaboration

between a care worker and medical doctors or nurses is possible. This is how tube feeding is now put into the curriculum for education of a care worker.

Foreign Human Resources for Caregiving in Japan

JS: For caregiving, can we take advantage of foreign human resources in Japan? With language barriers and culture gaps, how do you think we can use foreign care workers?

Amano: I have been researching about education for foreign human resources for care work since 2008, and my thesis for my Master's degree was on this issue as well. Having studied it for 10 years, I find the language barrier will not necessarily be a serious obstacle preventing foreign care workers from doing their job in Japan. Rather, I find some foreign care workers get a higher reputation than an average Japanese one does.

In other places like Germany, Australia and Taiwan, many foreign care workers provide high quality care. In Asian countries, for example, they still have a custom of caring for family members and thus some Asian care workers in Japan take care of the elderly as if they were their family members, which is different from the case of Japanese care workers who consider their service just as a part of the long-term care insurance system. So for the elderly in Japan, this would be greatly appreciated. It is also true that most of the foreign care workers coming to Japan are firmly determined to continue to do their job in Japan and quite a few would like to take advantage of their working experience in Japan after they return to their own countries.

In this light, I believe it will be necessary for Japan to respond to their resolution. Meanwhile, I pretty much understand that Japanese care workers or leaders in caregiving feel it is difficult to train foreign care workers who lack sufficient experience under the current situation. I think it will also be necessary for Japanese care workers or leaders themselves to have learning opportunities in providing these foreign workers, whose cultural as well as educational backgrounds are various, with professional skills while offering them support in their daily lives in Japan. At the moment, this is left to individual efforts. This is one of the challenges for public policy.

JS: Will it be necessary for Japanese to recognize the important role of foreign care workers in Japanese caregiving?

Amano: Yes. We will need to learn from each other, otherwise things will not go well. I believe that we Japanese could learn about key

customs in caregiving from other Asian care workers, such as how to treat senior people or offer mutual support among family members and local communities which the Japanese have thoroughly forgotten today.

JS: Do you think that the know-how accumulated so far in Japanese caregiving could be a model for the rest of the world?

Amano: There are various views on caregiving depending upon a nation's culture or institutions. It will be difficult to find a model that can be applied to different nations, though Japan looks like a pioneer in caregiving as it is more exposed to rapidly progressing aging than the rest of the world and provides substantive public services for social welfare. But the Japanese experience may not necessarily be a good reference for the rest of the world. However, I think our care for patients suffering from dementia has reached a certain level with accumulated know-how. I have heard that in certain Asian nations they use a tranquilizer for patients suffering from dementia to calm them down when they lose their presence of mind and become violent. In Japan, it is now well perceived that appropriate engagement with those patients can change their attitude. This is shared by many citizens and they know now that care work will play a key role in the remedy for dementia rather than medical treatment.

Future Plans

JS: Could you let us know what you are planning to do in your work in the future?

Amano: What I would like to do is create an Asian-wide project for raising care workers in Asia. The shortage of care workers is a common big challenge for all Asian nations and they are now all engaged in building education programs for care workers. For example, China has its own qualification system for care workers and the Chinese are very interested in introducing a Japanese curriculum or text book for care workers into China. Vietnam and Indonesia are also keen on this. I am very interested in the background of care workers in each nation, how they could work in Japanese caregiving facilities and what career steps they could follow after returning to their mother country. In studying these issues, I want to think about how each Asian nation could improve its care work through Asian-wide collaboration among the caregiving entities.

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Written with the cooperation of Naoko Sakai who is a freelance writer.