

Research Paper

Research on the human resource education process of "Japanese-style nursing care," in the Asian market

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Abstract: With the aging of society becoming a global issue, Japanese-style nursing care providers are expanding their business into Asia. However, many Japanese-style nursing care providers are faced with the problem of giving up on expanding into Asia because the "Japanese-style nursing care" they provide is not accepted. To solve this problem, this study focused on local employee education, which is the key to spreading "Japanese-style nursing care", attempted to research the education process. As a result, the characteristics of the "Japanese-style nursing care" service and the educational process for conveying this service to employees were clarified.

Keywords: education for foreigners, Japanese-style nursing care, educational process, overseas expansion

1. Introduction

In July 2016, Japan's Cabinet Secretariat compiled the "Basic Policy for the Asia Health and Wellbeing INitiative.¹⁾" This initiative utilizes the nursing care insurance system and high-quality nursing care technology accumulated in Japan to promote the nursing care industry in Asian countries, develop local human resources and improve the health of the people.

After the announcement, many nursing care providers began trying to expand into Asian countries through the operation of facilities and the spread of nursing care techniques. However, in Asian countries, many companies continue to withdraw because the nursing care industry is undeveloped, and the concept of nursing care does not exist.

Based on this situation, in this research, we will consider the issue of human resource development

of local care workers as a measure to promote local understanding of "Japanese-style care" and to disseminate technology to Asian countries with different cultures. Specifically, through case studies of nursing care facilities from Japan that are attempting to expand into Asia, we will establish a process for training local staff in nursing care skills and knowledge, and search for clues to solving problems.

2. "Japanese-style nursing care" and the Asian nursing care market

2.1. What is about "Japanese-style nursing care?"

The reason why Japanese-style nursing care is attracting worldwide attention lies in its experience and accumulation. Having experienced an aging society earlier than any other country in the world since its population aging rate became the highest in the world²⁾ in 2005, Japan has been a pioneer in examining measures for an aging society and accumulating systems. The results of these efforts are high quality services such as a high level of physical assistance techniques, mental care techniques such as consideration for the dignity of clients, support for users' independence³⁾, and dementia support. The term "Japanese-style nursing care" was coined in reference to these experiences and know-how, which began to be regarded as a model for other countries around the world. Another reason is that Asian countries are aging at an unimaginable pace, and at the same time, a shortage of nursing care workers is becoming an issue.

In recent years, the term "Japanese-style nursing care" has come to the forefront of attention, as former Prime Minister Abe highlighted it at the 2016 Future Investment Conference⁴⁾ as "Japanese-style nursing care that we should be proud of to the world" and announced his intention to export know-how in the medical and welfare fields to Asia as a future policy. He also addressed the policy of Japan's nursing care insurance system, clearly stating that "the key to solving the rapidly rising costs of medical care and independence care is to shift the focus of nursing care from assistance-based care to care that supports the independence of the elderly," which is also said to have led to the recognition of "Japanese-style care" as a means of supporting independence.

2.2. Asia Health and Wellbeing Initiative

The "Asia Health and Wellbeing Initiative"⁴⁾ is a public-private partnership that aims to realize a healthy and long-lived society by supporting human resource development and a wide range of

projects in the medical and nursing care fields in Asian countries. Initially, the main focus of the program was "export of nursing care-related technologies" and support for human resource development for local employees, but in 2018 the content was revised to include a multifaceted approach that includes support in the medical field and community development. In this context, "Japanese-style nursing care" is introduced as a service that should be introduced to Asia, but the description of its characteristics is not explicitly stated. The government is trying to collect and define models of Japanese-style care providers in Asia. However, it has not been able to clearly present the advantages of its features and services.

2.3. Characteristics of Japanese-style nursing care and its advantages in Asian countries

The reason why "Japanese-style nursing care" is needed in Asian countries can be attributed to two characteristics of Japanese nursing care services. The first is that employees with specialized knowledge and skills can provide services tailored to the physical condition and living environment of each client. The second is that they can provide rehabilitation guidance and emotional support to help clients achieve independence and "living on their own. Asian countries that have not experienced aging societies do not have nursing care services that meet diverse needs like those in Japan. Nursing care is recognized as medical treatment and rehabilitation at hospitals, and services for the wealthy to ask helpers to take care of their personal belongings. With the increase in the elderly population, various environments and needs of different age groups are born. A service that corresponds to this will only be created in a country like Japan that has experienced an aging population. In addition, providing independence support services will lead to a reduction in the number of people who need nursing care. The superiority of Japanese nursing care lies in the nursing care technology that can respond to the diverse needs of customers, which is common practice in Japan, and Asian countries need this nursing care know-how.

2.4. Nursing care markets in Asian countries

The projected population change by age group for the five Asian countries is shown in Figure 1.

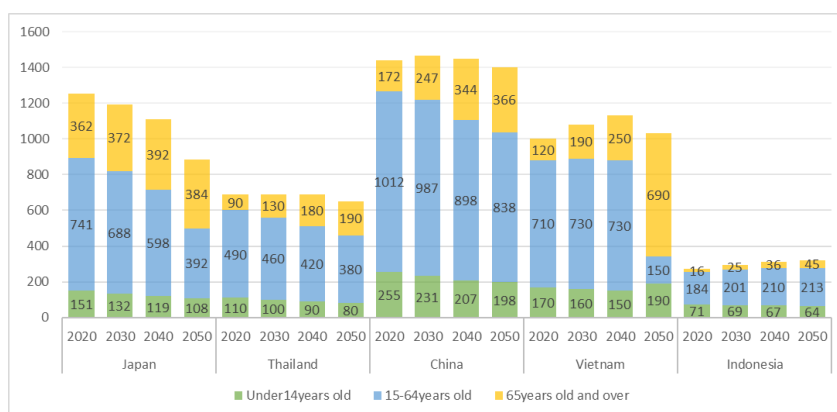


Figure 1: Age group for the five Asian countries

Source: prepared by the author from World Population Prospects, United Nations 2019⁵⁾

The graph shows that Japan has the highest aging rate by far, followed by Thailand and China, where the population is rapidly aging. Vietnam and Indonesia have a slower aging population due to their demographic bonus period, but all countries will face this problem as their population ages in the future. In Vietnam in particular, the number of elderly people is expected to increase rapidly.

In terms of the projected market⁶⁾ for the elderly in Asian countries, according to the "Basic Policy Toward the Asian Health Initiative (Revised)" released by the government in 2018, the overall market for the eight Asian countries⁷⁾ in 2035 is expected to be approximately 496 trillion yen. Comparing China and Japan in this context, while Japan's elderly population ratio is high at 30.6% compared to China's 20.3%, China's market for the elderly is by far the largest, accounting for nearly 60% of the total, with sales of 292 trillion yen compared to Japan's 105 trillion yen.

2.5. Aging of the population and human resource issues for care workers in China

In China, which has the largest population in Asia, according to JETRO (2021)⁸⁾, the number of elderly people (aged 65 and over) in China is estimated to be 176 million at the end of 2019, and the aging rate is 12.6%, but it is expected to reach 14% by 2026 and 21% by 2038. The aging of the population is progressing rapidly. Furthermore, there is a serious shortage of nursing care personnel, with only about 300,000 helpers available for the 40 million people who require nursing care.

According to JETRO (2020)⁹⁾ the Chinese government has positioned the training of care workers as an urgent issue and is focusing on human resource development, aiming to train more than 2 million care workers in three years. However, due to low wages and the difficulty of the work,

graduates of vocational schools do not seek employment. In addition, there are no clear rules regarding qualifications to work, and there are few personnel with specialized knowledge. As a result, there are problems with the quality of nursing care skills, such as the ability to take care of the elderly, but not the ability to provide advanced care, including psychological care.

2.6. Japanese-style nursing care providers expanding into China and the challenges they face

China is a country where Japanese-style nursing care providers have been attempting to enter the market since early on. According to a survey¹⁰⁾ by the Yamada Consulting Group (2020), they began entering the market around 2010. Major Japanese-style nursing care providers and their businesses are shown in Table 1.

Table 1: Japanese-style nursing care providers in China

Year	Company	Main Business in China
2010	AYA Medical & Welfare Group	Day care, etc.
2010	Guesthouse	Human resource development, outsourced operations, etc.
2010	LONGLIFE Holdings Co.,Ltd	Nursing homes, outsourced operations, human resource development, home care, etc.
2011	RIEI Co.,Ltd	Home care, day care, migrant care, human resource development, etc.
2012	SANGA Holdings	Consulting, residential care, human resource development, etc.
2012	NICHII HOLDINGS CO.,LTD	Nursing homes, dementia support, home care, human resource development, welfare equipment, etc.
2014	Medical Care Service Company Inc.	Nursing homes, dementia specialties, human resource development, etc.

Source: Prepared by the author from Yamada Consulting Group (2020)

The economic press and specialized magazines¹¹⁾ have also focused on the trends of Japanese-style nursing care providers entering the Chinese market. The following are some of the challenges to expanding overseas, as reported by the newspapers. First, "the concept of nursing care has not been established in China. Second, "the local customs and culture do not match due to a lack of local research. Lastly, "the work content of care workers is too demanding, and wages are too low to attract young human resources. These problems have remained unresolved since the beginning of the entry of Japanese care providers into the Chinese market. One of the common problems reported is the local Chinese cultural differences in nursing care. In China, there is a strong perception that it is the family who takes care of the elderly, and there is almost no concept of entrusting elderly care to others. This has hindered the spread of nursing care services themselves.

3. Literature Review

3.1. Demands for nursing care services in Asian countries

Previous studies of needs for nursing care services in Asian countries are summarized in Table 2. This is based on a survey conducted by INTAGE, Inc. of 26-69-year-olds in each country, who were asked to rate on a 5-point scale the degree to which they desired each of these elements in a nursing care service. The common responses indicate that the most common factors are employee reception services, such as "compassion," "cleanliness," "sense of security," and "closeness and friendliness. These items are needed for employee training items. In China, Thailand, Vietnam, and Indonesia, "high quality" is important, and requests for complete facilities such as nursing care facilities are cited. In China, "respect/approval" is high on the list, presumably influenced by the Confucian culture of respecting one's elders. In this comparison, it can be seen that the culture and customs sought differ greatly from country to country.

Table 2: "What five Asian countries want in care"

Rank	Japan	China	Thailand	Vietnam	Indonesia
1	Caring	Caring	Cleanliness	Cleanliness	Cleanliness
2	Cleanliness	Respect/Approval	Sense of security	Intimacy/Familiarity	Caring
3	Sense of security	Sense of security	Caring	Sense of security	Sense of security
4	Low burden	Cleanliness	Intimacy/Familiarity	Caring	High quality
5	Relaxation/Comfort	Intimacy/Familiarity	High quality	Sense of achievement	Respect/Approval
6	Intimacy/Familiarity	High quality	Relaxation/Comfort	High quality	Intimacy/Familiarity
7	Respect/Approval	Growth/Improvement	Sophistication	Relaxation/Comfort	Relaxation/Comfort
8	Cooperation with society	Relaxation/Comfort	Sense of achievement	Sophistication	Growth/Improvement

Prepared by the author from an INTAGE research report (2020)

Based on the various needs of each country, the services considered necessary are summarized in Table 3.

Table 3: "Needs for nursing care and required services in five Asian countries"

	Needs	Required services
Japan	Leave it to the professionals with peace of mind	Low burden, 24-hour monitoring that can be entrusted to specialists with confidence
China	Respect/Approval	Respectful treatment, ICT communication
Thailand	Realization of high cleanliness	Thorough cleaning
Vietnam	Emphasis on exercise	Exercise instruction, Rehabilitation equipment
Indonesia	Realization of mobility and shopping	Walking aids, nursing care equipment

Prepared by the author from an INTAGE research report (2020)

In Japan, many family structures, such as dual-earner households, require services that can be entrusted to professionals with peace of mind. In China, Confucianism has long been prevalent, and there is a value of respect for the elderly, so an attitude of respect and approval that demonstrates constant concern is necessary. In Thailand, the environmental sanitation of the city is uneven, requiring environmental maintenance and cleaning of facilities. In Vietnam, the custom of maintaining health through exercise is strong, so services such as physical health prevention, exercise, and rehabilitation are needed. In Indonesia, people tend to find pleasure in moving around and shopping, so they need gait training and welfare equipment services.

The needs of each country are thus different, and it is difficult to provide the know-how cultivated in one's own country in the same form as services provided in other countries. It is necessary to study the cultures and lifestyles of different countries in advance and adapt our services accordingly. At the same time, there is an urgent need to define the advantages of "Japanese-style nursing care" based on the experience accumulated in Japan, communicate them visibly to local employees, and create a new form of nursing care service. This study will also explore such issues.

3.2. Research on "Japanese-style nursing care"

There are various discussions in research on "Japanese-style nursing care." According to a survey by Welbe, Inc (2017), the elements for defining "Japanese-style nursing care" are: I'm trying to organize it by dividing it into five models. (1) "The facility-based model," which includes home-based services centered on the services provided by nursing care welfare facilities for the elderly, etc., which serve as the base of operations; (2) "The medical coordination model," which addresses both care and medical needs in cooperation with medical institutions; and (3) "The business development model," which is derived from businesses such as housing and lifestyle support

equipment manufacturers. (4) "A social participation model" that utilizes other social resources and community structures in addition to nursing care services. (5) "Evidence-based service enhancement model," which provides enhanced and differentiated services such as dementia care and rehabilitation.

These models are defined as "Japanese-style nursing care," and clues are being sought to expand into other Asian countries, but because they encompass many elements, they do not clearly represent the services offered by nursing care providers.

In an attempt to organize the characteristics of "Japanese-style care" from examples of overseas expansion, Guo (2018) discusses Japanese care providers in China, focusing on the care services provided by each provider. It defines "Japanese-style nursing care" as "a new service in which Japanese-style nursing care services are expanded from Japan to other countries, influenced by the environment, systems, culture, and customs of the countries in which they are provided, and localized. He also cites the difficulty of communicating the advantages of "Japanese-style nursing care" as a challenge, pointing out that Japanese providers are unable to explain these advantages, and Chinese elderly people do not understand them. The report then organizes "Japanese-style nursing care" by listing six characteristics that are considered important in understanding "Japanese-style nursing care" services. This is summarized in Table 4.

Table 4: Features of "Japanese-style nursing care"

Feature	Explanation
①Architectural Design	Architectural style of the facility, etc.
②Facility Environment	Facility equipment, equipment, etc.
③Service Contents	Services for users (exercise, meals, etc.)
④Care Concept	Services for users (policies, etc.)
⑤Dementia Care	Presence or absence of dementia services, etc.
⑥Staff Attitude	Employee attitudes and attitudes toward service, etc.

Source: prepared by the author from Guo (2018)

In this context, Japanese-style nursing care providers are trying to introduce Japanese-style features in the Chinese nursing care market in terms of ① "Architectural Design," ② "Facility Environment," and ③ "Service Content," but they are adapting to the local market. The report points out that ④ "Care Concept" and ⑤ "Dementia Care" are Japanese strengths and areas that should be maintained as unique to Japan, but ⑥ "Staff Attitude" is not in place, which hinders the

penetration of services. However, its resolution has not been adequately discussed. Although this case study focuses on the employee education process, we would like to attempt to examine the characteristics and definition of this "Japanese-style care" as well.

4. Research objectives

4.1. Setting up the research agenda

Based on the above discussion, this study will address the following three issues.

Issue 1: Model the process of education local employees in "Japanese-style care".

Issue 2: Verify the effectiveness of the educational process (based on Issue 1).

Issue 3: Verification and redefinition of the characteristics of "Japanese-style nursing care".

4.2. Research methodology

The survey will be conducted in two phases. First, as Case Study 1, we will attempt to model the educational process of "Japanese-style care workers". Then, as Case Study 2, we will examine the effectiveness of this model again based on different cases to verify the effectiveness of Case study 1.

In addition, we will attempt to verify and redefine the characteristics of "Japanese-style nursing care" based on the content of the interviews.

For both surveys, semi-structured interviews were conducted with care providers who are expanding into Asia and attempting to establish training content and processes locally. These organizations were chosen because they have attempted to expand overseas continuously over a long period of time, while many companies have tried and failed to expand into Asian countries, and they have established a system to train employees locally. In addition, as mentioned in Chapter 2, China has the largest market in Asia and is the most important country in the "Asian Health Initiative. Vietnam is a prime example of an overseas destination for Japanese companies because of the expected rapid increase in the number of elderly people in the country in the near future.

We interviewed these companies about their plans to promote "Japanese-style nursing care" services in Asian countries and how they plan to educate their human resources, which is the key to success in this endeavor. The contents obtained from these interviews are discussed and three issues are examined.

5. Case studies

5.1. Case study 1: Modeling the education process

In modeling the education process for local employees, we studied the case studies of two care providers seeking to expand into Vietnam.

5.1.1. Study organizations

An overview of the organizations that cooperated in the study is shown in Figure 2.

<p>【Name】 Nozomi Group 【Established】 1990 【Head Office】 Komoro City, Nagano Prefecture 【Offices】 67 【Employees】 385 【Services】 Medical care, Home nursing care, Special nursing homes, Home-visit care, Day-care, etc.</p>	<p>【Name】 Aomori Social Welfare Association 【Established】 1974 【Head Office】 Mutsu City, Aomori Prefecture 【Offices】 19 【Employees】 350 【Services】 Medical care, Day-care, Home-visit rehabilitation, Home-visit care, Short stay care, etc.</p>
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Source: Prepared by the author from the website

Figure 2: Overview of survey organization

Nozomi Group has established bases in Thailand and Vietnam since 2011 to train care workers and build relationships of trust with universities and related organizations in each country to foster local care workers in response to a sense of crisis over the shortage of care workers. Similarly, the Aomori Social Welfare Association sense of crisis over the shortage of nursing care personnel in Japan was the impetus for its overseas expansion. The company has signed a Memorandum of Understanding with the National Hue University of Medicine and Pharmacy in November 2014, the Provincial Hue Medical College in July 2017, and the National Hue Central Hospital in October 2019, and is committed to promoting "Japanese-style nursing care".

5.1.2. Interview

Although we had hoped to conduct the interviews on site, due to the COVID-19 situation, we conducted each interview for approximately two hours using Zoom communication software. The interviewees were Ms. Yoko Amari, President of the Nozomi Group, and Mr. Tatsumi Nakayama, President of the Aomori Social Welfare Association.

Question 1: Regarding overseas expansion into Vietnam

Mrs. Amari: In many Asian countries, there are many areas that do not have sufficient infrastructure such as medical technology. In Vietnam, the concept of nursing care itself does not exist. There is no such occupation as nursing care, and it is considered a bottom-line job done by people who have not gone to school. Culturally, there is a strong sense that the elderly should be taken care of by family members. In addition, because of the wide variety of "nursing care" support from various countries, it is unclear what constitutes "nursing care services," and we feel it is necessary to unify and further authorize these services. This is the reason why we are working with local universities and national hospitals to provide education. Provide education equivalent to that of Japanese care workers and give them a license and authority through a final examination. We hope to provide a stable level of nursing care skills and establish a position of authority.

Mr. Nakayama: I was introduced by an agent. The government requested our cooperation, and our decision was made quickly. I thought it was good that the gap between the rich and the poor was smaller than in other Asian countries and that the sanitary conditions were not so bad.

Question 2: About "Japanese-style nursing care" services.

Mrs. Amari: It is "An evidence-based self-support service that brings out the essence of living without compromising the local culture."

Mr. Nakayama: It is the same as our organization's philosophy of "care based on the comfort of each individual."

Question 3: Regarding the facility environment

Mrs. Amari: Since Vietnam is a socialist country, education will initially be provided using buildings of universities, national hospitals, and other facilities. After that, we will find local corporate partners and collaborate with them. For facilities, we would like to place equipment and objects that take advantage of "Japanese-style nursing care" services and provide guidance on how to utilize them.

Mr. Nakayama: Since this is a socialist country, we will utilize local buildings. The facilities will be designed to support self-support using basically the same equipment used in Japan. We would like to create an environment where trainees can make use of what they have learned.

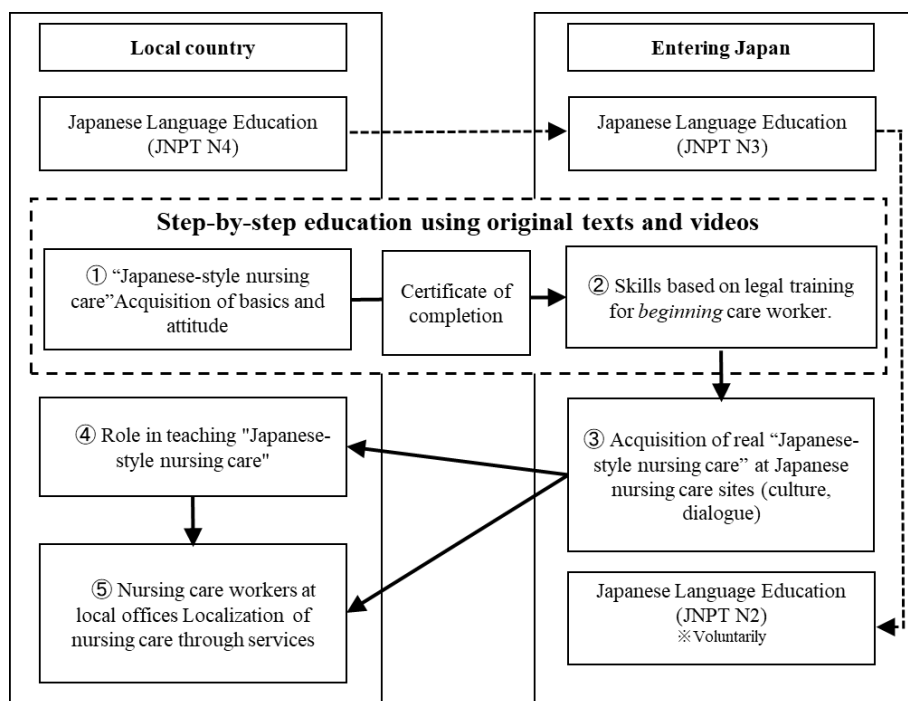
Another idea is to incorporate the latest technology such as robots and ICT. In Vietnam, there are many relatively small people, so technology that does not place a burden on care workers may be supported. This is something we intend to tackle in stages after the "Japanese-style nursing care" becomes widespread.

Question 4: Human resource development

Mrs. Amari: Local education will include Japanese-style nursing care preparation and JLPT (Japanese Language Proficiency Test) N4 education. By conducting these studies at the stage prior to entering Japan, students can smoothly take JLPT N3 and training for beginning care workers¹²⁾. Original textbooks and video materials were created to provide this education in an effective and step-by-step manner. In Japan, students learn the background and culture of "Japanese-style nursing care" through experience in the nursing care field and understand the meaning and culture of respect for others, which is the essence of the program. Then, by returning to their home country to educate students as lecturers or to become service providers at local offices, they will incorporate local needs and create Vietnamese-style nursing care. The goal is to establish the Vietnamese style of nursing care and to have it become a research level that is taken up by universities and other institutions.

Mr. Nakayama: In local education, classroom lectures and practical skills are conducted with interpreters provided by qualified Japanese staff of care workers, nurses, and counselors. Video education through distance learning does not convey the essence of the program. Using an original textbook created for foreigners, the program provides step-by-step training for beginning care workers and how to dignify and relate to clients, while at the same time providing JLPT N4 and N3 education. At the end of the program, a license is granted. Then, they come to Japan and experience real nursing care, including building relationships with clients, JLPT N2, and other cultural aspects. They will then return to Vietnam and rearrange their care in the Vietnamese style, incorporating the local climate, culture, and customs, which we will then learn from them. We believe that repetition of this process is necessary for both countries.

Based on the information obtained from the interviews, the education process for local employees was modeled in Figure 3.



Source: Prepared by the author

Figure 3: Education process model for local employees

The education process for local employees can be organized as follows.

- (1) On-site education will start with the basic content of "Japanese-style nursing care". At the same time, JLPT N4 education will be provided. Original textbooks and videos will be used as teaching materials. Certificates of completion will be issued to recognize the local position and authority of "Japanese-style nursing care" and to make employees aware that they are professionals who have received a certain level of education.
- (2) Education in Japan will be aimed at completion of the " Training for beginning care workers," which is a statutory course, and JLPT N3 level. (Aomori Social Welfare Association will take the time to conduct these locally).
- (3) Acquire the JLPT N2 or higher necessary for dialogue by learning the culture through interaction with customers at Japanese-style nursing care sites. (Consideration for users and understanding the meaning of conversation)

- (4) Acquire teaching experience as a lecturer/instructor who teaches "Japanese-style nursing care" locally.
- (5) Become a staff member who provides "Japanese-style nursing care" services at the local office. Incorporating the local culture from the relationship with the customer and establishing the original nursing care method of the country.

5.2. Case study 2: Validation of the educational process model

In order to verify the effectiveness of the education process model for local employees shown in empirical study 1, we will use the Research conducted in 2021 on a Japanese-style nursing care office that attempts to enter the Chinese market (Yagi 2022). From the contents of the interviews, we extracted and compared the parts related to the educational process necessary for this research.

5.2.1. Study organizations

Soshinkai Co., Ltd. is a comprehensive welfare service company based in Kurashiki City, Okayama Prefecture. In response to a request from China's "Beijing Ruihao Management Consulting Co., Ltd." (北京睿好管理咨询有限公司), we are undertaking the development of nursing care facilities for "Chongqing Shangjuan Old Clothing Co., Ltd." (重庆上寿养老服务有限责任公司) and the training of local human resources for "Japanese-style nursing care." In the future, Chongqing Shangjuan Lao Clothing Co., Ltd. plans to franchise all over the country, centering on Chongqing. An overview of Soshinkai Co., Ltd. is shown in Figure 4.

<p> [Name] Soshinkai Co., Ltd. [Established] 1996 [Head Office] Kurashiki City, Okayama Prefecture 【Offices】 51 [Employees] 711 (non-consolidated) [Services] Day-care , Home-visit rehabilitation, Home-visit care, Short stay care, etc. </p>
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Figure 4: Overview of survey organization

Source: Prepared by the author from the website

5.2.2. Interview

The interviews were conducted using Zoom communication software and lasted over an hour. Subsequently, supplementary questions were asked multiple times via e-mail, and finally the wording was confirmed. The interviewee was Mr. Zhang of Beijing Ruihao Management Consulting Co., Ltd. Mr. Guo from Soshinkai's Shanghai Corporation joined us for the interview and provided interpretation.

Question 1: Regarding overseas expansion into China

Mr. Zhang: Chinese care service users are aware that since they are paying for the service, they will be provided with the service (they do not have to do anything). And Chinese care workers have the same mindset. This is because there is no concept of nursing care in China, and there is a strong sense that the family is responsible for taking care of the elderly. Even if it is called "self-reliance support", there is resistance to "paying for yourself and doing it yourself". Therefore, we would like to differentiate ourselves as a "Japanese-style day-care service type rehabilitation center" and offer "self-care for the elderly" as a premium service, establishing a new form of nursing care.

Question 2: About "Japanese-style nursing care" services.

Mr. Zhang: I feel that Soshinkai's concept of "Genuine Care" (see Figure 5), which is to "enable people to live on their own, rather than having them do it for them," is a wonderful way to support Customer's independence. I feel that the independence support is wonderful.

Question 3: Regarding the facility environment

Mr. Zhang: The building will be an existing one. The internal layout is based on Soshinkai's advice. In order to practice "Genuine Care," the facility is equipped with equipment similar to that used in day-care services in Japan.

Question 4: Human resource development

Mr. Zhang: Local education will proceed with video materials and a question-and-answer session. In order to solve the issue of cultural unacceptance, original content (referring to Genuine Care) that is perceived as a "one up (premium) service" from the beginning is necessary. Original content incorporating a rehabilitation perspective into the basics of nursing care (Training for beginning care workers) is produced in Japan and subtitled in Chinese. Teaching by a Japanese instructor is less efficient in terms of education due to the time

required for translation. Videos can be viewed over and over again until the student is satisfied with the content, and costs can be kept down. Questions on detailed points of practical skills are asked online. Upon graduation, students will be given a certificate of graduation to differentiate themselves as specialists. After the difficulty of traveling overseas due to the COVID-19 is over, it is necessary to invite lecturers from Japan to provide technical training and to conduct on-site visits to Japan to learn about the culture, so that people will recognize that in the future, independence support services that integrate care and rehabilitation, such as "Genuine Care," will be the norm. After franchising has progressed to a certain extent and services have been established, we would like to incorporate local needs and offer "dementia support" and other services.

A system of self-supporting care called "Genuine Care" can be represented as shown in Figure 5. For example, suppose a customer wants to take a bath. In general assistance-type nursing care (the upper flow of the figure), services are provided by "bathing assistance." However, the "Genuine Care" service (the lower flow at the of the figure) listens to the person's wishes, proposes to "take a bath by himself", and performs a rehabilitation menu. It supports the desire to enjoy bathing alone and to live on one's own. As a result, in the case of the upper figure of the table, the patient "lost the opportunity to bathe alone", but in the case of the lower figure, the patient became able to "bathe alone". And you will be able to do more on your own. In general, recreational activities are held in the morning and afternoon, but Soshinkai promotes independence support by conducting rehabilitation (recovery of function) during these hours as well.

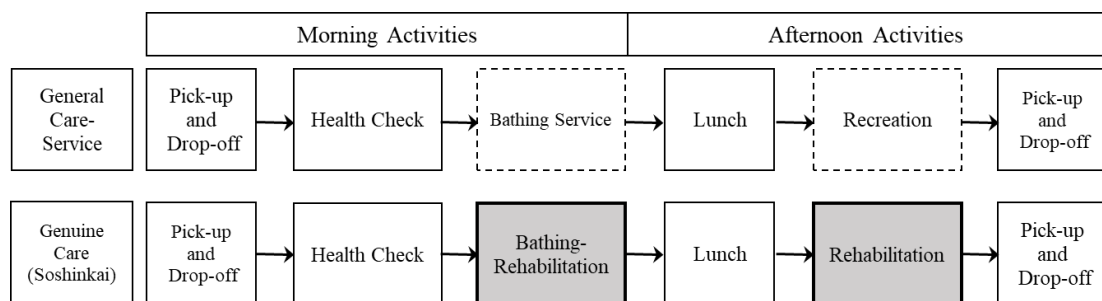


Figure 5: Flow of services in genuine care

Source: Prepared by the author based on interviews

5.2.3. Comparison with the local employee education process model

We tested the effectiveness of the interview content of Case Study 2 by applying it to the local employee education process model presented in Figure 2.

Examining (1), it can be said that although there are differences in "local education," they are consistent. The reasons for this are the use of original texts and the issuance of a certificate of completion to raise awareness of the fact that students have received a specialized education. (The things that don't match are the use of videos and the lack of Japanese language education.)

Examining (2), it can be said that "education in Japan" is consistent. The reason for this is that the scope of education is at the training for beginning care workers.

Examining (3), it can be said that there is a match for "experience of a real nursing care site in Japan".

Examining (4), it cannot be said that "experience teaching in the field" is consistent. The reason is that there is no description.

Examining (5), it can be said that "Aiming for localization of services from efforts at local offices" is consistent.

The above confirms the effectiveness of the Japanese-style care based on the author's example of the education process model for local employees, as all items except (4) are in agreement.

5.2.4. Verification and redefinition of the characteristics of "Japanese-style nursing care"

Based on the two surveys, Table 5 examines the six characteristics of "Japanese-style care" identified by Guo (2018) in a previous study.

Table 5: Comparison of characteristics of "Japanese-style nursing care"

	Previous Model	New Model
①Architectural Design	Local style	Local style
②Facility Environment	Local style	Japanese style
③Service Contents	Local style	Japanese style
④Care Concept	Japanese style	Japanese style
⑤Dementia Care	Japanese style	Japanese style
⑥Staff Attitude	not established	Japanese style

Source: Prepared by the author

In all three cases, the three companies stated that (1) " Architectural Design" would be local, but

(2) "Facility Environment," (3) "Service Contents," (4) "Care Concept," (5) "Dementia Care," and (6) "Staff Attitude" would not try to adapt to the local market, but would convey Japanese Styles as they are, and then (if necessary) change them to their own services.

Similarly, if we attempt to redefine "Japanese-style nursing care" based on the case studies, we can say that it is "individualized self-supporting care services provided by staff who have acquired basic nursing care knowledge and skills recognized in Japan."

6. Conclusions

6.1. Summary of the survey

The survey identified the following three issues.

Issue 1: Model the educational process for communicating "Japanese-style nursing care" to local employees is itself the model shown in Figure 3.

Issue 2: Confirmation of the effectiveness of the model was confirmed in Empirical Study 2.

Issue 3: "Redefining Japanese-style nursing care" was clarified to be "individualized self-supporting care services provided by employees who have acquired basic nursing care knowledge and skills recognized in Japan."

6.2. Complications and future issues

This paper has discussed the clarification of "Japanese-style nursing care" services and the education process for local employees based on case studies through research on human resource development of local employees as a key to solving issues for Japanese-style nursing care facilities to expand into Asian countries. As a result, we were able to present the characteristics of differentiated "Japanese-style nursing care" services and a model for the education process for local employees.

The contribution of this paper is to model the fact that when a Japanese-style nursing care provider expands overseas, the educational process for local employees needs to be devised to teach the Japanese curriculum step by step and authorize it. It can be said that it has clarified that the efforts to aim for integration with local needs over the long term will increase the recognition of "Japanese-style nursing care."

In concluding this paper, we discuss future issues. This case study has been discussed based on

case studies conducted in Vietnam and China, but we believe it is necessary to verify the effectiveness of the system in other countries in the future. Another issue for future research is that we have not been able to obtain the opinions of employees who receive education.

Annotation

- 1) Asia Health and Wellbeing Initiative was established on the basis of mutually beneficial cooperation so that healthy lifestyles and economic growth can be realized in Asia, where the population is aging, as the twin engines of both.
- 2) Japan's total population in 2005 was 127.76 million, of which 25.6 million were aged 65 and over. The ratio of the elderly population to the total population (aging rate) was 20.04%, the highest in the world.
- 3) Independence support encompasses a wide range of support, including physical, mental, and social support. When used in this document, it means not only assistance (care necessary for daily living), but also support for independent living by helping people do what they can do by themselves, exercise. It also means supporting independent living of the elderly through exercise and functional recovery, etc.
- 4) Under the Headquarters for Japan's Economic Revitalization, a conference to accelerate growth strategies and structural reforms to expand sectors conducive to future growth; the theme of the second meeting on November 10, 2016, was "Future Investments and Challenges in Health Care and Nursing care".
- 5) World Population Prospects, United Nations. (2019)
(<https://population.un.org/wpp/> Accessed March 11,2022)
- 6) The market for the elderly here is a combined figure for the "medical/pharmaceutical industry," the "long-term care industry," and the "lifestyle industry.
- 7) Eight countries: Japan, Korea, Singapore, China, Thailand, Indonesia, Malaysia, and the Philippines.
- 8) JETRO (2021), "Critical shortage of nursing personnel (China)"
(<https://www.jetro.go.jp/biz/areareports/2021/4550aa0c5cc6c400.html> Accessed March 12, 2022)
- 9) JETRO (2020), "Chinese Government Releases Notice on Strengthening Vocational Skills Education, Including Care Helpers"

- (<https://www.jetro.go.jp/biznews/2020/11/6c7833873424ae43.html> Accessed March 12, 2022)
- 10) Yamada Consulting Group (2018) "Trends in the Silver Service Industry in China" (https://www.ycg-advisory.jp/leaning/oversea_98/ Accessed March 12, 2022)
- 11) The issues identified in the following five online articles
- (1) MINNANO KAIGO (2016) "Overseas Nursing Care Market is 500 trillion Yen! The government is also pushing for overseas expansion into this huge market. Where is the public-private partnership strategy headed?" (<https://www.minnanokaigo.com/news/kaigogaku/no174/> Accessed May 2, 2022)
 - (2) The Japan Research Institute, Inc. (2017) "Will 'Spring' Come for China's Nursing Care Business" (<https://www.jri.co.jp/page.jsp?id=31350> Accessed February 11, 2022)
 - (3) Diamond Online Editorial Board (2017) "Japanese-style nursing care Companies Struggle in China," Why They Cannot Take Advantage of "Japanese Style" Strengths. (<https://diamond.jp/articles/-/137493?> Accessed April 2, 2022)
 - (4) Diamond Online Editorial Board (2019) "Will 'Japanese-Style Nursing Care' Really Work in China's Nursing Care and Aging Market?" (<https://diamond.jp/articles//206895?page=3> Accessed January 10, 2023)
 - (5) Nursing Care Job Navigator (2018) "Why Are Japanese-style nursing care Services Struggling to Expand into China's Aging Population?" (<https://www.kaigo-kyuujin.com/oyakudachi/topics/49265/> Accessed September 15, 2022)
- 12) Positioned as an introductory qualification in nursing care, the curriculum includes 130 hours of training and practical skills. The trainees will acquire basic knowledge and skills to provide a variety of specialized support to the elderly and disabled, such as assistance with meals, changing clothes, and bathing, as well as an understanding of dementia.

References

- Rikitoshi Yagi (2022) "'Japanese-style nursing care' in the Asian market and human resource development: A case study of companies expanding into China", Annual Report of the Asian Association of Market Economics, No. 25, pp. 63-72
- INTAGE Corporation (2020) "Survey on Understanding the Actual Conditions and Issues of 'Nursing Care' in Five Asian Countries"

Guo, Fang (2018), "Exploring the characteristics of 'Japanese-style nursing care' in the Chinese nursing care market: an analysis through case studies" *Review, Social Science*, 124, pp.107-124.

Headquarters for Health and Medical Care Strategy, Cabinet Secretariat (2018) "Basic Policy Toward the Asian Health Initiative (Revised)"

Welbe Inc (2017) "Basic Research Report on the International Competitiveness of Elderly Care for the Realization of the 'Asia Health Initiative'"