

## UNRAVELLING THE GLOBAL CARE CHAIN AND HUMAN CAPITAL DYNAMICS: THAI CAREGIVERS IN JAPAN

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*Initial Submission / erste Einreichung: 10/2023; revised submission / revidierte Fassung: 11/2023;  
final acceptance / endgültige Annahme: 01/2024*

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### *Summary*

*Since 2019, Japan has implemented a strategic policy to address its labour shortage within the service sector, particularly in areas such as elderly long-term care. This policy also incentivises workers from Southeast Asia to work in Japan. The Japanese government released a new visa type, “Specified Skilled Worker” (SSW). A fundamental prerequisite for individuals seeking employment as care workers in Japan under this policy is the attainment of a minimum N4 level proficiency in Japanese. The study aims to determine how Thai females became caregivers in Japan through human capital training in the global care chain. Data was collected by conducting in-depth interviews with representatives of Thailand and Japan, two in public and four in the private sector, and ten caregivers, totalling sixteen people from 2021 to 2022.*

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*The result showed that most workers were female, had high graduation backgrounds, and did not relate to elderly care. However, they reskilled and upskilled in a highly demanding and stable caregiving career. They believed that work experience in Japan was their dream job with higher income and experience abroad, which will link to their future work investment and career. The skill training channel is a nursing care or Japanese language school connected with an elderly facilities agency from Japan. The schools are not only training elderly care programs for workers but also schooling them in the Japanese language, and finally, sending workers to Japan; care workers have to pay for facilities by themselves.*

*Consequently, Thai care workers will become caregivers in Japan as a part of the global care chain. The private sector is the primary source of upskilling or reskilling to become human capital. However, there is no channel for care workers to go to Japan through a public program; the private sector provides it.*

*Keywords: Global care chain, human capital, caregivers, Thai caregivers, Japan, Thailand*

## *Zusammenfassung*

### **EINBLICKE IN DIE GLOBALE PFLEGEKETTE UND DIE DYNAMIK DER ZUNAHME DES HUMANKAPITALS: THAILÄNDISCHE PFLEGEKRÄFTE IN JAPAN**

*Seit 2019 verfolgt Japan eine strategische Politik zur Behebung des Arbeitskräftemangels im Dienstleistungssektor, insbesondere in Bereichen wie der Langzeitpflege älterer Menschen. Diese Politik schafft auch Anreize für Arbeitnehmer aus Südostasien, in Japan zu arbeiten. Die japanische Regierung hat eine neue Visumkategorie, „Specified Skilled Worker“ (SSW), eingeführt. Eine grundlegende Voraussetzung für Personen, die im Rahmen dieser Politik eine Beschäftigung als Pflegekräfte in Japan anstreben, ist das Erreichen von Kenntnissen der japanischen Sprache auf mindestens N4-Niveau. Die vorliegende Studie zielt darauf ab, zu analysieren, wie thailändische Frauen durch die Förderung ihres Humankapitals innerhalb der globalen Pflegekette zu Pflegekräften in Japan wurden. Die Daten wurden durch ausführliche Interviews mit Vertretern Thailands und Japans, zwei aus dem öffentlichen und vier aus dem privaten Sektor, sowie mit zehn Pflegekräften, insgesamt sechzehn Personen, in den Jahren 2021 bis 2022 erhoben.*

*Die Ergebnisse zeigen, dass die meisten Arbeitskräfte weiblich sind, einen hohen Schulabschluss aufweisen und ursprünglich keinen Bezug zur Altenpflege hatten. Sie qualifizierten sich jedoch in einer sehr anspruchsvollen und stabilen Pflegekarriere um und bildeten sich weiter fort. Sie vertraten die Auffassung, dass die Arbeitserfahrung in Japan ihr Traumjob mit höherem Einkommen und Auslandserfahrung sei, was für ihre zukünftige Arbeitsinvestition und Karriere sehr förderlich ist. Der Ausbildungsweg der Pflegekräfte verläuft über eine Krankenpflegeschule oder eine japanische Sprachschule, die mit einer Agentur für Senioreneinrichtungen in Japan verbunden ist. Die Schulen bieten nicht nur Altenpflegeprogramme für Arbeitnehmerinnen und Arbeitnehmer an, sondern schulen diese auch in der japanischen Sprache und entsenden schließlich auch*

*die Arbeitskräfte nach Japan. Die Pflegekräfte müssen jedoch die Kosten für die Ausbildungseinrichtungen selbst bezahlen.*

*Demgemäß werden thailändische Pflegekräfte in Japan zu einem Teil der globalen Pflegekette. Der private Sektor ist die wichtigste Quelle für die Förderung, Ausbildung oder Umschulung zur Verbesserung ihres Humankapitals. Es gibt jedoch keine Möglichkeit für Pflegekräfte, im Rahmen eines öffentlichen Förder- oder Ausbildungsprogramms nach Japan zu gehen; nur der Privatsektor bietet dies an.*

*Schlagwörter: Globale Pflegekette, Humankapital, Pflegekräfte, thailändische Pflegekräfte, Japan, Thailand*

## 1 Introduction

Becoming an aging society is a phenomenon in many countries. Since 1970, Japan has become an aging society and a so-called “Super-Aged Society” in 2007. In Japan, the proportion of the elderly (65 years and over) was 28.4 percent, with 13.6 percent of the 65–75 year-olds and 14.8 percent of the elderly over 75 years old in 2020 (Statistics Bureau of Japan 2021). According to the World Health Statistics 2017 report, Japan’s average life expectancy at birth is still the highest globally, with 83.7 years overall, 86.8 years for women, and 80.5 years for men (World Health Organization 2017). The post-war baby boom generation is now 65 and over, and the percentage of the population in that category is expected to keep growing, with high life expectancy while fertility rates go steadily lower. The aging population pressures the Japanese government to provide welfare services for more people as rising numbers leave the workforce (O’NEILL 2023). As a result of this situation, it is evident that for the Japanese government it has become increasingly necessary to take care of the elderly.

In the past, family members, especially female members, had the duty to care for the elderly. It is the usual thing in Japanese society. Still, the typical structure of a Japanese family has changed from an extended family, staying with three generations, to a spouse family and parents with unmarried children. However, the average household size in Japan has changed to 2.22 people as of 2022. Single households are 21.2 million; within these, the number of elderly single households is 6.7 million as of 2023 and will amount to around 40 percent by 2040 (Statista Research Department 2023). In Japan, it used to be the children, especially the females, who were largely responsible for care, which was also the invisible basis of the social structure.

In the 1980s, Japan launched the care insurance system, or *kaigo*, one of Japan’s social welfare systems. This system was created to prevent people from giving up work for the long-term care of family members, because when family members become dependent on care, this causes physical, psychological and economic problems for the family. The term *kaigo* first appeared in an encyclopaedia in 1983 and referred to medical care for the sick. Later, in 1998, the term was extended to include the medical care of patients, which also includes assistance in daily life (Care Worker Training Course Editorial Committee 2022).

Caregiving is the management and daily maintenance of life to serve the physical health and emotional well-being of people. By 2030, Japan is expected to have a shortage of 66.4 million workers, with the biggest shortages in the service sector (40 million), healthcare (18.7 million) and retail (6 million). This tense situation has a significant impact on the Japanese economy and society. The Japanese government has found several ways to increase the number of workers entering the market, such as encouraging women to work, extending the working life after retirement and promoting the disabled. Currently, Japan has been importing foreign labour to solve this situation (Persol Research Institute and Chuo University 2020).

According to statistics from the Ministry of Health, there were 1,460,463 foreign workers in Japan in October 2018, that means 181,793 foreign workers (14.2 %) more than the previous year, mainly from China (389,117 foreign workers; 26.6 %), followed by Vietnam (316,840; 21.7 %) and the Philippines (164,006; 11.2 %). In April 2019, the Japanese government expected to increase the number of workers by 345,000 in fourteen industries: Elderly nursing, customer service, construction, cleaning, and agriculture, all jobs that the Japanese do not want to do, such as manufacturing and service jobs. Thailand is one of the eight target countries from which Japan wants to import workers, including Vietnam, China, the Philippines, Indonesia, and Myanmar. Japan has approximately 20,365 Thai workers (Department of Employment of Thailand 2020).

Foreigners who want to work in Japan, especially in nursing care, must have a minimum N4 level proficiency (the ability to understand basic Japanese). They must be able to read and understand passages on familiar everyday topics written in *kanji* with a basic vocabulary, be able to follow everyday conversations and generally follow their content (provided they are spoken slowly) or have a higher level of Japanese. The Japanese language is, therefore, an essential condition of obtaining a visa for employment.

This article analyses the labour migration of caregivers from Thailand to Japan within the global care system and attempts to explain how foreign caregivers retrain and upskill in nursing at the international level and what role agencies play in the competition for human capital.

## 2 Global Care Chains and Human Capital

### 2.1 Global Care Chains

World Health Organization (WHO) defines “Long-term care” as part of the health and social system which consists of various operations for those in need. Formal care providers are healthcare professionals such as social scientists and medical personnel, including care provided by trained volunteers. Informal care refers to care work by family, friends and neighbours in the community (World Health Organization 2000). Arlie HOCHSCHILD first mentioned the term “global care chain” to refer to “a series of personal links between people across the globe based on the paid or unpaid work of caring” (YEATES 2005).

Global care chains consist of domestic services provided by chains of feminised and racialised migrant workers. This transnationalisation of care combines the structure of global relations with an emphasis on social interactions between human agency, material wealth and social development. Labour migration in care is transnational. Care is concerned with cross-border networks of socio-economic relations. Global care can be seen as a new global dynamic that restructures international relations of social inequality, linking individuals, families, communities, socio-institutional formations, economies and state policy actors in more than one country (YEATES 2011).

The care crisis has been one of the drivers of the feminisation of migration as it has opened up labour opportunities mainly welcome to women in caregiving. The growing number of young women from Southeast Asian countries immigrating to Japan shows the dynamics of supply and demand in the care chain. Caregivers from developing countries, especially from Southeast Asia, are immigrating to work in long-term care for the elderly who have different cultural backgrounds, norms, and lifestyles. Given the shortage of care workers and the unpopularity of the profession, foreign care workers have been brought into the country instead.

In his theory of migration LEE (1966) stated that every migration involves factors relating to origin and destination or sending and receiving countries. Some obstacles intervene between the two areas, such as distance, laws, travel difficulties, the cost of mobility, and non-monetary issues, such as anxiety. Personal factors also affect migration, both favourable and hindering, such as habits, feelings, personality, etc., in the area of origin as well as in the destination area (LEE 1966). Migrants from Southeast Asia employed in the care sector usually come to Japan under the “Economic Partnership Agreement” (EPA) for socio-economic reasons. The migrant care workers are well integrated and have contributed positively to the quality of care (REIKO 2012).

Workers from developing countries migrate to work in developed countries for many reasons, e.g., to earn a higher income and have a better lifestyle. This happens for compelling reasons, be it financial, unemployment or because they are looking for a stable job and opt for a better quality of life to lead a free life that is not only limited to working in their own country, but also to developing their skills. Migration to take up care work abroad is also a reaction to improve their lifestyle.

## 2.2 Human Capital

Human capital refers to the abilities and skills of individuals and entire populations and is crucial in driving economic prosperity and productivity. Decisive factors in the production of human capital are education, training and health. Investment in human capital promotes an increase in the productive capacity of individuals and economic growth (GOLDIN 2014). This can be cultivated by ensuring that individuals can maintain skills and capabilities in demand. The value of human capital becomes evident in the job market through productive employment. It is nurtured through education in an individual’s life and investments in mid-career training. Investing in human capital means equipping people with knowledge, good health, and skills to take on today’s jobs and create future positions (World Bank 2019).

The development of human capital and the functioning of labour markets across economies requires focused efforts to renew training systems across various ages and experiences, emphasising the skills needed for emerging jobs. However, talent shortages will remain endemic until there is a substantial escalation in mid-career reskilling and upskilling programs, as many of the individuals who need further re- and upskilling are beyond school age and current members of the workforce, such as elderly caregivers. In addition, progressing digital technology allows people to remote work, but health services have lagged behind demographic trends, increasing the need for human care. Moreover, investment in the care sector is good for expanding the care economy for young and older people (SCHWAB et al. 2020).

Transnational care also involves human care capital, such as education and training. In the past, care workers were categorised as unskilled workers, but currently, more skilled migrant caregivers are highly institutionalised and professionalised (YEATES 2011). A case study of Thai workers working as caregivers in Japan shows that training is mostly done on the job, which is also a way of investing in human capital. On-the-job training is a process to raise future productivity and differs from school training. Additionally, one way to invest in human capital is to improve physical and emotional health, significantly influencing earning capacity and productivity (BECKER 1962). Foreign workers who study care usually do practical work because it allows them to improve their care experience and earn money to pay their tuition fees and living expenses in Japan.

The present study focuses on Thai caregivers, who typically have training and qualifications in elderly caregiving. They bring with them valuable human capital, including knowledge of healthcare practices and cultural sensitivity. However, language proficiency is crucial for caregivers to effectively communicate with their clients in Japan. Many Thai caregivers undergo Japanese language training to improve their communication skills. Additionally, they need to adapt to Japanese cultural norms and practices.

### 3 Results of the In-Depth Interviews

This article is part of the research project “A Study of the Quality of Thai Labourers in the Service Sector in Ageing Japan.” The data was collected by conducting in-depth interviews with representatives of Thailand and Japan, two from the public sector, four from the private sector, and ten caregivers, totalling sixteen people from 2021 to 2022 (for details about the interviewees, see the appendix at the end of the article). All interviews were conducted after obtaining permission for the interviews. The questionnaire included information on why they became care workers abroad, how they found work in the care sector in Japan and how they prepared for the project.

The in-depth interviews of six representatives of sending and receiving organisations (two from Japan, hereinafter referred to as JN1 and JN2, and four from Thailand, as TN1–TN4) and of ten workers from 2021 to 2022 (in the following referred as TW1 to TW 10) were mainly done online because of the Covid-19 pandemic. Aim of the interviews was to show how they became caregivers in Japan and reskilled and upskilled in their profession as caregivers in Japan.

### 3.1 The Role of Agencies and Nursing Schools

The background of the Japanese Institutions JN1 and JN2 (“Japan Network” is abbreviated as JN) supporting Thai caregivers in Japan is as follows:

JN1: In Japan, there are 47 prefectural welfare agencies and about 2,000 local centres, many catering to Vietnamese workers, Chinese, and Koreans. Furthermore, the Fukui Prefectural Office operates a separate administrative unit as a nursing home, a centre for the disabled and an orphanage. JN1 comes from the “Fukui Prefectural Elderly Care Centre”, which focuses on Thai workers. The cooperation between the local government of Fukui Prefecture and the foundations and schools in Thailand went smoothly, as the organisation had already gathered and learned about Thai society and culture. The number of Thais in Fukui Prefecture is small, but Thai workers are still selected as the primary target. Out of 15,713 foreigners living in Fukui Prefecture in December 2020 231 were Thais. The reason is that there are Fukui prefectural offices in Bangkok and Shanghai. The number of elderly people is higher in the province than the Japanese average. As of 2020, Japan had a total population of about 120 million. Fukui Prefecture had 760,000 people, and the percentage of the elderly over 65 was 28.8 percent (JN1, Interview, August 31, 2023).

JN2: The interviewee from JN2 is a Japanese teacher selling equipment related to nursing care for the elderly and teaching Japanese in a nursing home for the elderly, established in 2008 in Chiba Prefecture. His statements in the interview can be summarised as follows: Currently, he teaches Japanese, especially to foreigners. Having worked in nursing care before, he also has a good understanding of nursing care work and Japanese skills for nursing care. International students in Japan use the same study model as Japanese students. The difference is that students are required to pass the Japanese language proficiency test. Therefore, conversational skills are also a weakness, especially when working on the job. Although you can communicate somewhat, the Japanese required is very polite or business Japanese. This restriction prevents foreign care providers from actually expressing their feelings. Therefore, they usually avoid talking or and prefer to work quietly. Even those who have passed the Japanese language exam at higher levels cannot communicate hands-on with customers, and they have to learn how to talk to elderly people of different ages. JN2 believes that listening is the most important thing in Japanese nursing homes – the ability to ask with listening comprehension. In short, the ability to communicate is the most important thing. However, every person’s body movements are different. It is therefore important to understand the client and adapt the method to the individual person (JN2, Interview, February 7, 2021).

In addition to the two Japanese organisations listed above, interviews were also conducted with representatives of four partner organisations in Thailand (“Thailand Network” is abbreviated as TN). The most important statements from the interviews with TN1 to TN4 are briefly explained below.

TN1: The representative of a Japanese language school in Bangkok mentioned that TN1 supports Thai workers to gain skills and prepare documents to meet the standards that



Japan requires. According to Japanese immigration law, workers must study or receive training before leaving the country of origin. Currently, TN1 mainly sends Thai workers to work in factories and agriculture, for which they must learn 240 hours of Japanese before departure and the school has to issue a certificate that allows them to contact the recipient organisation or union in Japan. This system includes both sending and receiving organisations. Elderly caregivers are a new type of foreign worker in Japan, and those working in the personal care sector require a higher level of Japanese language proficiency. Caregivers must study additional 160 hours of Japanese, totalling 400 hours, before going to Japan. After arriving in Japan, they must study at least another 160 hours of Japanese.

TN1 previously used textbooks published by Japanese care unions, but not in Thai. TN1 has translated the original textbook into Thai, used it as teaching material and hired a teacher who has completed Japanese teacher training. It only takes 4–6 months to study Japanese at TN1 to reach the N4 level of Japanese. Currently, TN1 sends employees to hospitals in the Kanto region (Tokyo Prefecture, Chiba, Saitama, Kanagawa). Many Japanese companies are now seeking to collaborate with local care schools or Japanese schools that train workers to Japanese standards and are entering into contracts to do so. TN1 also maintains close relationships with hospitals in Japan. Employees who apply for a nursing project in Japan can take advantage of the fact that they can work not only in an elderly care facility but also in hospitals and thus also receive higher salaries. However, some applicants who have already worked as nurses in Thailand, for example, do not need any additional work experience abroad. In Thailand, a nurse earns 30,000 to 40,000 baht, in Vietnam about 6,000 to 7,000 baht, but in Japan they get 60,000 to 70,000 baht or twice the salary for Thais but ten times for Vietnamese, which makes Vietnamese work harder.

In Japan, union workers go on patrol every month to check working conditions and the working environment. TN1 now also has a branch in Vietnam. Sending a wider range of workers means more choice for the receiving side. In terms of gender, most elderly care departments prefer female employees. For transgender people who want to work in Japan, separate rooms are provided, segregated by gender, but this depends on the receiving company. During Covid-19, the Japanese government has developed a website that updates the current number of foreign workers who apply for and pass the Japanese test (TN1, interview, February 9, 2021).

TN2 refers to a nursing school in Bangkok. The interviewed TN2 representative explained that his teaching emphasises other aspects besides knowledge of elderly care, such as the use of technology to connect with family members. He also explained that he aims to train standard caregivers in Thailand. In the past, the focus has been on personal care, nutrition and bathing. He believes that caregivers should also take care of physical and mental aspects and various activities. This is an element that could make older people happy both physically and mentally. Foreign language workers can work in a hospital, earn extra income or take care of foreign elderly people in Thailand, which is a more skilled job.

Working in Japan, which has a high international standard in elderly care, can help workers learn know-how and disciplined ways of working, giving them better qualifications. After five years, they return to Thailand. They are an example of a good standard of elderly care. Nowadays, many elderly people are suffering from Alzheimer's disease



and it is expensive to hire skilled workers. TN2 aims to help improve the care given by caregivers to patients in order to meet their basic physical and mental needs, for example, by finding a simple game to refresh their memory.

In each province of Japan, there will be representatives looking for labour. The employer must tell how many jobs are available, and TN2 will find suitable workers for the project and train them in elderly care and Japanese language. The best students will be offered to Japanese employers directly in Thailand for an interview. TN2 supports employees working in Osaka, Tokyo, Hiroshima and Saitama. TN2 also reviews locations of support facilities for Thai workers who have less experience of living in Japan, particularly in terms of monthly salary, cost of living, accommodation, number of vacation days and the ratio of Japanese to foreign workers.

TN2 is a one-stop service for training, upskilling, retraining, recruiting, posting or supporting Thai workers from inception to work in Japan. It usually sends groups rather than individuals who are at risk of feeling lonely and homesick, which could affect their performance. TN2 selects employees by observing their school attendance, their eagerness to learn, their efforts to fulfil the curriculum, etc. In addition to the language, the financial aspect is the main obstacle for the employee. When travelling to Japan, there are costs for studying Japanese, expenses for nursing studies and the cost of posting by the hiring company. TN2 also helps with banks to get an education loan. Such loans are mainly for children and grandchildren of farmers who want to work in Japan. TN2 also shows another way to study Japanese language and care without prepaid payment. Some Japanese employees offer interest-free scholarships for studying. The costs for this can then be deducted from the salary at a later date. Before TN2 employees fly to Japan, TN2 concludes an employment contract with the employees that a penalty will be due if they leave their job early (TN2, Interview, February 16, 2021).

TN3 stands for a nursing school in Chiang Mai province. All instructors are nurses for the training of nursing assistants (NA). The instructor interviewed also devotes his attention to orthopaedics, focusing on bones and joints and movement disorders that students might face in the future either in hospitals or elderly care facilities. Caring for the elderly is both a science and an art. The science can be learned in school, but the soft skills should be taught on site. Working in elderly care centres is now more popular than in hospitals as it offers better earning potential. In 2021, all NA graduates were required to register with the Department of Health Service Support, similar to employment registration. Some potential employers require this ID.

The Covid-19 pandemic has also had an impact on new graduates or those who have recently graduated. The total number of graduates in Thailand in the field of nursing was 200,000 last year and 200,000 this year, so they need to work abroad, including Japan. TN3 is the intermediary between government and private organisations that helps students with qualifications to work in Japan as elderly care nurses. It has a contract with Japanese agencies and institutions to train workers and send them to registered facilities.

TN4: The language and nursing care school in Northeastern Thailand started accepting students interested in nursing care work in Japan five years ago. Those going to Japan

must meet the Japanese language level N4 or J-TEST requirements set by the Japanese government. In the current group, thirteen students can study Japanese for up to two years, and seven have already passed the exam. In Hiroshima, 160,000 yen per month is paid, in Tokyo 180,000 yen, with plans to extend this to other prefectures. Most students are 25 to 30 years old. Studying Japanese for some people is too difficult. Employees must pay a processing fee of around 140,000 to 200,000 baht. Language courses are offered in school and online, so out-of-province learners can also participate. Japanese employers who accept Thai workers have found that while the Thais like to smile, the Vietnamese are more proficient in Japanese than the Thais (TN4, Interview, 24 January 2022).

As mentioned above, Japan is a host country for foreign workers and needs workers with basic care skills and Japanese language skills. Before the foreigners are allowed to work, they are trained in Japanese elderly care, Japanese culture and work culture through on-the-job training with Japanese managers. The Japanese facilities also comply with the requirements of the Japanese Immigration Bureau.

### **3.2 Becoming “Kaigo” in Japan**

In this chapter, ten Thai participants with a background as a caregiver in Japan are introduced (Thai workers in Japan is abbreviated as TW). The core statements from their interviews can be summarised as follows:

TW1 is a Thai female 52 years old who graduated from junior high school and previously worked part-time at an electrical parts company in Japan. She has a Japanese spouse and has a Japanese spouse visa. She has a son with a Thai ex-husband who lives in Thailand and still sends him remittances. She is paid 950 Japanese yen per hour. This is better than in her previous job because there are many holidays. She says that caring for the elderly is not a problem because her husband is also old, and she enjoys looking after the elderly.

TW2 is a 53 years old Thai woman, married to a Japanese spouse. They have a daughter and a son. She has been living in Japan for almost 30 years. She still speaks fluent Thai because she always talks to Thai friends in Japan. Previously, she worked in a company that produced cans, cup noodles and seaweed. Then she switched to ramen production. She had to stand all day, but her legs hurt. Then a friend gave her information about care work. She has only moved from the main branch to this branch two months ago. The working conditions are the same.

TW3 is a 31-year-old single Thai woman who has a degree in nursing and has already worked as a nurse. She is staying in Japan on a specific skilled worker visa and has now prepared herself to work as an elderly caregiver in Japan. She went to Japan for personal reasons because she wanted to change her lifestyle, travel to Japan and take advantage of the better opportunities that life in Japan would offer her. Since Japan is relatively close to Thailand, it is easy to travel home in just six hours, unlike America or Europe, which are much farther away. On the other hand, she complained about her work at the hospital and

felt constantly exhausted and under pressure. During Covid-19, she had to work 12 hours a day without being paid extra because many nurses left the company without replacement, so the remaining staff had more work at that time. She gets 50,000 baht a month, but that does not match her lifestyle.

TW4 is a 25-year-old single Thai woman who graduated with a degree in science. After graduating, she realised that she didn't like her career as a scientist, so she studied practical nursing (PN), trained in a hospital and now works as a full-time caregiver in an apartment building with care services. Work is easy to find in this profession, the training does not take long, and you can start work straight away once you have completed the relevant course.

TW5 is a 26-year-old single Thai woman who has a degree in administrative management and previously worked as a company employee. She is in Japan on a student visa. Before she went to Japan, she studied Japanese for 150 hours. She wanted to work in Japan and found out that she has good job prospects as a caregiver in Japan. Her main problems in everyday life in Japan are adapting to the cold weather and the taste of the food.

TW6 is 24 years old, female, single and has a degree in science. She has Japanese-Thai nationality but mainly uses her Japanese passport so she does not need to apply for a visa. Her Japanese father passed away when she was young. She has a sister who is a Japanese citizen and lives in Japan. She only started learning Japanese in 2020 and became interested in care work because she used to volunteer and enjoyed talking to the elderly and felt happy doing so. Although she graduated with honours in science, she found it difficult to work in this field and realised that she was interested in psychology and Japanese culture. Her boyfriend asked her to break up with him after a year of her stay in Japan. She was sad, but she now lives in a room with six other Thai people.

TW7 is a single, 27-year-old Thai woman who worked as a security guard at Suvarnabhumi International Airport near Bangkok. She has a degree in administrative management and is in Japan on a student visa. When she was working at the airport, she saw many Thais going abroad to work, which prompted her to go abroad to work as well. She contacted many Japanese language schools and finally found the best one. After the Japanese government eased the policy to accept foreign workers in the care sector, Japan only required Japanese language skills. She began studying Japanese every Monday, Wednesday and Friday for a year before flying to Japan to pursue vocational training.

TW8 is a 28-year-old Thai woman who graduated from a higher vocational school for electronics and is married to a Thai husband. She previously worked as an employee in an electronics company, but she didn't like the work. Her mother informed her about studying and working as a caregiver in Japan, so she went there on a student visa. After completing the course, she took a liking to the profession and the Japanese people. She has since passed the N3 Japanese language exam. She takes care of elderly people with dementia who are bedridden in facilities in Nara.

TW9 is Thai, single, female, 26 years old and has a degree in marine science. Before moving to Japan, she worked as an employee in an aquatic medicine company, in shrimp care and as a caretaker of a koi farm. After some time, she realised that she didn't like the koi farm work, but she still wanted to work in the environmental and nature conservation sector. However, with the Covid-19 pandemic, it has become difficult to pass the civil service exam to work at the Ministry of Agriculture and Cooperatives. Therefore, the job as a kaigo in Japan opens up a new opportunity for her to study and work in Japan. Many workers initially have no knowledge of Japanese, as opposed to English. She feels comfortable in Japan and gets along well with the others.

TW10 is a single 26-year-old woman who has a degree in logistics. Her parents were divorced, but at the time of the interview her mother had just died of Covid-19. She lives with her sister. She used to work as an employee for a company, but was made laid off, so she had to find a new job. When she was still a student, she worked part-time in a restaurant and in a hospital. While looking for a new job, she became interested in working abroad, found the study project and went to Japan on a student visa, where she worked as an elderly caregiver.

As mentioned above, interviewees had different backgrounds regarding age, personal status, education level, and work experience. They can be categorised into four groups: Thai caregivers in Japan, Thai caregivers in Thailand, students and caregivers with part-time jobs in Japan, and students who are preparing to go to work in Japan.

### **3.3 Human Capital Aspects of Migrating in the Global Care Chain**

With regard to human capital aspects of migrating in the global care chain, the in-depth interviews yielded the following information:

TW1: She had never taken a Japanese language proficiency test before and only remembered that she had lived in Japan for 18 years. The elderly care facility sent her to a seminar, and she finally received certification in elderly care. She learned all about the elderly in vocational school, for example, how to carry, feed, and choose clothes for them. If you work hard in Japan, you can save money and buy a house and a car, like "the more jobs you get, the more money you make." A tip for the job, in her opinion, is to communicate in Japanese, be sociable with everyone, be intentional and patient. If you are not good at Japanese, you should have more patience and creativity when working with Japanese. For example, make fruits more presentable for clients. As a care leader in the facility, she compared Thai and Vietnamese young caregivers, saying that the Vietnamese work faster and can stand more hard work. Along the way, she told the story of unsuccessful people who are addicted to pachinko (gambling machines), who run out of savings, borrow money they can't pay back and then flee to other places. For heavy drinkers, the company reduces the workload, and ultimately there is less pay and not enough to live on in Japan. Without a visa, work is a high risk with low pay and no protection under labour law (TW1, Interview, December 19, 2021).

TW2: When she turns 60, she will return to Thailand. “I have a house and can work in my sister-in-law’s restaurant,” she says in the interview. She loves cooking and used to work in the restaurant. In her work as a caregiver in Japan, she often cannot communicate in Japanese, but she uses hand gestures instead when dealing with the elderly. Many elderly people are no longer able to speak. She speaks Japanese word for word and observes the elderly people’s reactions. The work in this facility follows a fixed schedule. She can learn more about nursing if she works there for more than six months to improve her nursing skills. She says that her husband’s salary alone would be enough to pay for two people to stay in Japan, but she is also working on accumulating more savings to return to Thailand with her husband in the future (TW2, interview, January 28, 2022).

TW3: She mentioned that she also used to care for elderly people in Thailand. In a private hospital, the clients paid high fees for treatment, which meant that expectations were also high. Sometimes, however, this had nothing to do with her caring skills, e.g., that the air conditioning was not cold enough, that the patients had to wait too long for their medication or that they even called the nurse stupid. Unlike Thai people, the Japanese are very respectful and polite to nurses. She learned Japanese at the language school and practiced by playing Japanese songs and animations to improve her language skills (TW3, interview, December 12, 2021).

TW4: She is not fluent in Japanese but uses a translation application. Working in a hospital meant much more pressure for her than working in a private care service facility. Sometimes Japanese patients even help themselves: one has even brought his mother from Japan and tries to learn Thai. She has learned Japanese manners, such as knocking on the door and greeting before entering the room, and that you do not need to help unless you are asked for it (TW4, interview, December 28, 2021).

TW5: In terms of working style, she noted that Japanese people usually get their work done and mind their own business. They are not too concerned with other people’s work. Thais want to have fun with their colleagues. Working hours are strictly adhered to here, e.g., they finish work at five o’clock. However, working overtime is acceptable as there are rewards such as bonuses. Working in Japan is good for gaining experience in one of the oldest countries in the world. Afterwards, she would like to return home, use the language and work experience and change careers to become an interpreter. In the future, many elderly people will live in Chiang Mai (TW5, Interview, January 7, 2021).

TW6: She wants to study in Japan in the future and her mother wants her to work in Japan as well because she has better future prospects there than in Thailand. Also, if she gets a nursing certificate in Japan, she can take the nursing assistant exam in a European country. She has found that the Japanese work culture follows a strict system. Even if you have finished work but the working hours are not over yet, you have to keep working, whereas in Thailand you can do your work quickly and then rest. For her, language problems are not so stressful yet; she has realised that she should say “I don’t understand” rather than guess. Japanese supervisors explain to you what it’s about until you

really understand it, so you can get on with your job better (TW6, Interview, January 10, 2021).

TW7: During her training in Thailand, more emphasis was placed on Japanese than on acquiring care skills. Now she is studying in Japan. Many things need to be learned, such as the Japanese way of caring, like changing the bed sheet, using a walking stick and bathing, as well as Japanese cultural aspects, like the tea ceremony. During her studies, she has to work part-time in a care facility. She believes that studying in Japan is very useful; after studying, she can immediately put what she has learned into practice so that it stays in her mind. A part-time job while studying in Japan still pays a higher monthly salary than in Thailand. The reason she gives for working abroad is that she is still young and wants to learn a second or third language, which would give her more job opportunities and a higher salary in Thailand (TW7, interview, January 7, 2022).

TW8: She says that other foreigners, such as Vietnamese, Indonesians and Sri Lankans, use Japanese to communicate at work. Japanese people communicate quickly and have an accent that is not what she learned at school. Sometimes she didn't understand the order. Fortunately, her supervisors tried to help and explained slowly and clearly. She was afraid to speak for fear of using the grammar incorrectly. The Japanese supervisors were very accommodating when she misunderstood them and let her ask at any time. Three months later, she tried to speak with Japanese colleagues. There were also experiences of work errors, such as dispensing medication incorrectly because the patient's name was misread. The names of patients in *Kanji* (Chinese characters) look very similar. Finally, the supervisors who worked with her checked everything twice to avoid such mistakes. She fully intends to live in Japan with her Thai husband. If she passes the Japanese *kaigo* license, she can extend her stay in Japan and have children here. If she does not pass the exam at the age of 40, she wants to return to Thailand and run a retirement home in her hometown, where she would like to take in ten elderly foreigners and care for them like family members (TW8, interview, February 3, 2022).

TW9 says that for her, going to Japan has been an important experience. The salary is higher than in Thailand, so when returning to Thailand, she may continue to study the Japanese language. Her next plan is to move to Australia or to the U.S. If working abroad is too terrible, she will return to Thailand and start some business. She started studying the new skill at the nurse assistance school in Chiang Mai. She thought she would get new knowledge by taking a short online course and interning at a nursing care facility (TW9, Interview, December 30, 2021).

TW10: When she was preparing to work in Japan, she had concerns about the language and living abroad as she had never learned Japanese before. Now she had to study Japanese every morning from Monday to Friday, which made full-time employment impossible. She also learned about Japanese culture and etiquette. She was originally due to fly to Japan in April 2021 to work there. During the time she was waiting for a job in Japan, she had to pay for her own education costs every month. After working in Japan and return-

ing to Thailand, she should have some budget to run her business, such as importing and exporting beauty products, skin care and snacks (TW10, Interview, December 30, 2021).

## 4 Discussion

The results of this study show that the elderly care sector enriches human capital, with a focus on female migrant workers.

TW1 and TW2 are examples of middle-aged Thai workers. They live in Japan with a Japanese spouse visa. They are not concerned about their length of stay in Japan. Before migrating, they had a junior high school degree and no care experience. Although working in a care facility is physically demanding for them, it offers better working conditions and stable jobs and higher incomes than other industries. Even at almost 50 years old, they still had the opportunity to improve their skills. After finishing their work in Japan, they intend to return to Thailand with their husband or alone. As care professionals certified by the Japanese government, they would also have the opportunity to work in European countries.

TW3 was an experienced nurse in a private hospital in Bangkok, Thailand, but the work there was stressful and led to burnout despite a high salary. The transition from a nurse in Thailand to a care assistant as a geriatric caregiver is a kind of professional demotion. However, more important to her than the income and pressure of the job is a desirable lifestyle. In Japan, she has enough time for her vacation in addition to her work.

Subjects TW4, TW5, TW6, TW7, TW8, TW9 and TW10 are young employees in their twenties. Although they completed their Bachelor's degree, they did not want to continue their studies because it did not meet their expectations. The income they could earn did not seem high enough and there were no career prospects. However, becoming a caregiver in Japan is their dream job.

TW5, TW6, TW7 and TW8 are studying Japanese and elderly care at a vocational school while working in elderly care facilities on a student visa for the first two years. After that, they must work in care facilities for at least three years to be eligible for a prefectural scholarship. If they pass the national examination in elderly care and N2 level Japanese language proficiency, they can extend their stay as long as necessary and bring family members to Japan.

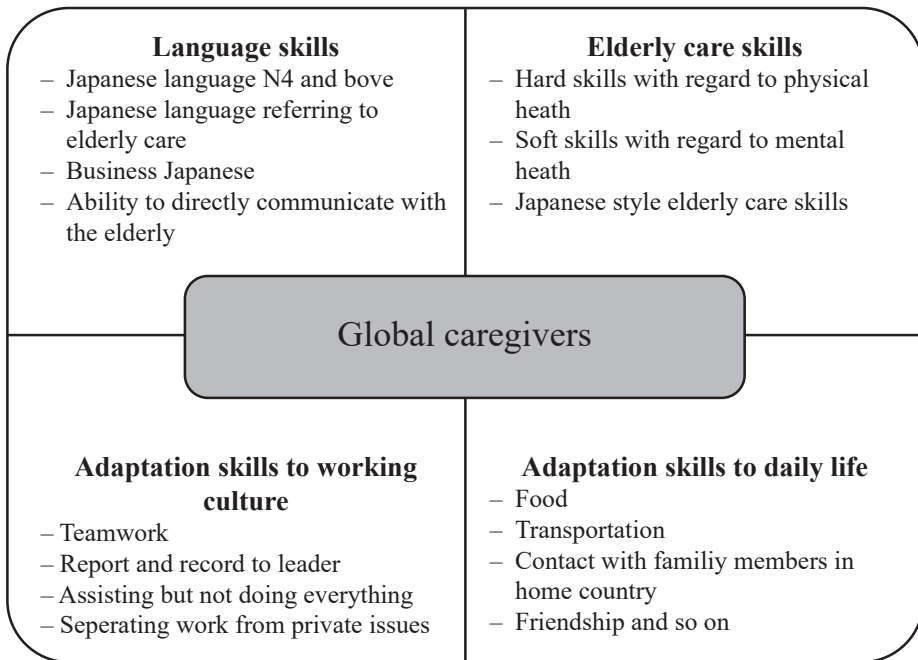
TW9 and TW10 were waiting to resume work after the Covid-19 pandemic. They trained in Japanese healthcare and practiced to become certified care assistants (nursing assistants, NA). They had given up their formal jobs and spent their time studying during the week.

The present study shows that the structure of human capital in the sending and receiving countries is different. The sending countries benefit economically from the remittances and have a greater potential of retrained and more highly qualified workers after the workers return. From the interviews, it was found that some caregivers have degrees in various fields unrelated to elderly care, such as science, administrative management, electronics, logistics etc. On the other hand, the interviewees who are trained nurses and have studied



Japanese have a permanent job in Thailand, but it does not meet their aspirations. Therefore, elderly care in Japan is an opportunity for them to further their education.

The outbreak of the Covid-19 pandemic has clearly demonstrated the opportunities that participation in global care chains offers to individuals. For a better life and a better job in the future, the respondents want to gain as much experience as possible in Japan and then return to Thailand with more vitality to fulfil their dream. After returning from Japan, they will have the best chance to realise their dreams of running their own businesses, for example, in elderly care, import and export and so on. In addition to the specialised nursing and language skills they have acquired in Japan, they also need to adapt their skills in terms of cultural understanding and creativity to the Thai culture. This raises an important point about foreign nurses. Most Thai caregivers take care of the elderly in a positive way and respect them according to Thai tradition. A Thai worker in Japan must have at least four skills: Language skills, elderly care skills, adaptation to work culture and adaptation to daily life (see Figure 1).



Source: Author (own design)

Figure 1: Required skills of the global caregiver

To be more productive in Japan, the skills of the individual and the active support of Japanese managers and colleagues are crucial. Every company should have a system in place to support foreign caregivers to avoid mistakes, especially if they lack Japanese language skills. Thai caregivers should take this opportunity to live in Japan for as long as possible

or return home with savings to start a business in the elderly care sector. However, there is no opportunity for caregivers to go to Japan through a public program, only the private sector offers such. The Japanese government has recently introduced a new visa category, the “Specified Skilled Worker” (SSW). All care workers are required to have a N4 degree in Japanese before arriving in Japan.

In addition, the Thai government facilitates the provision of information about working in Japan, the Japanese language test, the examination to obtain a work permit abroad and the establishment of a branch office in Japan to help coordinate and protect workers. On the other hand, the private sector, especially nursing schools for the elderly, plays an important role in supplying caregivers to elderly care facilities in Japan. The schools not only provide elderly care programs for potential workers, but also train them in the Japanese language and eventually send workers to Japan; the caregivers have to pay for their own studies at these institutions. This includes learning the Japanese language, transportation, tuition fees in Japan, etc.

## 5 Conclusion

The prominent role of Thai care workers in Japan can be explained by the interconnected care networks within the Thai care workforce. This study shows the dynamics of migrant workers in relation to the supply of Thai labour and the demand from elderly care facilities in Japan. Many Thai caregivers migrate to Japan in search of better employment opportunities and wages than in their home country. This also allows them to accumulate savings for future investments. At the same time, the Thai care staff are trained and educated in elderly care. They gain further qualifications before and during their stay in Japan.

Language schools and nursing schools in the private sector play a particularly important role in training workers to care for the elderly in Japan. The language schools were originally established to teach additional languages to students and other individuals interested in languages. In addition, the students see an opportunity to find part-time and full-time jobs through the study visa route, which can lead to further job search back in Thailand in the future. Language and nursing schools are therefore an important factor in recruitment in Thailand. In this way, they strengthen human capital and enable Thai care facilities to offer their clients high-quality care in line with the Japanese model.

Thai caregivers often face cultural and language barriers, as they have to interact with the Japanese elderly, leaders, colleagues, and other foreign caregivers from Vietnam, Burma, Mongolia, the Philippines, China, Korea, etc. This emphasises the need for cultural sensitivity training and language support. It also highlights the importance of skill recognition and cross-border collaboration regarding professional qualifications.

Overall, the presence of Thai caregivers in Japan highlights the complex interplay between economic, social, cultural, and policy factors within the framework of the Global Care Chain. It underscores the need for a holistic approach to address the challenges and opportunities presented by this phenomenon. The scale of government investment in this sector can potentially have significant additional dividends while greatly benefitting societies and individuals, particularly women, who currently perform most unpaid care work.

Both governments need to address these issues to ensure the well-being and rights of caregivers and those receiving care. The private sector is the main source of training, upskilling and reskilling human capital for persons who will go to Japan as nursing staff, where most foreign nurses come from Asian countries.

Thai workers have become care workers in Japan as part of the global care chain. However, this also raises complex issues in terms of labour rights, cultural adaptation, and long-term integration in both countries.

### Acknowledgement

This article is a part of the research project funded by the National Research Council of Thailand (NRCT) in 2020 (No. 423/2563).

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### **Appendix: List of In-Depth Interviews**

- Interview with JN1, Fukui Foreign Career Support Centre, August 31, 2021.
- Interview with JN2, Nichimo Co., Ltd., September 7, 2021.
- Interview with TN1, a Japanese language school in Bangkok, February 9, 2021.
- Interview with TN2, Nursing care school in Bangkok, February 16, 2021.
- Interview with TN3, Nursing care school in Chiang Mai, October 22, 2021.
- Interview with TN4, Nursing care school in Northeast region, January 24, 2022.
- Interview with TW1, Thai caregiver in Japan, December 19, 2021.
- Interview with TW2, Thai caregiver in Japan, January 28, 2022.
- Interview with TW3, Thai caregiver in Japan, December 12, 2021.
- Interview with TW4, Thai caregiver in Thailand, December 28, 2021.
- Interview with TW5, Student and Thai caregiver in Japan, January 7, 2021.
- Interview with TW6, Student and Thai caregiver in Japan, January 10, 2021.
- Interview with TW7, Student and Thai caregiver in Japan, January 7, 2022.
- Interview with TW8, Student and Thai caregiver in Japan, February 3, 2022.
- Interview with TW9, Preparing for Thai caregiver in Japan, December 30, 2021.
- Interview with TW10, Preparing for Thai caregiver in Japan, December 30, 2021.