

Bridging Ethnic Differences for Cultural Intimacy: Production of Migrant Care Workers in Japan

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Abstract

Unlike other Asian host countries, Japan has been hesitant to open up the employment of migrant domestic helpers or caregivers until very recently. Focusing on the recruitment of migrant nurses and certified care workers through Economic Partnership Agreements (EPAs), this article examines how the host society and migrant workers negotiate care culture and ethnic differences in the production of “ideal migrant caregivers.” The EPA program associates professionalism with intimate knowledge about Japanese culture, and it emphasizes the capacity to perform bridgework and enhance cultural intimacy for Japanese elders. While migrant care workers are expected to assimilate culturally, the Japanese workplace offers them little cultural intimacy but an eroded sense of value and skills. In response, they highlight their “warm” disposition and “authentic” feelings as a superior alternative to the “cold” professionalism among Japanese coworkers, but such essentialist rhetoric of ethnic differences downgrades their professional abilities to a natural endowment.

Keywords

affective labor, care work, elderly care, Japan, migrant workers

Introduction

The need for outsourcing care and housework has expanded globally in postindustrial societies. East Asian countries, including Hong Kong, Singapore and Taiwan, have recruited migrant workers from Southeast Asia as a solution to the care deficit problem. However, Japan has been hesitant to open up the employment of migrant domestic helpers or caregivers until very recently. In 2014, Prime Minister Shinzo Abe proposed the policy of “utilization of foreign human resources” in six “national strategic special zones”¹ to boost women’s labor participation by granting the entry of foreign domestic workers.

Most Japanese families are still hesitant to invite foreign workers into their homes, and institutional overregulation has delayed the recruitment—the first batch of foreign housekeepers did not

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arrive until the spring of 2017. Yet, recruitment agencies in Indonesia and the Philippines have started intensive training programs to prepare a skilled labor force for this newest and most lucrative market in Asia. According to a news report, prospective migrant workers spend 400 hours in such programs to learn Japanese, housework skills, and cultural etiquette, including how to bow properly. A Japanese government agent commented on the training program: "It is a very Japanese way of doing things. We couldn't have them flooding in like they do in Hong Kong" (Reynolds and Aquino, 2017).

Japan's ambivalent attitudes about recruiting migrant workers not only reflect a social sentiment of xenophobia but also indicate a script of care culture that prioritizes institutional professionalism and cultural familiarity. According to Japan's new policy, migrant domestic workers may not live in a residence of the household using their service; they are employed and supervised by service agencies instead of private households; the provision of housekeeping service is clearly defined (i.e. excluding nursing care); and the amount of salary must be no less than native domestic workers. Migrant domestic workers are positioned as professional workers once they complete intensive training to acquire Japanese language skills and cultural knowledge. In the video and photo representation arranged by recruitment agencies, they wear business suits instead of maid uniforms (Reynolds and Aquino, 2017).²

The employment of migrant domestic and care workers in Japan offers a pivotal case for researchers to examine how a society negotiates the cultural meaning and institutional arrangement of care in the production of "ideal migrant caregivers." Prior to the recent arrival of migrant domestic workers, Japan has accepted registered nurse and certified care workers since 2008 based on Economic Partnership Agreements (EPAs) with Indonesia (effective in May 2008), the Philippines (October 2008) and Vietnam (October 2009).³ Following a similar logic, these EPA care workers are not allowed to work in private homes. All of them are skilled workers with nursing backgrounds. They are employed by medical institutions or care facilities to provide support for the elderly or disabled who are unable to meet their daily needs independently.

Japan's government was very cautious at every step during the introduction of EPA candidates, including the control of quotas, state-to-state recruitment, and the provision of intensive training programs at great cost. Focusing on the recruitment and training of EPA workers, this article explores the following questions: How does the state negotiate care culture and ethnic boundaries in the recruitment of migrant workers? How does the training curriculum work to reconcile the difficulties incurred when outsourcing care to foreigners? How do migrant workers themselves respond to the construction of ideal care and ethnic differences in the daily practice of care work?

Production of Ideal Migrant Caregivers

The employment of migrant care workers challenges the existing cultural scripts of a society: Do the ethnic boundaries and cultural differences between care providers and care recipients interrupt or facilitate the performance of care work, which requires intimate encounters and emotional labor? Southeast Asian women often are associated with essential characteristics, such as a "natural inclination" to care for others, and therefore are considered ideal candidates for the performance of affective labor. And yet, the receiving society also questions their qualification for professional care in a cultural context which is not their own (Lan, 2016).

The host countries in East Asia have adopted different approaches to the outsourcing of care, reflecting particular scripts of "care culture," that is, what constitutes appropriate care and who should provide it (Williams, 2012). According to Ito Peng (2016), Taiwan, Hong Kong and Singapore adopt a *liberal market oriented* approach to the outsourcing of care: much of care is being commodified through the purchase of care services in the private market, often by hiring foreign workers. Japan and Korea share a *regulated institutional* approach: long-term care

insurance schemes that collectivize and socialize the purchase of services; cultural preferences are given to the employment of native or co-ethnic workers, limiting the use of foreign workers.

The favor or disfavor of migrant workers also indicates the negotiation of ethnonational boundaries in a host country. In the late 1980s Japan saw a growing number of unauthorized migrants from the Philippines, Bangladesh, Pakistan, South Korea, Malaysia and China in response to shortages in unskilled labor. However, instead of legalizing non-Japanese guest workers as Taiwan, Hong Kong and Singapore did, in 1989 Japan created a visa category of “long-term resident” to accommodate the employment of non-citizens of Japanese descent from Brazil or Peru (*nikkeijin*). They are preferred for the reason of assumed cultural similarity based on a shared ethnic heritage (Oishi, 2005).

In addition to the institutional regimes, labor migration involves a wider range of social practices and a complex interplay of multiple actors. Robyn Rodriguez and Helen Schwenken (2013) propose that recruitment, matching and pre-departure training are critical sites for the production of—and contestation over—the “ideal migrant subject.” Recruiters, trainers and labor-sending states are co-producers in the process of subject formation. Following their emphasis on the meso-level analysis, I further explore how recruiters, trainers and migrant workers themselves negotiate care culture and ethnic differences in the organizational processes of producing ideal migrant caregivers.

In Indonesia, recruiters reach prospective domestic workers through the intermediary of informal sponsors, who are usually villagers who worked overseas before or who are familiar with local politics (Lindquist, 2012). The sponsor helps to locate the kind of workers that agencies prefer—village women without previous overseas experience—and brings them to the city. Recruiters, mostly Indonesians of Chinese descent, view ethnic difference and rural background as a status marker and an indicator for workers’ submission. “The poorer, the better” is their golden rule of recruitment (Lan, 2006).

Recruitment agencies in Taiwan, Hong Kong and Singapore also produce “docile” migrant care workers through a careful screening process. A prospective worker must look neat and fit but not so attractive as to put off women employers (Constable, 1997). Recruiters tend to exclude applicants who “look too smart” and seemingly “have a strong character”, and do not always prefer those who have previously worked overseas. A familiarity with local society and language is considered not an advantage for job performance but a barrier to labor control.

Employment agencies take steps to produce submission and discipline associated with the racialized and gendered image of “the ideal maid” (Liang, 2011). The training programs not only deliver knowledge and skills for housekeeping and care work, but are also aimed at endowing migrants with “proper” attitudes and dispositions needed for domestic service in a modern household. On the one hand, the curriculum involves speech and bodily discipline for the cultivation of a servile disposition. For instance, Daromir Rudnyckyj (2004) observed that, in a training center in Jakarta, the trainees—future workers in Saudi Arabia—were instructed to only speak to their superiors from a kneeling or stooping position. On the other hand, care workers must be familiarized with the middle-class lifestyle so they can anticipate and meet the demands of employers (Cheng, 2006). A migrant care worker must learn and accept the modern literacy of domesticity as a mediator “between the mind of employers and her own body” (Yan, 2008: 96).

Japan’s EPA program is distinctly different from the guest worker programs in Taiwan, Hong Kong and Singapore. The recruitment process pre-screens EPA candidates for their nursing background and professional skills; the primary goal of the training is not to cultivate professional skills or a docile disposition but to bridge cultural distance and temper ethnic differences. This program exemplifies what Eileen Otis (2016: 914) has called “bridgework,” which refers to “labor that requires interaction between customers whose countries and cultures of origin diverge from those

of workers.” In her study, Chinese women working at a Beijing five-star hotel are re-socialized to look and act familiar to their Western male customers to preserve the men’s advantage and competence. In Japan, migrant care workers are required to adopt interactive norms and practices in tune with Japanese care culture, allowing seniors to experience a sense of cultural intimacy and personal dignity as they receive care from workers without kinship or ethnic ties.

This article first identifies the institutional regimes in Japan and discusses how Japan’s government negotiates care culture and ethnic boundaries in the recruitment of EPA workers. Second, I examine how intermediaries, state agencies in this case, design training curricula to prepare migrant workers for elderly care as bridgework to enhance cultural intimacy for Japanese elders. Third, the article explores migrant workers as active agents complying with or contesting the construct of “ideal migrant subjects” in the daily practice of care work. The conclusion compares Japan’s EPA program with the guest worker model to illustrate distinct ways of negotiating care culture and ethnic differences and to elaborate the theoretical implications for future research.

This article relies on resources drawn from government documents, policy reports, journalistic coverage, and secondary literature. I also interviewed one agency staffer and two Indonesian migrant workers, and observed a training seminar for Japanese instructors in Osaka in 2012.⁴ My previous research (Lan, 2006, 2016) allows me to compare the case of Japan with the guest worker regime in other Asian host countries. It included field observation on the training of prospective workers in the Philippines and Indonesia and interviews with almost 100 Filipina and Indonesian workers in Taiwan.

Socializing Care and Skilled Migration

Since the 1990s, Japan’s welfare state and elderly care policies have undergone great transformation to respond to changing demographic features, household patterns and public attitudes toward elderly care (Ozawa and Nakayama, 2005). A long-term care insurance (LTCI) program was implemented in 2000, which transformed elderly care from a needs-based care provision model to a rights-based universal social insurance scheme (Peng, 2002: 430). The LTCI designates municipal governments and local communities as the insurers. Elderly recipients are eligible for home-based or institutional services after assessment of their care needs. The LTCI opted for service provision instead of cash payment in order to decrease the burden of family caregivers, especially women, and to support professional, formal care (Campbell and Ikegami, 2003).

Although familism is still an important tradition in Japanese society, the elders’ dependence on informal family care has gradually lessened. The proportion of Japanese elders living with their offspring, especially with married children, has declined dramatically over the past 30 years: in 1980, almost 70 percent of those aged 65 and over resided with their children (52.5% with married children and 16.5% with unmarried children), but the proportion dropped to 54 percent in 1995 (35.5% with married children) and 42 percent in 2010 (only 16.2% with married children).⁵

Japan has imposed high skill requirements for “certified care workers” (*Kaigo Fukushishi*) in institutional settings, who must pass a national qualification examination after completing a combination of theoretical and practical training for two to four years or college education in care-related subjects (OECD, 2013). Training for homecare workers requires a much shorter time period; the second-grade certification (most common for homecare workers) is obtained after 130 hours of training (Nishikawa and Tanaka, 2007). The government has sought to recruit and train Japanese citizens, mostly women, to work as licensed care workers, but job intake has been low and turnover has been high due to low wages, long working hours and inadequate social status (NHK and Tokuko, 2008; Naoko and Tamio, 2011). The average monthly wage of full-time certified care workers was on average ¥220,000 in 2015 (US\$1,900), roughly ¥110,000 lower than the

all-industry average (Aoki, 2016); homecare workers earned even less—only one-third of their full-time institutional counterparts' pay—due to irregular hours and assignments (Nishikawa and Tanaka, 2007). Marriage immigrants have become a major source of care labor force in Japan. Many Filipinas who previously worked as entertainers and later married Japanese men became certified care workers after attending training courses (Lopez, 2007).

The rapid expansion of social care for the elderly in Japan has created demand for qualified care workers that cannot be met by the pool of local labor power.⁶ Labor migration has nevertheless been under strict regulation. As mentioned earlier, Japan has maintained an ethnocentric framework in recruiting overseas labor. It also prohibits the entry of unskilled foreign labor, except in the case of admitting foreign workers as “trainees.” Japan’s preference for skilled migration and ethnic affinity also contributes to the policy regulations of foreign care workers, who are excluded from homecare settings and are expected to go through intensive training in line with the cultural script of institutional care.

Recruiting “Not-Yet-So” Skilled Workers

The EPA program recruits only foreigners with nursing backgrounds to work in hospitals and care institutions. EPA workers are divided into two categories: one is “nursing (*Kangoshi*) candidates,” who are required to obtain a nursing license in the home country and have two or more years of experience working as a nurse. The other is “certified care worker (*Kaigo Fukushishi*) candidates,” who need to have graduated from a nursing college or vocational school or have obtained a caregiver certificate accredited by the home government. The positioning of EPA candidates as skilled workers also explains why men occupy a significant proportion of Indonesian migrants coming to Japan, in contrast to the feminization of migrant caregivers in other receiving countries.⁷

The recruitment of EPA candidates is a compromise between government agencies with different interests and opinions. The Ministry of Economics, Trade and Industry (METI) has overseen the overall negotiation of the EPA and proposed the mutual recognition of nursing certificates by Japan and partner countries. The Ministry of Health, Labour and Welfare (MHLW) denied a shortage of nursing and care staff, announcing that it only accepted EPA candidates to achieve “national interests in terms of trade liberalization” (Asato, 2012: 645). Trade unions and professional associations, including the Japanese Nursing Association and Japanese Federation of Medical Workers’ Unions, had consistently opposed the move to facilitate temporary labor migration. Under this pressure, MHLW requires that EPA candidates acquire sufficient skills in the Japanese language and culture and pass Japan’s national examinations in nursing or care work (Suzuki, 2007).

In other words, Japan accepts EPA candidates not to solve a labor shortage but to facilitate the export of Japanese merchandise. The government reluctantly complied with the strong requests made by the Philippine and Indonesian governments. To mitigate the potential effect on the domestic labor market, Japan’s government set up maximum quotas—400 nurse candidates and 600 certified care worker candidates per country (Ohno, 2012: 544). The entry of EPA health-care workers is under strict quota control; a total number of 2,377 workers entered under the EPA agreements between 2008 and 2014.⁸

Japan’s government mandates that the terms and conditions of foreign skilled workers be equal to those of the native labor force. EPA candidates are guaranteed a salary equivalent to that of Japanese care workers without a license (about ¥140,000/US\$1200 per month). Although they are employed by registered LTCI institutions, their wages are not covered by LTCI until they pass the exam and become licensed workers. This is to avoid the possibility of care institutions treating EPA migrants as disposable workers without providing educational support (Ogawa, 2014).

With prudent caution, Japan adopted a system of state-to-state recruitment, excluding the involvement of commercial brokers. The Japan International Corporation of Welfare Services (JICWELS) is a quasi-governmental organization sanctioned by the MHLW to work with recruiting organizations from the sending countries.⁹ JICWELS coordinates a matching process between migrant applicants and Japanese hospitals (for nursing candidates) and care institutions (for care worker candidates). It is also responsible for the education and management of EPA candidates and facilitating communication between workers and employers.

The recruitment of the EPA candidates is based on an impersonal process of automated matching. According to the Japanese care facility owners interviewed by Beata Świtek (2016: 147–48), the institutions were asked to select their preferred candidates from a list compiled by JICWELS, while the candidates were choosing from a parallel list of accepting institutions. Limited information about the candidates (only their names and educational and work histories) was provided. No interview was conducted prior to the matching.

Despite their nursing backgrounds, the EPA candidates must attend a training course run by institutions sanctioned by JICWELS and then work and study (on-the-job training) at a hospital or a care facility. They are expected to take the national exams to become a registered nurse or certified care worker. A nurse candidate may take the exam three times within three years, whereas care worker candidates may take it only once over four years, because a precondition for taking this exam even for Japanese examinees includes three years of working experience. Those passing the national exams are eligible for indefinitely renewable visas, and can join other foreign residents who have gradually been accepted by the Japanese state and society as “permanently settled residents” (Chung, 2010).¹⁰

However, the likelihood of EPA migrants gaining professional certification and achieving status mobility in Japan has been extremely low due to the high threshold of language proficiency. Takayoshi Shintani, chairman of a medical service company that sponsors EPA nursing candidates, commented: “The exam is to make sure the foreigners will fail” (Tabuchi, 2011). Only 4 percent of the EPA candidates passed the nursing exam in 2011 and 11 percent in 2012; the pass rate was very low compared to the 90 percent among Japanese examinees (Ohno, 2012: 550; Noguchi and Takahashi, 2012). Japan’s government had to extend the stay of EPA candidates to boost the pass rate. Those who fail and return home are allowed to re-enter Japan on a short-term visa and re-sit the national examination. In 2015, the pass rate for the nursing exam among Indonesians was 5 percent, while 55 percent of candidates passed the caregiver test (Shinohara, 2016). Some decided to leave Japan before taking the exams; even among those few who actually passed the exam, many decided to return home (Takahata, 2016). In spite of the institutional possibility of acquiring permanent residency in Japan, they still feel isolated and excluded in Japan’s social and cultural environments.

Training for “Bridgework”

The emphasis of Japanese traditions and cultural values is a major characteristic of Japanese institutional care for the elderly (Wu, 2004). Beata Świtek (2016), in her ethnographical study, calls Japanese nursing homes an environment of “cultural intimacy,” where the mimicry of Japanese traditions, through food, decoration, music, and tea ceremony recreates a simplified and essentialized image of the past, making the elderly residents feel comfortable in an institution despite their social isolation. The employers are thus concerned that ethnic difference of foreign workers may compromise such cultural intimacy and that Japanese elders may feel discomfort or anxiety during their encounters with migrant workers. Despite their professional training, migrant workers are

perceived as being unable to attend to Japanese needs because they cannot “share with the elderly in the intimate knowledge of their experience as Japanese” (Świtek, 2016: 81).

In this cultural context, the essential purpose of the training program is to prepare foreign workers for the performance of “bridgework” that establishes a sense of cultural intimacy for Japanese care recipients. Japanese state and society consider linguistic skills and cultural knowledge to be essential in the provision of safe and quality care for Japanese seniors. In a 2010 survey, the respondents considered the most important qualifications for foreign workers to be “Japanese language skills,” “understanding Japanese customs,” and “understanding Japanese culture,” while “professional skills and knowledge” were given lower priority.¹¹

The Japanese government has spent a great amount of time and money in efforts to assimilate migrant workers and make them suitable for the cultural practice of Japanese care work. The earlier batches of EPA workers, who left the Philippines and Indonesia for Japan in 2008–2010, underwent a training program for six months upon their arrival in Japan. The Japanese government paid the candidates’ travel, accommodations, and daily expenses, while the employers were responsible for the tuition of training courses.¹² To improve the language capability of EPA candidates, the mandated period of training was extended to one year, but the locations of training were adjusted to economize the government budget—six months prior to arrival and six months in Japan. Private entities under contract with JICWELS conducted pre-departure training in the Philippines or Indonesia.

Table 1 shows an example of the 2012 curriculum for EPA care worker candidates, including pre-departure training for three months in the home country (425 hours) and studying for another six months (855 hours) upon their arrival in Japan.¹³

A substantial proportion of the curriculum involves the instruction of Japanese language—not just basic vocabulary for conversation but advanced skills in reading and writing (391 hours in pre-departure training and 675 hours in Japan). The most challenging goal is the proficiency in Chinese characters (*Kanji*), because Japanese medical specialists tend to use *Kanji*, instead of phonetic writing, in medical documents. A candidate must acquire a JLPT (the Japanese Language Proficiency Test) N1 certificate, which is equivalent to the accreditation exam for the completion of junior high school education in Japan.¹⁴

Japanese proficiency is important not only in the facilitation of communication and documentation, but because speaking Japanese properly—with honorifics (*Keiko*)—also helps caregivers to deliver respect to the elderly. The EPA candidates were taught only the forms that could be used to converse politely with people who do not belong to one’s groups (Świtek, 2016: 98). An EPA care worker explained the purpose of language instruction: “foreigner caregivers are asked to speak proper Japanese so the patients can live a life of dignity.”

The curriculum highlights the perception of care as a cultural practice and helps EPA candidates to learn about the cultural aspects of “Japanese care work” (46 hours in total). Taking a training manual as an example, regarding the assistance with toileting, the candidates learned how to “respect toileting style and custom” and understand how “it relates to human dignity” (Asato and “Multicultural Society and Care” Research Team, 2012). The instruction about the cultural sense of “cleanness” in Japan helped them to understand why tub bathing, instead of sponge bathing, is considered such an essential part of quality care for Japanese seniors. In Japan, the diaper manufacturers now sell more adult diapers than baby diapers. At the training sessions, the EPA candidates learned about the proper procedure to change diapers coded by color for different timings and purposes. They managed to see the association of adult diapers with autonomy and dignity from the perspective of Japanese elders.

The curriculum also includes subjects on Japanese culture and society (28 hours in pre-departure training and 50 hours in Japan). The trainees learned about Japanese eating conventions, such

Table 1. Training curriculum for EPA nursing and care worker candidates.

Subjects	Hours of classes
<i>Pre-departure (three months)</i>	425
Japanese language	391
Survival Japanese	10
Integrated Japanese (basic grammar; reading, listening and writing; conversation in care giving)	273
Writing (katakana, hiragana and kanji)	75
Individual learning	33
Japanese society and culture	34
Japan's geography, transportation, institutions, music, culture, etc.	9
Care work (Japanese experts lecturing on care work; comparing with care in the Philippines or Indonesia)	6
Cultural adjustment	19
<i>In Japan (six months)</i>	855
Japanese language (basic, intermediate and specialist Japanese)	675
Japanese society and life	50
Japanese care work (assistance with mobility, toileting, eating, bathing and body cleaning, dressing and undressing)	40
Understanding and adjusting to Japanese workplace	90
<i>Total</i>	1280

Source: the Philippines course provided by Japan Foundation (July 2012); the Japan course, JICWELS (2013), *2013 Handbook for EPA Nurses and Certified Care Workers*.

as saying “*itadakimasu*” (“I gratefully receive”) while dining together with the wards. They learned to appreciate the aromas of special Japanese food, such as *umeboshi* (pickled plum), *yuzu* and *wasabi*. They learned to respect traditional attire—being instructed about the correct ways of putting on a kimono (with the right side tucked under the left)—and the cultural sense of shame in order to offer proper assistance with dressing and undressing (Asato and “Multicultural Society and Care” Research Team, 2012). Some training programs also arranged a short-term stay with Japanese households for migrant candidates to immerse them in the local culture and lifestyle. Some EPA workers I interviewed identified this part of training as “very useful,” but some bluntly criticized it as being “totally useless” (“Nobody wears a kimono in a nursing home!”). The cultivation of migrant workers’ familiarity with Japanese traditions and cultures has more symbolic meanings than practical functions; it enhances a sense of cultural intimacy not only for the elderly wards but also for the Japanese society at large.

The other dimension of bridgework training for EPA candidates involves their communication and interaction with Japanese coworkers. The 2012 curriculum included a fair amount of time on the subject “understanding and adjusting in the Japanese workplace” (90 hours). They were instructed about the particularities of work culture in Japanese hospitals or care facilities. The working hours tend to be long and rigid, and the status hierarchy at work is evident. Staff members must follow standardized procedures and write detailed documentation to ensure the conduct of professional care. Bureaucratic procedures and status hierarchy in the Japanese workplace stir discontent among the EPA workers and pressure them to challenge the norm of cultural intimacy by redefining the value of their ethnic difference.

Cultural Friction at Work

The EPA program's association of professionalism with cultural bridgework generates a very different experience of work for EPA candidates. Expecting to learn about advanced nursing skills and medical knowledge in Japan, they generally experience a sense of downward mobility or "deskilling." Despite their entitlement to a salary level equal to that of native workers, they are paid less because they are considered mere assistants or candidates when they fail to pass the certification examination (Ford and Kawashima, 2016). In the Japanese workplace, marked by the invisible hierarchy of employment status, full-time clerical workers often offload the least desirable jobs to temp workers (Gottfried, 2003). Similarly, the EPA candidates, sitting at the bottom of status hierarchies along the lines of age, seniority and citizenship status, find it difficult to refuse requests from middle-aged Japanese coworkers to help with more strenuous or demeaning duties such as cleaning toilets, collecting garbage, and assisting patients to bathe in a tub.

The feeling of deskilling is even more salient among those who have a nursing certificate in Indonesia but are assigned as care worker candidates. Amir, a 23-year-old Indonesian nurse, imagined the tasks of a Japanese caregiver to be similar to his work in Indonesia. He was surprised and disappointed at his work routine in a Japanese elderly home; as another EPA worker described: "My duty was only feeding, bathing, and taking patients for a walk" (Kurniati et al., 2017: 4). Amir worked hard and passed the examination to become a certified care worker, yet he found it difficult to live in Japan and considered returning to Indonesia in a few years. However, he did not feel confident to work as a nurse again, since his nursing skills were hardly in use in Japan.¹⁵

The clash of care cultures between countries also explains why EPA workers experience a mismatch between expectation and reality. In Indonesia and the Philippines, daily care for the bedridden or elderly patients in hospitals is normally done by family members or personal helpers rather than nurses (Alam and Wulansari, 2012). The occupation of a certified care worker is practically non-existent there. The assignments for health-care staff in Japan are rather different. Personal care duties, such as changing diapers, collecting urine and other waste, and assisting in taking meals and tea to the patients, are conducted by nurses and care workers in Japan as part and parcel of the holistic approach to care.

The EPA workers I talked to reported smooth interactions with their patients or wards. Their ways of speaking Japanese, including the use of honorific expression and even their limited fluency, secured them the sympathy of the elderly (Świtek, 2016). Their complaints were mostly directed at Japanese work culture and coworkers. The workplace became a "zone of cultural friction" (Alam and Wulansari, 2012: 612), where cultural differences complicated personal interactions. Migrant caregivers described the personality of their Japanese coworkers as "shy, not warm," "no answer, no eye contact, no smile" and "not so open-minded toward foreigners." The work ethic in Japan was portrayed as hardworking but overly bureaucratic: "They live for work, work for [being] professional; we [Indonesians] work for life."

Utami, a 22-year-old Indonesian registered nurse who joined the first group of EPA nursing candidates to work in Japan, criticized her Japanese coworkers for their poor performance of care:

[Japanese colleagues] work long hours but [are] not generous with emotions. ... But we do not work with machine[s]. We work with humans. Touching and eye contact are really important. They [Japanese wards] like Indonesian and Filipino care workers because we are more emotional and cheerful; Japanese workers are like robots... We make them [Japanese wards] safe and comfortable even [though] we cannot speak Japanese fluently. A smile is [the] best language. And I see my patients like my family.¹⁶

Although Japanese institutions of elderly care emphasize cultural intimacy for care recipients, Utami's experience demonstrates that Japanese coworkers are doing little bridgework to achieve cultural intimacy for the EPA candidates. In fact, the Japanese government has used the rhetoric of "multicultural coexistence" (*tabunka kyōsei*) to acknowledge the changing face of Japanese society; even the EPA program is described as a measure to promote the internationalization of Japanese medical institutions. Although JICWELS has provided an acceptance manual for Japanese employers,¹⁷ and some grassroots organizations have offered social activities to attend to the needs of migrant workers, many EPA candidates still feel socially and culturally isolated, especially Indonesians who practice Islam (Świtek, 2016: 130–36).

In response to the work scripts that require culture-specific performance of emotional labor, migrant caregivers underline the affective dimension of their labor as the embodiment of "authentic" caring.¹⁸ Utami highlighted the corporeal performance of affective labor—smile, physical contact and emotional expression—as compensation for her short stock in language skills or cultural knowledge. She also utilized the rhetoric of "fictive kin" to emphasize her flexible yet personalized style of care vis-à-vis her Japanese coworkers who only "care by the book." Utami proudly told me: "In Indonesia, we treat patients like our family, like our parents."

Moreover, migrant care workers are inclined to construct ethnic difference as some sort of "affective capital" (Lopez, 2007)—a source to create the potential labor of "genuine" affect to vitalize an aging community in the shadow of illness or death, to add personal intimacy to the standardized service and bureaucratic workplace, and to bring energy to an undervalued and demeaned profession. Amir used a similar rhetoric to highlight migrants' "warm" affect and "authentic" feelings as a superior alternative to the "cold" professionalism in Japan:

Foreigners are popular [among Japanese elders] because we greet them nicely: How are you today? Etcetera. Japanese workers don't talk much. They only fulfill their responsibility and sometimes they say things harshly to patients. Japanese are cold. Foreigners are warm.¹⁹

Although the EPA training curriculum associates professionalism with cultural knowledge, paradoxically, both Japanese employers and migrants themselves see the "warm" affect of migrant women as a facilitator of quality care. According to a survey of 53 Japanese care facilities that accepted EPA care workers, nearly 80 percent of the institutions were satisfied with their performance based on reasons such as "the workplace became revitalized," "the elderly became more lively," and "the elderly are pleased to have a cheerful person in their boring daily lives" (Ogawa, 2012: 580–81). However, these care facility managers tend to attribute the satisfactory performance satisfaction of migrant workers to their personality ("cheerful") or soft skills ("having respect for the elderly" and "good at building relationships with the elderly") rather than their professional skills or knowledge (Ogawa, 2012: 584).

Utami received similar sentiment from her supervisors; she felt that her professional skills were never as recognized as her capability to perform affective labor. She said in a tone of frustration: "The head nurse always says that my *way of care*, not my knowledge or my skill, is good." The discourse of "Southeast Asians as good carers" may empower migrant caregivers, but also creates a negative consequence; the essentialist narrative of ethnic difference reduces their affective labor to a natural endowment or an innate proclivity, rather than the outcome of acquired skills or learned knowledge.

Conclusion

Japan's EPA program presents culture-specific ways of recruiting and training migrant care workers. It associates professionalism with intimate knowledge about Japanese culture, and it

Table 2. Comparing Japan's EPA program with the guest worker program.

	Japan's EPA program	Guest worker program
Migrant care worker	<i>Professional others</i>	<i>Deferential surrogates</i>
Care culture	Institutional professionalism Care as a cultural practice	Familism Care as a filial duty
Institutional regime	Regulatory	Market oriented
Employers	Medical and care institutions	Mostly private households
Recruitment	State-to-state direct hiring	For-profit brokerage
Labor market intermediary	Quasi-government organization	Informal labor recruiters
Training	Training for bridgework	Training for deference
Ethnic difference	As barrier to bridgework or break from cold professionalism	As boundary marker for status hierarchy

emphasizes the capacity to perform bridgework and enhance cultural intimacy for Japanese elders. However, the bridgework for cultural intimacy is an uneven terrain: while migrant care workers are expected to assimilate and “get used to Japan” (Świtek, 2016: 77), the Japanese workplace offers them little cultural intimacy, but an eroded sense of value and skills.

In the concluding section, I compare Japan's EPA program with the guest worker model, which is widely adopted by Taiwan, Hong Kong and Singapore. Although these countries face similar challenges of an aging population and a care deficit and share a common tradition of Confucianism, Japan's EPA program demonstrates a distinct difference from the guest worker program in the construction and production of “ideal migrant caregivers.” Table 2 offers a summary of the comparison.²⁰

Japan's EPA program views and treats migrant care workers as “professional others.” While Japan defines care as social entitlements and holds the state responsible for supervising quality care for senior citizens, the program recruits only skilled workers, and limits their workplaces to care facilities and hospitals. The training curriculum aims to bridge ethnic differences and tame the otherness of migrants so they can perform “bridgework” to establish cultural intimacy in eldercare.

By contrast, the guest worker program views migrant caregivers as “deferential surrogates” for their employers. They play the role of “surrogate family” by offering hands-on care and assisting their employers with the filial duty of taking care of aging parents. Brokers in receiving countries, working together with Indonesian recruiters, seek village women to meet the servile image of docile women. The training program not only cultivates workers' dispositions for servitude but also teaches them about the modern literacy of domesticity. The ethnic difference of migrant caregivers is considered a means to rationalize their inferior status at the employer's home and their social exclusion in the receiving country.

Although Japan's EPA program provides more entitlements and benefits for migrant care workers than the guest worker system, the program is neither financially sustainable nor effective in the intended results. As embodied in the politics of naming—using the term “candidate” or “human resource” instead of “worker,” the Japanese government attempts to place migrant domestic and care workers in a quasi-trainee program or a preparatory stage of talent immigration without challenging the existing migration regime.²¹ Although migrant care workers can earn a ticket to permanent residency after passing the exams on professional certification, the evaluation of skills is so highly embedded in local culture and language that very few are able to achieve such status. Even

those who obtain the license find it difficult to fit in culturally, and decide to leave after all. In other words, professionalism does not provide a reliable pathway for social mobility but becomes a mechanism for exclusion of foreigners.

Compared to migrant guest workers in other Asian host countries, the EPA candidates in Japan have more leverage to bargain with their employers and local coworkers due to their quasi-professional status in an institutional setting. Their boundary-making strategy—portraying their care labor as “warm” and “authentic” vis-à-vis the “cold” professionalism in the Japanese workplace—is similar to practices used by Korean-Chinese workers in South Korea who use kinship-based affinities (calling themselves “aunties” or “unni (sister)” of their employers) to claim a sense of ethnonational belonging; as such, these co-ethnic workers attempt to utilize informality and authenticity as counter-discourses to criticize the emotional labor carried out by native-born Korean workers as superficial and inferior (Kim, 2016). However, the mobilization of ethnic difference as affective capital is a double-edged sword, which may increase the economic value of their expressive emotionality but can also downgrade their professional abilities to a natural endowment.

The comparison between Japan and other host countries offers three critical implications for future research directions and policy concerns. First, to comprehend national variations in the employment of migrant care workers, we need to examine not only the institutional regime on a macro-level but also the meso-level organizations, including labor recruitment, matching and training, for the production of “ideal migrant caregivers.” These organizational processes operate as critical sites to produce migrant subordination and labor discipline, as well as to reinforce the social norms of ideal care.

Second, it is important to investigate the dynamic reconstitution of care culture, which constantly evolves when new services and alternative labor are introduced. Labor migration not only challenges the existing script of care culture but also sheds new light on the practice of care by creating alternative forms of intimacy and affective relations. Finally, future research should examine how care work as bridgework is conducted in other organizational processes and cultural contexts. By scrutinizing the intimate encounters between migrant caregivers and their colleagues, employers, and care recipients, we interrogate power relations in intercultural settings and explore the possibility of bridging transnational divides as equal exchanges.

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Notes

1. Kanagawa Prefecture, Osaka and Tokyo Metropolis started the applications for migrant domestic workers in March, June and August 2016. The other strategic zones include Okinawa, and the cities of Fukuoka, Niigata and Yabu.
2. See also the video of Filipino domestic workers on *Digital News*, 18 June 2017. Available at: <http://www.asahi.com/articles/ASK5S5VTZK5SUCLV00Z.html>
3. The EPA is a bilateral economic agreement between partner countries to achieve the liberalization of trade through comprehensive measures such as the deregulation of investment rules and the enhancement of movement of workers and other natural persons (Ohno, 2012: 544).

4. I contacted these two Indonesian EPA workers (one care worker and one nurse) through the introduction of an activist-scholar. The interviews were conducted in English, Mandarin Chinese or Japanese (through the assistance of a translator).
5. The MHLW Comprehensive Survey of Living Conditions: <http://www.mhlw.go.jp/english/database/db-hss/dl/hs091216f.pdf> (accessed 14 February 2018).
6. The number of care receivers under LTCI doubled from 1.8 million in 2001 to 3.7 million in 2009, while the expenditure doubled from 3,242 billion yen to 6,418 billion yen (Zenkoku Rojin Shisetsu Kyokai, 2010: 55, cited by Ogawa, 2014: 125).
7. Japan's government has released no statistics on the gender distribution of EPA workers. According to a survey conducted with candidates who attended the pre-departure orientation in Indonesia (with a 100% response rate), 12.8% of nurses and 31% of certified care workers were males (Yuko et al., 2012). This is partly because nursing started as a male occupation in Indonesia during the Dutch colonization (Sciortino, 1995).
8. The number included 481 nurses and 754 care workers from Indonesia, 337 nurses and 630 care workers from the Philippines, and 21 nurses and 117 care workers from Vietnam (Shinohara, 2016: 10).
9. Such as the "National Board for Placement and Protection of Indonesian Overseas Workers" (National Board) of Indonesia and the "Philippines Overseas Employment Administration" (POEA).
10. Once the migrants pass the national exam, they can bring their families and extend their residential status for an unlimited period. But their "Special Activities" visa does not allow their spouses to work full-time (Ogawa, 2014).
11. The Cabinet Office, "The survey on the expectations of international migrant workers," released on 13 September 2010: <http://www8.cao.go.jp/survey/h22/h22-roudousya/index.html> (accessed 15 February 2013).
12. Host institutions are required to pay nearly ¥600,000 (US\$5200) for each candidate to cover placement fees for the JICWELS and six months of training (Naiki, 2011).
13. The pre-departure training was further extended to six months in 2013. The details of the curriculum are based on the Philippines pre-departure training program conducted by Japan Foundation (July 2012) and the training program in Japan conducted by the JICWELS (2013, 2015), *2013 and 2015 Handbook for EPA Nurses and Certified Care Workers*.
14. EPA candidates from Vietnam only need to acquire a JLPT N3 certificate. See JLPT website: <http://www.jlpt.jp/e/about/merit.html> (accessed 14 February 2018).
15. Many returning Indonesian nurses in this study reported losing skills and confidence after years of working in Japan (Kurniati et al., 2017).
16. The interview with Utami was conducted in English but the quote has been edited for grammatical accuracy. My previous article (Lan, 2016) has also analyzed this quote from Utami.
17. The manual is distributed to employers who accept EPA candidates from Indonesia, Vietnam and the Philippines; it offers factual information on the particular sending country's geography, economy, and descriptions of the "national character" together with instructions on how to interpret and respond to them (Świtek, 2016: 130).
18. While "emotional labor" refers to a socially scripted practice of emotional display and management, the term "affect" describes "non-conscious experience of intensity" and "the body's way of preparing itself for action in a given circumstance" (Shouse, 2005).
19. The interview with Amir was conducted in Japanese through a translator's assistance. The quote here was translated by me into English.
20. I have published a similar version of this table in the comparison between Japan's and Taiwan's regime (Lan, 2016).
21. Lan (2016), I thank Ruri Ito for her insightful comment here.

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