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## **CROSS-CULTURAL FACTORS THAT INFLUENCE ADJUSTMENTS OF FOREIGN CARE WORKERS IN JAPAN: TOWARDS A THREE-LAYERED STRUCTURAL MODEL**

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### **Abstract**

*In Japan, foreign care workers have been increasing, thus cross-cultural adjustment has become an important issue. In this study, we examined factors that influence (1) psychological, (2) sociocultural, and (3) self-realization adjustments of foreign care workers. Participants were from Indonesia (n=70) and the Philippines (n=88) that work at medical (n=32) and elder care facilities (n=72) in Japan. Participants completed questionnaires that measured the three adjustments. A multilevel model analysis was used to examine the relationship between the three adjustment variables. Seven factors were identified. In assessing a three layered structural model, it was found that cross-cultural adjustment is first influenced by psychological factors that influence sociocultural factors of the middle layer, and self-realization factor affected by sociocultural factors. The original three-layer model that simply progress from psychological to*

*self-realization was differ and it was modified. The key factor of cross cultural adjustment of affinity relation with Japanese was indicated.*

### **Keywords**

Foreign Care Workers, Cross-Cultural Adjustment, Job Performance, Cultural Support, Work Support

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## **1. Introduction**

The shortage of Japanese nurses and care workers is a serious problem for increasing aging population in Japanese society (Japanese Ministry of Health, Labour and Welfare, 2014), and we need manpower to take care of elderly. With this is in mind, the Economic Partnership Agreement (EPA) was signed by Japan, Indonesian, and the Philippines in 2008, and Vietnam in 2014, thereby allowing the entry of foreign care workers into Japan (Japanese Ministry of Health, Labour and Welfare, 2014), with greater numbers expected in the future.

Foreigner experience “culture shock” and feel confusion when living in a new country (Adelman, 1988). And they also experience difficulties to adjust to the new environment and if foreigner adjust well these, then they would be able to spend stress-free and fulfilling life as overcome culture shock (Bochner, 1982). If fails to adjust to the new environment, that is considered as maladaptive (Bochner, 1982). Foreign care workers also can expect to go through process of culture shock, and there is a possibility to happen the maladaptive to environment in Japan. However, in the past there are few foreigners working in the care field in Japan, their cultural issues or dealing with corresponding problems has not been researched enough.

For example, few studies show that foreign care workers’ feelings of work stress and sociocultural difficulties, which include a sense of isolation while living in Japan, difficulties understanding nursing records and communicating with elder persons, and uneasy feelings about the national examination (Setyowati, Susanti, Yetti, Hirano, & Kawaguchi, 2010). Alam and Wulansari (2010) reported that foreign care workers have difficulties with communication, long working times, cultural taboos when discussing employees’ personal matters, the gap between work roles and responsibilities of their home country and Japan, and relationships with the Japanese staff and care receivers. In the study of Hatanaka, Tanaka and Mituyoshi (2014), foreign care workers who came to Japan via EPA had cross cultural difficulties such as language,

human relations, and care providing situations. However, as time passed, their process of adjustment went well by constructing the relationship with Japanese.

Cross cultural adjustment outcomes have been investigated in terms of: health-related variables such as increased psychological health (Ward, Bochner & Furnham, 2001; Kim, 2001); intrapersonal or self-concept variables, such as sense of meaningful life (Chirkov, Vansteenkiste, Tao & Lynch, 2007; Toyokawa & Toyokawa, 2002); variables linked to task-specific accomplishments, such as job performance (Aycan, 1997) and academic achievement (Tanaka, Takai, Kohyama, Minami, & Fujihara, 1994); psycho-emotional variables, such as social support (Ward & Rana-Deuba, 2000) and behavioral variables, particularly the acquisition of culturally appropriate skills (Furnham, & Bochner, 1986), including functional fitness and communication effectiveness (Kim, 2001).

Cross cultural domains have been investigated and there are basically two domains such as psychological and sociocultural for international student (Ward, *et al.*, 2001). Psychological adjustment pertains to coping of stress and focuses on emotions, such as depression or mood disorders; sense of wellbeing or satisfaction with the new environment have also been noted (Oguri & Gudykunst, 2002). Sociocultural adjustment captured by the framework of culture learning or acquired social skills (e.g. acquired behavior patterns of the host, ability to respond to daily difficulties in a new environment, and dealing with host) (Ward & Kennedy, 1999).

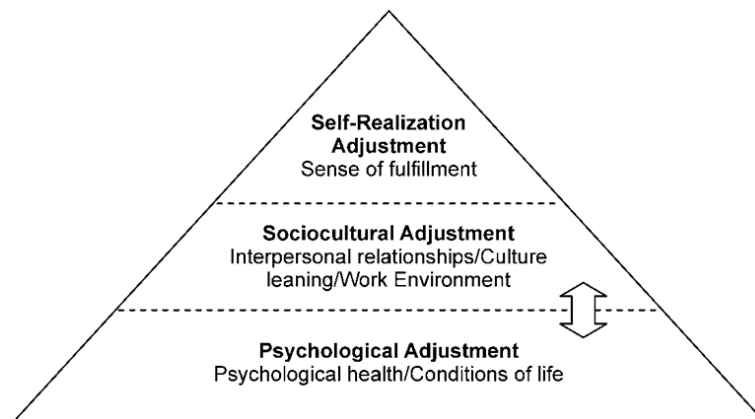
Influencing factors to psychological adjustment enhanced by the quality of contact with the host, it is effective for persons who stay for a long time in a foreign country to build a relationship with their host (Ward & Rana-Deuba, 2000). In addition, the desire to have experiences abroad or motivation to learn the host language affect psychological adjustment (Masgoret, Bernus, & Garder, 2000).

Sociocultural adjustment is affected by contact with the host, host language, and duration of residence (Masgoret, 2006), cultural distance and language skills (Ward & Kennedy, 1999). In addition, factors of sociocultural adjustment, such learning skills or knowledge in the host culture, affect the satisfaction of business workers (Dunbar, 1994). Furthermore, their motivation to learn the language is improved by their confidence in the host language (Masgoret, 2006).

As far as adjustment for business people, it was classified in three ways, with work adjustment being independent from sociocultural and psychological adjustment. Black, Mendenhall and Oddou (1991) showed the hypothesis of the three categories of cross-cultural

adjustment, generally adjustment contains the elements of the social environment, human relationship adjustment based on the interpersonal relationship with the host, and workplace adjustment based on the acquisition of cultural elements such as workplace rules. Several studies on cross-cultural adjustment indicate that influencing factors for business people are culture differences (Dunbar, 1994), host behavior (Florkowski & Fogel, 1999), personal characteristics (Forman & Zachar, 2001), educational support in the workplace (Black & Mendenhall, 1990), technical skills (Kim, 2001), and cultural intelligence (Ramalu, Wei, & Raduan, 2011; Huff, Song, & Gresch, 2014). Positive attitude to the new work environment is captured as a work adjustment, and theoretical hypothesis that good mental and sociocultural adjustment to promote the work adjustment has been shown (Aycan, 1997).

In case of foreign care workers in Japan, Hatanaka and Tanaka (2013) suggested the classification of the cross-cultural adjustment of care professionals by three categories, such as psychological, sociocultural, and self-realization (Figure 1).



**Figure 1:** *Three-Layered Structural Model for Cross-Cultural Adjustment*

The three model's layers are as follows. The lower layer is assumed to be psychological adjustment, which ensures mental and physical health and maintenance of the conditions of life (e.g., accommodation and food). The middle layer is assumed to be sociocultural adjustment, which involves interpersonal relationships with the host and understanding work culture or daily life. Since caring practice should reflect the elements of sociocultural adjustment, work adjustment was included in this level. The upper layer, self-realization adjustment, involved obtaining a sense of fulfillment in the host society and achieving one's own goals.

Given that previous research outside of Japan has shown an association between psychological, sociocultural, and work adjustment variables and cross-cultural adjustment. It would lead to their high quality of living and better adjustment in Japan by understanding the adjustment process of foreign care workers and clarifying the specific support obtained. In the present study examined factors related to each of the variables and their relationship to a three layered model. This study provides important information about how the increasing number of foreign care workers adjusts to the Japanese culture.

## **2. Methods**

### **2.1 Participants**

Researcher called 104 facilities that were accepted foreigners. Questionnaire were sent out to foreign care workers (N = 126) from Indonesia and the Philippines who came to Japan via the EPA. Those excluded had come to Japan for personal study or via a non-EPA system. Twenty foreigners were excluded from the final analysis due to too many missing values in their responses. In the overall sample, there were 106 individuals (70 Indonesians and 36 Filipinos; 88 women, 15 men, 3 no answer).

### **2.2 Measure**

#### **2.2.1 Psychological Adjustment**

To measure psychological adjustment questions from the Hatanaka and Tanaka (2009). Items (n=12) were classified into two subordinate concepts: 1) life conditions (4 items; e.g., living in a safe residence, having suitable clothes etc); and 2) psychological health (8 items; e.g., degree of nervousness, depression, and vitality). Participants answer questions with a Likert scale with each item ranging 1-5.

#### **2.2.2 Sociocultural Adjustment**

To measure sociocultural adjustment, questions were created originally based on based on the Sociocultural Adjustment Scale (SCAS) (Ward & Kennedy, 1999) and Hatanaka and Tanaka (2009). Items (n=30) were classified into two subordinate concepts: 1) maintaining home country culture (5 items; e.g., maintaining the mother culture, having friends from own country ect); 2) adjustment to Japanese culture (6 items; e.g., presence of conditions of daily life in Japan, and presence of Japanese friends, etc); and 3) work accomplishment. (19 items; e.g.,

relationships at work, degrees of understanding in care depression, and providing care to meet patient needs) Participants answer questions with a Likert scale with each item ranging 1-5.

### **2.2.3 Self-Realization Adjustment**

Self-realization adjustment focused on fulfillment life as professional and lives in Japan and questions were created originally based on previous research (Hatanaka & Tanaka, 2009). Items (n=8) were classified into two subordinate concepts: 1) personal professional goals (4 items; e.g., motivation for achieving the qualifications and love to caregiving, etc); and 2) life goal (4 items; e.g., enjoying life in Japan and motivate to study language, etc). Participants answer questions with a Likert scale with each item ranging 1-5.

### **2.3 Procedures**

The study proceeded from July through to December 2011. One month was given to compiling data at each facilities. Through back-translation, the survey was translated from Japanese into Indonesian (for the Indonesian participants), and Tagalog and English (for the Filipino participants). Additionally, the questionnaire included information about the nature of the survey, which was translated into Indonesian, Tagalog, and English for the foreign care workers. Only those who agreed to cooperate participated in the survey. Before carrying out this study, ethical approval from the Okayama University was obtained, and the study was conducted as per the stated guidelines. The analysis procedure was confirmed using IBM SPSS Statistics and AMOS version 21.

## **3. Results**

### **3.1 Demographic Variables**

The participants' ages were as follows: twenties (55.7%), thirties (39.6%), and forties (3.8%;  $M = 30.6$  years,  $SD = 4.9$ ). Most foreign care workers (81.1%) came to Japan in 2009, with 7.5% coming in 2010 and 6.6% in 2008. Nurses constituted 34% of the candidates, with caregivers at 63.2%. 68.6% were worked at elderly facilities and 30.5% were at hospitals. Their language ability was at the 'conversational level'.

### **3.2 Factor Analysis**

Fifty items assessing psychological, sociocultural, and self-realization adjustment—after excluding 17 items for ceiling effects—were used in the analysis of the main factors in each

level. A promax rotation (based on the factor loadings of 0.35 or more and a fixed value of 1 or more) resulted in the following factors being extracted (Table 1).

Psychological adjustment had a two-factor structure. The first factor was named “vitality” ( $\alpha = .80$ ); the second factor was named “depression” ( $\alpha = .62$ ). Sociocultural adjustment comprised four factors. The first factor was named “empathetic care” ( $\alpha = .76$ ), and involved providing care in a manner related to the culture of origin. The second factor was named “job performance” ( $\alpha = .65$ ), and this related to managing work independently. The third factor was named “affinity relations” ( $\alpha = .66$ ); this related to creating personal relationships with the Japanese staff and patients. The fourth factor, “workplace adaptation” ( $\alpha = .60$ ), related to adjustment to the Japanese work environment. The results showed that self-realization adjustment comprised one factor ( $\alpha = .73$ ); this factor, “meaningful life”.

### 3.3 Analysis of Cross-Cultural Adjustment Relations

A covariance structures analysis was conducted to examine the relation of each variable and process of adjustment (Figure 2). The fit of the model was good.

From the path coefficient of “vitality” to “empathetic care” in sociocultural adjustment was effective ( $.79, p < .001$ ); however, “psychological health” did not show effective path to the factor of sociocultural adjustment. The two path coefficient from “empathetic care” ( $.37, p < .05$ ) and “workplace adaptation” ( $-.45, p < .05$ ) showed positive to “psychological health”; however, no effective path to “vitality” from factor of sociocultural adjustment. Regarding to sociocultural adjustment factors, “empathetic care,” “affinity relations,” “workplace adaptation,” and “job performance” had effective path and sociocultural adjustment progresses were graded. From “vitality” through “empathetic care,” the negative path showed to “meaningful file” ( $-.34, p < .05$ ). Via “affinity relations” showed positive path to “meaningful life” ( $.56, p < .01$ ).



**Table 1: Factor Analysis of Cross Cultural Adjustment**

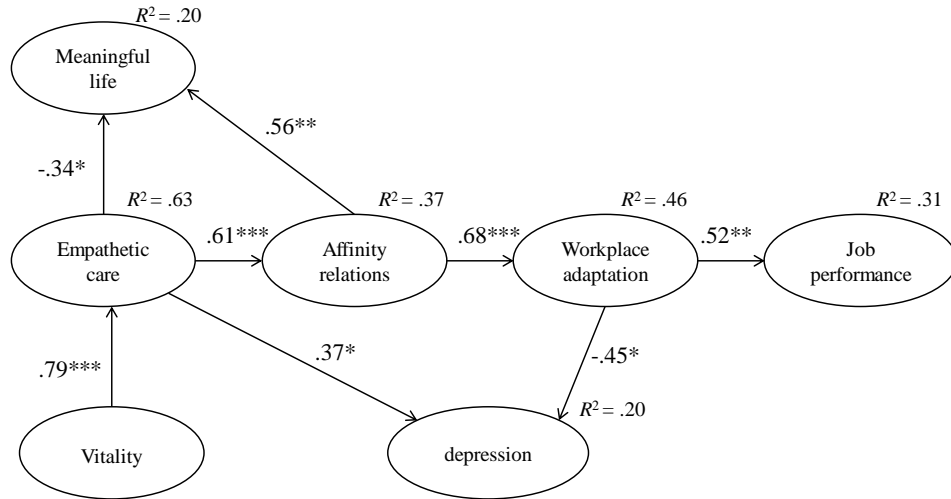
Items of Psychological Adjustment	I	II		
<i>Vitality</i>				
9. Have you had a lot of energy?	.78		-.06	
8. Have you felt calm and peaceful?	.77		.06	
<i>Psychological health</i>				
12. Have you felt tired?	.05		.76	
10. Have you been feeling unhappy and depressed?	-.05		.62	
Items of Socio cultural Adjustment	I	II	III	IV
<i>Empathetic care</i>				
15. I adapt the care method of my home country when I work.	.87	.09	.00	.05
32. I understand the familial background.	.73	-.06	-.01	.07
29. I can offer care that suits the needs of Japanese patients.	.57	-.22	.09	.07
<i>Job performance</i>				
37. The patient does not talk about their true feelings and personal matters.*	.13	.72	-.26	-.13
31. I cannot follow instructions correctly.*	-.10	.55	.08	.00
22. I can write and speak medical terms necessary for work.	.18	-.49	-.15	-.20
39. I cannot understand the patient's words; thus, I cannot provide appropriate care.*	-.02	.46	.14	.21
<i>Affinity relations</i>				
34. I participate in events (welcome and farewell parties) at the workplace.	-.10	-.04	.80	.03
36. When I work, I keep promises and time like the Japanese do.	.15	.07	.51	.01
40. There are Japanese people at the work with whom I can talk honestly about work.	.18	.08	.48	-.26
<i>Workplace adaptation</i>				
23. I do not have a good relationship with the Japanese people in the workplace.*	.13	.04	.01	.73
26. I cannot understand the Japanese medical system.*	.10	.17	-.04	.47
35. I work easily like the Japanese working pattern (over work/day off, vacation).	.11	.07	.26	-.40
Items of Self-Realization Adjustment	I			
<i>Meaningful life</i>				
50. I feel life is meaningful in Japan.		.76		
49. I feel challenged in studying Japanese.		.76		

=043 w234+=y

63 3.-^

\* Reverse items Note: I , II ,III and IV are factor numbers.



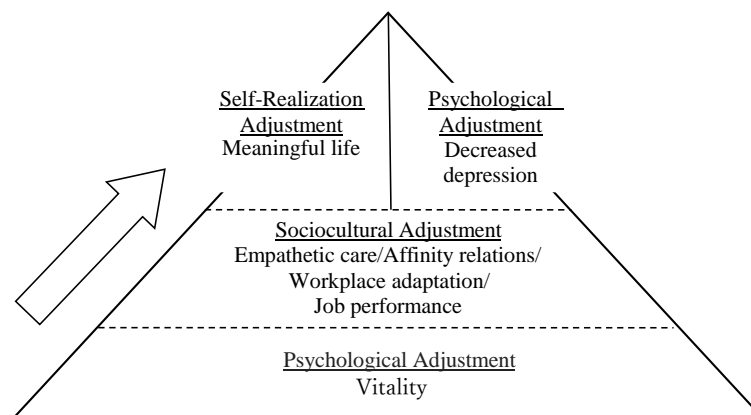


**Figure 2:** Covariance Structure Analysis of Cross-Cultural Adjustment Process

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ ;  $\chi^2 (159) = 156.91, p = .53$ ;  $GFI = .87, AGFI = .84; CFI = .97, RMSEA = .03$  Note: Values are path coefficients.

#### 4. Discussion

This study investigated factors that influence psychological, sociocultural, and self-realization adjustments of foreign care workers' adjustment to the Japanese culture. And figure 3 is a modified three-layered proposed model based on the relationships between the factors and sub-structure elucidated in the analysis



**Figure 3:** Modified Three-Layered Structural Model

#### **4.1. Examination of Factors**

It was found that 7 factors of adjustment variables such as “vitality”, “depression”, “empathetic care,” “affinity relations,” “workplace adaptation,” and “job performance,” “meaningful life”. Psychological adjustment considered to be included the variables of condition of life in Japan, however these did not remain in factor analysis and two of factors regarding to mental health were existed. Foreigners have come Japan by the EPA system and acceptance of the facility has been determined, and daily life condition should have been enhanced. So that, perhaps it is less likely that foreigners threaten the survival level at psychological level.

Sociocultural adjustment divided in four factors of “empathetic care,” “affinity relations,” “workplace adaptation,” and “job performance”. “Empathetic care,” was a factor related to that adapting Japanese care based on the knowledge of home country care. “Affinity relations,” was a factor related to the relationship with the Japanese.

“Workplace adaptation,” was a factor related to that familiar to the Japanese work environment. “Job performance,” was a factor related to the ability to carry out the care work in Japan. Unlike assumed, work-related variables are divided into two factors.

Self-realization adjustment considered to be two variables of professional and general life. However, only one factor of “meaningful life” was remained.

#### **4.2. Relationship between the Factors in the Adjustment**

It can be assumed that the cross-cultural adjustment does not progress from psychological, sociocultural to self-realization simply, the variables of relate complex each other.

U-curve model positive attitude toward new culture was indicator of adjustment (Church, 1982). In the results of this study, “vitality” in psychological adjustment of the energy side as a starting point for adjustment to work or life; this prompts “empathetic care” which as a willingness to attempt to provide care based on their knowledge from their home country.

However, only vitality and empathetic care, adjustment does not progress well. In this study, “affinity relations” in sociocultural adjustment (the cultural practices or building relationships with the Japanese) can be understood that plays an important role in cross-cultural adjustment. Particularly as it also improved professional development, mental stability, and a sense of meaningfulness from the relationship of these variables. The concept of culture leaning in the cross-cultural adjustment is important to learn the appropriate skills and practicing behavior in the host society (Searle & Ward, 1991). In addition, acquisition of social support in

the host society would help cultural familiarity and adaptation to the environment or daily life (Chavajay, 2013).

While foreign care worker creating affinity relationship with Japanese at facility, foreigners are able to acquire the social support from Japanese and step forward to their adjustment process. First of all, the relation of affinity to depression variables. In the present study also, the practice of empathetic care to Japanese elderly while their insufficient understand the Japanese with less exchange with Japanese would lead to mental fatigue. According to Nakajima, Matsuzaki, and Kakifuchi (1999) research of foreign workers in Japan, they addressed that foreigner's mental health is worse than the Japanese, and the related reasons are such interpersonal relationships with Japanese, loneliness, and cultural elements of the work environment. A previous study of foreign care workers in Japan (Hatanaka, et al, 2014) showed that foreign workers who had difficulty in forming good relationships with their hosts returned to their home country and exhibited maladaptive symptoms. The results have shown that the progress of communication with the Japanese will affect the mental health of foreign care works. In the study of Lee (2012), it suggested that if foreigner faced the language problems, they would cause not only the health problems, but also work. Yusuf, Omolayo, and Azikiwe (2015) addressed that acquiring the communication skills are important to work in new environment. Moreover, Kim (2001) noted that the progress of an individual's communication level brings the better "psychological health" in the new society. If foreigner have affinity relations with Japanese and process to "work place adaptation "(the environment and customs of the care field in Japan) and adjust the medical terminology of Japan that is advancing, it might be able to reduce the workplace of cultural stress and to maintain a good mental health. The importance of relating between foreigners and Japanese in the workplace is observed from the results.

Next regarding work adjustment, the acquisition of the host language, lack of cultural difference, and contact with host affect the outcomes of work for cross-cultural residents (Aycan, 1997). In this study, "job performance" is elements that affected after the cultural exchange with Japanese and "workplace adaptation", and that observed the language proficiency based on the exchange with Japanese at workplace, and the practice of communication with the elderly. Adaptation to the workplace ("workplace adaptation" and "job performance," followed by "affinity relationship") can be interpreted as a flow of adaptation to work spurred by culture learning, which is somewhat similar to what occurs in Aycan's model (1997) of language acquire

necessary. Kim (2001) noted that “functional fitness” which developed communication competence or knows effective and appropriate skills is important to foreigners to increase their participation in new society (p62). An opportunity to communicate with Japanese is necessary for foreign care worker to practice appropriate skills at work.

Regarding to concepts of work adjustment, it was distinguished from sociocultural adjustment (Aycan, 1997; Black, et al., 1991). However, in this study, work adjustment and adaptation to daily life had a close relationship and were determined by the same concept. In other words, it appears that new knowledge in the work adjustment of foreign care workers in Japan means that the adaptation of human relationships and daily life play important roles, and these factors affect occupational achievement.

At last, regarding to self-realization. Only vitality and empathetic care do not progress to a better "meaningful life". Which mean that if foreigners practice care based on the knowledge of home country, they might feel emptiness or difficulty to spend a life in Japan. But they might feel a sense of fulfillment in the exchange with Japanese. This supports in the Adler (1975) of the theory that growth from learning to the self-awareness. By the growth of the foreigners by relating with the Japanese, their self-realization will to lead to a sense of fulfillment in this study. Other studies, the social ties of international students with their hosts increased their motivation for self-advancement in studying (Bochner, 1982); furthermore, extracurricular lessons that exist interrelation with Japanese people improved the life satisfaction of students and led to the development of goals for the future or academic life (Toyokawa & Toyokawa, 2002). The purpose of the visit to Japan of international students and foreign care workers are different. To acquire a sense of fulfillment of life, having relationships with the host that affect whether a meaningful life is being achieved are important, not only for international students but also for foreign care workers in Japan.

It is still new phenomenon the entry of foreign care workers in the elderly facilities in Japan, so that such as the mechanism of progress cross-cultural adjustment and of growth as care professionals have not been well studied. In the near future, it is expected that the needs of foreign care workers in the field of medical and elder care will further expand in Japan. It is essential for foreign care workers to go beyond their care knowledge from their home country and be familiar with the host and work environment of Japan. Support to maintain foreigner’s mental health and take advantage of their care knowledge into Japan of the elderly care field will

be required. Lee (2012) addressed that mutual understanding between Japanese and foreigner are necessary for the emotional support of foreign workers and work with them. Moreover, Thepmongkorn, Srisangkhajorn, and Johnson (2015) mentioned that the managers who work with foreigners would confront cross-cultural difficulties and need to learn management techniques. It is also necessary to support Japanese managers and co-workers to work with foreigners well.

In the present study, it has shown workplace adaptation of foreigners based on the exchange with the Japanese foreign was important to maintain their mental health. Construction of a workplace environment offering collaboration between the Japanese and foreigners is necessary for foreign care workers to provide high-quality care and maintain good mental health.

## 5. Limitations

This study is a cross-sectional study, and further investigation is required to detail the graded process of cross-cultural adjustment. Additionally, the number of participants was limited, and did not allow for the analysis of differences in individual or group characteristics of those from Indonesia and the Philippines. An additional study of Japanese hosts will be necessary as well, as they influence the cross-cultural adjustment process of foreign care workers.

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