

Formation and Development of Certified Care Worker Education in Japan: Perspectives of Knowledge Creation and Evolution

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Abstract

With the increase of the aged population in Japan, better social care services are demanded. Informal education for care worker began. This informal education led to the formation of the Certified Care Worker Act. This act was the beginning of formal education for such care workers. Our paper aims to clarify how Certified Care Worker Education (CCWE) was formed and how the curriculum of CCWE has been revised. We analyzed these issues from the knowledge creation and evolution perspectives. This paper is based on a review of the literature, analysis of government documents and proposals on curriculum development and revision, and welfare policies and Acts of Japan. The findings showed that first, informal education and the early stage of formal education had a common purpose and common academic disciplines. Informal education is the embryo of formal education. Second, curriculum revisions went through processes of maintenance, strength, addition, omission, integration and differentiation of the social evolution. Through this evolution process, knowledge was maintained and created repetitively same to knowledge creation process. Finally, in general feedback loop i.e. a pragmatic education leads to formulation and implementation of Acts and policies. Acts and policies promote the development of education.

1. Introduction

The aging of the population is advancing on a worldwide scale. In France and Sweden, it took 85 to 115 years for the percentage of aged people¹ in the population to increase from 7% to 14%. But in Japan it took only 24 years [1].

Japan is considered to have the highest percentage of elderly in the population. As of October 1, 2009, the aged population percentage in Japan has reached 22.7% [2]. Recently, with the increase in the number of elderly people in Japan, better care services have

become essential, and demands for education of care worker professionals for the elderly in Japan have also increased.

There are well-developed and advanced education programs of care workers for the elderly, in Europe (such as Germany [3], Denmark [4] and Sweden [5]); and also in Asia (Japan). Japanese Certified Care Worker education (CCWE) and European countries' care worker education are pioneers in the world.

In Sweden, the care workers for the elderly are called *Registered Nurses* (RNs) [5]. This term does not distinguish them clearly from medical nurses. In Japan, the care workers are called *Kaigo Fukushi Shi*. Literally, this is translated as *Care Welfare Worker*, and as a legal term this is translated as Certified Care Worker (CCW). CCW is a national qualification.

CCWs are care workers who have special knowledge and skills to provide care and assistance with hygiene and meals for people who have physical or mental disabilities. The care workers guide and advise care receivers and their families about care services and skills. In 2007, the definition was revised, from physiological care and assistance to psychological and physiological support [6].

CCWE in Japan will have a great influence on other Asian countries where aging is progressing. In China for instance, there are only 20,000 care worker professionals for the elderly. The demand for care workers has increased tremendously. Approximately, 10 million skilled care workers are needed [7]. The Chinese government has formulated a policy to train care workers for the elderly, but this is in a stalemate, because there are very few experts to develop curriculum for care worker education [7].

Japan CCWE is a good reference for China because it is an Asian country. The CCWE system would probably be able to respond to China's need to train many excellent care workers.

2. Objective and methodology

No previous study has explicitly analyzed the origin of the formal education of care workers in Japan. And there have been few studies about curriculum revision of CCWE [8].

¹ In Japan, the definition of aged population is 65 years and above. Most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person

This study aims to clarify the following:

- How CCWE was formed
- How the curriculum of CCWE has been revised

We analyzed the literature, government documents of CCWE, and welfare policies and Acts of Japan. We collected and analyzed data such as reports and proposals on curriculum development and revision in Ministry of Health, Labor and Welfare (MHLW).

We analyzed the formation and development of CCWE from the perspectives of knowledge creation and evolution.

3. Knowledge creation and evolution

Ogushi [9] analyzes curriculum from the viewpoints of justification of knowledge and epistemological dimension. He concludes that a curriculum is regarded as knowledge. And curriculum development is regarded as knowledge creation.

In this paper, we regard subjects, educational contents and academic disciplines as knowledge; and curriculum revision (curriculum development) as knowledge creation.

According to Fujimoto [10], evolution is a change “to adapt to the environment, it is only be evaluated relating to the environment”. And evolution is defined as “change to complex rather than change to better” The core categories of social evolution process include *variation*, *selection (deletion)* and *retention* [10][11][12]. Matsuoka [13] agrees with Parsons that *differentiation* and *integration* are also core categories of social evolution.

“Any departure from routine or tradition is a *variation* [12]”. *Selection* is to select *variation* [11]. *Retention* is to accumulate useful *variations* by *selection* to be propagated in organization [11]. *Retention* is related to continuity and stability of a system [10].

We conclude that evolution includes *creativity* and *continuity* characteristics from the categories of the social evolution process.

In the curriculum revision process, new contents are added and strengthened; these additions are regarded as variations. Some old curriculum contents are omitted; we refer to this process as *selection*. And some curriculum contents are maintained, we treat this process as retention. We regard the unification of two subjects into one as integration, and the function of curriculum development transferred from the MHLW to education institutions as differentiation.

In this paper, we define and emphasize curriculum evolution as a process of new knowledge creation through *variation*, *retention*, *deletion*,

differentiation and *integration*. This curriculum evolution process is the basis of conventional knowledge, an effect on educational practice.

4. The changes in care worker education

In Japan after the Social Welfare Worker and Certified Care Worker Act was enacted, CCWE began in 1988. Previously, some private education institutions had been involved informally and spontaneously to establish care worker education courses [14][16].

4.1. Informal Education

Before the Certified Care Worker Act was formed, the extended family gradually diminished because of low birthrate and increase in the aged population. The Japanese family structure changed from extended families to nuclear families. Japanese women opted for careers instead of being housewives. These factors increased social support for care services, especially for the elderly and their families.

Under these social conditions, there was a growing interest to develop social mutual aid in local community. In response to this social interest, Osaka Mead Christian Center was one of the pioneers to plan home-care services [15][16]. However, because Japanese society was a close-knit society, people resisted any intrusion into their family privacy. As a result, home-care services were not popular.

The private education institutions became aware of this problem. The solution was, to train the home-care workers to understand and to acquire knowledge and skills as follows [14][16]:

- The purpose of home-aid
- The ethic for care workers to be conscientious about the care receivers’ family privacy
- The development of social mutual aid
- The physical changes and mental changes of elderly people, and social changes
- The basic knowledge and skill related to housekeeping services
- The knowledge and skills related to home-care services
- The guidelines for care receivers’ family members

In 1972, *Osaka Mead Christian Center* established *Osaka Mead Christian Community College*, a training institution which offered a Home-aid Training Basic Course.

The Japanese government was also aware of the

importance of welfare for elderly people, and began formulating welfare policies, Acts and Plans, for example, the 1963 Social Welfare Service for Elderly Act, the 1966 Standard Concerning Maintenance and Management of Nursing Homes and Special Elderly Nursing Homes, and the 1970 Five Year Plan of Social Welfare Facilities Urgent Maintenance. These policies, Acts and Plans led to the rapid increase of nursing homes, such as homes for the elderly.

In the nursing homes, before the Acts and *Plans* were formed, the care workers did not have special knowledge or skills. There was a risk that these workers might fail to perform their tasks. The healthcare institutions were aware of the necessity to have trained professionals as care workers. In order to solve the problem, in 1978 *Seiri Gakuen Hamamatsu Health Junior College* established the *Welfare Medical Helper School*.

In the 1980s, before the Certified Care Worker Act was formed, there were also other education institutions which attempted to train care workers for elderly people.

- Ube Junior College Home-care Course (1983)
- Osaka Community Worker Vocational School Community Care Department (1984)
- Izumi Elderly Welfare Vocational School (1985)

The training periods of these education institutions ranged from 6 months to 2 years, with the training hours from 168 to 2400 hours.

The educational purposes in each institution were various, such as *train home aids*, *train helpers*, *train nurses' assistants* and *train care workers of clinical welfare*. The common purpose was to train care workers with special knowledge and skills [14]. These skilled care workers could provide high quality care services in order to respond to care needs of the elderly and people with disabilities.

In each private education institution, the educational content and the importance of their academic disciplines differed depending on each educational purpose. *Osaka Mead Christian Community College* and *Welfare Medical Helper School* focused on nursing knowledge. Ube Junior College focused on home economics knowledge, nursing knowledge and medical knowledge. Osaka Community Worker Vocational School focused on knowledge of social welfare and medical knowledge. Izumi Elderly Welfare Vocational School focused on knowledge of elderly care, consolidated with other academic disciplines, for example social welfare, home economics and medical science.

The common academic disciplines of these institutions were [14]:

- Liberal arts- knowledge fostering humanities
- Social welfare - knowledge relating to care
- Nursing/care - knowledge of physiological support
- Home economics - knowledge of supporting daily life of care receivers
- Medical science - knowledge concerning health
- psychology- knowledge of understanding care receivers
- Rehabilitation
- Practical training

In some private education institutions, knowledge of interpersonal relationships and communication were also included.

In the 1970s, the curricula of private education institutions focused on nursing knowledge and medical knowledge. From the 1980s, private education institutions attempted to describe the service knowledge as care knowledge. This is a turning point for informal education development by private education institutions, and for the formation of CCWE.

The contents of the private institutions' curricula also included home economics as an important academic discipline. This was reflected in some course titles such as *home-aid*, *helper* and *home-care*.

We conclude that the private education institutions developed their own education system, by referring to nursing education and home economics education.

4.2. Formal Education of CCW

The Social Welfare Worker and the Certified Care Worker Act was formed in 1987. This Act responded to social needs and the development of informal education. In the following year, CCWE started with 25 education institutions, including the private education institutions of informal education.

Kurosawa summarizes the educational ideal of CCWE as follows [17]:

- Human dignity and independence support
- Ethical values
- Values
- Interpersonal relationships
- Three stages of life support skills

- 1st Prevention skill
- 2nd Rehabilitation skill
- 3rd Care skill
- Team care
 - Health and medical teams– such as doctors and nurses

He said that educational ideal is not realistic, but it is a basis of pragmatic education. It is an important issue to harmonize educational ideals and practicality of CCWE.

We outline the educational purposes from the definition of CCW (defined in the introduction) as follows:

- To care - for those who have physical/ mental disabilities/obstacles in daily life
- To assist - for example with hygiene and meals
- To guide/advise – for care receivers and their families, about care services and care skills

Based on the curriculum revisions, we divided the formal education into three stages. They are *early stage (1988-1999)*, *middle stage (2000-2007)* and *later stage (2008 onwards)*.

In *early stage*, the main academic disciplines of the curriculum are as follows:

- Care
- Social welfare
- Home economics
- Medical science
- Psychology

The main academic disciplines of the *early stage* included the common academic disciplines of informal education. It is possible to assume that the curriculum of the *early stage* was developed with reference to informal education systems.

Informal education and the *early stage* of formal education had a common purpose, to train care workers for the elderly and people with disabilities. The commonality of academic disciplines and purpose indicate that, informal education is the embryo of formal education.

In order to focus on care knowledge and skills, some subjects of informal education were omitted, for example, public health, community nursing, child care and health education.

We describe the curriculum provided by MHLW as *standard curriculum*. Education institutions integrated the *standard curriculum* of MHLW with their own contents to develop their own curricula.

In *middle stage*, the *standard curriculum* of MHLW was revised for the first time in 1999, with reference to the 1997 Long-Term Care Insurance Act. The revision included in the contents as follows [18]:

Maintenance

- All contents of *early stage*

Addition

- Knowledge of Long-Term Care Insurance
- Knowledge of care management
- Knowledge of development methods of care processes
- Knowledge of home care support and improvement of living environment for care receivers
- Care for mentally-disabled people

Strength

- Knowledge of respect for human life and dignity
- Knowledge of independence support
- Medical knowledge
- Communication knowledge
- In-house training

Integration

- Social rehabilitation into Rehabilitation
- Nutrition and cooking into Home economics

We regard the addition and strength as variations, because new knowledge was created. In this stage curriculum was revised through maintenance, variation and integration.

In *later stage*, the *standard curriculum* of MHLW was revised again in 2007. This was with reference to the Revised Parts of the Social Welfare Worker and the Certified Care Worker Act of 2007.

The curriculum of *later stage* is comprised of three domains [19]:

- Human beings and society
 - Understanding of human nature
 - Understanding of society
- Care
 - Basic knowledge of care
 - Communication knowledge and skills

- Life support skills
- Care processes
- Practical training
- Mind and body
 - Understanding of human growth, development and aging
 - Understanding of dementia
 - Understanding of disabilities
 - Mechanisms of mind and body

The domain of *human beings and society* strengthened knowledge of human dignity, knowledge of independence support and knowledge of communication. This strengthened knowledge supported the educational ideal. Knowledge of interpersonal relationships and knowledge of social welfare policies are maintained. This domain aims to understand human nature and the social environment of care.

The domain of *care* strengthened the knowledge of communication, care processes and knowledge of care. In-house training and practical training are maintained. Some of the contents of home economics were omitted, and the rest were integrated into the domain of *care*.

In this stage, *care skills* were described as *life support skills*. This knowledge of care was emphasized explicitly from the aspect of daily life support.

The domain of *mind and body* differentiated medical knowledge from the subject content of *General Medicine*. Medical knowledge in this stage includes mechanisms of *mind and body*, and understanding of dementia and disabilities from medical perspective. The knowledge of dementia was included to respond to the increase of dementia among elderly people.

In the new curriculum, knowledge of social welfare assistance skills and knowledge of recreational activity assistance methods were omitted.

5. Analysis

Prior to the first revision, the Long-Term Care Insurance Act of 1997 allowed care receivers to select care services independently. This Act supports care receivers to maintain their dignity, and supports their independent daily life. In 1998, midterm summary for Basic Structure for Social Welfare Reform (report) emphasized the purpose of social welfare. This purpose was to support personal life and dignity. And this report pointed out, it was necessary to revise the curriculum of CCWE.

This Act and report, led to the revision of CCWE curriculum. In this revision, knowledge (curriculum) was maintained, strengthened, added and integrated.

In the interval between the first and second revision, the Long-Term Care Insurance Act was revised in 2005, the Services and Supports for Persons with Disabilities Act was formed in 2006, and the Social Welfare Worker and the Certified Care Worker Act was revised in 2007.

In these Acts, care based on mind and body, personal dignity and independence support, dementia care, and cooperation with different types of workers were emphasized.

Dementia care needs and *end of life care needs* became more necessary, because of the increase of elderly people with dementia, and the increase of elderly people who spend their *end of life* in social facilities such as nursing homes.

In order to respond to these Acts and care needs, the curriculum revision of 2007 strengthened knowledge of human dignity and independence support, and added knowledge of *dementia care* and *end of life care*. In this revision knowledge was *maintained, strengthened, deleted, integrated, and differentiated*.

The directions of the curriculum revisions are:

Maintenance

- The main academic disciplines - social welfare, care/nursing, medical science, home economics and psychology

Strength

- Human dignity knowledge – to maintain dignity
- Independence support knowledge - to respond to self-actualization needs
- Care knowledge and skills – to respond to daily life
- Care process knowledge - to respond to the needs for individual care
- Communication knowledge and skills - to understand care receivers and their family members, and to collaborate with other services

Addition

- New knowledge and skills of dementia care and mental health care
- New knowledge and skills of end of life care

In this analysis, we found that the factors affecting curriculum development are, Acts, policies and social needs.

In informal education and *early stage* of formal education, physiological care needs were the main priority. From *middle stage* onwards, human dignity and independence support and individual care needs become important.

The changes of care needs can be elucidated in Maslow's Hierarchy of Needs. The physiological care needs are categorized as fundamental needs. Human dignity, independence support and individual care needs are categorized as esteem and self-actualization needs.

The curriculum revisions of CCWE responded to the changes of care needs. In these revisions new curriculum systems were created. We regard these revisions as knowledge creation.

In Japan, because CCWs are categorized as professionals of social welfare, the care services are based on the social welfare ideal .i.e. daily life support and independence support. The social welfare knowledge is the foundation of CCWE.

The distinctive feature of curriculum from informal education to later stage covered a range of academic disciplines knowledge.

Prior to *the later stage*, *standard curriculum* of MHLW provided subjects like:

- Introduction to Social Welfare
- Introduction to Home Economics
- General Medicine

In *later stage*, the academic disciplines knowledge of the previous curriculum was integrated into three domains. MHLW provided the domains and the details of contents that should be included in education institutions' curriculum. The education institutions can develop subjects independently, which means, the function of curriculum development has been differentiated.

6. Discussion

In *early stage* and *middle stage*, the education institutions had to fulfill the standard curriculum requirements, which restricted the education institutions from developing their own curriculum. This is considered to be a reason that the curriculum development function was differentiated in *later stage*.

The education institutions are expected to attempt to harmonize educational practice and educational ideals to develop new curriculum. We can further predict that curriculum development by each education institution can solve some problems that could not be solved by the previous *standard curriculum*.

Since the beginning of formal education, the time lapses between curriculum revisions by MHLW were long. This prevented the previous curriculum from responding promptly to new social needs.

Teachers can promptly understand students' needs and care needs through classroom teaching, in-house training and practical training. This accumulated experiential knowledge can be integrated to develop an appropriate curriculum in *later stage*.

Abiko [20] emphasizes "curriculum development is an evaluation of curriculum and accumulation of feedback". There is a need to develop a curriculum evaluation system to enable all education institutions to develop their own curricula.

In informal education, the educational purposes and the curricula were varied. In *early stage* and *middle stage* of formal education, basic educational purpose and the curriculum were integrated into a *standard curriculum* by MHLW. In *later stage*, the curriculum was differentiated again. The differentiated curriculum has to cover the three domains and the details provided by MHLW. We describe this as *guided differentiation*.

The curriculum development function changed from various in informal education to integration and differentiation in formal education. In curriculum revisions, *maintenance*, *retention*, *addition*, *omission*, *integration*, and *differentiation* processes occurred. Through this development process of the curriculum, knowledge is maintained and created repetitively.

This curriculum development process is described as knowledge creation. This process has the features of maintenance and creativity. This is same to the evolution process. However, the evolution process of curriculum is different from the theory of evolution in biology. *Variation*, *deletion (selection)*, *maintenance (retention)*, *differentiation* and *integration* were intentionally done to respond to care needs.

The curriculum of CCWE is changed to adapt to the environment of social welfare such as care needs, Acts and policies. This is consistent with the characteristics of evolution theory.

Informal care worker education is the main catalyst to form CCWE. The policies and Acts spur the development of care worker education in Japan. The changes of content in education were also greatly influenced by the policies and Acts.

In general, a feedback loop occurs i.e. a pragmatic education leads to formulation and implementation of Acts and policies. And Acts and policies promote the development of education.

7. Conclusion

In this paper we analyzed the process of curriculum development to educate care workers for

the elderly. We did not verify the adaptability of the curriculum to the social environment that surrounds CCWE.

Our future research is to analyze the changes in curriculum in some education institutions, and to clarify the processes of curriculum development in education institutions of CCWE.

The future research will verify our results by conducting surveys with graduates, teachers, managers of social care facilities, and care receivers.

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