

## Chapter 2

### Cambodian Technical Intern Trainees in the Nursing Care Sector in Japan

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#### Abstract

Japan started accepting care workers as Technical Intern Trainees (TITs) and Specified Skilled Workers (SSWs) from a number of countries in the late 2010s, because of the serious progression of population ageing and the shortage of care workers. Cambodia is one of the countries that sends TITs/SSWs in the nursing care sector to Japan. The number of Cambodian TITs/SSWs has increased in 2019–2021, however the number has not grown much when compared to those from other countries. This paper will introduce the situation of Cambodian care workers in Japan based on telephone interviews. Some Cambodian care workers in Japan who were sent to Japan in the first group in 2019–2020 held a nurse/midwife license, and then received language training before their leaving for Japan. Their education background was quite helpful for them in working as care workers; however, usually in Cambodia, the nurse is not trained for migratory work but for domestic employment, unlike in other sending countries. Cambodian care workers who responded to the author's interview chose to come to work as care workers in Japan because they thought it was interesting. They communicate with the Japanese elderly and other staff members in the Japanese language, supporting the care work in each of the nursing homes. Most of them would have another two years before the end of their stay in Japan and haven't decided yet what to do in the next step. By examining their situation further, we would be able to consider Japan's future migration policy and nursing care sector in the super ageing society.

#### Keywords

Care Workers, Migrant Worker, Technical Intern Trainee, Specific Skilled Worker

#### Introduction

Japan started accepting care workers from a number of countries, including Cambodia, in the late 2010s. As a result, more sending/supervising organisations have registered to

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manage the Cambodian care workers going to Japan. The number of care workers from Cambodia has increased; however, the number has not grown much when compared to those numbers from other countries. Thus, there might be some problems on the Cambodian side or on the Japanese side, such as the lack of efficient training in Cambodia due to the low quality of the education, or perhaps the low attractiveness of Japan as a destination for migration, etc. It is still difficult to assess the situation neutrally at this time, as of early 2022, given the circumstances of the ongoing COVID pandemic, as some countries have grown more even under this situation but other countries have grown quite slowly. It will be more important to consider how the current trainees will be replaced by the next generation, and whether the situation will become sustainable in the next two to three years. However, given that several sending countries have continued to grow even in 2020–2021, we can imagine that there may be some challenges in regard to Cambodia. Three years have passed since the start of the new system for accepting more foreign care workers, and we are now at a point where we know the collective experience of the first group of trainees.

In this paper, the following sections will discuss the current situation based on interviews with Cambodian care workers, with the aim of identifying future challenges for Cambodia, as well as providing material for other sending countries and for Japan as a host country to consider. Pointing out the reasons or challenges for Cambodia as one of the new, emerging sending countries may help other new countries in considering the barriers in human resource development. At the same time, it may help Japan in finding the next solution in necessary human resources for caring for their aged population. This paper will introduce the brief history of Japan's accepting care workers from Asian countries, Cambodia's situation in how they train care workers who are sent to Japan, and then Cambodian care workers' experiences in Japan.

## **1. Overview of the Technical Intern Trainees and Specified Skilled Workers in the Nursing Care Sector in Japan**

Accepting the Technical Intern Trainees (TITs) in Japan's nursing care sector started in 2017. TITs who come to Japan will work as trainees for three to five years, usually through a supervising organisation in Japan. Before leaving their home countries, trainees receive pre-departure training, and then, after arriving in Japan, they receive two months of training and ten months of practical training to learn the basics (Technical Training i). This is followed by two years of practical training (Technical Training ii). After that, they continue for up to two more years (Technical Training iii). At the end of each step, they

must pass the basic, level 2 and level 3 exams, respectively.<sup>2</sup>

The Specified Skilled Worker (SSW) status, which was created in 2018 and implemented in 2019, covers 14 industries in order to cope with a worsening labour shortage in Japan.<sup>3</sup> The nursing care sector is one of those industries and Cambodia became one of the first countries to be granted SSW status and subsequently signed a Memorandum of Cooperation with Japan in 2019.

The SSW scheme allows people with a certain level of skill and Japanese language ability to stay and work for up to five years, which is more flexible for workers than is the TIT scheme; however, except for the two recognised sectors of construction and shipbuilding,<sup>4</sup> family members are not allowed to stay with SSWs. To obtain the SSW status, those with TIT experience (Technical Trainee 2, with three years of experience) can transfer to SSW without an exam, while those without such experience will have to take language and skills examinations to obtain SSW status. In the case of nursing care, SSW workers do not need to be certified care workers ('Kaigo-Fukushishi'), but it is necessary to pass the nursing care knowledge exam as well as the Japanese language test for the care workers. If they pass the national examination to be certified care workers, they will be able to stay and work for an indefinite period under the 'care worker' residence status.

In addition to TIT and SSW, there are other types of residency status for care workers: 1) the Economic Partnership Agreement (EPA) care worker, 2) Residence Status of the 'Care Worker', 3) 'Student' status for those who are studying nursing care to be a certified care worker (and working at nursing facilities), and 4) 'Other' status. Under EPA, Japan had agreed to accept nursing school graduates or four-year university graduates (in the case of Indonesia, graduates of higher education institutions of three years or more) from the Philippines, Indonesia and Vietnam, who are certified as care workers in their home countries. The EPA care workers are required to pass an exam to be certified care workers in Japan within four years of their arrival. If they are able to do so, there is no restriction on the period of stay, but if they are unable to do so, they must return home. There is also an increasing number of cases of foreigners who have originally lived in

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<sup>2</sup> The website of the Organization for Technical Intern Training:  
[https://www.otit.go.jp/info\\_seido/](https://www.otit.go.jp/info_seido/) (Accessed on 28 February 2022).

<sup>3</sup> Immigration Services Agency of Japan website:  
[https://www.moj.go.jp/isa/policies/ssw/nyuukokukanri01\\_00133.html](https://www.moj.go.jp/isa/policies/ssw/nyuukokukanri01_00133.html) (Accessed on 28 February 2022).

<sup>4</sup> SSWs in these two sectors can apply to the SSW (ii).

Japan for a long time under another status (such as international marriage and Japanese descent) who are recently entering the nursing care sector (Fukushima 2020; Yu 2020). However, since the majority of Cambodian care workers, who are the main target of this paper, are TITs and SSWs, the EPA and other types of status are not discussed in detail herein.

As Japan's population is ageing rapidly and there is a growing shortage of labour in the nursing care industry, there is a desperate need for human resources. Hence, Japan's nursing care industry has been relatively proactive in hiring foreigners, in a similar manner to that of the agriculture and construction industries (Sadamatsu 2019; Yu 2020; Fukushima 2020).

How does the option of working in Japan's care sector appear to Cambodian workers, the focus of this report? In the past, Japan's TIT and SSW designations were not familiar to Cambodians. The main destination for migrant workers is Thailand, the neighbouring country, and since the early 2010s South Korea has appeared to be a popular destination under the Employment Permit System (EPS), which in recent years has been accepting more workers according to almost the same conditions as for local workers in Korea. Japan emerged as a relatively new destination in the late 2010s. When Japan decided to take a more active role in accepting foreign care workers, some countries such as Cambodia were among the first groups of countries to be allowed to send care workers to Japan, thereby joining countries such as Vietnam, Indonesia and the Philippines who had already done so under the EPA, or who had sent many more TITs to Japan than had Cambodia. This can be attributed to a combination of several factors: there were high expectations for Cambodian underutilised human resources; Japan expected to make some contribution to Cambodia's human resource development, which it had supported as a donor country for many years; and the country's accessibility, being a neighbour of Vietnam, which was already overheating in popularity.<sup>5</sup>

However, even after three years of accepting care workers, most of Japan's TIT and SSW personnel from Cambodia are in the agricultural and construction sectors. The number of care workers has not grown significantly. Considering the number of sending organisations and the number of organisations that have registered to receive care workers

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<sup>5</sup> One Japanese company's website points out that the culture and region in Cambodia, the Cambodian people's gentle personality, and their communication availability are reasons why Cambodian TITs are recommended: <https://xn--rbtx3nwrr97jxmb.jp/%E5%A4%96%E5%9B%BD%E4%BA%BA%E6%8A%80%E8%83%BD%E5%AE%9F%E7%BF%92%E5%88%B6%E5%BA%A6/cambodia/> (Accessed on 28 February 2022).

from Cambodia as supervising organisations, it seems that there is still a lot of potential, but things do not yet seem to be going smoothly.

## 2. The Situation of Cambodian Care Workers in Japan

### 2.1. Statistics

This section provides an overview of the overall picture of people from Cambodia coming to work in Japan, and then reviews the nursing care workforce based on statistics from the Immigration Services Agency of Japan. According to the statistics, the number of Cambodian residents in Japan has been increasing year by year, and the number of TITs in particular has grown significantly over the last decade. In 2020, when it reached its maximum, the number was 9,970 Cambodian residents in Japan. Cambodian SSWs started in 2019 and reached 636 in 2021 (Table 2.1). The number of institutions registered as sending organisations in Cambodia has also almost doubled between 2018 and 2021 (Table 2.2), indicating the high level of Japanese interest in young Cambodian human resources.

With this growth in overall numbers, what are the trends regarding nursing care personnel? Expectations for care workers from Cambodia may have been higher, and since the start of accepting TITs care workers from Cambodia, the number of supervising organisations (‘Kanri Dantai’) that have obtained licenses enabling them to accept care workers from Cambodia has risen to 173 (Table 2.3), distributed across Japan. The number of Cambodian TITs working in the care sector was 99 in 2018, 155 in 2019 and 110 in 2020 (Table 2.4). The first person to obtain an SSW status in the care sector appeared in September 2019, and since then the number has remained below 20 (Table 2.5). In both TITs and SSWs, the majority of the increase has been in workers from the agricultural and construction sectors, with care workers in the minority. Some have pointed out that the reason for this is that there have been obstacles in the process of accepting trainees due to restrictions on entry by COVID, etc. However, as for TITs in the nursing care sector, there are countries such as Vietnam and Myanmar that have continued to grow significantly in 2020 and 2021, so the growth in the number of people in Cambodia has been stagnant. This may not necessarily be due solely to COVID.

Table 2.1 Cambodian Residents in Japan (by Status of Residence)

|              | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|--------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Nursing Care | -    | -    | -    | -    | -    | -    | -    | -    | 3    | 4    | 13   | 23   |

|       |      |      |      |      |      |      |      |      |      |      |      |      |
|-------|------|------|------|------|------|------|------|------|------|------|------|------|
| SSWs  | -    | -    | -    | -    | -    | -    | -    | -    | -    | 94   | 488  | 636  |
| TITs  | 213  | 369  | 425  | 592  | 1418 | 3106 | 4865 | 6180 | 7424 | 9516 | 9970 | 9305 |
| Other | 2470 | 2401 | 2437 | 2493 | 2672 | 3005 | 3502 | 4539 | 4747 | 5406 | 6188 | 6090 |

Note: The number in 2021 is for the end of June 2021.

Source: The Immigration Services Agency of Japan, Ministry of Justice.

Table 2.2 The Number of Certified Sending Organisations Registered in Cambodia

| Month-Year | Number of Certified Organisations |
|------------|-----------------------------------|
| Mar-2018   | 57                                |
| Mar-2019   | 72                                |
| Mar-2020   | 87                                |
| Mar-2021   | 94                                |

Source: Organization for Technical Intern Training.

Table 2.3 The Number of Supervising Organisations for Nursing Care TITs as of January 2022

| Country     | Number of Supervising Organisations for Nursing Care TITs |
|-------------|---|
| Vietnam     | 471   |
| China       | 367   |
| Philippines | 260   |
| Indonesia   | 249   |
| Myanmar     | 235   |
| Cambodia    | 173   |
| Thailand    | 130   |
| Mongolia    | 73  |
| Nepal       | 40  |
| Other       | 99  |

Source: Author calculated from the data by Organization for Technical Intern Training.

Table 2.4 Technical Intern Trainees in the Nursing Care Industry

|         | 2018 | 2019  | 2020  |
|---------|------|-------|-------|
| Vietnam | 653  | 3,523 | 5,142 |

|             |       |       |        |
|-------------|-------|-------|--------|
| Myanmar     | 258   | 1,486 | 2,086  |
| Indonesia   | 322   | 1,423 | 2,072  |
| China       | 320   | 1,173 | 1,079  |
| Philippines | 13    | 615   | 917    |
| Mongolia    | 70    | 254   | 249    |
| Thailand    | 26    | 82    | 115    |
| Cambodia    | 99    | 155   | 110    |
| Other       | 62    | 256   | 298    |
| Total       | 1,823 | 8,967 | 12,068 |

Source: Organization for Technical Intern Training.

Table 2.5 Specified Skilled Workers from Cambodia

|          | Cambodian Workers |              |
|----------|-------------------|--------------|
|          | Total             | Nursing Care |
| Mar-2020 | 198               | 0            |
| Jun-2020 | 243               | 0            |
| Sep-2020 | 280               | 1            |
| Dec-2020 | 488               | 12           |
| Mar-2021 | 569               | 12           |
| Jun-2021 | 636               | 14           |
| Sep-2021 | 767               | 18           |

Source: The Immigration Services Agency of Japan, Ministry of Justice.

## 2.2. Training System and Recruiting Process

In this section, the training system and the recruiting process will be briefly introduced. There are more than ninety organisations that can send workers to Japan and that are registered to Cambodian government. There are some institutions funded by Japanese companies that collaborate with Cambodian universities or that try to provide higher and qualified education, such as college.

### 2.2.1. Trainees who studied nursing or worked at hospitals

In Cambodia, nurses don't usually think about working abroad, as the Indian and Filipino nurses do. Therefore, discussing the situation of nurses in Cambodia does not explain the typical pre-departure training for care workers going to Japan. However, in some cases, Cambodian nurses or midwives are sent out as care workers after Japanese language

training. This happened in cooperation with one private university in Cambodia. In the latter half of this section, the situation of such care workers in Japan based on interviews will be introduced; before that, the supply and demand of nurses, their education in Cambodia, and then their pre-departure training before being sent to Japan will be reviewed.

The primary goal of nursing education in Cambodia is to match the demand within the country, because Cambodia has been faced with a lack of human resources for many years due to the impact from the long-lasting civil war. Nurses in Cambodia need three or four years of specialised education after high school (Koy 2016; Ly 2018). With three years of training, they can gain the Associate Degree for Nursing (ADN) certificate, and the Bachelor of Sciences in Nursing (BSN) is for those who finish four years of training. Both qualifications indicate nationally qualified nurses who can work as professional nurses in Cambodia after registration with the Cambodian Council of Nurses. If ADN nurses take one extra year of training, they can earn a BSN.

There is one national university, the University of Health Science, that provides the education for nurses in Cambodia. In addition to this school, one military school, five regional schools and eight private universities also have faculties of nursing. Most of them face capacity problems, such as a lack of faculty members with higher degrees, a lack of facilities for clinical nursing practice, a lack of technology use in nursing education and so on (Ly 2018).

The total number of nurses in Cambodia in 2017 was 17,306, which represents a drastic increase from 8,121 nurses in 2006.<sup>6</sup> However, the number of nurses per 1,000 population is still only 1.0 as of 2019.<sup>7</sup> In comparison with some Asian nurse and care worker sending countries, in 2019 India had 2.4, Indonesia had 3.8, and the Philippines had 5.4, with an excess supply of nurses in these countries, where there are some people who study nursing specifically to work abroad. It should be noted that even in Vietnam, which sends more care workers than does Cambodia, the figure was 1.4 in 2016, which is a few years old and a lower figure than that of other sending countries, but still a larger number than in Cambodia. This figure suggests that the human resource pool of healthcare workers in Cambodia is still quite limited.

The salary of a newly graduated nurse in Cambodia is usually about 300 USD

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<sup>6</sup> Cambodian Council of Nursing, <http://cambodiancouncilofnurse.com/nurses-in-numbers/#> (Accessed on 28 February 2022).

<sup>7</sup> World Health Organization's Global Health Workforce Statistics, OECD. Data is cited from the World Bank website: <https://data.worldbank.org/> (Accessed on 28 February 2022).



per month in a state hospital and 250 USD in a private clinic,<sup>8</sup> which is not significantly lower than that of a person working in a private company, but not much higher either, so it is not a very attractive profession from an income point of view, although it may offer greater ease of finding an employment opportunity. Young people in Cambodia enter nursing schools for a variety of reasons, such as because they are interested in the nursing profession itself, because their parents encouraged them to do so, or because they received a scholarship, but usually they are not expected to go abroad to work. There are a few Cambodian nurses in Thailand, who studied nursing in Thailand, but it is quite rare to find such nurses (Patcharawalai et al. 2017).

When the Japanese organisations try to recruit the candidates for the TITs/SSWs in nursing care, it is easier for them to recruit people already trained as nurses than people without any expertise or experience in the training process, as seen for example in the case of EPA care workers who are nursing university graduates. There are some cases of accepting nursing graduates from Vietnam to the institutions for nursing care professionals in Japan, in which case the graduates are expected to be certified care workers to work in their related facilities.<sup>9</sup> In one case in Cambodia, a private university in collaboration with a Japanese sending organisation tried to send TITs to Japan in this way (though, for reasons that are not clear, this collaboration ended in 2019). A group of candidates who had studied nursing also studied the Japanese language, which is necessary for working in nursing homes, to obtain an N4 certificate in the Japanese language,<sup>10</sup> and then they relocated to Japan after online interviews with Japanese employers.

### **2.2.2. Candidates without backgrounds as nurses**

If candidates do not have a background in nursing, then training in nursing care from scratch and learning the Japanese language will be done in parallel. There are several such

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<sup>8</sup> Based on the author's interview of the lecturer at the University of Health Science in January 2020.

<sup>9</sup> For example, one by social welfare corporation (<http://www.taiyou-kai.jp/info/news/detail/442.html>) and others by local governments (<https://www.city.yokohama.lg.jp/shikai/kiroku/katsudo/h30/keniH300517.files/j5-20180927-kf-123.pdf>, <https://www.pref.chiba.lg.jp/kenshidou/jinzai/310318vietnam.html> (Accessed on 28 February, 2022) ).

<sup>10</sup> N4 refers to the Japanese Language Proficiency Test 4, which means that the student can understand basic Japanese. It is mandatory to pass N4 before leaving for Japan, and TITs are expected to pass N3 within one year of leaving for Japan.

institutes in Phnom Penh run by Japanese companies. The author had the opportunity to visit some of these institutes in 2019–2020.<sup>11</sup> There intensive training in the Japanese language and care knowledge is provided, as well as a comprehensive education including morning exercises and the disciplines necessary to live and work in Japan. Some of the candidates were for TITs and the others studied to prepare for taking the examination for the qualification for SSW (in fact, the majority were sent out as TITs).

The level of the educational background of the candidates varied, including some with a university degree in literature and others with only a high school education. According to one of the managers, ‘given that the country is facing challenges in education/human capital, it is the role of the newly established schools like us to find the right people from various candidates, even if their backgrounds do not necessarily match their careers. We can train them.’ On the other hand, there were some managers who said that they encountered various difficulties in training care workers in Cambodia, in comparison to Vietnam where they can train candidates on a larger scale.

### **2.3. Care Workers from Cambodia—Interviews**

#### **2.3.1. Overview of the respondents**

In January and February of 2022, the author conducted telephone interviews with six Cambodian care workers.<sup>12</sup> In this section, based on these interviews, their situations before leaving Cambodia, after entering Japan, and their future plans will be introduced. Here, the following points will be considered: how the Cambodian trainees working in the care sector interact with the Japanese workplace and society; what kind of career plans they have; what problems they are facing; and so on.

The author interviewed six care workers from Cambodia as a result of snowball sampling. All of the six interviewed had received four years of university education in nursing in Cambodia, and five of them had worked for a while in hospitals and clinics as nurses or midwives before coming to Japan. Everyone had been in Japan for two to three years as of the interview. Such backgrounds probably do not represent the mainstream of care workers from Cambodia and it is undeniably a biased sample in painting a full picture. However, it means that there is less communication among Cambodian TITs if they don’t

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<sup>11</sup> See the separate paper in a forthcoming issue for details (Hatsukano *unpublished*).

<sup>12</sup> Due to the COVID pandemic, conducting direct interviews with Cambodian care workers working in different parts of Japan was restricted. The entry of new TITs/SSWs into Japan was delayed, and care workers working in Japan were required to be more careful in order to prevent mass infections among the elderly in their nursing homes. Therefore, the author chose to conduct the interviews via internet telephone.

live close to each other. Additionally, there is much that is representative of a certain percentage of Cambodians who are currently working in the nursing care sector in Japan, and hence that can also be used as a reference when considering the challenges posed by a group without a nursing education background in the future as well.

The six participants consisted of three males and three females, aged between 27 and 32 years, five from the north-western provinces and one from Phnom Penh in Cambodia. It is a coincidence that half of them are male; more than half of the TITs who come from the same university as theirs are female. There is one who changed his status from TIT to SSW at the time he changed his place of work when he finished his third year in TIT, so most of his actual experience is similar to that of other TITs.

### **2.3.2. Before departure: motivation and training**

#### 1) Motivation

They had just started to study nursing when they came across the option of going to Japan, which they found attractive and interesting. They thought they would be able to gain new experiences in Japan. Some said they wanted to save money for further study, but none said they came to Japan primarily to earn money or to send money home to their families.

The occupations of their parents were varied: agriculture, commerce, etc. There was one person whose father worked in the medical field. However, none of them answered that their parents forced them to be a nurse in Cambodia or to work as a care worker in Japan. All of them answered that they decided by themselves to study nursing and then decided by themselves to work in Japan, and they were able to convince their families to allow them to go, despite their families' concerns.

When asked if they had ever considered a country other than Japan, some of them expressed a kind of yearning for Australia or Europe. However, this does not mean that they had any concrete plans for going there. They had already started training towards the option of 'working as a care worker in Japan', so it seems that they had not compared Japan with any other country during their decision-making.

#### 2) Pre-departure Training

They had all studied nursing for four years to become nurses and midwives. Some studied at the campus in Phnom Penh and some in Battambang province. During their studies and after graduation, five of them gained experience in private clinics and provincial hospitals for a few months to a year. After that, six candidates took a Japanese language course in Phnom Penh, passed the N4 exam, passed the interview, and came to Japan.

The Japanese language training in Phnom Penh lasted from about one to two years, depending on their schedule. They didn't study full time, but part-time. They worked when they were not studying Japanese. Some of them worked in Japanese restaurants or beauty salons to earn money for their living and also for their travel expenses. They answered that they prepared for their expenses by themselves or some answered that their families helped them partly or fully.

### **2.3.3. Situation in Japan**

#### **1) Communication and language**

After arriving in Japan, TITs undergo two months of training and then begin working at each facility. They said that there were several Cambodians working at the same facility, and that sometimes people from other countries, such as Indonesians or Vietnamese, are working on different floors of the same facility (if the floors are different, there is not much interaction).

One said that, before the COVID pandemic, he sometimes went out for drinks with younger Japanese staff. Some said they do not suffer from homesickness because they can easily contact their families through online calls. They share their apartment rooms with two or three TITs, and this prevents them from feeling loneliness. However, it is a fact that none of the six have been able to see their families directly since their arrival in Japan.

As for their Japanese language skills, four of them obtained N3 within the two-month training time, one obtained N3 after six months, and one had already obtained N3 before coming to Japan. Although they work in an area with a strong dialect that is different from the standard Japanese language taught at schools, they said that the language barrier in conversations with the elderly in the facilities was not a problem once they got used to it.

In terms of communication with Japanese staff, one respondent said, 'There were times when I couldn't understand why the Japanese staff were angry', and 'I had many problems in the beginning, but now I'm fine.' They also continue studying after obtaining their N3, aiming to obtain N2. All answered that reading and writing kanji, the Chinese characters, are the main challenges in studying for the N2 level. Although the acquisition of language skills varies from person to person, in the case of the six TITs it can be inferred that study habits and basic academic skills are important factors in clearing the language barrier.

When they face problems in the work place, they usually consult with their senior

staff in Japanese. Additionally, for two of them who are working with other foreign nationalities' care workers, and, sometimes when they need advice, they communicate with care workers of other nationalities in Japanese or in English. English as their third language can also support better communication in some cases.

## 2) Outside the workplace

They have eight to nine days off a month. On their days off, they said that, before COVID, they went out and sometimes had parties or drinks. However, since the start of the coronavirus disaster, they tend to stay indoors, except for a short time shopping. 'I sleep all day long', said one person. Another said that he was studying for his N2 exam and for his future exam for the certified care worker.

They live with two to three Cambodian colleagues close to their working place. This can help them to prevent homesickness and they can consult each other when they have problems. One said, 'We usually eat on our own, but sometimes we eat together.' Living together seems to give them a sense of security. The only person who lives alone is the one who switched to SSW. He said, 'it is not so easy to live by oneself. I had to choose an apartment far from the workplace to save on cost. I feel lonely compared to the previous life with other colleagues.'

### 2.3.4. Future plans

All six TITs were single males and females in their late twenties or early thirties. They would be working as TITs for a maximum of five years, therefore they had two to three years more, as of the interview. However, it is a difficult time for them as they should consider various options such as marriage, childbirth, and their future career paths.

When the author asked about their future plans, such as whether to return to Cambodia or to stay in Japan longer, one said, 'I can't decide yet. I'll think about it while I work for another two years', and another said, 'I want to pass the exam for the certified care worker and stay in Japan as long as possible', and 'I want to work in the hotel sector in Japan in the future, if possible.' There is one respondent who had already switched to SSW status to prepare for a longer working life in Japan, because he was asked to do so by his new employer. According to the respondents, there are several of their fellow TITs who had been with them and have returned to their homes before them, for reasons that remain unclear. Not all of Cambodian TITs want to stay longer, and not all of them want to go home sooner, so it is not possible to determine a general trend without further study.

Even those who are thinking of returning to their home country do not seem to

have a clear plan yet. When asked what they would like to do if they were to return to Cambodia or if they had to return to their home country, the responses included ‘teach Japanese’, ‘study to become a doctor’ and ‘return to nursing.’ At the time of the interviews, at least five respondents had not considered the option of working as care workers in Cambodia after returning home, although there was one respondent who was interested in working as a professional care worker in Cambodia. Even though there are currently limited opportunities in Cambodia to work as professional care workers, nevertheless Cambodia will have more of an aged population in the future. This fact was captured by the respondent’s words, ‘the knowledge and skill I learned in Japan will be an advantage in supporting the elderly in Cambodia in the future, though there is no such facility yet.’

### **3. Concluding Remarks**

The intake by Japan of care workers from Cambodia has been increasing, mainly for TITs, but the increase has been slower than that from other sending countries, as reviewed in Section 2.1. There must be some factors contributing to the inefficiencies, though those factors are not yet confirmed in this paper.

The author conducted online telephone interviews with six TIT/SSWs from Cambodia working in the nursing care sector in Japan. These individuals are facing various restrictions according to their trainee status and the influence of COVID, as they struggle to adapt themselves far from their families, wondering about their future career paths. At the same time, they take responsibility for their daily care work, getting to know the elderly and other staff. The fact that they are licensed nurses in Cambodia suggests that they have adapted well to care work with the elderly, even in Japan. However, this kind of cooperation between nursing schools and sending organisations does not prevail in Cambodia. Most probably, in Cambodia the supply of nurses is still not very similar to that of other sending countries, and more nurses are needed domestically. It is often said that Cambodian young people are accustomed to communicating with the elderly because they are brought up in big families and they have good hospitality. However, more years will be needed for training the care worker in acquiring a certain level of knowledge and skill from zero. Hence, a few more years will be necessary for examining the overall picture of the situation of the Cambodian care workers in Japan.

What will be their actual choices, when the six Cambodian care workers reach the end of their final year? Whether they will stay in Japan or return to their home countries, and what they will do if they return, are questions that we will have to continue to ask in the future. By examining their situation further, we would be able to consider

Japan's future migration policy, whether it continues with the same system or not. Japan's acceptance of TITs has long been accused of being a disposable way of accepting young, relatively low-paid, lower skilled workers, even though they are called 'Technical Intern Trainees'. However, in sectors such as nursing care (and even in the construction and agricultural sectors), the country's ageing population and the serious shortage in the labour force mean that there is a need for people who will continue to work for the medium-to-long term. Once they start working in Japan, not only are they part of the labour force but they are human beings who live in Japan. In this context, there is a need to create a system that will allow people to choose their futures more freely.

## Reference

(English)

Koy, Virya. 2016. "The Lifespan of Nursing Education in Cambodia." *Belitung Nursing Journal* 2016; 2(4):65-69.

Ly, Chanvatanak. 2018. "Challenges in Nursing Education in Cambodia: A Perspective From A Nurse." *Belitung Nursing Journal*. Volume 4 Issue 6: November-December 2018.

Patcharawalai Wongboonsin, Yupin Aunguroch and Naomi Hatsukano. 2017. "Thailand: A Potential Nurse Receiving Country, focusing on Nurses' Mobility and Human Resource Development" Human Resource Development and the Mobility of Skilled Labour in Southeast Asia: The Case for Nurses. Edited by Yuko Tsujita Bangkok Research Center JETRO Bangkok / IDE-JETRO. March 2017.

(Japanese)

Fukushima, Misako. 2020. "Policies on Accepting Foreign Care Workers into Japan." *Journal of Tokyo Kasei Gakuin University*. Vol. 60. 2020.

Hatsukano, Naomi. *Unpublished (Forthcoming)*. "Cambodian Caregivers: Human Resource Development and the Option to Work Abroad." IDE-JETRO.

Sadamatsu, Aya. 2019. "Special Issue : Labor Shortage and Migrant Workers : Labor Issues in the Care Quasi-Market and Migrant Workers." *Journal of Ohara Institute for Social Research*. Vol.729. 2019-07-01.

Yu, Yang. 2020. "Issues and the Expansion of Policies on Accepting Foreign Care Workers into Japan." *Josai Contemporary Policies Researches*. Vol.13-2.