

A Study of Elderly Care Service System and Problems in Japan

Shengbo Cui*

Xi'an Peihua University, Xi'an, 710199, China

*Corresponding author: chsb20@naver.com

Abstract: Northeast Asian countries including China, Japan, and Korea are rapidly aging while experiencing a significant success in their economic development. As of 2023, the percentage of people aged 65 or older among these three countries is 15.4% (China), 18.0% (Korea), and 29.1% (Japan) respectively, which shows that the society aging is a major issue of policy makers. Particularly, the percentage of the elderly in Japan increased from 14% in 1994 as an aging society to 27.7% in 2017, becoming a superaged society. While the number of elderly people is increasing, the percentage of the economically active population between 15 and 64 in age is decreasing. In 2015, the ratio of persons aged 65 or older to economically active persons has decreased down to 1:2.3. Aging is expected to accelerate up to the point of 1:1.3 by 2065. Particularly in the superaged society of Japan, aging of caregivers who take care of an elderly one is also accelerating: It is now a society where an elderly person cares for another elderly person. As employed caregivers are aging and many of them retire, the insufficiency of caregivers is also a serious issue. The public caregiving insurance program was initiated in April 2000 as the 5th social insurance program of Japan next to the medical insurance system, pension plan, employment insurance system, and industrial accident compensation insurance system. The nursing service for the elderly, where welfare for senior citizens (a measure based on administrative judgment) and medical care for the elderly (as part of medical insurance benefits) were provided by each respective system, is now available in the dedicated social insurance system. Since this system was established, its importance has been emphasized as a safety net to secure pensions, medical services, and plans for later years. On the other hand, it affects the very existence of social security, involving institutional problems just as the other two systems do. The objective of this study is to examine the whole progress leading to the introduction of this program, the care insurance system of Japan as a vital safety net for the elderly, and how to address its problems, presenting prospects for its future. Implications of this study are expected to be significant since this is not merely a national issue of Japan but an important policy issue of many other countries.

Keywords: Japan's Super-Aged Society, Nursing Staff, Social Insurance System, Aging Nursing Staff, Reform of Nursing Support Companies

1. Introduction

The enactment of the Elderly Welfare Act in 1963 to prepare for the future aged society can be said to be the beginning of Japan's public welfare policy for the elderly. As a result, 'special nursing homes' and home-visit care, which are also in the current nursing insurance services, have been legislated. In the 1980s, an increase in the number of elderly people with limited mobility and social hospitalization (a condition in which many elderly people with low medical needs are hospitalized at a hospital with low financial burden) became a social problem. In 1989, the so-called "Gold Plan" (a 10-year strategy for promoting health and welfare for the elderly) was established, and the tendency of the elderly to nursing afterwards to increase and prolong the nursing period became increasingly remarkable. On the other hand, the situation of the side that has supported the elderly such as the nuclear family and the aging of nursing families has changed. Against this background, the need for a structure (nursing insurance) that supports the nursing society as a whole was raised, and the nursing insurance law was established in 1997, and a nursing insurance system was created based on an independent structure. Keywords at the time were 'self-reliance support' (from nursing to self-reliance support), 'user-oriented' (subjectivity of the elderly), and 'social insurance method' (clarification of burden as benefits). After the implementation of the system, the nursing insurance system is being promoted in two aspects: 'care expenses and insurance benefits' and 'a system for supplying nursing services'.

2. Nursing expenses and insurance benefits

Since the implementation of the system in 2000, the number of 'insured' who have neglected the progress of the elderly society and are actually subject to the nursing insurance system has increased significantly. Accordingly, the burden of care expenses (insurance benefits + user burden) also increased every year, from 3.6 trillion yen in 2000 to 11.5 trillion yen (budget base), which is about three times higher in 2023. In the future, as the Japanese baby boomers transition to the elderly, the increase in care costs is expected to accelerate further. For reference in designing the system, compared to Germany, the cost of care-related benefits (including welfare for the disabled) to GDP exceeds that of Japan. In addition, the aging rate (the ratio of the population aged 65 or older among the population) is almost the same (20.1% in Japan and 19.3% in Germany). Next, looking at the situation of "by service type (by home/facility)" and "by nursing degree", which are often discussed as the time of identifying nursing costs and insurance benefits, as of 2023, there are 970,000 facility service users, about one-third of the 4.25 million home service users.

This is due to differences in the type of service (whether or not it includes the element of residence) and the method of use (whether or not to use the service as part of life), but it is in a situation where it is said that the numerical comparison alone (facility service costs money). However, it is not appropriate to simply compare the number of users and insurance benefits at home and in the facility. The difference between the two reflects not only nursing resources, but also problems peculiar to home care, such as living alone or the elderly nursing the elderly, or the supply (maintenance) of facility services, and it is important to decide which to adjust from a broader perspective. Next, looking at the trend of the number of home service users as a situation by nursing degree, the increase in the number of so-called mild nursing users from 'support' to 'nursing^[1]' is remarkable. Looking at these mild nursing users, the proportion of insurance benefits is low because the rate of service use or unit price is low. Considering that these layers become "serious capital increase" afterwards, and the amount of benefits is increasing, this situation cannot be ignored, and institutional measures are indispensable.

The facility service method and the service's original attitude toward mild nursing users have been scheduled from the beginning of the system's implementation, and necessary revisions have been made as the central theme of the so-called 'system review after 5 years of implementation'. Since its implementation in 2006, multi-faceted effect measurement and evaluation are currently being conducted on the items.

3. System of supply of nursing services

Unlike the medical insurance system, the characteristic of the nursing insurance service supply system is that there is no corporate regulation, and it is possible for various entities such as for-profit corporations to participate (provide services). Although the lack of service "with insurance and no service", which was initially feared due to various business entry, has been avoided, in recent years, administrative dispositions such as guidance and cancellation of designation by business operators who prioritize profit have been on the rise.

On the other hand, the most important task in recent years is the shortage of manpower in nursing-related occupations. Although the absolute number of people is on the rise, the increasing trend and relative shortage of the elderly nursing is remarkable, and at the same time, the recent policy to suppress nursing financial resources is indirectly causing employee treatment and deterioration of the working environment. The serious manpower shortage in nursing service providers and facilities is also seen in the effective recruitment rate (security) and turnover rate (settlement difficulty). In addition, as part of the reorganization of nursing beds (a policy to reduce beds for long-term care inpatients), the nursing care-type medical facility (one of the nursing insurance facilities, admission of the elderly who have to respond mainly to medical care) scheduled for the end of 2011 was abolished. Accordingly, they are in a situation where they are forced to leave (move).

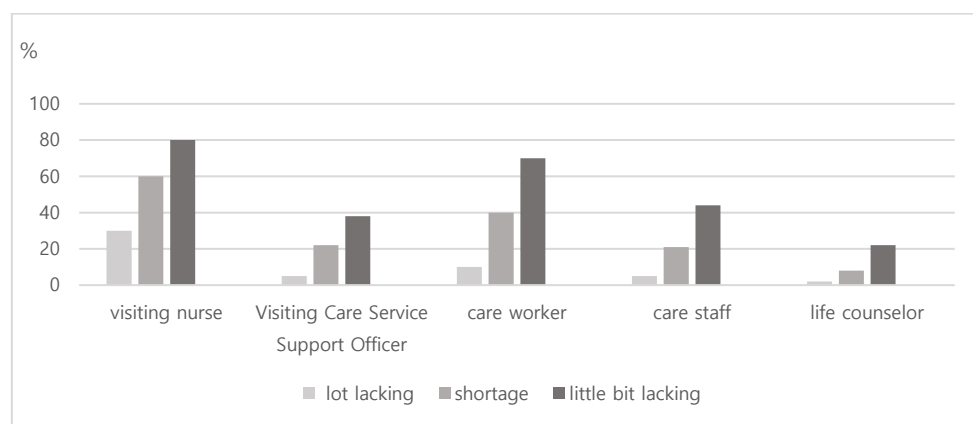
It is considered a very important task to have a system that supports home life while using home services, including dialysis treatment or medical responses such as feeding through tubes installed above, as well as maintenance of other accommodation facilities for nursing seniors who have difficulty in home-visit care.

4. Current Status and Challenges of Care Services

4.1 Imbalance in the supply and demand of care workers(Shortage of nursing staff)

It has been 24 years since nursing services have been protected from the legal system. Although many elderly people have been using nursing services, the biggest issues in recent years are the shortage of manpower and the management difficulties of service businesses. Most of the elderly hope to spend the rest of their lives at home. It is the door-to-door care service that enables this hope, but in recent years, the door-to-door care service support project has been struggling due to the lack of care personnel.

As shown in Figure 1, The number of nursing personnel from 550,000 in 2000 tripled in 2012, but about 230,000 nursing personnel are lacking in 2023 due to the rapid increase in the number of elderly people in need of care (poor manpower: 320,000 in 25 years and 690,000 in 40 years). The increase in the number of elderly people in need of care means an increase in the demand for nursing staff. However, the chronic shortage of manpower is progressing due to the low retirement rate and low settlement rate of employees due to low wages and hard work. In particular, the shortage of visiting care support personnel is even more serious.



Data: Japan Center for Nursing and Labor Stability. (2023). Survey of management of care business. Tokyo: Center for Nursing and Labor Stability Press, 45-49.

Figure 1: Excessive shortage of employees (by job type)^[9]

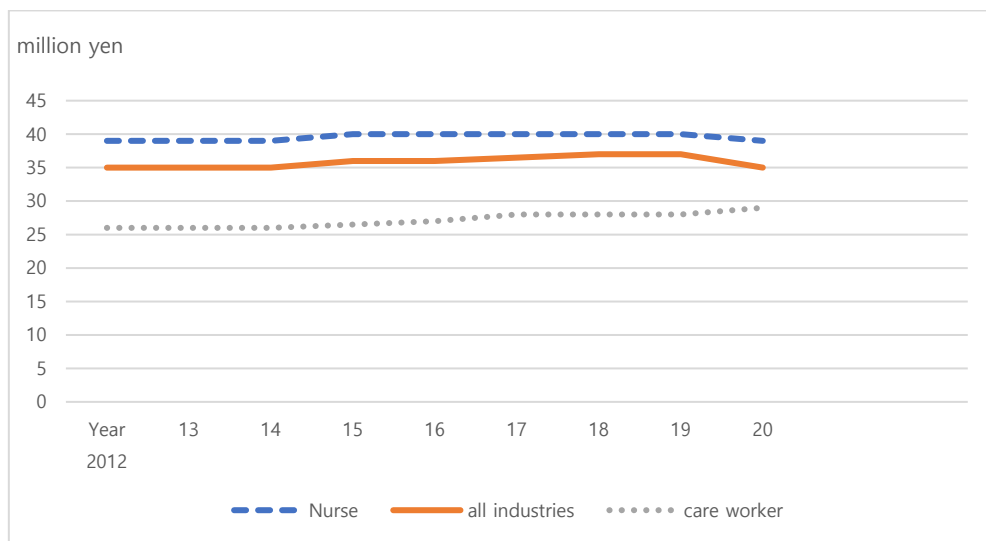
In this situation, confusion is caused by the revision of the law to cut the wages of elderly care staff. The Japanese government cites the results of a recent management survey^[2] as an example of the reason for the wage cut. In other words, it points out the surplus in profit rate of 7.8% for door-to-door care. However, there is a problem in judging management stability based on these figures. The caring income of a facility or place of business for a visiting care is below the industrial average wage. The reason why the survey showed a surplus is that labor costs were reduced without securing human resources. There is a big difference in the rate of return for businesses that visit each house.

In addition, most of the employees receive part-time pay for non-regular workers, and their income is unstable as they often do not receive wages even when they cancel their appointments due to travel time or user circumstances. This situation is appearing as a dispute. In a lawsuit against the Japanese state for compensation by caring staff, the Tokyo Court acknowledged the government's responsibility for neglecting to solve the problem, even though improving wage levels and securing talent have long been policy tasks.

Japan's care insurance system, which began in 2000, has liberated families, especially daughters-in-law, women, who have been in charge of caring for their parents so far. However, in order to curb the increasing cost of care, the government has increased the burden on users and reduced services. In this revision of the care wage, the target of 20% out-of-pocket expenses was expanded from 2.8 million yen or more to 1.9 million yen or more in annual income, and the first and second levels of nursing care were transferred to comprehensive projects in cities and villages.

As shown in Figure 2, In this environment, the peak of the elderly population is 2040, but the population aged 75 and over continues to increase until 2060, and the number of nursing users continues to increase. Professor uenotituko(2) points out that visiting nursing is necessary in preparation for death at home for short-term elderly people, but is on the verge of collapse due to low wages and lack of

manpower. Low pay leads to a shortage of talent, and the neglect of women's wages so far is pointed out as the wrong view of labor that women's housework is free (figure2).

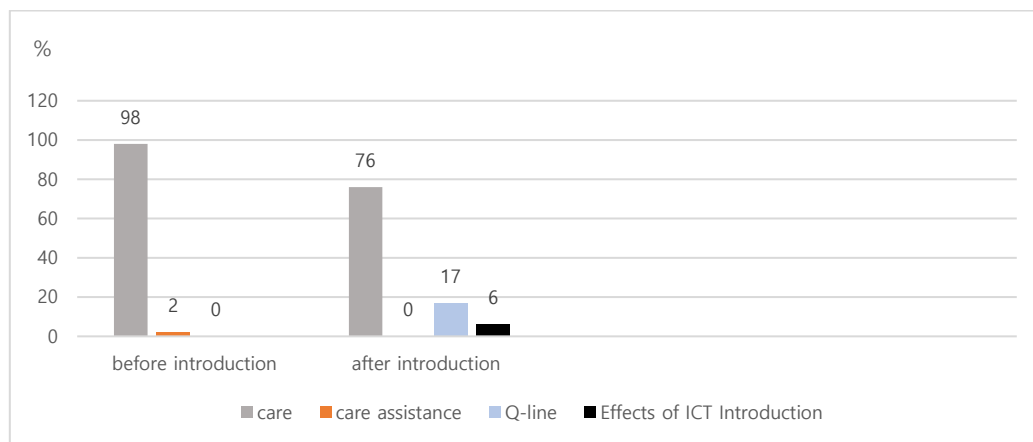


Data: Japanese Ministry of Labor and Welfare. (2021). *Basic Statistical Survey of Wage Structure*. Tokyo: Ministry of Labor and Welfare Press, 57-60.

Figure 2: Comparison between the care service staff and the average income of each job[10]

4.2 Manpower allocation criteria

As shown in Figure 3, Low wages and labor intensity play an important role in the cause of the shortage of nursing service personnel. Manpower allocation is important to alleviate the human resource supply and demand. However, the Japanese government has not increased the number of people due to financial problems. Personnel allocation is important in improving service quality. Until now, the standard for personnel allocation in nursing facilities is 3 to 1, that is, it is mandatory to assign more than one nursing staff to 3 occupants. However, from 2024, the number of facilities that meet certain conditions for introducing ICT (Information and Communication Technology) was relaxed to 3.33 to 1 person. The basis for the Japanese government's deregulation is due to the empirical experiment conducted by SOMPO Care, a leading Japanese nursing industry company, in 2023. Work hours before and after the introduction of ICT such as bath support devices and information linkage processes were compared at 12 facilities nationwide. As a result, after introducing ICT, the working hours decreased to 76% before the introduction, and it is concluded that the response is possible with a 3.27 to 1. This has broken the government's standard 3 to 1. However, there is a problem with SOMPO's experiment.



Data: Ministry of Health, Labor and Welfare of Japan. (2023). *Report on edification measurement projects on productivity improvement by caring robots*. Tokyo: Ministry of Health, Welfare and Labor Press, 98-100.

Figure 3: Comparison of working hours before and after ICT introduction[11]

Figure 3 is a report collected by the Japanese Ministry of Health, Labor and Welfare on the results of the SOMPO care experiment. It was found that the caring staff's time was reduced to 76%, and the shortened time was 24 minutes. According to this, out of 24%, the reduction effect was only 6%. What accounts for 17% of the figure above is the effect of the (Q line). The Q line refers to being in charge of only indirect tasks such as washing, cleaning, and cleaning tissue inside a care facility. This is the language created by SOMPO Care in this experiment. In the experiment, the work was divided into direct care and indirect care, excluding the work hours of the employee (Q line) who only performs indirect work, and it is possible to shorten the work hours of the employee who directly cares. In other words, the 17% reduction can be said to be the effect of changing the division of roles in the field.

By not counting the nursing staff doing indirect work, the number of personnel was clearly reduced, but labor costs are paid from nursing care even for the person in charge of indirect work. It is difficult to say that simply changing the employee's counting method leads to overall labor cost reduction or productivity improvement. Therefore, the pure reduction effect with the introduction of ICT is only 6%.

When asked about SOMPO management (Is it okay to use the Q-line effect as the ICT effect?) (ICT alone is not a 24% reduction effect, but 17% of the Q-line also includes the effect of using ICT). In addition, by creating time through visualization or recombination of work, connecting to high-quality services can improve productivity and reduce the burden on caring staff. It expresses the view that the revision of the staffing criteria becomes a means of promoting creative ideas of business operators.

The Japanese government aimed for SOMPO Care to actually reduce staffing to 4.1 to 1 in 2022. Although this experiment was conducted, the SOMPO result did not reach much higher than 4.1 to 1. However, if work efficiency is improved by strengthening ICT investment, SOMPO care promotion to improve the quality of nursing while reducing the burden on employees is not wrong. What we learned from the experiment is that introducing ICT does not mean that manpower can be reduced. As a result, there was high criticism of the promotion of easing the staffing standards, and we have no choice but to continue to promote Digital Transformation (DX).

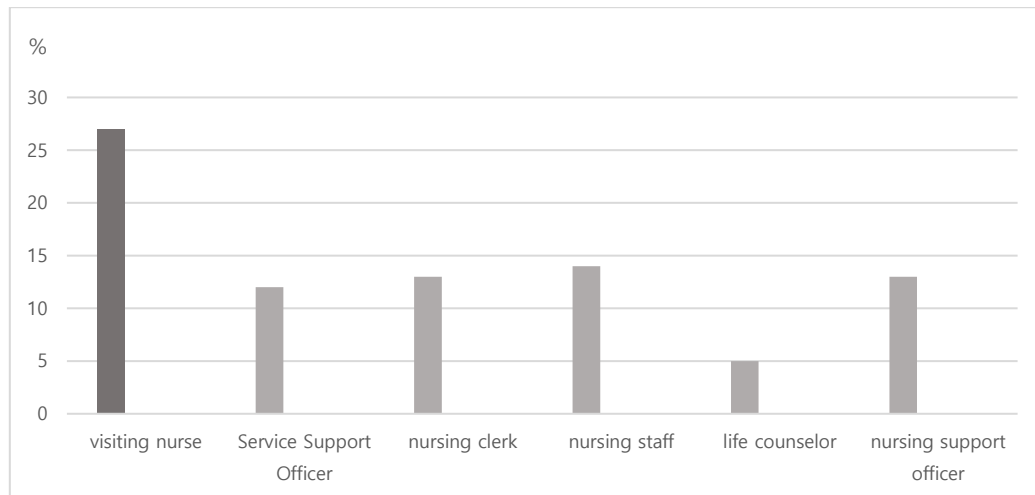
The elderly receive visiting nursing services when they are hospitalized for health problems. At this time, most elderly people want to receive nursing services at home. Families can feel safe by freeing themselves to do anything at home while receiving life help from nursing staff. Also, the elderly can live a leisurely life by receiving help or talking to nursing staff. However, nursing staff often do service support activities by self-driving. The average number of households visited per day by nursing staff is 7 to 8, and the driving distance is more than 100 km, and they even help with life such as cleaning and cooking, such as changing diapers or helping the elderly prepare meals. This life is repeated every day. Due to this intensity of labor and low wages, the number of young job seekers in the nursing service job is low. Eventually, retirement is increasing due to the aging of the staff, and it is difficult to supplement the retired workforce, deepening the imbalance in the supply and demand of manpower. In particular, small-scale nursing service support offices are facing a crisis. According to a survey on bankruptcy and closure of businesses by the Tokyo Institute of Commerce and Industry (Note 4) (Welfare and Nursing Projects for the Elderly), the number of bankruptcies of visiting nursing in 2023 reached a maximum of 68 cases in the past. 80% of them are small businesses with less than 10 employees. Small nursing businesses played an important role in nursing services in small areas, but are struggling due to the aging of nursing service staff and manpower shortage. This is the subject of investigation only in Tokyo, but the provinces are more aging.

4.3 An aging nursing staff

As shown in Figure 4, Another problem with the shortage of manpower is the aging of nursing staff. According to the Nursing Labor Survey (2023)^[3], one in four visiting nursing staff nationwide is 65 years of age or older, and the number of people who have changed jobs has begun to exceed those who have started working. In particular, in 2040, when the Japanese baby boomers (born after 1948) will turn 65, the number of nursing staff is expected to be insufficient. The shortage of nursing staff also affects the actual service provision. The most common reason for the denial of nursing requests by visiting nursing operators is the shortage of manpower, but the aging of nursing personnel is also a problem.

The elderly receive visiting nursing services when hospitalized due to health problems. At this time, most elderly people want to receive nursing services at home. Families can feel safe by freeing themselves to do anything at home while receiving life help from nursing staff. Also, the elderly can live a leisurely life by receiving help or talking to nursing staff. However, nursing staff often do service support activities by self-driving. The average number of households visited per day by nursing staff is

7 to 8, and the driving distance is usually more than 100 km, and they even help with life such as cleaning and cooking, such as changing diapers or helping the elderly prepare meals. This life is repeated every day. Due to this intensity of labor and low wages, the number of young job seekers in the nursing service job is low. Eventually, retirement increases due to the aging of employees, and it is difficult to supplement the retired workforce, deepening the imbalance in manpower supply. In particular, small-scale nursing service support offices are facing a crisis. According to a survey related to bankruptcy and closure of businesses at the Tokyo Institute of Commerce and Industry^[4](Welfare and Nursing Projects for the Elderly), the number of bankruptcies of visiting nursing in 2023 reached the maximum at 68 cases in the past. 80% of them are small businesses with less than 10 employees. Small nursing businesses played an important role in nursing services in small areas, but are struggling due to the aging of nursing service staff and manpower shortage. This is the subject of investigation only in Tokyo, but the provinces are more aging.



Data: Ministry of Health, Labor and Welfare of Japan. (2023). *Report on edification measurement projects on productivity improvement by caring robots*. Tokyo: Ministry of Health, Welfare and Labor Press, 98-100.

Figure 4: The ratio of the number of employees by occupation and the number of workers aged 65 or older

4.4 Care insurance system

The background that can facilitate the project to support care services for the elderly is because of care insurance. The national tax for care insurance is one-fourth. Japan's Ministry of Finance includes (1) paying for care management as a measure to curb benefits through the revision of the 2024 law, (2) expanding those subject to 20% burden, and (3) paying benefits for the first and second classes of the elderly who need care. Among them, (1) caring management does not have a self-burden from the start of the system to receive care services, but the Japanese Ministry of Finance emphasizes the need to pay for users in the same way as other nursing insurance services. (2) It is a proposal to expand the income standard set at 2.8 million yen or more in annual income as a proposal to expand the number of people subject to 20% burden introduced to high-income people. Lastly, (3) it is whether or not nursing level 1-2 people are transferred to the structure of a comprehensive nursing prevention and daily life support project.

For the comprehensive project referred to here, the upper budget limit is set for each city, village, and village, and the structure of suppressing benefits is inherent, so visit nursing and day nursing for people in the first and second levels of necessary support have already been transferred to the comprehensive project. The Ministry of Finance demands that the scope of benefits be reduced to the transfer of people in the first and second levels of nursing care. However, all of them were postponed to the next system revision due to opposition from users and industry groups. This problem will be required again for the next system revision scheduled for the year 27.

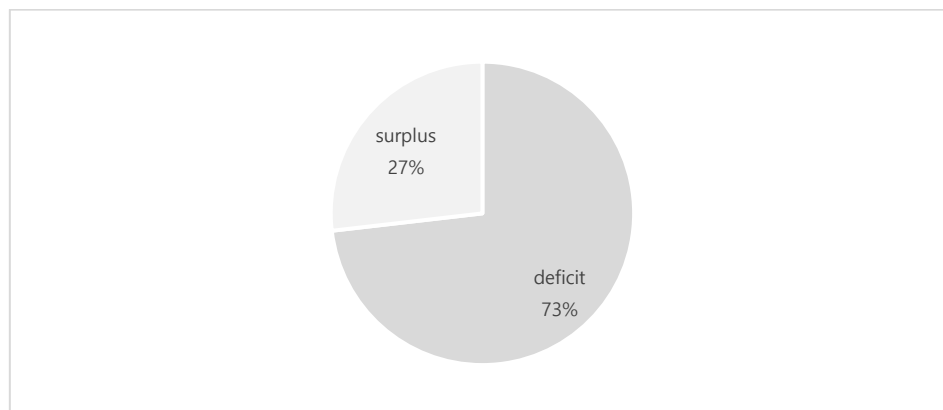
Although 24 years have passed in the nursing insurance system, users have difficulties every year. In other words, it is because the government is restraining the use of nursing. For visiting nursing, the burden on users was initially 10% by dividing the usage time, but it has expanded to 20% and 30%. Point out that the past 24 years have been a very bad law^[5].

Not everything has failed with the revision. With the participation of a lot of private businesses, new services have been created to meet the needs of users, and the government has recognized it. As one of the new services, small-scale, multifunctional home care must be a beneficial service for private use.

5. Innovation in the care support industry

5.1 Scale and Management Innovation

Nursing service support companies are experiencing financial difficulties along with manpower shortages. In particular, the financial difficulty is in trouble due to the upper limit of government benefits and manpower shortage (Figure 5). One of these solutions is the strategy of scaling up businesses. In other words, if production facilities are expanded in mass production to increase production, the average cost of reproduction to a certain extent will decrease. It is expected to reduce costs by scaling up businesses. NICHII was transferred from chain capital to Japanese life insurance. The use of famous brands such as Japanese life can raise the image of the nursing industry. However, the nursing service support industry is not a large influential organization such as the doctors' association or the nursing association, and the speech is weak. Therefore, there is also concern that the largest company in the industry will become a subsidiary of another industry at the time when it is necessary to expand its scale and work together. However, it is also important to raise industry awareness by gathering small and medium-sized businesses with low funds and increasing them on a large scale. What they expect as industry leaders is the MBK partners of Asian funds. MBK is TSUKUI, which launched the No. 1 office in the day service industry in 2021. SOYOKAZE, the industry's top player at Short Stay^[6] in 2023, and the paid nursing home (IRS) in 2024 established HITOEA.



Data: Tokyo Senior Welfare Facilities Association. (2022). *Special Survey on the management of nursing homes for the elderly*. Tokyo: Senior Welfare Facilities Association Press, 67-70.

Figure 5: The management status of Tokyo 517 facilities[12]

Scale-out benefits and work efficiency using the technology of the PE fund are the points of success. TSUKUI and SOYOKAZE have formed a business alliance. TSUKUI argues that it is necessary to create a home care service system in order to maintain nursing in Japan. Day care and accommodation are prepared, but how to expand visiting nursing services is a challenge. To solve the task, TSUKUI is challenging a new young-centered visiting nursing model for AKARIE, which has both information and communication business and nursing business.

Visiting nursing staff are aged 65 or older, accounting for 40% of them, and there are many part-time workers. However, AKARIE nursing staff are in their 20s to 40s, and are based on hiring regular employees. As there are many young people, it is centered on expensive physical care. In addition, a salary system has been created in which employees use mobile phones to conduct sales activities on their own, and as the number of new customers increases, the remuneration increases.

As employees of AKARIE, those who have worked in special nursing homes or visiting nursing homes have wasted time and labor in sharing users' information and in-house contacts at the office, whether they have worked so far. However, AKARIE also used information sharing and contacting apps to concentrate on visiting nursing and sales activities.

Japanese funds Japanese industry promotion organizations have invested in local nursing projects. The use of land was eliminated through informatization and digitization was promoted. In the process of

actively developing new facilities, incentives were also introduced to give guarantees if the enrollment rate (operation rate) was increased. It is a end-of-life nursing project that cares for people at the end of their lives. In the face of a multi-family society, end-of-life nursing is increasing in social need. Visiting nursing services are highly profitable because they receive medical insurance benefits as well as nursing insurance benefits. Nursing work can be systematized and has high growth potential. The same is true of TSUKUI, which focuses on end-of-life volunteers. It aims to expand the visiting nursing business and improve the quality of home care. In the end, the scale of the business is expected to achieve two goals: cost reduction and profit increase.

5.2 Efficiency of nursing work

Due to the increase in the elderly population and the decrease in the working-age population in Japanese society, the shortage of nursing personnel and financial resolution are challenging. However, while the financial problem can be solved by deficit government bonds, it is not easy to solve the shortage of manpower. In the future, it is time to consider accepting foreign talents by creating a good environmental workplace by utilizing digital technology or improving salaries that the Japanese government values. Moreover, it is necessary to strengthen various measures such as strengthening the system in cooperation with residents and companies to the state, local governments, and nursing sites.

There are options such as ensuring the sustainability of the nursing system, increasing tax and insurance premiums, and increasing user burden. These options have a great impact on the lives of the whole people and the elderly. Countermeasures are needed to prevent the reduction of nursing insurance and improve employee benefits. The Japanese government is considering expanding the number of people subject to 20% burden according to the amount of financial assets. However, discussions are required for the relationship between burden and benefits.

In the nursing field, there is no effective solution amid the continued decline in the working age population. In order to be able to take care of the site with a small number of people, "productivity improvement" must be emphasized through the introduction of ICT, and solutions must be sought through the addition of subsidies or nursing fees. Above all, in the nursing field, the trust relationship between users and professionals is important. It is not easy to automate everything. If you try to pursue your own purpose with the introduction of new technology, it can be a meaningless facility investment. For this reason, digital technology must be settled in the field so that the steps in the field can feel the benefits, such as making it easier to use. Some operators are devising measures not only to improve work efficiency but also to allow the steps in the field to focus on nursing through the introduction of digital technology. Efforts to improve the field themselves are needed through these opportunities.

There is a demand for maintenance such as improvement of the work in the nursing field (professional or atypical work that only humans with specialized skills and experience can do), (work that even non-professionals can do), and (work that can respond with robots or digital machines). The employment of foreign talents in these fields can also be an option. On the other hand, the nursing field is unable to autonomously change the structure of the building or the staffing because the nationwide standards for employees and facilities are stipulated. For this reason, regulatory improvement is required, but securing the safety and quality of care for users should be a major prerequisite. There is always a difficult response that must satisfy the interest rate of securing safety or quality at the same time. However, labor intensity should be reduced through work efficiency so that job seekers can easily access it. Therefore, work efficiency in the field may be an alternative to manpower reduction.

5.3 Reform of information and communication

The nursing service support industry is difficult to rationalize management due to labor-intensive type. So, structural reform is needed with the introduction of ICT. The lead in the reform is the investment fund, which is the shareholder. Funds have the power of funds. The nursing care industry is reorganizing around the investment fund EXIT (purchasing and recovering the funds years later).

As the elderly population increases, the demand for nursing continues to increase. The first thing to do is to strengthen the nursing business. To strengthen the field, the first thing is to simplify work. In the non-profitable sector, the funds collected by selling are invested in core business nursing to improve production. The purpose of the reform is to create a system in which nursing staff can concentrate on their duties. Until now, the support and maintenance of recruitment work in the recruitment customs of each base have been unified into the headquarters. It is striving to improve work efficiency by abolishing documents such as documents and books and developing independent apps. In particular, efficient human

management becomes possible by strengthening the information and communication of the business. Therefore, IT-savvy talents are also being recruited from Amazon and Fast Retailing.

In addition, the beness style care, which develops high-end nursing homes, is striving to improve the productivity of nursing staff to improve work. In other words, it is a heart medical care for introducing nursing talent or nursing MCM. The beness style care seriously recognizes the shortage of nursing workers and believes that social tasks can be solved if the talent business grows. The company has granted nursing staff to improve the QOL (quality of life) of tenants based on language or data as well as experience. If qualifications are granted, they are also reflected in salaries. (Great God AI) is part of the nursing DX. The fund invests in the nursing industry because the market grows from the increase of the elderly population. If it succeeds in increasing profitability, there is also a great advantage in selling. Although there is opposition to the movement to increase productivity through the introduction of ICT, the repayment amount of profits per nursing employee is a low-wage structure^[7].

Institutional investors who invest in nursing projects find common difficulties in the nursing industry in terms of staffing standards. In nursing facilities, it is mandatory to assign one nursing staff to each of the three occupants. There is an upper limit on the amount that can be used by one user, so the profits of nursing staff are only for 3 people of nursing care insurance remuneration. If the standards for staffing are relaxed so that one nursing staff can care for 4 to 5 people, the per capita profit will also increase, which can escape from the low-wage structure. This problem has been recognized by private nursing operators and has lobbied the government to ease the staffing standards. The opinion of private companies played an important role in creating a new rule that can ease the standards for staffing for facilities using ICT with this revision of the remuneration. Therefore, the goal is to efficiently concentrate on nursing work through information and communication reform^[8].

6. Conclusion

Twenty-four years have passed for Japanese nursing insurance. When implemented, many men recognized that nursing was done by their daughter-in-law. The elderly in Japan now receive a lot of help from nursing insurance, and are now settling down stably. There is also an interesting movement. The rate of nursing recognition required for each age has declined compared to 2015 and 2020. This is not due to strict standards for recognition, but to the effect of prevention. However, as the elderly population increases, the number of necessary nursing users increases, and the government's financial burden is increasing. The burden is difficult only with pensions. Financial income and financial assets must also be reviewed. It is also time to consider whether to continue the self-burden ratio in the form of 10% or 20%, or the detailed burden ratio. Second, the Japanese government has relaxed the criteria for staffing facilities that introduce ICT to compensate for the manpower shortage. However, this does not fit the reality. Nursing staff in the field do not think that it is possible to reduce manpower anymore in terms of safety, but the idea of managers and bureaucrats to reduce labor costs is an action with a lack of sense of the field. Third, as the low birth rate and aging population progresses, there is a composition that the insurance premium burden is (the elderly versus the young). Then, think about an era without nursing insurance. The reason why children can live with confidence away from their parents is because there is nursing insurance. It is politicians and the media that frame generational confrontation. There should be no confrontation. Fourth, the nursing industry has no political power like doctors and nursing associations. Therefore, the voices of people engaged in nursing are important. However, there is also disagreement between groups, so the political power is weak. In addition, there is a tendency for people engaged in welfare work to not protest or criticize patiently. The parties need to be louder to improve the status and treatment of nursing staff. Fifth, the rate of return on visiting nursing services in 2022 was 7.8%, which was wider than the previous year (5.8%). The reason is not an increase in users, but a reduction in labor costs due to not making up for the shortage of manpower. It is necessary to reorganize the environment so that people are gathered. Fifth, the biggest reason why wages are low is that the cost of nursing services is a fair price raised from taxes or insurance premiums. Not only those who have received nursing services, but those who do not are paying taxes. In situations where there is no benefit, the conviction of those who pay the cost is needed. Improving the quality of nursing is a part that the government or people in the field will work together.

References

[1] Ministry of the Interior of Japan. (2018). *White Paper on aging society*. Tokyo: published by the Japanese Ministry of the Interior, 212-224.

- [2] Cheesukko, U.N. (2016). *Women change only when Japan changes*. Tokyo: Tsugong Literary History, 23-30.
- [3] Union of Japanese Medical Workers Union. (2023). *A survey of the working conditions of nursing staff*. Tokyo: Medical Workers Union Press, 45-47.
- [4] Tokyo Institute of Commerce. (2024). *Welfare and nursing work for the elderly*. Tokyo: Institute of Commerce Press, 46-49.
- [5] Cheesukko, U.N. (2024). *23 years of problems in the nursing insurance system*. Oriental economy. Tokyo: Oriental Economic Newspaper Press, 35-39.
- [6] Naoki, H.M. (2011). *The question of cognition*. Tokyo: Asahi Shimbun Press, 45-49.
- [7] Nixtukei, H.K. (2024). *Improving nursing service productivity*. Tokyo: Japan Economic Newspaper Press, 29-32.
- [8] Ministry of Health, Labor and Welfare of Japan. (2023). *The status quo and challenges of the aged care system*. Tokyo: Ministry of Health, Labor and Welfare of Japan, 213-223.
- [9] Japan Center for Nursing and Labor Stability. (2023). *Survey of management of care business*. Tokyo: Center for Nursing and Labor Stability Press, 45-49.
- [10] Japanese Ministry of Labor and Welfare. (2021). *Basic Statistical Survey of Wage Structure*. Tokyo: Ministry of Labor and Welfare Press, 57-60.
- [11] Ministry of Health, Labor and Welfare of Japan. (2023). *Report on edification measurement projects on productivity improvement by caring robots*. Tokyo: Ministry of Health, Welfare and Labor Press, 98-100.
- [12] Tokyo Senior Welfare Facilities Association. (2022). *Special Survey on the management of nursing homes for the elderly*. Tokyo: Senior Welfare Facilities Association Press, 67-70.