

On Resident-Staff Interaction in a Japanese Elderly Care Facility

Peter Backhaus

German Institute for Japanese Studies, Tokyo, Japan

Abstract

이 논문은 일본의 노인 요양원에서 이루어진 노인들과 직원들 사이에서 이루어지는 상호작용에 관한 내용을 담고 있다. 이 연구는 2007년 가을 도쿄의 북부에 위치에 있는 노인 요양시설에서 이루어졌다. 아침 간호 활동 과정 중에 이루어진 노인들과 직원들 사이의 상호작용은 대화분석의 기준에 따라서 녹취되고 전사하였다. 이 프로젝트를 간략하게 소개한 후 녹음된 대화중에 하나를 자세하게 논의하겠다. 노인과 직원들 사이에서 이루어진 의사소통의 기초적인 특성을 예시적으로 밝혀낸 후 잠정적이 결론에 대해서 밝히도록 하겠다.

핵심어: 제도적 노인 간호, 대화분석, 일본

Introduction¹⁾

One of the major issues discussed in public discourse in Japan in recent years is the country's rapidly ageing society. According to latest demographic figures, over 21 per cent of the present population are 65 years or older. This share is estimated to rise to 35 per cent by 2050. One by-product of these demographic developments is a constantly growing number of elderly people in need of care. As of 2007, 4.5 million persons were acknowledged to be eligible for benefits from the national care insurance, some 3.6 per cent of the total population. More than 800,000 of them receive benefits for institutional care services¹⁵.

Though institutional elderly care is thus becoming

an ever more important issue, we know relatively little about this topic from a linguistic point of view. The chief aim of the present project is to gain some better understanding into the communicative characteristics of elderly care in Japan. The basic research questions are as follows:

- What are the general characteristics of communication between residents and caring staff?
- What linguistic strategies are applied in order to reconcile institutional goals and personal needs?
- What differences and similarities can be observed in cross-cultural comparison?
- How could "care communication" be improved?

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교신저자 : Peter Backhaus

German Institute for Japanese Studies, Tokyo, Japan

E-mail: backhaus@djtokyo.org

Theoretical background and previous research

Three sociolinguistic subfields are of major relevance to the study of linguistic interaction between staff and residents in nursing homes for the elderly: (1) institutional talk, (2) politeness, and (3) communication with elderly people¹. Individually, each of the three fields has been amply researched, but there have been very few studies that combine the three topics to provide an adequate theoretical background for research into language in care facilities. The line of research that could be developed from these studies has been termed "gerontolinguistic" research in a seminal paper by Makoni and Grainger¹⁴. The theoretical background to such research could further be supplemented by the sociological concept of emotional labour⁹, which has also been transferred to the domain of nursing and care¹⁸.

Previous and current studies informed by a gerontolinguistic interest have been conducted in the following countries: England^{5,6}, Germany¹⁷, Australia⁴, South Africa¹⁴, Sweden^{13,19}, Denmark⁸, Japan^{1,11}, and the Netherlands (Agnes M. Engbersen, work in progress). Most of these approaches have in common that they work with a conversation/discourse analytical methodology, often supplemented by ethnographic and/or social psychological research tools.

Research in Edogawa Care

In my project I work with speech data collected in a Japanese elderly care facility henceforth referred to by the pseudonym "Edogawa Care". Edogawa Care is located in Saitama prefecture at the northern outskirts of the Tokyo metropolitan region. Its official designation is "geriatric health care facility" (*kaigo rōjin hoken shisetsu*), one of several types of Japanese

caring institutions.

During a period of six weeks of field research in Edogawa Care in October and November 2007, I recorded naturally occurring interactions between residents and staff. Borrowing from previous approaches to the topic, I focused on the morning care activities, because these provide some of the few daily occasions of longer, relatively stable dyadic conversations between each one staff member and one resident. Actions performed during the morning care include waking up the residents, washing and dressing them, and supporting them with going to the toilet. The major part of the morning care is done by the night shift between 4:30 and 6:30 am.

My sample includes some 110 resident-staff conversations from during the morning care activities. They were recorded using a microphone and a digital recorder that were carried by one of the staff members during the above time frame. Included were recordings of only those staff members of whom at least three days of recordings were available, with the first day's recording never being used.

The sample conversations have an average length of between three and four minutes. Using ELAN software²⁾, they have been transcribed according to conversation analytical standards¹². Analytical categories focus on both quantitative and qualitative issues. The former include terms of address, use of honorifics and variation between formal and plain speech styles; the latter deal with issues such as off-topic management, the organization of conversation openings and closings, and the occurrence of joking and verbal play, among others.

The sample is supplemented by a couple of conversations during activities that happened to be recorded within the same time frame but are not

2) See <http://www.lat-mpi.eu/tools/elan/>

directly related to the morning care routines. They deal with some form of conflict between a resident and a staff member such as residents’ complaints, refusals, or rejections regarding a given institutional requirement. The reason to include these “conflict conversations” into the sample was because they illustrate in a nutshell one of the most fundamental issues underlying communication in institutional elderly care: the clash of interests of the care receivers’ individual needs and desires with the institutional order as represented and enforced by the care givers. One example of this type of conflict conversation is given in the next section.

Example “Forbidden sweets”

The following extract was recorded during the later parts of one day’s morning care routines. It starts when staff member S, a female care worker in her early 30s, meets resident R, a 78 year old woman, in the hallway on the second floor of Edogawa Care. S quickly realizes that R has hidden sweets in her pockets, which is what the main part of the conversation is about.³⁾

1 S [FN]-san, ohayōgozaimasu.
Good morning, FN-san.
2 R ohayō gozaimasu.
Good morning.
3 S nani?
What (is it)?
4 (0.6) ((laughs))
5 ne, nani?
Well, what (is it)?
6 R nani ja nai(yo).
Nothing.
7 S nani?
What (is it)?
8 R ie ima ne,

No, well, I was just,
9 (0.9)
10 ano mukō eo=
over there,
11 S =a:!
Ah!
12 (1.1)
13 a:!
Ah!
14 (1.8)
15 kore ikenain ja nakattakke, kono okashi?
Wasn’t that forbidden, these sweets?
16 (0.3)
17 R e?
Huh?
18 (0.4)
19 S [FN]san kono okashi dokkara dashite
kitano:?
FN-san, where’d you take these sweets
from?
20 R dore?
Which?
21 S kore.
These.
22 (0.8)
23 R kore okashi?
Are these sweets?
24 S okashi deshō yo dō mite mo:.
Of course they are, whatever way you
look at it/them.
25 R are, dareka irete ate-iretan=
=da [ne
Oh, someone has put/put it in
26 S [uso:::
Come on!
27 (1.0)
28 pokke ni haitteru no wakatteta janai ima?
You knew you had them in your pocket,

3) Transcription largely based on Jefferson (2004). FN = first name, () = length of a pause in seconds. English translation in italics below each line.

didn’t you?
29 R e?
Pardon?
30 S okashi wa dame nano:, koko wa.
Sweets are not allowed here.
31 R asōdesuka, suimasen desu.
Oh aren’t they? I’m sorry.
32 S ((laughs))

Analysis

Though the length of the transcribed interaction is only about 43 seconds, it neatly brings to light some of the basic characteristics of resident-staff interaction in Edogawa Care. Starting with the speech of the staff member, S, the first thing to notice is that she calls resident R by her first name plus the person honorific -san (lines 1 and 19). This is a relatively uncommon way of addressing non-familiar adults in Japan. The default term of address would be a person’s last name plus -san, or a term to avoid direct reference to an addressee’s name in the first place.

Another noteworthy point is the care worker’s exclusive use of plain rather than formal style, as for instance in nani? (line 3) instead of nan desuka? or in dokokara dashite kitano:? (line 19) instead of dokkara dashite kitan(o) desuka?. Both the speech style and the term of address would appear relatively marked in Japanese everyday interaction between adults who do not have a closer relationship with each other. They may be interpreted in two possible ways: either as an expression of unequal power relations between R and S or an attempt to create a greater degree of intimacy between the two than there should be expected to be. Though the two interpretations do not exclude one another, it will be argued below that the latter of the two appears more convincing.

A third interesting characteristic of the care worker’s language is her use of what has been referred to in previous research as “patronizing communication”¹⁶ or “secondary baby talk”³. An example is S’s utterance kore ikenain janakattakke, (line 15), which is to remind the resident that sweets are forbidden in Edogawa Care. Like its English translation, “Wasn’t that forbidden?”, the Japanese janakattakke is a past tense form, added by the tag question marker -kke. Leaving no room for an answer other than the one expected, it evokes a register that parents would use to scold their children, not only in Japan.

Another remarkable point is the care worker’s reference to the rules of the institution. Her reminder that sweets are forbidden “here” (koko wa), in inverted position at the end of line 30, can be seen as an attempt to redirect both the reason and the accountability of her scolding the resident to a higher, more abstract level, – a level at which she personally cannot be held responsible. This is a frequently observed feature in communication in institutions in general.

The last characteristic of the care worker to be discussed here is her laughing at the end of the extract (line 32). It can be interpreted in this context as a means of alleviating the pressure and unease that have arisen from the argument and the role she has had to play therein. The care worker’s laughter provides some comic relief after the series of relatively severe reproaches made to the resident that helps the two interactants get back to the routines of the day.

With regard to the resident’s speech, particularly three points deserve closer attention. The first is her response to the care worker’s opening greeting. As a comparison of lines 1 and 2 shows, the resident’s reply lacks the corresponding term of address

included in the staff member’s greeting. This asymmetry is most likely owing to the fact that the resident, unlike her conversational partner, does not know her interlocutor by name. The greeting behaviour of the two interactants thus reflects an imbalance in knowledge that is frequently observed in institutional settings.

A next interesting point concerning the progress of the discourse is the resident’s strategy to pretend to not have any clue about the sweets in her pocket. This must be seen against the backdrop that R in Edogawa Care was known as one of the healthiest and most alert residents, a characterization perfectly in line with my personal impression. Her series of questions in lines 17 (“Huh?”), 20 (“Which?”), and 23 (“Are these sweets?”) is an attempt to “make more of her age”, that is, present herself just a little more frail and decrepit than she actually is. By playing the role of the senile elderly patient, she tries to avoid taking responsibility for the state of affairs she is accused of. This becomes most obvious when in line 25 she claims that someone else must have put the sweets in her pocket, without her noticing.

The third noteworthy point refers to the resident’s speech style. It is interesting to observe that she too exclusively uses the non-formal, plain style. With regard to the previously described assumptions about the plain speech style of the care worker, it thus would appear reasonable to consider the predominance of the plain style in this interaction as a means of producing an atmosphere of familiarity, rather than as an expression of unequal power relations. The only exception in the resident’s choice of style levels, apart from the formulaic opening greeting *ohayō gozaimasu*, occurs at the end of the interaction. This shift from plain to formal in line 31 neatly corresponds with the point in the discourse where the resident stops denying that the sweets are hers (*asō*

desuka instead of *asō*), though still pretending not having been aware of the general prohibition to have sweets in Edogawa Care, and formally apologizes (*suimasen desu*).⁴⁾

Tentative conclusions

The example discussed above is a rather straightforward case that has been primarily chosen for demonstrative purposes. It makes no claim of being representative of the data of this study in total, let alone of resident-staff interaction in Japanese elderly care in general. Most of the recordings of my sample contain much less conflict potential than in the forbidden sweets extract, with both residents and staff going out of their way to keep the daily routines as trouble-free as possible. This being said, however, it needs to be pointed out that many of the observations from the above example can be made at a more subtle level in the sample’s ordinary morning care conversations as well. A closer analysis of these linguistic and discursive subtleties is the main aim of the present project regarding the first two of the research questions formulated in the opening section.

With regard to the third question, the forbidden sweets example suggests that there are some relatively striking similarities of Japanese care communication with language usage in institutional elderly care in other cultural contexts as outlined in

4) Strictly speaking, *suimasen desu* is marked for formality even twice: *-masen* as the formal negation of the verb *sumu* plus the copula *desu*. This is most likely due to the high degree to which *su(m)imasen* has become lexicalized as a term of apology. However, since *suimasen* alone would have sufficed to mark the resident’s speech level for this utterance as formal, the redundant attachment of the formal copula, resulting in a hypercorrect output in an almost Labovian sense, could be seen as reflecting the resident’s eagerness to switch from plain to formal at this point in the discourse.

previous research^{5,17}. These may be related to the overall similarities of the conditions under which the interlocutors operate: everyday routines requiring close cooperation between care giver and care receiver, chronic scarcity of time, personnel and other resources, recurrent discrepancies between institutional rules and individual needs, and real and presumed physical and/or cognitive deficiencies on the part of the cared-for, among others (see Backhaus 2009). A closer comparison of the results from this study with previous studies in other cultural contexts appears to be a rewarding venture in gaining closer insight into this matter.

The fourth question, regarding the problem of how care communication could be improved, is the most difficult of the issues dealt with in this project. In my view, it is imperative that researchers, whose observations and impressions are ultimately bound to be confined to a very limited scope of the subject matter they are studying, be very careful in making any straightforward suggestions about how the residents and the staff members should best interact with each other. On the other hand, given the crucial importance of “good” communication in human everyday life, some serious and careful thoughts about possible improvements in institutional elderly care based on the data in Edogawa Care would appear well worth the trouble.

Abstract

This paper is about work in progress on resident-staff interaction in a Japanese nursing home for elderly people. Research was conducted in autumn 2007 in a geriatric health care facility north of Tokyo.

Resident-staff interaction during the morning care activities was recorded and transcribed according to conversation analytical standards. After a brief outline

of the project, this paper discusses one of the recorded conversations in detail. It exemplarily works out some of the basic communicative characteristics of resident-staff interaction in the studied research setting and formulates some tentative conclusions.

Key Words: Institutional elderly care, Conversation analysis, Japan

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