

The Effects of Family and Homemaking on the Career Development of Japanese RNs

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Abstract

Family and homemaking is considered a serious obstacle in the career development of Japanese working wives. The main reason is that gender roles force homemaking upon women and the long working hours expected of men prevents husbands from taking part in affairs of the home.

The method of this study is a questionnaire administered to registered nurses (RNs), a typical profession for working women in Japan. The participants are 2,376 RNs who work for large institutional hospitals. We used multiple regression analysis of the effect the following factors have on career development: family relations, social support both professional and in private life, basic nursing education, training and development in / outside of the hospital, and mentoring.

The results show that generalized self-efficacy and mentoring are major factors in terms of career development. However, satisfaction for family relations and whether or not women have support in their private lives does not have a major effect on career development even for those with children.

Additionally, we discuss the relationship of gender roles and the career development of nurses.

Keywords: career development; gender roles; nurse

Introduction

It is said that Japanese women have one of the lowest participations in the labor force among industrialized countries. Though the ratio of women among all Japanese workers is more than 40%, of women in administrative and managerial occupations is only 3% and that of women in sub managerial occupations is less than 10%.

The difference in wages between men and women remains large. In addition, most women work as non-regular employees, such as part-timers, dispatched workers from temporary labor agencies and temporary workers whose working condition is remarkably low.

Most part-timers are generally married women who once left their full-time jobs because of marriage or child-care then have returned to a labor market where they manage to work in their spare time from homemaking.

It is considered that there are obstacles against Japanese working women not only at work but also at home. Japanese culture and value expect Japanese women to play a more important role at home such as homemaking and child-care rather than at work, that is exemplified by a common saying that mothers must take care of their children until age three at home because child-care in this period exerts a great influence on the development of a person in his/her whole life.

This prevents women from continuing their career development at work and eventually makes the difference between men and women larger and larger in wages and status at work. Long working hours of husbands, also leads women to accept more responsibilities for homemaking and child-care than men do.

If these obstacles at home are true, the following hypotheses are supported.

Hypothesis 1: It is easier to develop a career if a female worker has neither spouses nor children.

Hypothesis 2: If hypothesis 1 is supported, many head nurses or nurses in higher positions are not married.

Hypothesis 3: In the case of nurses having a spouse and children, their satisfaction with support provided by their family largely helps their career to develop.

This study is conducted attempting to verify these hypotheses.

As for career development, this study uses subjective (or abstract) feelings toward career development, objective (or concrete) feelings about career development, and the status in hospitals as important criteria of career development.

Objective of the Study

This study aims to confirm whether family relationships arrest career development of registered nurses (RNs), a typical profession for working women and specialists qualified to have definite standards of specialty by national examination.

Subjects

The subjects are 2,376 RNs who work for large institutional hospitals. The participants are female RNs who have been working more than three years.

To examine the attribute deeply related to family and homemaking, the rate of RNs having husbands is 46.3%, while that of RNs over 40 reaches approximately 70%. The rate of RNs having children is 42.3%, while that of RNs over 40 year-old is more than 70%. 8.6% of RNs having children do not have a husband, and most of these are relatively old.

To investigate relationships with status, one of the measurements of career development, and family and homemaking, the rate of having husbands and that of having children increases with increasing status. This seems to be caused by the fact that the rate of RNs having husbands and/or children increases according to their age. However, the rate of directors and assistant directors of nursing having husbands and/or children decreases in some degree according to their age.

Table 1: Spouse (Husband) & Child: Stratified by Age.

	Spouse (Husband)		Total	Child		Total
	Yes	No		Yes	No	
20-29	137	520	657	68	557	625
	20.9	79.1	100.0	10.9	89.1	100.0
30-39	415	459	874	345	505	850
	47.5	52.5	100.0	40.6	59.4	100.0
40-49	343	163	506	350	150	500
	67.8	32.2	100.0	70.0	30.0	100.0
50-59	143	61	204	157	41	198
	70.1	29.9	100.0	79.3	20.7	100.0
Total	1038	1203	2241	920	1253	2173
	46.3	53.7	100.0	42.3	57.7	100.0

Table 2: Spouse (Husband) & Child: Stratified by Status.

	Spouse (Husband)		Total	Child		Total
	Yes	No		Yes	No	
Staff	723	1011	1734	616	1059	1675
	41.7	58.3	100.0	36.8	63.2	100.0
Sub manager	198	123	321	191	127	318
	61.7	38.3	100.0	60.1	39.9	100.0
Nurse manager	104	59	163	99	59	158
	63.8	36.2	100.0	62.7	37.3	100.0
Director of Nursing	13	10	23	14	8	22
	56.5	43.5	100.0	63.6	36.4	100.0
Total	1038	1203	2241	920	1253	2173
	46.3	53.7	100.0	42.3	57.7	100.0

Table 3: Age & Status.

	20 - 29	30 - 39	40 - 49	50 - 59	Total
Staff	659	765	238	77	1739
	37.9	44.0	13.7	4.4	100.0
	100.0	87.2	46.6	37.7	77.3
Sub manager	0	102	168	54	324
	0	31.5	51.9	16.7	100.0
	0	11.6	32.9	26.5	14.4
Nurse manager	0	10	99	56	165
	0	6.1	60.0	33.9	100.0
	0	1.1	19.4	27.5	7.3
Director of Nursing	0	0	6	17	23
	0	0	26.1	73.9	100.0
	0	0	1.2	8.3	1.0
Total	659	877	511	204	2251
	29.3	39.0	22.7	9.1	100.0
	100.0	100.0	100.0	100.0	100.0

Note: upper end = real number, middle = % of row, bottom = % of column

Procedures and Measures

This study used the questionnaire method. The questionnaire was designed to elicit information concerning subjects' family relations which exert an influence on career development, social support, basic nursing education and further training and development, mentoring, career satisfaction and job satisfaction which are closely related to career development, and feelings of worth of living.

The questionnaires were distributed to each hospital in early May of 2005 and returned in about two weeks.

Results

Table 4: Average Scores of Factors which Relate Career Development.

Spouse	Subjective CD	Objective CD	Career S	Job S	Family / house S	Sf private life	S f CD	Worth of work	Worth of life
Yes	10.27	23.61	3.18	3.04	3.48	3.96	3.01	4.13	3.80
No	10.25	23.20	3.12	2.93	3.31	3.73	2.85	4.01	3.41
Total	10.26	23.39	3.15	2.98	3.39	3.84	2.92	4.07	3.59
SL		*	*	***	***	***	***	***	***

Child	Subjective CD	Objective CD	career S	Job S	Family / house S	Sf private life	Sf CD	Worth of work	Worth of life
Yes	10.29	23.30	3.12	2.91	3.34	3.80	2.88	4.02	3.42
No	10.21	23.49	3.18	3.08	3.46	3.89	2.99	4.15	3.84
Total	10.26	23.38	3.15	2.98	3.39	3.84	2.92	4.07	3.60
SL			*	***	**	*	*	***	***

Notes: *.p<.05, **.p<.01, ***.p<.001, SL= Significant Level, CD = Career Development, Sf = Supports for, S = Satisfaction

Career development

As in the above, this study uses two criteria for career development, one is subjective or abstract feelings about career development, and the other is objective feelings about career development which a person perceives as concrete events.

Concerning having or not having husbands, a significant difference is shown in objective feelings of career development and career satisfaction, and both scores of RNs having husbands are higher than those of RNs not having a husband. Concerning children, however, career satisfaction shows a significant difference, whereas feelings of career development do not have any correlation.

Comparing with status which is another measurement of career development, both subjective and objective career development increase according to the rise of status, and which has no relation to whether or not RNs have husbands. Analysis of variance reveals a significant difference in both subjective career development and objective career development between statuses.

Factors related

Except for feelings of career development in the above, job satisfaction, feelings of worth of working and those of worth of living are considered as dependent variables of career development. As independent variables, career support, support in private life, and satisfaction with family and homemaking are considered.

To compare RNs having husbands with those not having husbands, scores of RNs having husbands are higher in both dependent and independent variables. The same tendency is shown in the comparison of RNs having or not having children. Whether or not RNs have husband exerts a great influence especially on feelings of worth of living.

As for comparison by status, the scores of career satisfaction, job satisfaction, feelings of worth of working and feelings of worth of living increase according to the rise of status. Analysis of variance shows a significant difference, whereas influence on feelings of worth of living is not found to be significant. As for dependent variables, a significant difference is shown in career support, but no difference is shown in support in private life and satisfaction of family and homemaking.

Comparison between homemaking and status

To compare status with arithmetic mean of RNs having no husband, with that of RNs having husbands and with that of RNs having both husbands and children, a significant difference is not shown in career development, satisfaction of family and homemaking and career satisfaction. Job satisfaction, support in private life, career support and feelings of worth of working, however, show a significant difference between RNs having husbands and those having no husband, and the score of RNs having husband is higher than that of RNs having no husband. As for feelings of worth of living, the score of RNs having both husband and children is the highest.

Influence of family and homemaking on career development

We conducted multiple regression analysis on two kinds of career development with self efficacy, satisfaction with family and homemaking, basic nursing education, training and development in the hospital, OJT, training and development outside of the hospital, mentoring, support in professional life, career support as independent variables, and all of which seem to have an influence on career development. We divided RNs into some groups by age which exerts influence on career development, and factors of family (having or not having spouse and having children) for analysis. Table 5 shows the results.

As a whole, the results show that generalized self-efficacy exerts enormous influence on career development and, for the groups of 20-29 and 30-39, mentoring also does. For the groups of 30-39 and 40-49, a great influence is comparatively shown in training and development outside of the hospital, whereas that is shown in training and development in the hospital for the group of 50-59.

On the contrary, as for factors of family relation, RNs having no spouse show no influence on those factors in all age groups. As for support in private life, no influence is shown except the group of 50-59 having no spouse shows a significant influence on objective feelings of career development.

In the case of status as dependent variable, it is impossible to acquire a significant result because coefficient of determination is too small.

Table 5: Results of Regression Analysis for the Effects on Career Development.

Age 20-29	Subjective Career Development			Objective Career Development		
	Non-spouse	Spouse	Child	Non-spouse	Spouse	Child
Self efficacy	0.088			0.179		
G SE	0.790	0.321		0.302	0.380	0.393
FHS				0.088		
E at school						
E in the hospital	0.117			0.110		
OJT				0.123		
Mentoring	0.186	0.278	0.278	0.126	0.256	0.327
Training outside the hospital					0.217	
Sf private life						
Sf C D	0.190			0.121		
Good family					0.155	
R ²	0.208	0.172	.062*	0.361	0.296	0.245

Age 30-39	Subjective Career Development			Objective Career Development		
	Non-spouse	Spouse	Child	Non-spouse	Spouse	Child
Self efficacy	0.118			0.217	0.192	0.196
G SE	0.362	0.225	0.258	0.344	0.293	0.294
FHS						
E at school				0.079		
E in the hospital	0.134			0.132		
OJT				0.127	0.131	
Mentoring		0.189	0.213	0.090	0.174	0.251
Training outside the hospital	0.175	0.204	0.164		0.193	0.222
Sf private life					0.124	0.147
Sf C D	0.133	0.113	0.143	0.185		
Good family		0.094				
R ²	0.348	0.251	0.255	0.442	0.408	0.430

Age 40-49	Subjective Career Development			Objective Career Development		
	Non-spouse	Spouse	Child	Non-spouse	Spouse	Child
Self efficacy				0.168	0.129	0.161
G SE		0.321	0.341	0.222	0.364	0.373
FHS		0.147	0.178			0.105
E at school	0.145					
E in the hospital						
OJT					0.103	0.131
Mentoring				0.216	0.124	0.139
Training outside the hospital	0.201	0.217	0.192		0.217	0.199
Sf private life					0.109	
Sf C D	0.450	0.155	0.160	0.324		
Good family						
R ²	0.323	0.267	0.292	0.361	0.395	0.417

Age 50-59	Subjective Career Development			Objective Career Development		
	Non-spouse	Spouse	Child	Non-spouse	Spouse	Child
Self efficacy				0.259		
G SE	0.546	0.187	0.312	0.331	0.244	0.366
FHS					0.194	
E at school						
E in the hospital	0.418		0.186		0.316	0.243
OJT						
Mentoring		0.216				
Training outside the hospital	-0.294					
Sf private life				0.348		0.195
Sf C D		0.301	0.279		0.208	0.150
Good family		0.153	0.141			
R ²	0.418	0.321	0.342	0.391	0.334	0.359

Note: Stepwise analysis, standard coefficient

R² : coefficient of determination, * : p<.05, others: p<.001

S = Satisfaction, G SE = Generalized Self Efficacy, CD = Career Development, E = Education, Sf = Supports for, FH = Family / Homemaking

Discussion

The results of this study show that generalized self-efficacy and mentoring have a major effect on two kinds of feelings of career development and promotion, whereas satisfaction for family relation and support to private life hardly do even if RNs have children. As is the case that an effect is shown in RNs having spouses and/or children, it is positive but very little. Whether or not RNs have spouses and/or children has relation to the degree of feelings of career development and satisfaction for various factors. It means all hypotheses were not supported.

These results show that homemaking and child-care are not factors that prevent RNs from developing their career, and therefore deny the contention traditionally discussed in Japan that homemaking and child-care are major factors of preventing working women from developing their career.

It could be considered that these are resulted from, 1) the rate of male RNs is less than 10%, therefore it could be said that women dominate the world of RNs, 2) it is obtained from interviews, RNs who find themselves achieving career development are generally positive and, therefore, it likely for them to regard things very positively, 3) RNs are such a occupation as only a person can survive, who receives support relatively lightening her responsibilities at home and works positively and 4) it is easier for RNs in those hospitals we researched to receive support because it is a large, prestigious and represented institution in Japan and therefore RNs and their families are proud of it.

However, Yuko Ogasawara (1999) says that “it might not be right understanding of working women’s mind if you take the thing, women leave their jobs because of marriage or childbirth, at face value. It could be considered that their marriage and childbirth just happen when they feel they do not find a bright perspective in their career.” She indicates possibilities of mistakes in easily combining the reason of abandoning career development with marriage and/or childbirth. The research by Osaka Nurses Association (2002) explains reasons for leaving nursing are “dissatisfaction with nursing itself” (21.5%), “interest in other field”(20.1%), “marriage / child-care” (11.9%) and “dissatisfaction with wages”(11.1%) (multiple answer). While the total rate of dissatisfaction with working condition is 52.1% and that of dissatisfaction with nursing itself, lack of aptitude and interest in nursing 50.6%, and that of marriage, child-care, homemaking is 26.4%, and which does not seem to be a major reason for leaving nursing. It is very likely that roles at home are not true reasons for working women in general occupation to leave their jobs. Marriage and child-care become a good reason for working women to leave their jobs, though real reasons are uncomfortable human relations, difference of assigned jobs, dissatisfied role relation at work or those changes. In this sense, it should be carefully discussed in Japan that female gender roles at home are paid too much attention as obstacles in formation of female career development.

This research is conducted to RNs who work for large institutional hospitals. However, the limitation of this study is not to examine whether or not the result could be generalized. Therefore, future research is needed to be administrated to RNs working not only for large hospitals but also for medium-sized and small ones, to RNs having left hospitals at a certain period, women working in professional occupations including both male and female workers and general working women.

References

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