

Descriptive Evidence of the Work-Family Compensation among Japanese Midwives: Using the Multiple Role Map Program

Yasuyuki Yamada, Yukari Kinooka, Takeshi Ebara, Motoki Mizuno, Masataka Hirose, and Michihiro Kamijima

*Nagoya City University Graduate School of Medical Sciences
Juntendo University Graduate School of Health and Sports Science*

*1, Kawasumi, Mizuho-cho, Mizuho-ku, Nagoya, 467-8601, Japan
1-1, Hiragagakuendai, Inzai, Chiba, 270-1695, Japan*

ABSTRACT

Working midwives actively perform various roles including midwife, manager, mother, marital partner and friend. From the “compensation” perspective, they try to cope with dissatisfaction caused in one role (e.g. midwife role) by obtaining satisfaction in other roles (e.g. mother role). Although the episodes about compensation were useful information for the practical career support, the previous studies didn’t show enough evidence. Hence, this study aimed to collect compensation episodes from Japanese working midwives and to show the descriptive evidence by using Multiple Role Map (MRM) program. The participants were female midwives working in a university hospital in Japan. We conducted the MRM program to all of the midwives working in the hospital and collected eighteen MRM sheets from them (recovery rate = 100%). According to the spreadsheet and descriptive episodes, major contents of compensable dissatisfactions were fatigue, frustration, pressure, distress and job stressors caused in the midwife and manager roles. Meanwhile, these dissatisfactions were compensated by satisfactions received in the friend, marital partner and mother roles and the private time. To obtain more practical findings for the career support, we will develop a statistical scoring method with the MRM data and conduct a validation study comparing the scores and external criterion for standardized health outcomes.

Keywords: Compensation, Multiple Roles, Work-Family Conflict, Midwife, Multiple Role Map

INTRODUCTION

Working midwives actively perform various roles including midwife, manager, mother, marital partner and friend. From the negative spillover perspective (Frone, 2003), engaging in the multiple roles causes role conflict and increases a risk of dropout from their professional career. Moreover, based on the positive spillover perspective (Hanson, et al., 2006, Shein and Chen, 2011), engaging in the multiple roles contributes to their job and career enrichments. Additionally, this study focused on the “compensation” perspective to find measures of practical career support for the Japanese midwives. The compensation (Greenhouse and Singh, 2003, Staines, 1980), which defined as the efforts to offset dissatisfaction in one role (e.g. midwife role) by seeking satisfaction in another role (e.g. family role), was expected to be more useful resource for effective stress coping. However, there were few previous studies on the compensation. The complex process of compensation might be a barrier in showing the evidence of causation between dissatisfaction and satisfaction. Since the compensation process involves both of the positive and

<https://openaccess.cms-conferences.org/#/publications/book/978-1-4951-2102-9>

negative conditions, researchers might be confused to select appropriate outcome variables for scientific approach. To solve these issues, we developed the Multiple Role Map (MRM) program (Yamada et al., 2010). The MRM program enables us to collect various episodes with regard to the compensation (e.g. Yamada et al., 2011). Hence, this study aimed to show the descriptive evidence about compensation between work and family roles among Japanese working midwives using the MRM program.

METHODS

Participants

The participants of this study were female midwives working in a university hospital in Japan. We conducted the MRM program to all of the midwives working in the hospital and collected a total of eighteen MRM sheets from them (recovery rate = 100%). Their mean age was 41.1 (SD = ±12.0) yrs and the seniority was 14.3 (SD = ±11.1) yrs.

Procedures of MRM program

In the MRM program, participants described the information about features of multiple roles in the MRM sheet (A3 paper size) based on defined instructions (see Figure 1, Yamada et al., 2010, 2011). Through the MRM program, we could collect descriptive data about the contents of multiple roles, role expectation, role personality, priority and episodes about the spillover, compensation and segmentation. This study especially focused on the compensation caused on the role interfaces between midwife, manager, mother, marital/live-in partner, friend and private time (role-free time).

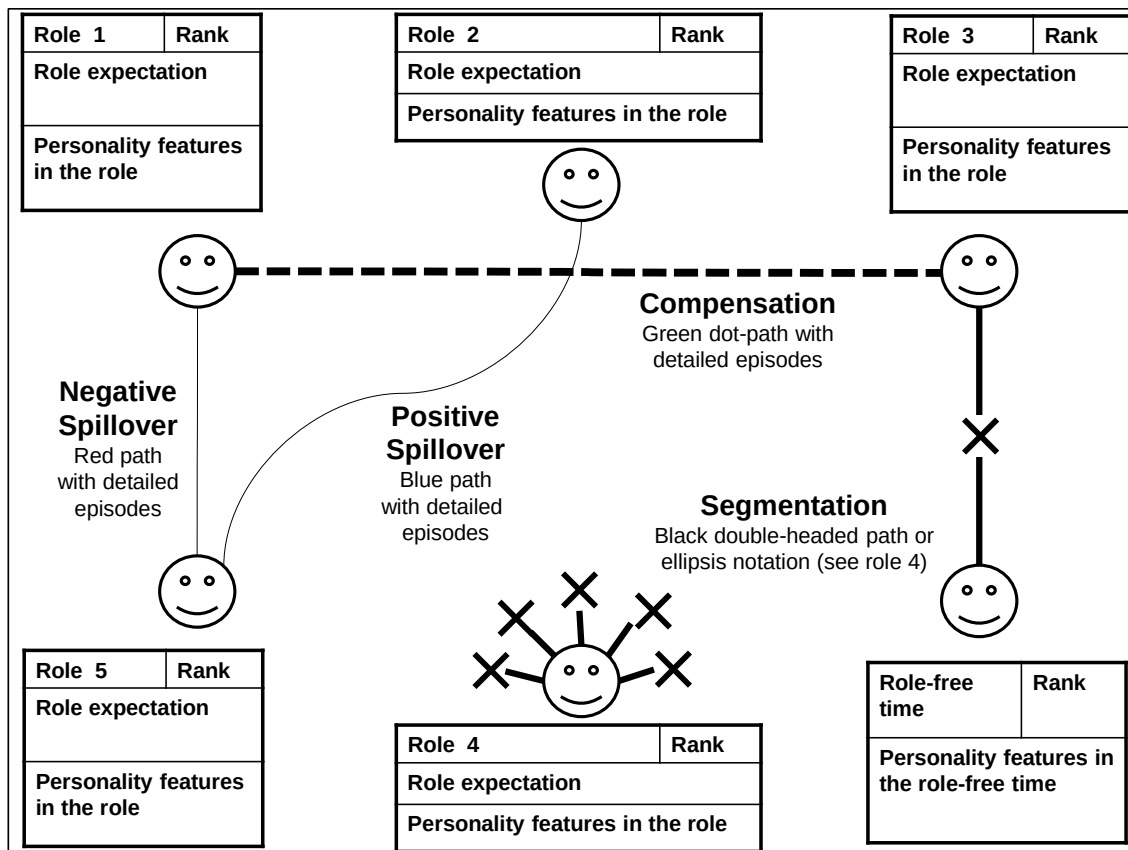


Figure 1. MRM form (A3 size) and guideline for the description. (Yamada et al., 2011)

Ethics

This study was approved by the medical ethical committee of Nagoya City University Graduate School of Medical Sciences.

RESULTS

Participants described five roles and the role-free time in the MRM sheets. All of nurses had role-free time, midwife and friend roles (100%), seven had manager role (39%), eleven had mother role (61%) and thirteen had marital/live-in partner role (72%). We showed frequency rates and representative episodes of compensation in Table 1. Thirty episodes meant that they compensated the dissatisfaction in the midwife role with satisfaction from seeking social supports, taking counsel with the partner, spending time with the children, releasing job stress and enjoying the friendship (Frequency rates: midwife-->mother = 64%, midwife -->role-free time = 61%, midwife-->friend = 44%, midwife-->marital/live-in partner = 23%, midwife-->manager = 14%). Reversely, stress caused in the marital/live-in partner role was buffered by the midwife role (Frequency rates: marital/live-in partner-->midwife = 8%). With regard to the manager role, nine episodes meant that they coped with dissatisfaction in the manager role by gaining a wide perspective, catharsis, social support and enjoyment in the other roles (Frequency rates: manager-->mother = 100%, manager-->friend = 43%, manager-->marital/live-in partner = 33%, manager-->midwife = 14%, manager-->role-free time = 14%). Moreover, four episodes caused on the interface between the role-free time and the other roles (Frequency rates: mother-->role-free time = 27%, role-free time-->marital/live-in partner = 8%).

DISCUSSIONS

Although the compensation effects were complex phenomena, this study succeeded in showing the descriptive evidence by using the MRM program. According to the spreadsheet and descriptive episodes, major contents of compensable dissatisfactions among midwives were fatigue, frustration, pressure, distress and job stressors caused in the midwife and manager roles. These results supported the previous studies reporting their hard work and difficulty in keeping a good work-life balance (Fujimoto,et al., 2008). Meanwhile, this study observed that these dissatisfactions were compensated with satisfactions received in the friend, marital partner and mother roles and the private time. In fact, they tried to receive satisfaction through talking with friends, obtaining advice and positive stroke from marital partner, seeing child's cute sleeping face and enjoying private time. These compensation episodes also emphasized the necessity of receiving social supports from various communities (Ibrahim and Ohtsuka, 2012, Uchiyama et al., 2011), selecting emotion-focused stress coping strategies (Lazarus and Folkman, 1984) and promoting stress management skills. However, this descriptive study has some limitations. While a narrative-based approach such as the MRM program has a great potential to extract midwives' obscure conflicts in their mind, it has to be a small sample size because of episode-based analysis. To formulate evidence-based career support for midwives, we will develop a statistical scoring method with the MRM data and conduct a validation study comparing the scores and external criterion for standardized health outcomes.

Compensation effects		Frequency	Number of samples with both roles	Frequency rates	Representative episodes
Role with dissatisfaction	→ Role with satisfaction				
Midwife	→ Mother	7	11	64%	I could forget job-related fatigue when I saw my child's cute sleeping face.
	→ Role-free time	11	18	61%	Job-related frustration was coped by enjoying private time.
	→ Friend	8	18	44%	I released the frustration from midwife job to the talk with my friends.
	→ Marital/live-in partner	3	13	23%	To solve a problem at work, I asked for my partner's advice.
	→ Manager	1	7	14%	I could change the negative mood in the midwife job thanks to having managerial position.
	← Marital/live-in partner	1	13	8%	I could forget conflict with my partner by devoting to the midwife job.
Manager	→ Mother	2	2	100%	I released a managerial stress by watching sport with my child.
	→ Friend	3	7	43%	I released managerial stress by taking counsel with my friends.
	→ Marital/live-in partner	2	6	33%	When I failed in the managerial job, I sought positive stroke from my partner.
	→ Midwife	1	7	14%	Devotion to the midwife job gave me a positive emotion to overcome the pressure from heavy responsibility as a manager.
	→ Role-free time	1	7	14%	I released frustration from managerial stress by enjoying shopping, watching DVD and visiting hairdresser.
Mother	→ Role-free time	3	11	27%	When I felt childcare stress, I went out for a change.
Role-free time	→ Marital/live-in partner	1	13	8%	My boring day off was changed thanks to my husband's suggestion.

Table 1. Frequency rates and representative episodes of compensation

ACKNOWLEDGMENT

This work was supported by JSPS KAKENHI Grant Number 24700779.

REFERENCES

- Frone, M.R. (2003), "Work-family balance", in: Handbook of occupational health psychology (pp.143-162), Quick, J.C., Tetrick, L.E. (eds.), Washington, DC: American Psychological Association.
- Fujimoto, T., Kotani, S., Suzuki, R. (2008), "Work-family conflict of nurses in Japan", J. Clin. Nurs., Vol.17, No.24, pp.3286-95.
- Greenhouse, J., Singh, L. (2003), "Work-Family Linkages, A Sloan Work and Family Encyclopedia Entry", Chestnut Hill, MA: Boston College.
- Hanson, G.C., Hammer, L.B., Colton, C.L. (2006), "Development and validation of a multidimensional scale of perceived work-family positive spillover", J. Occup. Health Psychol., Vol.11, No.3, pp.249-65.
- Ibrahim, R.Z.A.R., Ohtsuka, K. (2012), "Review of the Job Demand-Control and Job Demand-Control-Support models: Elusivemoderating predictor effects and cultural implications", SAPJ, Vol.1, pp.10-21.
- Lambert, V.A., Lambert, C.E., Ito, M. (2004), "Workplace stressors, ways of coping and demographic characteristics as predictors of physical and mental health of Japanese hospital nurses", Int. J. Nurs. Stud., Vol.41, pp.85-97.
- Lazarus, R.S., Folkman, S. (1984), "Stress, Appraisal, and Coping", New York: Springer.
- Shein, J., Chen, C.P. (2011), "Work-family enrichment: A research of positive transfer", Rotterdam: Sense Publishers.
- Staines, G.L. (1980), "Spillover versus compensation. A review of the literature on the relationship between work and non-work", Hum. Relat., Vol.33, No.2, pp.111-29.
- Uchiyama, A., Odagiri, Y., Ohya, Y., Suzuki, A., Hirohata, K., Kosugi, S., Shimomitsu, T. (2011), "Association of social skills with psychological distress among female nurses in Japan", Ind. Health, Vol. 49, pp. 677-85.
- Yamada, Y., Hochi, Y., Mizuno, M., Kawata, Y., Oki, K., Hirohata, M. (2010), "Development of the Multiple Roles Map Program for the Enhancement of Self-understanding". in: Ergonomics for All (pp.369-373), Lin D. M., Chen H. (Eds.), London: CRC press Taylor & Francis Group.
- Yamada, Y., Mizuno, M., Ebara, T., Hirohata, M. (2011), "Merits and demerits of engaging in athletic, academic and part-time job roles among university student-athletes in Japan". J. Hum. Ergol., Vol.40, No.1-2, pp.141-50.